




# Medical Assistance BULLETIN

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| ISSUE DATE  | EFFECTIVE DATE | NUMBER   |
| June 25, 2025   | July 25, 2025  | 08-25-40, 27-25-40   |
| SUBJECT   |                | BY   |
| Implementation of Updated Dental Benefit Limit Exception Form |                | <br>Sally Kozak<br>Deputy Secretary<br>Office of Medical Assistance Programs |

**IMPORTANT REMINDER:** All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.pa.gov/en/agencies/dhs/resources/providers/promise/promise-provider-enrollment.html>

## **PURPOSE:**

The purpose of this bulletin is to advise dental providers that the Department of Human Services (Department) is issuing a revised MA 549 form to use for dental benefit limit exception (BLE) requests.

## **SCOPE:**

This bulletin applies to Medical Assistance (MA) enrolled dental providers who render services to MA beneficiaries in the MA Program's fee-for-service delivery system. Providers rendering services to MA beneficiaries in the managed care delivery system should refer to Managed Care Operations Memorandum MCS-06-2025-008 (<https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/healthchoices/hc-services/documents/managed-care-operations-memos/mcs-06-2025-008.pdf>) and contact the appropriate managed care organization (MCO) with billing or other questions.

## **BACKGROUND / DISCUSSION:**

On September 26, 2011, the Department issued MA Bulletin 27-11-47 titled, "Medical Assistance Dental Benefit Changes," to inform providers of the dental benefit limits that were being implemented for adult MA beneficiaries and the criteria and procedure to request an exception to the limits ([https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/d\\_005794.pdf](https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/d_005794.pdf)).

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-service provider service center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:  
<https://www.pa.gov/agencies/dhs/departments-offices/omap-info.html>