
DIGEST

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HB 429 Original

2018 Regular Session

Cromer

Abstract: Provides for prior authorizations of claims for dental services.

Present law sets forth the procedures for denial of a claim for dental services and requires a dental service contractor or a contract of dental insurance to establish and maintain appeal procedures for any claim by a dentist or a subscriber that is denied based upon lack of medical necessity.

Proposed law retains present law but makes technical changes.

Proposed law prohibits a dental service contractor from denying any claim subsequently submitted for procedures specifically included in a prior authorization except to the extent that benefit limitations such as annual maximums and frequency limitations not applicable at the time of prior authorization are reached due to use subsequent to issuance of the prior authorization.

Proposed law prohibits a dental service contractor from requiring any information be submitted for a prior authorization request that would not be required for submission of a claim and requires the dental service contractor to issue a prior authorization within 30 days of the date a request is submitted by a dentist.

Proposed law prohibits a dental service contractor from denying or recouping a claim solely due to loss of coverage or patient ineligibility if within 30 days prior to the date of treatment the dentist obtained confirmation of coverage for the patient from the dental service contractor in any verifiable form.

(Amends R.S. 22:1155)