

Medical Assistance Dental Benefit Changes

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Enhancing Access to
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Southeastern PA Health Care Quality Unit

Effective September 30, 2011 adults, age 21 and older, will be experiencing changes to their dental benefits under Medical Assistance (MA). The changes are estimated to affect over approximately 978,251 dental eligible adults (FY 09-10). However, these changes WILL NOT apply to adults who live in nursing facility, ICF/MR or ICF/ORC settings. Such dental benefit changes were designed to end or limit coverage only for specific high-cost services/items within the larger scope of the adult dental benefit, while preserving a core preventive adult dental service benefit. Therefore, a benefit limit exceptions process (BLE) has been instituted; whereby, the Department of Public Welfare (DPW) may approve services affected by the dental limits on an as needed basis. The "safety-net" created by this exceptions is intended to minimize health complications and unintended cost-shifts to other services.

The adult dental benefit changes are as highlighted below:

- * Dental exams and prophylaxis are limited to 1 per 180 days, per recipient.
- * Adult MA recipients will only be eligible for crowns, endodontic and periodontal services with an approved BLE** request.
- * Coverage of dentures is limited to one upper arch (full or partial denture), and one lower arch (full or partial denture), per lifetime.

It is important to note that the DPW may approve a Dental Benefit Limit Exception (BLE) request to the dental benefit limits. Please refer to the MA Program's Dental Provider Handbook, Section 6.8 for specific instructions regarding how to submit a Dental BLE request, form MA 549.

** BLE (Benefit Limit Exceptions) is a process by which DPW may approve services that are not typically covered under the scope of services for recipients. Requests for BLE's must include documentation supporting the need for service.