



# PROVIDER QUICK TIPS



## Benefit Limit Exception Process for Certain Dental Services Reminder

The Department of Human Services (Department) is issuing this Quick Tip to remind providers of the policy for benefit limit exceptions (BLE) for certain dental services.

In the fee-for-service delivery system, the Department implemented limits to certain dental benefits for adult Medical Assistance (MA) beneficiaries 21 years of age and older on September 30, 2011. The Department issued MA Bulletin 27-11-47, titled “Medical Assistance Dental Benefit Changes” on September 26, 2011, to inform dentists, Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) of the limits, as well as the criteria and procedure to request an exception to the limits.

[https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20MAP/d\\_005794.pdf](https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20MAP/d_005794.pdf)

The dental benefit limits do not apply to children under 21, or adults who reside in a nursing facility, an intermediate care facility for individuals with intellectual disabilities (ICF/ID) or an intermediate care facility for persons with other related conditions (ICF/ORC). However, dental providers must continue to secure prior authorization, as required by the Department and identified on the MA Program’s Dental Fee Schedule, for crowns, periodontal services, and dentures provided to a MA beneficiary who resides in a nursing facility, an ICF/ID, or an ICF/ORC. Dental providers must secure an 1150 Administrative Waiver Program Exception approval from the Department in instances when a MA beneficiary, who resides in one of these settings, is requesting a service that exceeds the fee schedule limits for dental services.

On September 30, 2011, the Department implemented the following limits for all other adult MA beneficiaries, 21 years of age and older:

- One partial upper denture or one full upper denture and one partial lower denture or one full lower denture per lifetime. Additional dentures will require a BLE.
- One oral evaluation and prophylaxis per 180 days, per adult beneficiary. Additional oral evaluations and prophylaxis will require a BLE.
- Crowns and adjunctive services, periodontal and endodontic services if the beneficiary receives a BLE.

The Department will grant BLEs to the dental benefits when one of the following criteria is met:





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1. The Department determines the beneficiary has a serious chronic systemic illness or other serious health condition and denial of the exception will jeopardize the life of the beneficiary.
2. The Department determines the beneficiary has a serious chronic systemic illness or other serious health condition and denial of the exception will result in the rapid, serious deterioration of the health of the beneficiary.
3. The Department determines that granting a specific exception is a cost-effective alternative for the MA Program.
4. The Department determines that granting an exception is necessary in order to comply with Federal law.

The Department implemented changes to the dental BLE process on April 15, 2021, when it issued MA Bulletin 08-21-01, titled “Dental Benefit Limit Exception Process Update” (<https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20MAP/MAB2021041501.pdf>) to inform dentists, FQHCs and RHCs that if the dental BLE request identifies that the beneficiary has one of the conditions set forth below, the Department will review the MA beneficiary’s claim history to determine if the condition was previously identified on a claim, and, if the condition was previously identified on a claim, the Department will not require supporting medical record documentation of the condition to expedite the review process:

1. Diabetes.
2. Coronary Artery Disease or risk factors for the disease.
3. Cancer of the face, neck, and throat (does not include stage 0 or stage 1 non-invasive basal or sarcoma cell cancer of the skin).
4. Intellectual disability.
5. Current pregnancy including post-partum period.

In addition, effective December 5, 2019, the Department began to accept electronic submissions for dental BLE requests in accordance with MA Bulletin 08-19-100, titled “Electronic Submission of Dental Prior Authorization, Dental Program Exception and Dental Benefit Limitation Requests” (<https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20MAP/MAB2019120401.pdf>).

More information pertaining to the dental BLE process may be obtained in Section 6.8 of the MA Program Dental PROMISe™ Provider Handbook ([https://www.dhs.pa.gov/providers/PROMISe\\_Guides/Pages/PROMISe-Handbooks.aspx](https://www.dhs.pa.gov/providers/PROMISe_Guides/Pages/PROMISe-Handbooks.aspx)).





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In the managed care delivery system, the MA Program's managed care organizations (MCO) have the option to impose the same or lesser limits for dental services. Additional information pertaining to BLEs may be obtained in Section V.A.18 of the Physical Health HealthChoices Agreement (<https://www.dhs.pa.gov/HealthChoices/HC-Services/Documents/2023%20HealthChoices%20Agreement%20including%20Exhibits%20and%20Non-financial%20Appendices.pdf>). Billing and coverage questions should be directed to the appropriate MCO by utilizing the Pennsylvania Medicaid Managed Care Directory (<https://www.dhs.pa.gov/providers/Providers/Documents/Managed%20Care%20Information/PennsylvaniaMedicaidManagedCareDirectory.pdf>).

Thank you for your service to our Medical Assistance beneficiaries.  
We value your participation.  
Check the Department's website often at: [www.dhs.pa.gov](http://www.dhs.pa.gov)

