

TX Adult Medicaid - Benefit Limit Exception (BLE) Process

Members Eligible for BLE

Medicaid Members enrolled in Star Plus Waiver and MMP Waiver

Procedures Eligible for BLE

The BLE process will be required for the following procedures. Example of codes:

Code	Procedure	Frequency allowed without a BLE
D5110	complete denture - maxillary	1/1 Lifetime
D5130	immediate denture - maxillary	1/1 Lifetime
D5211	maxillary 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	1/1 Lifetime Regardless of Code*
D5120	complete denture - mandibular	1/1 Lifetime Regardless of Code*
D5140	immediate denture - mandibular	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*
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and	1/1 Lifetime Regardless of Code*

BLE Process

- Authorization:** To access procedures that are eligible for BLE, providers must submit an authorization on the standard ADA form and attach the UHC BLE form. This may be an electronic or a paper authorization. Without an approved authorization, BLE claim will be denied.

- **Note:** It is not required to have a denied authorization before seeking a BLE service. BLE Services are initiated by the submission of an authorization along with a BLE form.
- **Diagnosis Code:** To request BLE services, providers must use diagnosis code [Z98.818](#) in the diagnosis code field on the standard ADA form. This will enable the claim system to allow the additional BLE services. Without this diagnosis code, procedures will be subject to standard limitations.
 - **Note:** The diagnosis code must be present on both the authorization request and the claim in order to be paid for BLE services.
- **UHC BLE Form:** Providers must attach the approved UHC BLE form to the authorization request. Providers will use this form to indicate the reason the BLE is necessary according to the state criteria. Providers must check the appropriate box and include a description of the medical needs that require the requested service(s) in the appropriate section. Without a complete UHC BLE form, the request will be denied.
- A UHC Dental Consultant will review the authorization request along with the attached UHC BLE form and make a determination. The determination will be communicated in writing and on the online provider portal. See “Member and Provider Communication” section.
- **Claim:** If the BLE authorization request was approved, the provider will perform the requested treatment and submit the corresponding claim documentation.
 - **Diagnosis Code:** The same diagnosis code ([Z98.818](#)) must be documented in the diagnosis code field on the standard ADA claim form. This will enable the claim system to allow the additional BLE services. Without this diagnosis code, procedures will be subject to standard limitations.
 - **Note:** The diagnosis code must be present on both the authorization request and the claim in order to be paid for BLE services.

Criteria for approval

Upon receipt of the BLE authorization request, UHC Dental Consultants will review the documentation submitted to determine if the BLE is approved. UHC Dental Consultants use the criteria defined by the State of Texas, as reflected on the UHC BLE Form.

The following qualifiers will be evaluated:

- Does the patient have a serious chronic systemic illness or other serious health condition and denial of the exception will jeopardize the life of the recipient?
- Does the patient 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 recipient?
- Would granting the exception be a cost-effective alternative for the MA Program?
- Would granting the exception be necessary in order to comply with Federal law?



Along with checking the appropriate boxes, providers must include a description of the medical needs that require the requested services in the appropriate field and should include supplemental information to substantiate the selected qualifier.

Member and Provider Communication

UHC will communicate the determination of the BLE request in writing to both the member and the provider. The communication will be mailed to the member, faxed to the provider, and made available online via the provider portal.

BLE form below.



TX 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.

Please Print:

Recipient Last Name:	_____	First Name:	_____
Recipient ID#:	_____	Recipient Date of Birth:	_____
Provider Last Name:	_____	First Name:	_____
NPI#	_____	Provider Telephone	_____

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

- Patient has a serious chronic illness or health condition and without the additional service, the member’s life would be in danger.
- Patient has a serious chronic illness or health condition and without the additional service, the member’s health would get much worse.
- Patient has a dental emergency defined as sudden onset of excessive pain, swelling or bleeding.
- Patient would need more expensive services if the exception were not granted; or delaying treatment would adversely impact the member’s dental health.

This request must include documentation 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).

UnitedHealthcare Dental will notify the provider and recipient of its decision within 14 days after receiving a prospective BLE request, or within 30 days after receipt of a retrospective BLE request. A post treatment request for an exception must be submitted no later than 60 days after the services were furnished.

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: _____



- BLE Form is required when submitted for authorization. Pre-Service Authorizations can be sent to:
- UHC Authorizations
PO Box 1511
Milwaukee WI 53201
- Electronic: GP133
- PWP