ISSUED: 05/15/20 REPLACED: 03/15/13

**CHAPTER 16: DENTAL SERVICES** 

SECTION: TABLE OF CONTENTS PAGE(S) 3

### **CHAPTER 16**

#### **DENTAL SERVICES**

# **EPSDT AND ADULT DENTURE PROGRAMS**

### TABLE OF CONTENTS

SUBJECT	SECTION
DENTAL PROGRAMS OVERVIEW	16.0
DENTAL PROGRAMS PROVIDER REQUIREMENTS	16.1
Dental Groups	
Individual Dentists	
Program Guidelines	
Required Changes to Report	
Securing Recipients	
Picking and Choosing Recipients/Services	
Subsequent Treatment Visits	
General Coding Information	
Tooth Numbering System and Oral Cavity Designators	
Referrals	
Missed Appointments	
Third Party Payments	
Record Keeping	
Interruption of Treatment	
DENTAL PROGRAMS CLAIMS RELATED INFORMATION	16.2
Claims Filing	
Exceptions to Filing Dental Claim Form	
Electronic Data Interchange (EDI) Filing	

**Dental Claim Form and Instructions** 

**Dental Programs Billing Instructions** 

Claims Documentation
Third Party Liability (TPL)

General Reminders

## LOUISIANA MEDICAID PROGRAM

ISSUED: 05/15/20 REPLACED: 03/15/13

# **CHAPTER 16: DENTAL SERVICES**

SECTION: TABLE OF CONTENTS PAGE(S) 3

Adjusting/Voiding Claims Instructions for Adjusting/Voiding Claims

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) DENTAL PROGRAM	
BENEFICIARY ELIGIBILITY REQUIREMENTS	16.3
SECURING SERVICES	16.4
Initial Dental Screening and Annual Recall Visits Diagnostic Services Preventive Services Restorative Services Endodontic Therapy Services Periodontal Services Removable Prosthodontics Maxillofacial Prosthetics Fixed Prosthodontics Oral and Maxillofacial Surgery Services Orthodontic Services Adjunctive General Services	16.5
NON-COVERED SERVICES	16.6
PRIOR AUTHORIZATION Prior Authorization Reminders	16.7
ADULT DENTURE PROGRAM	
RECIPIENT ELIGIBILITY REQUIREMENTS	16.8
COVERED SERVICES	16.9

#### LOUISIANA MEDICAID PROGRAM

ISSUED: 05/15/20 REPLACED: 03/15/13

**CHAPTER 16: DENTAL SERVICES** 

SECTION: TABLE OF CONTENTS PAGE(S) 3

**Diagnostic Services** 

**Removable Prosthodontics** 

**Minimum Standards for Complete and Partial Denture Prosthetics** 

NON-COVERED SERVICES

16.10

PRIOR AUTHORIZATION

16.11

**Prior Authorization Reminders** 

EPSDT DENTAL PROGRAM FEE SCHEDULE

**APPENDIX A** 

ADULT DENTURE PROGRAM FEE SCHEDULE

**APPENDIX B** 

DENTAL CLAIM FORM AND INSTRUCTIONS

APPENDIX C

ADJUSTMENT/VOID FORMS AND INSTRUCTIONS

APPENDIX D

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Instructions for Completing 209 Adjustment/Void Form Form 209

**Adult Dental Services** 

Instructions for Completing 210 Adjustment/Void Form Form 210

DENTAL PERIODICITY SCHEDULE

**APPENDIX E** 

CLAIM DENIAL SIMPLIFICATION PROCESS

**APPENDIX F** 

PRIOR AUTHORIZATION CHECKLIST

APPENDIX G

PRIOR AUTHORIZATION SAMPLE LETTER

APPENDIX H

APPENDIX I

FORMS
PEDIATRIC CONSCIOUS SEDATION FORM

TEMPOROMANDIBULAR JOINT (TMJ) FORM

CONTACT/REFERRAL INFORMATION

APPENDIX J