

**To: AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas
Northeast Dental Providers**

Date: February 19, 2018

**Subject: Updated Dental Benefit Limit Exception Form and Circle of Care
Dental Referral Program**

IMPORTANT: Dental Benefit Limit Exception Form Update

The AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Northeast Dental Benefit Limit Exception Form has been updated. Your office may begin to use this new version immediately.

The updated form now includes an additional option under the **Benefit Limit Criteria to be reviewed** section which may be selected when the member does not meet any criteria warranting an exception.

Patient does not meet any of the benefit limit exception criteria.

This box also provides an opportunity for the dental professional to more accurately reflect their assessment of the member's condition and serves as documentation if the member decides to proceed with an unauthorized course of treatment.

The updated form, attached with this communication (page 2 of 3), is available under Provider Forms at:

AmeriHealth Caritas Pennsylvania

www.amerihealthcaritaspa.com/provider/resources/dental-program/index.aspx or

AmeriHealth Caritas Northeast

www.amerihealthcaritasnortheast.com/provider/resources/dental-program/index.aspx.

The form is also available under the document section of the dental provider web portal at: dentists.amerihealthcaritas.com.

Dental Benefit Limit Exception Request Form

Failure to legibly complete all fields and provide required documentation will result in this form being returned.

This form must be attached to a completed ADA dental claim form.

Please Print:

Member Last Name: _____ First Name: _____
Member ACP/ACN ID#: _____ Recipient Date of Birth: _____
Provider Last Name: _____ First Name: _____
Provider ACP/ACN ID# _____ NPI #: _____
Provider Telephone Number: (Area Code): _____ Phone: _____

Benefit Exception Request Type: Prospective Retrospective - Dates of Service: _____

Benefit Limit Criteria to be reviewed (Check all that apply):

- Patient has a serious chronic systemic illness or other serious health condition and denial of the exception will jeopardize the life of the recipient.
- Patient has a serious chronic systemic illness or other serious health condition and denial of the exception will result in the rapid serious deterioration of the health of the recipient.
- Granting the exception is a cost-effective alternative for the Plan.
- Granting the exception is necessary in order to comply with Federal law.
- Patient does not meet any of the benefit limit exception criteria.

Benefit Limit Exception Request for Periodontal Services Only

- Patient is pregnant, has diabetes or has coronary artery disease and meets clinical dental criteria for periodontal services included in the Plan's benefit program.

This request must include documentation from the patient's primary care or specialty care physician supporting the need for the service, including but not limited to chart documentation, diagnostic study results, radiographs (if applicable), medical and dental history.

Explain below why the patient meets the criteria for a benefit limit exception. The explanation should be in narrative form and include a comprehensive justification (attach additional pages as necessary).

A BLE requested before the dental service begins, will receive an answer, or a request for additional information to be provided, within 21 (twenty-one) business days of receipt of the request. When additional information is required and received, the exception request will be approved or denied within 21 (twenty-one) business days after receipt of the information. BLE retrospective requests must be submitted no later than 60 days from the date the claim was rejected and will be answered within 30 days. Retrospective exception requests made on or after the 61st day from the claim rejection date will be denied.

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

Provider Signature: _____ Date: _____

Mail to:

Request for Benefit Limit Exception

AmeriHealth Caritas Pennsylvania/AmeriHealth Caritas Northeast, PO Box 654, Milwaukee, WI 53201

Circle of Care Dental Referral Program

Circle of Care is a new, value-based program for AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Northeast participating OB/GYN and primary care practitioners (PCPs). **The program addresses the implications of oral health care on systemic health by facilitating increased access to, and utilization of, dental care for our diabetic, asthmatic, and pregnant members.**

The goal of the program is to facilitate more dental care for targeted members with an approach that includes the following:

- A broad-based education and awareness outreach effort aimed at PCP and OB/GYN physicians to inform them about the importance of dental and oral health care.
- Distribution of focused outreach materials to targeted members.

AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Northeast are committed to the encouragement and promotion of medical and dental integration. The Circle of Care program is another way to accomplish the coordination of professional services for our members. This new program launched on February 1, 2018, and may result in an increase of referrals of our members to your practice for their dental needs. The ultimate goal of this new program is that it helps our members in these cohorts incorporate good oral hygiene and treatment into their over-all health care plan.

For more information about Circle of Care, including program manuals, go to our websites at www.amerhealthcaritaspennsylvania.com or www.amerhealthcaritasnortheast.com → Providers → Initiatives → Circle of Care.

If you have questions about this communication, please contact the Dental Provider Services department at **1-855-434-9241**. You may also contact your Provider Account Executive:

Account Executive	Contact Information	Territory
Lori Chase	1-717-454-6134 lchase@amerihealthcaritaspa.com	Northeast Pennsylvania
Donna Kinslow	1-717-454-7261 dkinslow@amerihealthcaritaspa.com	Lehigh/Capital, Southeast, Southwest Pennsylvania
Carrie Swain	1-814-969-3136 cswain1@amerihealthcaritaspa.com	Northwest Pennsylvania