

Medical Assistance Dental Coverage for Adults

A Factsheet for Consumers



If you are age 21 and older and covered by Pennsylvania's Medical Assistance program, you likely have dental coverage. This is true whether you are covered by the ACCEESS card or a HealthChoices managed care plan.

What dental benefits are covered?

The Medical Assistance Adult Benefit Package covers exams, x-rays, cleanings, fillings, and pulling teeth. You may be able to get more services covered, like dentures, based on your medical need or if you meet other conditions.

What are the limits?

There are certain limits to the dental services covered by Medical Assistance. However, these limits **do not apply** to you if you live in a nursing home or intermediate care facility.

- You can receive exams, x-rays, and cleanings **once every 6 months**.
- You can receive one complete set of dentures **only once in your lifetime** (after April 2015). This includes:
 - One partial or full upper denture, and
 - One partial or full lower denture
- The following services are covered **only if you receive a benefit limit exception**:
 - Root canals and other endodontic services
 - Crowns and related services
 - Periodontal Services such as "deep cleaning" of the gums
 - Additional dentures (if Medical Assistance already paid for dentures since April 2015)

Are there any services that are never covered?

Medical Assistance does not cover dental implants or orthodontia (braces) for adults.

What qualifies for a Benefit Limit Exception?

Your treating dentist can request a “benefit limit exception”. A letter from your primary care doctor or specialist is necessary for a dental benefit limit exception request. The exception will be granted if, without the additional dental service:

- your life would be in danger, **or**
- your health would get much worse, **or**
- you would need more expensive services.

How do you apply for a Benefit Limit Exception (BLE)?

Only your treating dentist can request a BLE. How the request is made depends on whether you are covered by the ACCESS card or a managed care plan. In either case, if the request is denied, you and your dentist will get a written notice. Either you or your dentist can appeal the decision.

If you are covered by the ACCESS card, your dentist must send a completed Benefit Limit Exception Request Form (form [MA 549](#)) to:

Office of Medical Assistance Programs
Bureau of Fee-for-Service Programs
Dental Benefit Exception Review
P.O. Box 8187
Harrisburg, PA 17015

The exception request form will require:

- Your dentist’s name and phone number
- Your name, address, and Member ID number
- The necessary dental service
- The reason for the exception, with documentation supporting the need (including a letter from your primary care doctor or specialist)

If you are covered by a HealthChoices managed care plan, your dentist should contact your plan to find out how to submit BLE requests.

For More Information:

Pennsylvania Health Law Project: Call 1-800-274-3258 (Helpline) or email staff@phlp.org.

This publication is intended to provide general legal information, not legal advice. Each person’s situation is different. If you have questions about how the law applies to your particular situation, please call the Helpline at 1-800-274-3258.