UnitedHealthcare Community Plan of Pennsylvania — Benefit limit exception form process

This guide is designed to help you with properly submitting UnitedHealthcare/SKYGEN dental benefit limit exception (BLE) forms.

Regulatory information

Section 6.8 of the Pennsylvania Promise Provider Handbook states that there are certain benefits offered to recipients ages 21 and older outside of the standard benefit allowances. In order to access these additional benefits, you must use the standard UnitedHealthcare/SKYGEN BLE form and each submission must meet the following criteria:

- **Members eligible for BLE**
  Pennsylvania Medicaid members ages 21 and older
- **Procedures eligible for BLE**
  Use the following table to add the correct procedures and codes to BLE forms:

Code	Procedure	Frequency allowed without a BLE
D0120	Periodic oral evaluation	1/180 days
D1110	Prophylaxis – adult	1/180 days
D2710	Crown – resin-based composite (indirect)	1/180 days
D2721	Crown – resin with predominantly base metal	None
D2740	Crown – porcelain/ceramic	None
D2751	Crown – porcelain fused to predominantly base metal	None
D2791	Crown – full cast predominantly base metal	None
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration	None

Code	Procedure	Frequency allowed without a BLE
D2915	Recement or re-bond cast indirectly fabricated or prefabricated post and core	None
D2920	Recement or re-bond crown	None
D2952	Cast post and core in addition to crown	None
D2954	Prefabricated post and core in addition to crown	None
D2980	Crown repair necessitated by restorative material failure	None
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	None
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	None
D3330	Endodontic therapy, molar tooth (excluding final restoration)	None
D3410	Apicoectomy – anterior	None
D3421	Apicoectomy – premolar (first root)	None
D3425	Apicoectomy – molar (first root)	None
D3426	Apicoectomy (each additional root)	None
D4210	Gingivectomy or gingivoplasty – 4 or more contiguous teeth- or tooth-bounded spaces per quadrant	None
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant	None
D4342	Periodontal scaling and root planing for 1 to 3 teeth per quadrant	None
D4355	Periodontal scaling and root planing for 1 to 3 teeth per quadrant	None
D4910	Periodontal maintenance	None
D5110	Complete denture – maxillary	1/1 lifetime
D5120	Complete denture – mandibular	1/1 lifetime regardless of code

Code	Procedure	Frequency allowed without a BLE
D5130	Immediate denture – maxillary	1/1 lifetime regardless of code
D5140	Immediate denture – mandibular	1/1 lifetime regardless of code
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	1/1 lifetime regardless of code
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	1/1 lifetime regardless of code
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1/1 lifetime regardless of code
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth	1/1 lifetime regardless of code

BLE process

- **Authorization:** To access procedures that are eligible for BLE, you must submit an authorization on the standard American Dental Association (ADA) form and attach the UnitedHealthcare/SKYGEN BLE form. This may be an electronic or a paper authorization. Without an approved BLE authorization on file, claims for BLE services will be denied.

  Note: It is not required that you have denied authorization before seeking a BLE service. BLE services are initiated when you submit authorization along with a BLE form.

  - **UnitedHealthcare BLE form:** You must attach the approved UnitedHealthcare/SKYGEN BLE form to the authorization request. You'll use this form to indicate the reason the BLE is necessary according to the state criteria. You must also check the appropriate box. Without a complete UnitedHealthcare/SKYGEN BLE form, your request will be denied.
  - A UnitedHealthcare dental consultant will review the authorization request along with the attached BLE form and make a determination. That determination will be sent to you in writing and a copy will be added online, within the UnitedHealthcare Dental provider portal at **Dental Hub™**. See the "Member and Provider Communication" section at the bottom of this document.
- **Claim:** If the BLE authorization request is approved, you may perform the requested treatment and submit corresponding claim documentation.

Criteria for approval

Upon receipt of the BLE authorization request, UnitedHealthcare dental consultants will review the documentation submitted to determine if the BLE is approved. Consultants use the criteria defined by the State of Pennsylvania, as reflected on the UnitedHealthcare/SKYGEN BLE form.

The following qualifiers will be evaluated:

- The BLE request will be reviewed to determine if one of the criteria is met without requiring supporting medical record documentation of the condition.
  - Diabetes
  - Coronary artery disease
  - Cancer of the face, neck and throat (does not include stage 0 or stage 1 noninvasive basal or sarcoma cell cancers of the skin)
  - Intellectual disability
  - Current pregnancy
- Does the member have a serious chronic systemic illness or other serious health condition and denial of the exception will jeopardize the life of the member?
- Does the member have a serious chronic systemic illness or other serious health condition and denial of the exception will result in the serious deterioration of the health of the member?
- Would granting the exception be a cost-effective alternative for the medical assistant (MA) program?
- Would granting the exception be necessary in order to comply with federal law?

Member and care provider communication

We'll inform you, in writing, of our determination of the BLE request. We'll also notify the member. That communication will be mailed to the member and faxed to the care provider. It'll also be made available online via the **Dental Hub™**.

Questions?

Call Provider Customer Service at **800-508-4876** 8 a.m.–9 p.m. ET, Monday–Friday.

Dental benefit limit exception request form

Failure to legibly complete all fields will result in this form being returned. This form must be attached to a completed ADA dental claim form and accompanied by documentation supporting the need for the service. This includes, but is not limited to, chart documentation, diagnostic study results, radiographs (if applicable) and dental history, as well as any applicable medical records that document the existence of conditions meeting benefit limit criteria. If you check 1 of the 5 following health conditions, you do not need to submit supporting documentation from a physician as UnitedHealthcare will review the beneficiary's claim history for verification of the condition.

This form must be attached to a completed ADA form and mailed to: UnitedHealthcare Dental Authorizations, P.O. Box 779, Milwaukee, WI 53201.

Please print:	
Beneficiary last name:	Beneficiary first name:
Beneficiary 10-digit medical assistance ID number:	Beneficiary date of birth:
Provider last name:	Provider first name:
Provider Medicare medical assistance 13-digit ID number:	
Provider National Provider Identifier (NPI) number:	
Provider phone:	Benefit limit exception request type: ☐ Prospective ☐ Retrospective date(s) of service:

Does the beneficiary have any of the following conditions? (Check all that apply):	
☐	Diabetes
☐	Coronary artery disease or risk factors for the disease
☐	Cancer of the face, neck and throat (not including stage 0 or 1 noninvasive sarcoma or basal cell cancers of the skin)
☐	Intellectual disability
☐	Current pregnancy including postpartum period
☐	Other:

If you checked **other** above and indicate a condition that is not listed, please explain below why the beneficiary meets the criteria for a benefit limit exception. The request explanation should be in narrative form and include a comprehensive justification as well as any supporting documentation from a physician verifying the condition (attach additional pages as necessary).

☐ This benefit limit exception request meets 1 or more of the following criteria:

1. 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. Beneficiary has a serious chronic systemic illness or other serious health condition, and denial of the exception will result in the serious deterioration of the health of the beneficiary
3. Granting the exception is a cost-effective alternative for the Medicare Advantage program
4. Granting the exception is necessary in order to comply with federal law

SKYGEN will notify the care provider and member of its decision within 2 business days of receiving the request or within 2 business days of receiving additional information, if requested by SKYGEN.

I attest that the information provided and statements made herein are true, accurate and complete, to the best of my knowledge. I understand that any falsification, omission or concealment of material fact may subject me to civil or criminal liability.

Care provider signature:	**Date:**