
CHAPTER 16: DENTAL SERVICES

**SECTION 16.8: ADULT DENTURE PROGRAM- BENEFICIARY
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BENEFICIARY ELIGIBILITY REQUIREMENTS

Federal regulations found at 42CFR 440.120 describe the services which may be furnished at the states option. The Medicaid Dental Program or its designee can answer questions regarding policy and claims processing.

Beneficiaries may be eligible for the Adult Denture Program if they are Medicaid eligible, 21 years of age or older, AND missing all teeth in the maxillary and/or mandibular arches. Adult beneficiaries who are certified for Medicaid in “Qualified Medicare Beneficiary Only” (QMB Only) are NOT eligible to receive services in the Adult Denture Program. It is the responsibility of the provider to verify eligibility. Beneficiary eligibility should be verified prior to providing services to the beneficiary. The beneficiary must be eligible for each date of service.

The Recipient/Beneficiary Eligibility Verification System (REVS) or the Electronic Medicaid Eligibility Verification System (eMEVS) should be used to obtain beneficiary eligibility information. It is advisable that providers keep on file hardcopy proof of eligibility from eMEVS.