

**Centene Dental Services Pennsylvania Medical Assistance (MA)
Benefit Limit Exception (BLE) Request Form**



This form must be complete, attached to your claim or prior authorization, and accompanied by documentation supporting the need for the service. This includes, but is 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 the Plan may review the Beneficiary's claim history for verification.

Beneficiary Name (Last, First): _____

Beneficiary Date of Birth: _____ Beneficiary Medicaid ID: _____

Provider Name (Last, First): _____

Provider NPI: _____ Provider Phone/Fax: _____

Benefit Limit Exception Request Type: Prospective Retrospective – Date of Service: _____

Does the Beneficiary 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 (12 months)

Other: _____

If you checked Other above and indicate a condition that is not listed, explain below why the Beneficiary meets the criteria for a benefit limit exception. The request explanation should be in narrative form and include complete 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. Beneficiary has a serious chronic systemic illness or other serious health condition and denial of the exception will jeopardize the life of the beneficiary.
2. Beneficiary 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 Beneficiary.
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.

The Plan will notify the provider and Beneficiary 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.

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: _____