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**CHAPTER 16: DENTAL SERVICES**

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**SECTION 16.10: ADULT DENTURE PROGRAM- NON-COVERED SERVICES****PAGE(S) 1**

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**NON-COVERED SERVICES**

Non-covered services in the Adult Denture Program are any codes not listed in the Adult Denture Program fee schedule located in Appendix B of this manual.

**NOTE:** Dental providers may request compensation for certain services using Current Procedural Terminology (CPT) codes that are covered under the Professional Services Program when these services are rendered to Medicaid beneficiaries who are eligible for services provided in the Professional Services Program.