
CHAPTER 16: DENTAL SERVICES

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

Federal regulations found at 42CFR 440.120 describe the services which may be furnished at the states option. The fiscal intermediary's provider relations staff can answer questions regarding policy and claims processing.

Recipients 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 recipients 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 recipient eligibility. Recipient eligibility should be verified prior to providing services to the recipient. The recipient must be eligible for each date of service.

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