LOUISIANA MEDICAID PROGRAM	<b>ISSUED:</b>	08/13/24
	<b>REPLACED:</b>	11/06/20
CHAPTER 5: PROFESSIONAL SERVICES		

## **Oral and Maxillofacial Surgery**

**SECTION 5.1: COVERED SERVICES** 

Only medically necessary oral and maxillofacial medical procedures are reimbursed when required in the treatment of injury, malformation, or disease related to the head and neck.

Enrolled dental providers are limited to those surgical services billed through the Professional Services Program.

## **Non-Covered Services**

The following services are not covered:

- 1. Tooth extractions for beneficiaries age 21 and older; and
- 2. Procedures performed for cosmetic purposes.

Services described with a Current Dental Terminology procedure code such as extractions, periodontal treatment, and fillings are not reimbursable under this program. Providers should refer to Chapter 16 – Dental Services of the *Medicaid Services Manual* for additional information on dental program requirements.

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