

Codes that Require a Pre-Authorization

Subgroup(s) # or Name: 7003702001, 7003702003, 7003702004, 7003702005, Childrens Medicaid							
D2929	Restorative D2000 - D2999	Restorative D2000 - D2999	Type 2	0-20	C, H, M, and R	One of (D2929, D2930, D2931, D2932, D2933, D2934) per 12 Month(s) Per patient per tooth.	
Subgroup(s) # or Name: 7003702007 Adult Waiver							
D2330	Restorative D2000 - D2999	Restorative D2000 - D2999	Type 2	21 and Older	C, H, M, R, D, E, F, G, N, O, P and Q.	One of (D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, and D2394) per 12 months Per patient per tooth, per surface Per Provider OR Location.	If two (2) restorations are placed on the same tooth, a maximum fee for resin-based composites that can be reimbursed per tooth has been established. The fee for any additional restorative service(s) on the same tooth will be reduced to the maximum fee for the combined number of surfaces when performed within a 12- month period, by the same provider, facility, or group. If the same tooth requires a second or subsequent restoration, and the provider did not perform the initial surface(s) restoration, pre-authorization is required and provider will receive full fee for service.
D2331	Restorative D2000 - D2999	Restorative D2000 - D2999	Type 2	21 and Older	C, H, M, R, D, E, F, G, N, O, P and Q.	One of (D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, and D2394) per 12 months Per patient per tooth, per surface Per Provider OR Location.	If two (2) restorations are placed on the same tooth, a maximum fee for resin-based composites that can be reimbursed per tooth has been established. The fee for any additional restorative service(s) on the same tooth will be reduced to the maximum fee for the combined number of surfaces when performed within a 12- month period, by the same provider, facility, or group. If the same tooth requires a second or subsequent restoration, and the provider did not perform the initial surface(s) restoration, pre-authorization is required and provider will receive full fee for service.
D2332	Restorative D2000 - D2999	Restorative D2000 - D2999	Type 2	21 and Older	C, H, M, R, D, E, F, G, N, O, P and Q.	One of (D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, and D2394) per 12 months Per patient per tooth, per surface Per Provider OR Location.	If two (2) restorations are placed on the same tooth, a maximum fee for resin-based composites that can be reimbursed per tooth has been established. The fee for any additional restorative service(s) on the same tooth will be reduced to the maximum fee for the combined number of surfaces when performed within a 12- month period, by the same provider, facility, or group. If the same tooth requires a second or subsequent restoration, and the provider did not perform the initial surface(s) restoration, pre-authorization is required and provider will receive full fee for service.
D2335	Restorative D2000 - D2999	Restorative D2000 - D2999	Type 2	21 and Older	C, H, M, R, D, E, F, G, N, O, P and Q.	One of (D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, and D2394) per 12 months Per patient per tooth, per surface Per Provider OR Location.	If two (2) restorations are placed on the same tooth, a maximum fee for resin-based composites that can be reimbursed per tooth has been established. The fee for any additional restorative service(s) on the same tooth will be reduced to the maximum fee for the combined number of surfaces when performed within a 12- month period, by the same provider, facility, or group. If the same tooth requires a second or subsequent restoration, and the provider did not perform the initial surface(s) restoration, pre-authorization is required and provider will receive full fee for service.

D2390	Restorative D2000 - D2999	Restorative D2000 - D2999	Type 2	21 and Older	C, H, M, R, D, E, F, G, N, O, P and Q.	One of (D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, and D2394) per 12 months Per patient per tooth, per surface Per Provider OR Location.	If two (2) restorations are placed on the same tooth, a maximum fee for resin-based composites that can be reimbursed per tooth has been established. The fee for any additional restorative service(s) on the same tooth will be reduced to the maximum fee for the combined number of surfaces when performed within a 12- month period, by the same provider, facility, or group. If the same tooth requires a second or subsequent restoration, and the provider did not perform the initial surface(s) restoration, pre-authorization is required and provider will receive full fee for service.
D2929	Restorative D2000 - D2999	Restorative D2000 - D2999	Type 2	21 and Older	C, H, M, and R, D, E, F, G, N, O, P and Q	One of D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, and D2394 per 12 months Per patient per tooth, per surface Per Provider OR Location	
D2930	Restorative D2000 - D2999	Restorative D2000 - D2999	Type 2	21 and Older	D, E, F, G, N, O, P and Q, A, C, H, J, K, M, R and T	One of D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, and D2394 per 12 months Per patient per tooth, per surface Per Provider OR Location	
D2932	Restorative D2000 - D2999	Restorative D2000 - D2999	Type 2	21 and Older	C, H, M, R, D, E, F, G, N, O, P and Q	One of (D2929, D2930, D2931, D2932, D2933, D2934) per 12 Month(s) Per patient per tooth.	
D2933	Restorative D2000 - D2999	Restorative D2000 - D2999	Type 2	21 and Older	C, H, M, R, D, E, F, G, N, O, P, and Q	One of D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, and D2394 per 12 months Per patient per tooth, per surface Per Provider OR Location	
D2934	Restorative D2000 - D2999	Restorative D2000 - D2999	Type 2	21 and Older	C, H, M and R, D, E, F, G, N, O, P and Q	One of D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, and D2394 per 12 months Per patient per tooth, per surface Per Provider OR Location	
D5110	Prosthodontics Removable D5000- D5899	Prosthodontics (Class 16)	Type 3	21 and Older	Per Arch (01, UA)	One of (D5110) per 96 Month(s) Per patient.	
D5120	Prosthodontics Removable D5000- D5899	Prosthodontics (Class 16)	Type 3	21 and Older	Per Arch (02, LA)	One of (D5120) per 96 Month(s) Per patient.	
D5130	Prosthodontics Removable D5000- D5899	Prosthodontics (Class 16)	Type 3	21 and Older	Per Arch (01, UA)	One of (D5130) per 96 Month(s) Per patient.	
D5140	Prosthodontics Removable D5000- D5899	Prosthodontics (Class 16)	Type 3	21 and Older	Per Arch (02, LA)	One of (D5140) per 96 Month(s) Per patient.	
D5211	Prosthodontics Removable D5000- D5899	Prosthodontics (Class 16)	Type 3	21 and Older	Per Arch (01, UA)	One of (D5211) per 96 Month(s) Per patient.	
D5212	Prosthodontics Removable D5000- D5899	Prosthodontics (Class 16)	Type 3	21 and Older	Per Arch (02, LA)	One of (D5212) per 96 Month(s) Per patient.	

D5511	Prosthodontics Removable D5000- D5899	#N/A	Type 3	21 and Older	Teeth 17 - 32	Not covered within 6 months of placement.
D5512	Prosthodontics Removable D5000- D5899	#N/A	Type 3	21 and Older	Teeth 1 - 16	Not covered within 6 months of placement.
D5213	Prosthodontics Removable D5000- D5899	Prosthodontics (Class 16)	Type 3	21 and Older	Teeth 17 - 32	per member per arch is allowed in a eight (8) year period
D5214	Prosthodontics Removable D5000- D5899	Prosthodontics (Class 16)	Type 3	21 and Older	Teeth 1 - 16	per member per arch is allowed in a eight (8) year period
D5520	Prosthodontics Removable D5000- D5899	Prosthetic Maint. (class 6)	Type 2	21 and Older	2 through 15 and 18 through 31	Not covered within 6 months of placement.
D5611	Prosthodontics Removable D5000- D5899	Prosthodontics (Class 16)	#N/A	21 and Older		Not covered within 6 months of placement.
D5612	Prosthodontics Removable D5000- D5899	Prosthodontics (Class 16)	#N/A	21 and Older		Not covered within 6 months of placement.
D5630	Prosthodontics Removable D5000- D5899	Prosthetic Maint. (class 6)	Type 2	21 and Older		Not covered within 12 months of placement.
D5640	Prosthodontics Removable D5000- D5899	Prosthetic Maint. (class 6)	Type 2	21 and Older	2-15 and 18-31	Not covered within 12 months of placement.
D5650	Prosthodontics Removable D5000- D5899	Prosthetic Maint. (class 6)	Type 2	21 and Older	2-15 and 18-31	Not covered within 12 months of placement.
D5660	Prosthodontics Removable D5000- D5899	Prosthetic Maint. (class 6)	Type 2	21 and Older	oral cavity designator 10, 20, 30 and 40	Not covered within 12 months of placement.
D5750	Prosthodontics Removable D5000- D5899	Prosthetic Maint. (class 6)	Type 2	21 and Older		Not covered within 12 months of placement.
D5751	Prosthodontics Removable D5000- D5899	Prosthetic Maint. (class 6)	Type 2	21 and Older		Not covered within 12 months of placement. One of (D5751) per 60 Month(s) Per patient.
D5760	Prosthodontics Removable D5000- D5899	Prosthetic Maint. (class 6)	Type 2	21 and Older		Not covered within 12 months of placement.
D5761	Prosthodontics Removable D5000- D5899	Prosthetic Maint. (class 6)	Type 2	21 and Older		Not covered within 12 months of placement.
D5820	Prosthodontics Removable D5000- D5899		Type 3	21 and Older		Only one (1) prosthesis per member per arch is allowed in a one (1) year period. The time period for eligibility for a new prosthesis for the same arch begins on the delivery date of original prosthesis. An interim partial denture cannot be authorized to replace a partial denture that was previously paid by Louisiana Medicaid or MCNA. A description of the arch receiving the prosthesis must be provided by indicating in the "Remarks" section which teeth are to be replaced and which are to be retained.

Only permanent teeth are eligible for replacement by an interim partial denture or a partial denture.

Opposing partial dentures are available if each arch independently fulfills the requirements.

Partial dentures that replace only posterior teeth must occlude against multiple posterior teeth in the opposing arch and must serve to increase masticatory function and stability of the entire mouth.

D5821 Prosthodontics Fixed D6200 - D6999 Type 3 21 and Older

Only one (1) prosthesis per member per arch is allowed in a one (1) year period. The time period for eligibility for a new prosthesis for the same arch begins on the delivery date of original prosthesis. An interim partial denture cannot be authorized to replace a partial denture that was previously paid by Louisiana Medicaid or MCNA. A description of the arch receiving the prosthesis must be provided by indicating in the "Remarks" section which teeth are to be replaced and which are to be retained.

Only permanent teeth are eligible for replacement by an interim partial denture or a partial denture.

Opposing partial dentures are available if each arch independently

Partial dentures that replace only posterior teeth must occlude against multiple posterior teeth in the opposing arch and must serve to increase masticatory function and

D8090 Orthodontics D8000 - D8999 Orthodontics D8000 - D8999 Type 4 21 and Older

One of D8090) per 1 Lifetime Per patient

Subgroup(s) # or Name: 7003702008 ICF/IID

D2390	Restorative D2000 - D2999	Restorative D2000 - D2999	Type 2	21 and Older	C, H, M, R, D, E, F, G, N, O, P and Q.	One of (D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, and D2394) per 12 months Per patient per tooth, per surface Per Provider OR Location.	If two (2) restorations are placed on the same tooth, a maximum fee for resin-based composites that can be reimbursed per tooth has been established. The fee for any additional restorative service(s) on the same tooth will be reduced to the maximum fee for the combined number of surfaces when performed within a 12- month period, by the same provider, facility, or group. If the same tooth requires a second or subsequent restoration, and the provider did not perform the initial surface(s) restoration, pre-authorization is required and provider will receive full fee for service.
D2929	Restorative D2000 - D2999	Restorative D2000 - D2999	Type 2	21 and Older	C, H, M, and R, D, E, F, G, N, O, P and Q	One of D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, and D2394 per 12 months Per patient per tooth, per surface Per Provider OR Location	
D2930	Restorative D2000 - D2999	Restorative D2000 - D2999	Type 2	21 and Older	D, E, F, G, N, O, P and Q, A, C, H, J, K, M, R and T	One of D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, and D2394 per 12 months Per patient per tooth, per surface Per Provider OR Location	
D2932	Restorative D2000 - D2999	Restorative D2000 - D2999	Type 2	21 and Older	C, H, M, R, D, E, F, G, N, O, P and Q	One of (D2929, D2930, D2931, D2932, D2933, D2934) per 12 Month(s) Per patient per tooth.	
D2933	Restorative D2000 - D2999	Restorative D2000 - D2999	Type 2	21 and Older	C, H, M, R, D, E, F, G, N, O, P, and Q	One of D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, and D2394 per 12 months Per patient per tooth, per surface Per Provider OR Location	
D2934	Restorative D2000 - D2999	Restorative D2000 - D2999	Type 2	21 and Older	C, H, M and R, D, E, F, G, N, O, P and Q	One of D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, and D2394 per 12 months Per patient per tooth, per surface Per Provider OR Location	
D4999	Periodontics D4000 - D4999	Periodontics D4000 - D4999	Type 3	21 and Older		Unspecified endodontic procedure, by report	
D5110	Prosthodontics Removable D5000- D5899	Prosthodontics (Class 16)	Type 3	21 and Older	Per Arch (01, UA)	One of (D5110) per 96 Month(s) Per patient.	
D5120	Prosthodontics Removable D5000- D5899	Prosthodontics (Class 16)	Type 3	21 and Older	Per Arch (02, LA)	One of (D5120) per 96 Month(s) Per patient.	
D5130	Prosthodontics Removable D5000- D5899	Prosthodontics (Class 16)	Type 3	21 and Older	Per Arch (01, UA)	One of (D5130) per 96 Month(s) Per patient.	
D5140	Prosthodontics Removable D5000- D5899	Prosthodontics (Class 16)	Type 3	21 and Older	Per Arch (02, LA)	One of (D5140) per 96 Month(s) Per patient.	

D5211	Prosthodontics Removable D5000- D5899	Prosthodontics (Class 16)	Type 3	21 and Older	Per Arch (01, UA)	One of (D5211) per 96 Month(s) Per patient.
D5212	Prosthodontics Removable D5000- D5899	Prosthodontics (Class 16)	Type 3	21 and Older	Per Arch (02, LA)	One of (D5212) per 96 Month(s) Per patient.
D5511	Prosthodontics Removable D5000- D5899	#N/A	Type 3	21 and Older	Teeth 17 - 32	Not covered within 6 months of placement.
D5512	Prosthodontics Removable D5000- D5899	#N/A	Type 3	21 and Older	Teeth 1 - 16	Not covered within 6 months of placement.
D5213	Prosthodontics Removable D5000- D5899	Prosthodontics (Class 16)	Type 3	21 and Older	Teeth 17 - 32	per member per arch is allowed in a eight (8) year period
D5214	Prosthodontics Removable D5000- D5899	Prosthodontics (Class 16)	Type 3	21 and Older	Teeth 1 - 16	per member per arch is allowed in a eight (8) year period
D5520	Prosthodontics Removable D5000- D5899	Prosthetic Maint. (class 6)	Type 2	21 and Older	2 through 15 and 18 through 31	Not covered within 6 months of placement.
D5611	Prosthodontics Removable D5000- D5899	Prosthodontics (Class 16)	#N/A	21 and Older		Not covered within 6 months of placement.
D5612	Prosthodontics Removable D5000- D5899	Prosthodontics (Class 16)	#N/A	21 and Older		Not covered within 6 months of placement.
D5630	Prosthodontics Removable D5000- D5899	Prosthetic Maint. (class 6)	Type 2	21 and Older		Not covered within 12 months of placement.
D5640	Prosthodontics Removable D5000- D5899	Prosthetic Maint. (class 6)	Type 2	21 and Older	2-15 and 18-31	Not covered within 12 months of placement.
D5650	Prosthodontics Removable D5000- D5899	Prosthetic Maint. (class 6)	Type 2	21 and Older	2-15 and 18-31	Not covered within 12 months of placement.
D5660	Prosthodontics Removable D5000- D5899	Prosthetic Maint. (class 6)	Type 2	21 and Older	oral cavity designator 10, 20, 30 and 40	Not covered within 12 months of placement.
D5750	Prosthodontics Removable D5000- D5899	Prosthetic Maint. (class 6)	Type 2	21 and Older		Not covered within 12 months of placement.
D5751	Prosthodontics Removable D5000- D5899	Prosthetic Maint. (class 6)	Type 2	21 and Older		Not covered within 12 months of placement. One of (D5751) per 60 Month(s) Per patient.
D5760	Prosthodontics Removable D5000- D5899	Prosthetic Maint. (class 6)	Type 2	21 and Older		Not covered within 12 months of placement.
D5761	Prosthodontics Removable D5000- D5899	Prosthetic Maint. (class 6)	Type 2	21 and Older		Not covered within 12 months of placement.
D5820	Prosthodontics Removable D5000- D5899		Type 3	21 and Older		per member per arch is allowed in a eight (8) year period
<p>Only one (1) prosthesis per member per arch is allowed in a one (1) year period. The time period for eligibility for a new prosthesis for the same arch begins on the delivery date of original prosthesis. An interim partial denture cannot be authorized to replace a partial denture that was previously paid by Louisiana Medicaid or MCNA. A description of the arch receiving the prosthesis must be provided by indicating in the "Remarks" section which teeth are to be replaced and which are to be retained.</p>						
<p>Only permanent teeth are eligible for replacement by an interim partial denture or a partial denture.</p>						
<p>Opposing partial dentures are available if each arch independently fulfills the requirements.</p>						

						Partial dentures that replace only posterior teeth must occlude against multiple posterior teeth in the opposing arch and must serve to increase masticatory function and stability of the entire mouth.
D5821	Prosthodontics Fixed D6200 - D6999		Type 3	21 and Older	per member per arch is allowed in a eight (8) year period	<p>Only one (1) prosthesis per member per arch is allowed in a one (1) year period. The time period for eligibility for a new prosthesis for the same arch begins on the delivery date of original prosthesis. An interim partial denture cannot be authorized to replace a partial denture that was previously paid by Louisiana Medicaid or MCNA. A description of the arch receiving the prosthesis must be provided by indicating in the "Remarks" section which teeth are to be replaced and which are to be retained.</p> <hr/> <p>Only permanent teeth are eligible for replacement by an interim partial denture or a partial denture.</p> <hr/> <p>Opposing partial dentures are available if each arch independently fulfills the requirements.</p> <hr/> <p>Partial dentures that replace only posterior teeth must occlude against multiple posterior teeth in the opposing arch and must serve to increase masticatory function and stability of the entire mouth.</p>
D8090	Orthodontics D8000 - D8999	Orthodontics D8000 - D8999	Type 4	21 and Older	One of D8090) per 1 Lifetime Per patient	
D9440	Adjunctive General Services D9000 - D9999	Adjunctive General Services D9000 - D9999	Type 2	21 and Older		