

Envolve Dental 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 ADA dental claim form and documentation described below.

PLEASE PRINT

Member Name _____

Member DOB _____

Member ID # _____

Provider NPI # _____

Provider Name _____

Provider Phone # _____

Provider Email _____

Provider Fax # _____

Services provided beyond a member's benefit limit are not covered unless a Benefit Limit Exception (BLE) is requested and approved by Envolve Dental, Inc. prior to services being rendered. Exceptions will 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 approve the more cost-effective professionally acceptable alternative service(s).

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 serious deterioration of the health of the member.
___ 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 and specific code.*

Request must include documentation from the treating dentist, substantiating the need for the service. Documentation may include but is not limited to: treatment chart, treatment plan, teeth and periodontal charting, radiographs, photographs, medical history, and dental history. A narrative of medical necessity and completed 2012 ADA claim form is always required. The narrative should contain reasoning why treatment exceeding the benefit maximum is unable to be delayed until the new benefit year. 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 30 business days of receipt of the request. When the required additional information is received, the exception request will be approved or denied within 30 business 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 844-464-5636.

Envolve Dental Benefit Limit Exception (BLE) Checklist

When submitting the BLE Request Form, please provide the following additional information:

- | | |
|---|---|
| <input type="checkbox"/> 2012 ADA Form | <input type="checkbox"/> Treatment Plan |
| <input type="checkbox"/> Charting of Decayed/Missing/Restored Teeth | <input type="checkbox"/> Periodontal Charting |
| <input type="checkbox"/> Radiographs | <input type="checkbox"/> Photographs |
| <input type="checkbox"/> Medical History | <input type="checkbox"/> BLE Form |
| <input type="checkbox"/> Additional Dental Needs/History | <input type="checkbox"/> Narrative of Medical Necessity |

BLE Reminders:

- Submit **ALL** documentation to have BLE processed correctly.
- The turn-around time (TAT) is 30 days after BLE is received completed.
- If Envolve Dental has not reached out to you with a faxed request for additional information, and you have not received an Approval/ Denial fax within 30 days, please contact Customer Service to check the status of an existing BLE request.
- A BLE request approval is **NOT** a guarantee of payment.

Please send the requested information by email or mail to the following:

Email: BLE@EnvolveHealth.com

Mail: Envolve Dental, Mississippi Authorizations, Post Office Box 25255, Tampa, FL 33622-5255

Questions: Call Provider Services at 844-464-5636