Codes that Require a Pre-Authorization

		, 7003702003, 7003702004, 7				One of (D2020, D2020, D2021	
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.	
Subgrou	ıp(s) # or Name: 7003702007	Adult Waiver				Tionan(3) i ei padent per tootii.	
D2330	Restorative D2000 - D2999	Restorative D2000 - D2999	Type 2	21 and Older	C, H, M, R, D, E, F,	One of (D2330, D2331, D2332,	If two (2) restorations are placed on the same tooth, a maximum fee for
<i>B</i> 2330	nestorative bz000 - bz333	Nestorative D2000 - D2000	Type 2	21 and Older	G, N, O, P and Q.	D2335, D2390, D2391, D2392, D2393, and D2394) per 12 months Per patient per tooth, per surface Per Provider OR Location.	resin-based composites that can be reimbursed per tooth has been established. The fee for any additional restorative service(s) on the same
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.	, ·	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		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	#N/A	Type 3	21 and Older	Teeth 17 - 32	Not covered within 6 months of
	D5000- D5899		.,,,,,		. 334. 17 32	placement.
D5512	Prosthodontics Removable	#N/A	Type 3	21 and Older	Teeth 1 - 16	Not covered within 6 months of
	D5000- D5899		71			placement.
D5213	Prosthodontics Removable	Prosthodontics (Class 16)	Type 3	21 and Older	Teeth 17 - 32	per member per arch is allowed in a
	D5000- D5899					eight (8) year period
D5214	Prosthodontics Removable	Prosthodontics (Class 16)	Type 3	21 and Older	Teeth 1 - 16	per member per arch is allowed in a
	D5000- D5899					eight (8) year period
D5520	Prosthodontics Removable	Prosthetic Maint. (class 6)	Type 2	21 and Older	2 through 15 and 18	Not covered within 6 months of
	D5000- D5899				through 31	placement.
D5611	Prosthodontics Removable	Prosthodontics (Class 16)	#N/A	21 and Older		Not covered within 6 months of
	D5000- D5899					placement.
D5612	Prosthodontics Removable	Prosthodontics (Class 16)	#N/A	21 and Older		Not covered within 6 months of
	D5000- D5899					placement.
D5630	Prosthodontics Removable	Prosthetic Maint. (class 6)	Type 2	21 and Older		Not covered within 12 months of
	D5000- D5899					placement.
D5640	Prosthodontics Removable	Prosthetic Maint. (class 6)	Type 2	21 and Older	2-15 and 18-31	Not covered within 12 months of
	D5000- D5899					placement.
D5650	Prosthodontics Removable	Prosthetic Maint. (class 6)	Type 2	21 and Older	2-15 and 18-31	Not covered within 12 months of
	D5000- D5899					placement.
D5660	Prosthodontics Removable	Prosthetic Maint. (class 6)	Type 2	21 and Older	oral cavity	Not covered within 12 months of
	D5000- D5899				designator 10, 20,	placement.
					30 and 40	
D5750	Prosthodontics Removable	Prosthetic Maint. (class 6)	Type 2	21 and Older		Not covered within 12 months of
DE754	D5000- D5899	D II I' M ' I / I O)		04 1011		placement.
D5751	Prosthodontics Removable	Prosthetic Maint. (class 6)	Type 2	21 and Older		Not covered within 12 months of
	D5000- D5899					placement.One of (D5751) per 60
DE700	Draethadantica Damayahla	Draethatic Maint (class C)	Tuno O	O1 and Older		Month(s) Per patient.
D5760	Prosthodontics Removable	Prosthetic Maint. (class 6)	Type 2	21 and Older		Not covered within 12 months of
D5761	D5000- D5899 Prosthodontics Removable	Prosthetic Maint. (class 6)	Type 2	21 and Older		Placement. Not covered within 12 months of
D3701	D5000- D5899	Fiostiletic Maint. (ctass o)	Type 2	21 and Older		placement.
D5820	Prosthodontics Removable		Type 3	21 and Older		Only one (1) prosthesis per member
D3020	D5000- D5899		турсо	21 and Older		per arch is allowed in a one (1) year
	D0000 D0000					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.
•						<u> </u>

-		71.		patient	
090	Orthodontics D8000 - D8999 Orthodontics D8000 - D899	Type 4	21 and Older	One of D8090) per 1 Lifetime Per	
				increase masticatory function and	
				opposing arch and must serve to	
				multiple posterior teeth in the	
				posterior teeth must occlude against	
				Partial dentures that replace only	
				available if each arch independently	
				Opposing partial dentures are	
				denture or a partial denture.	
				replacement by an interim partial	
				Only permanent teeth are eligible for	
				.oumou.	
				retained.	
				to be replaced and which are to be	
				must be provided by indicating in the "Remarks" section which teeth are	
				the arch receiving the prosthesis	
				Medicaid or MCNA. A description of	
				previously paid by Louisiana	
				replace a partial denture that was	
				denture cannot be authorized to	
				original prosthesis. An interim partial	
				arch begins on the delivery date of	
				for a new prosthesis for the same	
				period. The time period for eligibility	
	D6999			per arch is allowed in a one (1) year	
821	Prosthodontics Fixed D6200 -	Type 3	21 and Older	Only one (1) prosthesis per member	
				stability of the entire mouth.	
				increase masticatory function and	
				opposing arch and must serve to	
				multiple posterior teeth in the	
				posterior teeth must occlude against	
				Partial dentures that replace only	
				fulfills the requirements.	
				available if each arch independently	
				Opposing partial dentures are	
				denture or a partial denture.	
				replacement by an interim partial	
				Only permanent teeth are eligible for	

D2390	Restorative D2000 - D2999	Restorative D2000 - D2999	Type 2	21 and Older	C, H, M, R, D, E, F,	One of (D2330, D2331, D2332,	If two (2) restorations are placed on the same tooth, a maximum fee for
					G, N, O, P and Q.	D2335, D2390, D2391, D2392, D2393, and D2394) per 12 months Per patient per tooth, per surface Per Provider OR Location.	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		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	Prosthodontics (Class 16)	Type 3	21 and Older	Per Arch (02, LA)	One of (D5212) per 96 Month(s) Per	
D5544	D5000- D5899	//A.1./.A		04 1011	T 11 17 00	patient.	
D5511	Prosthodontics Removable	#N/A	Type 3	21 and Older	Teeth 17 - 32	Not covered within 6 months of	
DEE10	D5000- D5899 Prosthodontics Removable	#N/A	Tuno 2	21 and Older	Teeth 1 - 16	placement. Not covered within 6 months of	
D5512	D5000- D5899	#IN/A	Type 3	21 and Older	1eeui 1 - 10	placement.	
D5213	Prosthodontics Removable	Prosthodontics (Class 16)	Type 3	21 and Older	Teeth 17 - 32	per member per arch is allowed in a	
D3213	D5000- D5899	1 103(11000)1(1103 (0(833 10)	Турс З	21 and Older	100til 17 - 32	eight (8) year period	
D5214	Prosthodontics Removable	Prosthodontics (Class 16)	Type 3	21 and Older	Teeth 1 - 16	per member per arch is allowed in a	
D3214	D5000- D5899	1103tilodofftics (Otd33 10)	Турс о	21 and Otaci	rectif 10	eight (8) year period	
D5520	Prosthodontics Removable	Prosthetic Maint. (class 6)	Type 2	21 and Older	2 through 15 and 1	8 Not covered within 6 months of	
	D5000- D5899				through 31	placement.	
D5611	Prosthodontics Removable	Prosthodontics (Class 16)	#N/A	21 and Older		Not covered within 6 months of	
	D5000- D5899					placement.	
D5612	Prosthodontics Removable	Prosthodontics (Class 16)	#N/A	21 and Older		Not covered within 6 months of	
	D5000- D5899					placement.	
D5630	Prosthodontics Removable	Prosthetic Maint. (class 6)	Type 2	21 and Older		Not covered within 12 months of	
	D5000- D5899					placement.	
D5640	Prosthodontics Removable	Prosthetic Maint. (class 6)	Type 2	21 and Older	2-15 and 18-31	Not covered within 12 months of	
	D5000- D5899					placement.	
D5650	Prosthodontics Removable	Prosthetic Maint. (class 6)	Type 2	21 and Older	2-15 and 18-31	Not covered within 12 months of	
	D5000- D5899					placement.	
D5660	Prosthodontics Removable	Prosthetic Maint. (class 6)	Type 2	21 and Older	oral cavity	Not covered within 12 months of	
	D5000- D5899				designator 10, 20,	placement.	
					30 and 40		
D5750	Prosthodontics Removable	Prosthetic Maint. (class 6)	Type 2	21 and Older		Not covered within 12 months of	
	D5000- D5899					placement.	
D5751	Prosthodontics Removable	Prosthetic Maint. (class 6)	Type 2	21 and Older		Not covered within 12 months of	
	D5000- D5899					placement.One of (D5751) per 60	
						Month(s) Per patient.	
D5760	Prosthodontics Removable	Prosthetic Maint. (class 6)	Type 2	21 and Older		Not covered within 12 months of	
	D5000- D5899					placement.	
D5761	Prosthodontics Removable	Prosthetic Maint. (class 6)	Type 2	21 and Older		Not covered within 12 months of	
	D5000- D5899					placement.	
D5820	Prosthodontics Removable		Type 3	21 and Older		per member per arch is allowed in a	Only one (1) prosthesis per member per arch is allowed in a one (1) year
	D5000- D5899					eight (8) year period	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
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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	per member per arch is allowed in a eight (8) year period	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.
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		