

<p align="center">1ST VISIT</p>	<p align="center">Section 218.100 Dental Manual Diagnostic Cast Upper D0470 (Material)</p> <p align="center">Section 262.200 Dental Manual Limited Oral Evaluation D0140 (Time)</p>	<p>Providers are allowed 1 unit for each arch and 1 unit for each limited oral evaluation.</p> <p align="center">Full Set = 2 X D0470 2 X D0140</p>
<p>Provider will send castings to Green Dental Lab. Providers are responsible to provide the patients name, date of birth, and Medicaid ID.</p> <p>If a prior authorization is required, enter "Green Dental" as the servicing provider to the prior authorization request.</p>	<p align="center">Dental Contractor Green Dental Laboratory 1099 Wilburn Road Heber Springs, AR 72543</p> <p align="center">1-800-247-1365 Fax 501-362-6717</p> <p align="center">Contact Name: Tammy Horton, Patricia King</p>	
<p>2nd Visit (Bite Rims)</p>		
<p>Provider receives bite rims back from Green Dental Lab. Patient returns and necessary adjustments are made then castings are sent back to Green Dental Lab.</p>	<p align="center">Limited Oral Evaluation D0140 (Time)</p>	<p>Providers are allowed 1 unit for each arch.</p> <p align="center">Full Set = 2 x D0140</p>
<p>3rd Visit Wax-Try-Ins</p>		
<p>Provider has received wax try-ins. Patient returns, any necessary adjustments are made, and castings sent back to Green Dental Lab.</p>	<p align="center">Limited Oral Evaluation D0140 (Time)</p>	<p>Providers are allowed 1 unit for each arch.</p> <p align="center">Full Set = 2 x D0140</p>
<p>4th Visit Delivery</p>		
<p>Delivery of dentures. Patient returns to try in completed set of dentures.</p>	<p>Section 224.000 Dental Manual</p> <p>If adjustments are necessary:</p> <p>D5410 Adjustment Complete Denture Maxillary Arch (Upper)</p> <p>D5411 Adjustment Complete Denture Mandibular Arch (Lower)</p>	<p>If adjustments are done bill the appropriate code. Each adjust is 1 unit.</p> <p>*Note each adjustment code is allowed 3 per lifetime and count against \$500.00 benefit limit.</p>

Adult Dental Program has a benefit limit of \$500.00 per SFY (state fiscal year).

Extractions do not count against the \$500.00 benefit limit. Any visits or treatment before and during the denture process count against the \$500.00. Providers do NOT receive a bill from Green Dental Lab as they will be paid by Medicaid.