

<b>REVISION HISTORY LOG</b>
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Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
09/15/13	16.5	EPSDT-Covered Services	54	Revised the prior authorization and billing requirements
09/15/13	16.7	EPSDT-Prior Authorization	4	Added the event of failed restorations to prior authorization
9/15/13	16.8	Adult Denture Program-Recipient Eligibility Requirements	1	Added provision to exclude adults certified in the Medically Needy Program (MNP)
09/15/13	Appendix A	EPSDT Dental Program Fee Schedule	16	Updated to reflect the new fee schedule as of August 1, 2013
09/15/13	Appendix B	Adult Denture Program Fee Schedule	4	Updated to reflect the new fee schedule for codes D0150 and D0210 as of August 1, 2013
09/15/13	Appendix E	Dental Periodicity Schedule	2	Removed references to KIDMED Section. Reordered listing.
09/15/13	Appendix H	Prior Authorization (PA) Sample Letter	1	Removed reference to the CommunityCARE Program