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 and accompanied by documentation supporting the need for the service, including but not limited to chart documentation, diagnostic study results, radiographs (if applicable), and dental history, as well as any applicable medical records that document the existence of conditions meeting benefit limit criteria. If you check one of the five health conditions below, you do not need to submit supporting documentation from a physician as Avēsis will review the member's claim history for verification of the condition.

Please Print:

Member Last Name: _____ Member First Name: _____

Member 10-digit MA ID#: _____ Member Date of Birth: _____

Provider Last Name: _____ Provider First Name: _____

Provider NPI #: _____

Provider Telephone Number: Area Code _____ Phone: _____

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

Does the member have any of the following conditions? (Check all that apply):

☐ Diabetes
☐ Coronary Artery Disease or risk factors for the disease
☐ Cancer of the Face, Neck, and Throat (not including Stage 0 or 1 non-invasive sarcoma or basal cell cancers of the skin)
☐ Intellectual Disability
☐ Current Pregnancy including post-partum period
☐ Other: _____

If you checked **other** above and indicate a condition that is not listed, then explain below why the member meets the criteria for a benefit limit exception. The request explanation should be in narrative form and include a comprehensive justification as well as any supporting documentation from a physician verifying the condition. (attach additional pages as necessary).

_____

_____

_____

☐ This Benefit Limit Exception request meets one or more of the following criteria:

1. Member has a serious chronic systemic illness or other serious health condition and denial of the exception will jeopardize the life of the member.

2. Member has 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 member.

3. Granting the exception is a cost-effective alternative for the MA Program.

4. Granting the exception is necessary in order to comply with Federal law.

Avēsis will notify the provider and member of its decision within 21 days after receiving a prospective benefit limit exception request, or within 30 days after receipt of a retrospective benefit limit exception request. A retrospective request for an exception must be submitted no later than 60 days from the date Avēsis rejects the claim because the service is over the benefit limit. Retrospective exception requests made after 60 days 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: Avēsis Third Party Administrators, LLC
Attention: Dental Utilization Management
P.O. Box 38300
Phoenix, AZ 85069