

REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
06/09/17	Title Page		1	Updated to revise logo.
06/09/17	16.1	Provider Requirements	7	Updated to reflect department name change and clarify provisions regarding interruption of treatment.
06/09/17	16.5	EPSDT – Covered Services	55	Updated to clarify provisions for prior authorization, diagnostic and screening services.
06/09/17	16.7	EPSDT – Prior Authorization	3	Updated to clarify prior authorization provisions.
06/09/17	16.8	Adult Denture Program – Recipient Eligibility Requirements	1	Updated to clarify recipient eligibility requirements.
06/09/17	16.9	Adult Denture Program – Covered Services	10	Updated to clarify provisions for denture covered services.
06/09/17	16.11	Adult Denture Program – Prior Authorization	3	Updated to clarify prior authorization provisions.
06/09/17	Appendix G	Prior Authorization Checklist	2	Updated to reflect authorization checklist changes.
06/09/17	Appendix I	Forms	4	Updated to reflect revised forms.
06/09/17	Appendix J	Frequent Contact Information	4	Updated to reflect revised contact information.