

Envolve Dental Pennsylvania Medical Assistance (MA) Benefit Limit Exception (BLE) Summary Request Form

All fields must be complete and legible. Submit this form with a written narrative of medical necessity, a completed 2012 or newer ADA dental claim/prior authorization form and documentation as described below.

PLEASE PRINT

Member Name	Member DOB
Member ID #	Provider NPI #
Provider Name	Provider Phone #
Provider Email	Provider Fax #

Per Pennsylvania DHS, certain dental services are not covered unless a Benefit Limit Exception (BLE) is requested and approved by Envolve Dental, Inc. prior to services being rendered. Exceptions may be considered if treatment is performed as an emergency and claims are submitted within 2 days of treatment date with accompanying BLE form and necessary documentation. If a Benefit Limit Exception is approved, Envolve Dental will notify the provider by fax or mail.

Benefit Exception Request Type: Prospective Retrospective Date(s) of Service:

Benefit Limit Criteria to be reviewed:

- Member has a serious chronic systemic illness or other serious health condition and denial of the exception will jeopardize the life of the member.
Yes No *If yes, please explain and provide supporting documentation from the medical record.*
- Member 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 member.
Yes No *If yes, please explain and provide supporting documentation from the medical record.*
- The exception requested is a cost-effective alternative for the MA Program.
Yes No *If yes, please explain and provide supporting documentation from the medical record.*
- The exception is necessary in order to comply with federal law.
Yes No *If yes, please explain and provide supporting documentation from the medical record.*

*Qualifying Serious Chronic Illness/Conditions: 1) Diabetes; 2) Coronary Artery Disease or risk factors for the disease; 3) Cancer of the Face, Neck, and Throat (does not include stage 0 or stage 1 non-invasive basal or sarcoma cell cancers of the skin); 4) Intellectual Disability; and 5) Current Pregnancy including post-partum period.

Request must include documentation from the treating dentist substantiating the need for the service. Medical records authenticating the member's qualifying health illness/condition must be included. Documentation may include but is not limited to: treatment chart, treatment plan, tooth and periodontal charting, radiographs, photographs, medical history, and dental history. A narrative of medical necessity and completed 2012 or newer ADA claim form is always required. Photographs should be taken when radiographs are not possible or not diagnostic for the issue.

BLE requests will receive a response, or a request for additional information, within 15 calendar days of receipt of the request. When the required additional information is received, the exception request will be approved or denied within 15 calendar days after receipt of the information.

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:

Questions: Call Provider Services at 844-524-8255.