

March 7, 2023

Dear AmeriHealth Caritas Pennsylvania Dental Provider,

To support AmeriHealth Caritas Pennsylvania's (AmeriHealth Caritas PA) continuing efforts to process requests for a benefit limit exception (BLE) for your AmeriHealth Caritas PA patients, please review the following details regarding the process for submission of BLE requests.

The BLE process does not apply to children under 21 years of age, or to 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).

A BLE may be requested if you feel a member age 21 or older may be in need of a periodic oral evaluation, prophylaxis or a denture beyond the allowable limits for these benefitted services, and who has one of the medical conditions listed below.

In addition, there are dental services (see the codes listed below) that are only eligible to members ages 21 and older through the benefit limit exception process.

The BLE applies to AmeriHealth Caritas PA members 21 years of age and older, and members must have one or more of the following medical conditions to be considered for a BLE:

- Diabetes
- Coronary Artery Disease
- Cancer of the Face, Neck, Throat (does not include stage 0 or stage 1 non-invasive basal or sarcoma cell cancers of the skin)
- Intellectual Disability
- Current Pregnancy including the post- partum period (1 year)

Although the member's claim history will be checked for one or more of the medical conditions noted above, attach any supporting medical records or letters to substantiate the presence of such medical conditions in the member's history.

The only codes eligible for BLE and that should appear on the BLE request are one or more of the following:

D0120*, D1110*, D2710, D2721, D2740, D2751, D2752, D2791, D2952, D2954, D3310, D3320, D3330, D3410, D3421, D3425, D3426, D3471, D3472, D3473, D3501, D3502, D3503, D3921, D4210, D4341, D4242, D4355, D5110**, D5120**, D5130, D5140, D5211**, D5212**, D5213**, D5214**

*Only required when requesting additional services beyond benefit limitations

**Only required for replacement of a previously benefitted denture

All other non-BLE eligible codes must be submitted on separate claims or authorization requests.

- *All BLE requests must have ICD code Z98.818 placed in box 34a of the ADA claim form or as follows on electronic submissions:*

Insert diagnosis code here

Code Type: AB = ICD-10
 Diag A:
 OTHER DENTAL PROCEDURE STATUS
 Diag B:
 Diag C:
 Diag D:

Code	Procedure Description	Tooth	Surfaces	Oral Cavity	Diag Pointer	Duration		Frequency		Qty	POS	Service Dates		Billed Amt
						Value	Unit	Value	Unit			From	To	
1	D0150 Comprehensive Oral				A					1				100.00
2														
3														
4														
5														
6														
7														
8														
9														

Link the diagnosis code to the service here

- *The BLE form must accompany all BLE requests and must be filled out in its entirety.*
- Documentation requirements for BLE requests must be submitted and clinical medical necessity criteria for the services must still be met.
- If a BLE is denied by AmeriHealth Caritas PA, the service(s) may still be provided to the member at usual and customary rates if there is a signed financial agreement between the provider and the member explaining the service(s) in question was denied, the costs of the service(s) and the terms of patient’s financial responsibility.

Thank you for your participation in the AmeriHealth Caritas PA dental network and the continued care you provide to our members. If you have questions regarding this notice, please contact your Dental Account Executive.

Sincerely,

Brian Bastecki, DMD
 Dental Director, AmeriHealth Caritas Pennsylvania