



**ADULT DENTURE PROGRAM
Rate Increases and Policy Revision Information
Effective for Dates of Service On and After November 1, 2006**

RATE INCREASES

Effective for **dates of service on and after November 1, 2006**, reimbursement rates for a comprehensive oral examination, radiograph (complete series) and denture repair services that are covered in the Adult Denture Program will be increased. Please refer to the revised Adult Denture Program Fee Schedule (revision date November 1, 2006) which is located at www.lamedicaid.com for complete fee information.

POLICY REVISION

The following policy revision is effective for **dates of service on and after November 1, 2006**. This policy revision replaces current policy and applies only to the specific information provided below. Additional policy as stated in the 2003 Dental Services Manual and/or the Dental Services Provider Training Packets still applies.

REMOVABLE PROSTHODONTIC SERVICES

Denture Repairs (D5510 through D5660)

Current Policy: A total of \$125.00 in base repair, clasp addition or replacement, or tooth addition or replacement services per arch for the same recipient is allowed within a single one-year period for the same billing provider (or another Medicaid-enrolled provider located in the same office as the requesting provider.)

Revised Policy: A total of \$175.00 in base repair, clasp addition or replacement, or tooth addition or replacement services per arch for the same recipient is allowed within a single one-year period for the same billing provider or another Medicaid provider located in the same office as the billing provider.