On **September 30, 2011**, dental benefits will be reduced for most adults enrolled in fee-for-service Medical Assistance. It is important to understand these changes to ensure patients receive the care to which they are entitled.

**What are the new rules?**

Patients can now receive the following **only once in their lifetime**:
- One partial or full upper denture, and
- One partial or full lower denture

The following services are now covered **only** if patients receive a benefit limit exception:
- Crowns and related services
- Root canals and other endodontic services
- Periodontal services
- A full or partial denture if a denture was paid for since March 1, 2004

**Who is affected by the new rules?**

The benefit reductions initially apply only to patients enrolled in fee-for-service Medical Assistance. The changes take effect September 30, 2011.

The new rules **do not apply** to patients who are:
- Under 21 years old
- Living in a nursing home or intermediate care facility (ICF)
- Enrolled in a managed care plan*

* **MCOs may decide at a later date to implement all, some, or none of these changes.**
What qualifies for a Benefit Limit Exception?

A benefit limit exception will be granted if, without the additional service, the patient’s life would be in danger, the patient’s health would get much worse, or the patient would need more expensive services.

How do you apply for an exception?

As the treating provider, only you can apply for an exception for your patient. This can be done before the service, or up to 60 days after the service. To apply, you must send a completed Dental Benefit Limit Exception Request Form (form MA 549) to:

DPW/Office of Medical Assistance Programs
Bureau of Fee-for-Service Programs
Dental Benefit Exception Review
P.O. Box 8187
Harrisburg, PA 17105

The exception request form will require:

- Your name and phone number
- Patient's name, address, and Access Card number
- The necessary dental service
- The reason for the exception

If this request is denied, you and your patient will receive written notice and you or your patient may appeal the decision.

For More Information

Department of Public Welfare (DPW): [www.dpw.state.pa.us](http://www.dpw.state.pa.us)

DPW Provider Service Center: (800) 537-8862, option 4

DPW Medical Assistance Recipient Service Center: (800) 657-7925

Pennsylvania Health Law Project: [www.phlp.org](http://www.phlp.org)