

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF
PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS
FOLLOWS :

CITATION
42 CFR
440.120(b)

MEDICAL AND
REMEDIAL CARE
AND SERVICES
Item 12b

Dentures - The Bureau of Health Services Financing makes
payments to dentists for dentures under the following
conditions:

- (1) Prior Approval - In addition to prior approval items
specified in (2), (3), (4), and (5) below, prior
approval for specific services is required. Services
subject to prior approval are listed in the Bureau's
Provider Manual. New dentures are only allowable
eight (8) years after the original dentures are
provided.

The Adult Dental Program shall no longer
reimburse for cast partial dentures (Procedure
Codes 05213 and 05214).

- (2) Complete Dentures - Complete dentures are subject
to prior authorization. Immediate dentures may also
be available through prior approval. Replacement of
complete dentures are only allowable eight (8) years
after the original dentures were provided.

- (3) Denture Relines - Complete and partial denture
relines are authorized only if one year has elapsed
since the denture was constructed or last relined. A
combination of two relines or one complete denture
and one reline may be allowed within an eight (8)
year period if prior authorized by the Bureau of
Health Services Financing or its designee. Reline of
existing dentures must be given priority over the
construction of new dentures, if it is judged that the
existing dentures are serviceable for at least seven
years. Chairside relines (cold cure acrylics) are not
reimbursable.

STATE	LOUISIANA	A
DATE REC'D	8-3-12	
DATE APPV'D	7-23-13	
DATE EFF	7-1-12	
ISSA 179	12-44	

TN# 12-44 Approval Date 7-23-13 Effective Date 7-1-12
Supersedes
TN# 95-16 **SUPERSEDES: TN- 95-16**

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

- (4) Denture Repairs - Repairs of complete and partial dentures are allowable and do not require prior authorization provided that the repair makes the denture fully serviceable and eliminates the need for a new denture. A repair is allowable in conjunction with a reline for the same recipient as long as this makes the denture fully serviceable.
- (5) Removable Partial Dentures - Removable partial dentures are allowable when required to fulfill the requirement for balancing occlusion and must be prior authorized.

Any of the above services previously authorized but not completed prior to July 13, 1995 shall not be reimbursed.

Effective for dates of service on or after January 22, 2010, only one complete or partial denture per arch is allowed in an eight (8) year period. The eight (8) year time period begins from the date that the previous complete or partial denture for the same arch was provided. A combination of two complete or partial denture relines per arch or one complete or partial denture and one reline per arch is allowed in an eight- year period, as prior authorized by the bureau or its designee.

EPSDT RECIPIENTS ARE EXCLUDED FROM SERVICE LIMITATIONS.

SUPERSEDES: TN- 95-116

STATE	<u>Louisiana</u>	A
DATE REC'D.	<u>3-5-10</u>	
DATE APP'VD	<u>6-2-10</u>	
DATE EFF	<u>1-22-10</u>	
HCFA 179	<u>10-22</u>	

TN# 10-22 Approval Date 6-2-10 Effective Date 1-22-10
Supersedes
TN# 95-116