

2018 Regular Session

HOUSE BILL NO. 429

BY REPRESENTATIVE CROMER

INSURANCE/HEALTH: Provides relative to denial of claims for dental services

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; and to provide for
5 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

1 medical necessity shall include the name, applicable speciality designation, license
2 number together with state of issuance, and the direct telephone number of the
3 licensed dentist making the adverse determination.

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

11 (2) A dental service contractor shall not deny any claim subsequently
12 submitted for procedures specifically included in a prior authorization except to the
13 extent that benefit limitations such as annual maximums and frequency limitations
14 not applicable at the time of prior authorization are reached due to use subsequent
15 to issuance of the prior authorization.

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

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

21 C. A dental service contractor shall not deny or recoup a claim solely due to
22 loss of coverage or patient ineligibility if within thirty days prior to the date of
23 treatment the dentist obtained confirmation of coverage for the patient from the
24 dental service contractor in any verifiable form, including but not limited to
25 facsimile, letter, e-mail, code number, or similar.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

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)