



PROVIDER QUICK TIPS

#110

Medical Assistance Dental Benefit Changes

The Department of Human Services (DHS) is making changes to Medical Assistance (MA) Dental benefits effective September 30, 2011.

These changes do not apply to MA recipients who:

- Are under age 21
- Are adults 21 years of age or older residing in nursing facilities or intermediate care facilities (ICF/MR or ICF/ORC)

CHANGES TO DENTAL BENEFITS

- Dental exams and cleanings will be limited to one per 180 days per recipient
 - Additional exams and cleanings will require an approved benefit limit exception (BLE) request from the department
- Dentures will be limited to one per lifetime as follows:
 - One partial upper denture **or** one full upper denture; **and**
 - One partial lower denture **or** one full lower denture
 - If the department paid for a partial or full upper denture since March 1, 2004, the recipient may get another partial or full upper denture only if the dentist gets an approved BLE from the department
 - If the department paid for a partial or full lower denture since March 1, 2004, the recipient may receive another partial or full lower denture only if the dentist gets an approved BLE from the department
- Dental services that require a BLE:
 - Crowns and adjunctive services
 - Endodontic services, including root canals
 - Periodontal services

These changes apply to MA recipients who receive dental services in the Fee for Service (FFS) delivery system including ACCESS Plus.

MA physical health Managed Care Organizations (PH MCOs) have the option to impose the same or lesser limits for the aforementioned dental benefits. If this change occurs, the MA PH MCO will issue individual notice to their members 30 days in advance of the changes and will notify network providers in advance of the changes.



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If you believe that your MA patient needs medically necessary dental treatment above the new limits, you may request a BLE by submitting supporting documentation and a BLE form (MA 549,) which is available at the DHS website at this link:

<http://www.dhs.pa.gov/dhsassets/maforms/index.htm>

Please forward the form to the following address:

Office of Medical Assistance Programs
Bureau of Fee for Service Programs
Dental Benefit Exception Review
PO Box 8187
Harrisburg PA 17105

Please refer to Section 6.8 in the Dental Provider handbook for BLE information.

Thank you for your service to our Medical Assistance recipients.

We value your participation.

Check the department's website often: www.dhs.pa.gov