
CHAPTER 16: DENTAL SERVICES

**SECTION 16.3: EPSDT-BENEFICIARY ELIGIBILITY
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BENEFICIARY ELIGIBILITY REQUIREMENTS

A beneficiary is eligible for the Early and Periodic Screening, Diagnostic~~is~~ and Treatment (EPSDT) Dental Program only if Medicaid eligible AND **under 21 years of age on the date of the service.**

NOTE: Some categories of Medicaid, such as Louisiana Children's Health Insurance Program (LaCHIP) and LaCHIP Affordable Plan, end once the beneficiary reaches 19 years of age. It is the responsibility of the provider to verify beneficiary eligibility.

The Recipient Eligibility Verification System (REVS) or the Electronic Medicaid Eligibility Verification System (eMEVS) should be used to obtain beneficiary eligibility information. The beneficiary must be eligible for each date of service. It is advisable that providers keep on file hardcopy proof of eligibility from MEVS.