

2018 Regular Session

HOUSE BILL NO. 429

BY REPRESENTATIVE CROMER

1 AN ACT

2 To amend and reenact R.S. 22:1155, relative to claims for dental services; to provide for  
3 prior authorization requests; to provide a time limit for prior authorization approvals;  
4 to prohibit a claim denial or recoupment in certain circumstances; to provide for an  
5 effective date; and to provide for related matters.

6 Be it enacted by the Legislature of Louisiana:

7 Section 1. R.S. 22:1155 is hereby amended and reenacted to read as follows:

8 §1155. Denial of claims; appeal; prior authorization

9 A.(1) A dental service contractor or a contract of dental insurance shall  
10 establish and maintain appeal procedures for any claim by a dentist or a subscriber  
11 that is denied based upon lack of medical necessity.

12 (2)(a) Any ~~such~~ denial shall be based upon a determination by a dentist who  
13 holds a nonrestricted license issued in the United States in the same or an appropriate  
14 specialty that typically manages the dental condition, procedure, or treatment under  
15 review.

16 (b) Subsequent to an initial denial, the licensed dentist making the adverse  
17 determination shall not be an employee of the dental service contractor or dental  
18 insurer.

19 (3) Any written communication to an insured or a dentist that includes or  
20 pertains to a denial of benefits for all or part of a claim on the basis of a lack of  
21 medical necessity shall include the name, applicable speciality designation, license

1 number together with state of issuance, and the direct telephone number of the  
2 licensed dentist making the adverse determination.

3 B.(1) For the purposes of this Subsection, a "prior authorization" shall mean  
4 any predetermination, prior authorization, or similar authorization that is verifiable,  
5 whether through issuance of letter, facsimile, e-mail, or similar means, indicating  
6 that a specific procedure is, or multiple procedures are, covered under the patient's  
7 plan and reimbursable at a specific amount, subject to applicable coinsurance and  
8 deductibles, and issued in response to a request submitted by a dentist using a  
9 prescribed format.

10 (2) A dental service contractor shall not deny any claim subsequently  
11 submitted for procedures specifically included in a prior authorization unless at least  
12 one of the following circumstances applies for each procedure denied:

13 (a) Benefit limitations such as annual maximums and frequency limitations  
14 not applicable at the time of prior authorization are reached due to utilization  
15 subsequent to issuance of the prior authorization.

16 (b) The documentation for the claim provided by the person submitting the  
17 claim clearly fails to support the claim as originally authorized.

18 (c) If, subsequent to the issuance of the prior authorization, new procedures  
19 are provided to the patient or a change in the patient's condition occurs such that the  
20 prior authorized procedure would no longer be considered medically necessary,  
21 based on the prevailing standard of care.

22 (d) If, subsequent to the issuance of the prior authorization, new procedures  
23 are provided to the patient or a change in the patient's condition occurs such that the  
24 prior authorized procedure would at that time require disapproval pursuant to the  
25 terms and conditions for coverage under the patient's plan in effect at the time the  
26 prior authorization was issued.

27 (e) The dental service contractor's denial is because of one of the following:

28 (i) Another payor is responsible for the payment.

29 (ii) The dentist has already been paid for the procedures identified on the  
30 claim.

1           (iii) The claim was submitted fraudulently or the prior authorization was  
2           based in whole or material part on erroneous information provided to the dental  
3           service contractor by the dentist, patient, or other person not related to the carrier.

4           (iv) The person receiving the procedure was not eligible to receive the  
5           procedure on the date of service and the dental service contractor did not know, and  
6           with the exercise of reasonable care could not have known, of the person's eligibility  
7           status.

8           (3) A dental service contractor shall not require any information be  
9           submitted for a prior authorization request that would not be required for submission  
10          of a claim.

11          (4) A dental service contractor shall issue a prior authorization within thirty  
12          days of the date a request is submitted by a dentist.

13          (5) The provisions of Subsection A of this Section shall apply to any denial  
14          of a claim pursuant to Paragraph (2) of this Subsection for a procedure included in  
15          a prior authorization.

16          C. Any recoupment by a dental service contractor shall be in accordance  
17          with R.S. 22:1838. The contractor shall not recoup a claim solely due to a patient's  
18          loss of coverage or ineligibility if, at the time of treatment, the contractor erroneously  
19          confirms coverage and eligibility, but had sufficient information available to it  
20          indicating that the patient was no longer covered or was ineligible for coverage.

21               Section 2. This Act shall become effective on January 1, 2019.

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SPEAKER OF THE HOUSE OF REPRESENTATIVES

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PRESIDENT OF THE SENATE

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GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: \_\_\_\_\_