



PRE-SERVICE REQUESTS ONLY
Dental Benefit Exception Request
FAX TO: 1-866-610-7215
Phone: 1-877-447-4384

**REQUEST MUST COME FROM ATTENDING DENTAL PROVIDER OR ATTENDING HEALTH CARE PROVIDER.
 DO NOT USE THIS FORM FOR MEMBER REIMBURSEMENT OF NON-COVERED SERVICES OR ITEMS.**

Date of Request: _____	
Member Name: _____	UCare ID #: _____
Requestor's Information	
Name: _____	Company: _____
Phone Number: _____	Fax Number: _____

Dental Service Requested: _____

Diagnosis: _____ **HCPC/CDT Code:** _____

Why is it a benefit exception?

Experimental Not in benefit set Exceeds Benefit _____

Please submit the following information (if known):

Planned Date(s) of Service: _____ Number of visits: _____

Provider of Service: _____

Place of Service (location): _____

Provide member specific clinical information and/or a cost benefit analysis that supports the request. (Please attach additional documents if needed.) Request will be denied for lack of information if this section is not completed.

Please state what other options have been explored for coverage of this service for this member (Family or Social Services, Community Resources, etc.) Request will be denied for lack of information if this section is not completed.

 Attending Dental / Health Care Provider signature

 Date

BENEFIT EXCEPTIONS

A benefit exception is an approval of medical or non-medical services and/or items that are not covered in the member's benefit set.

Dental benefit exception requests must be submitted to UCare before the service or item is provided. Retrospective benefit exception requests are not considered.

UCare has all responsibility for review of benefit exception requests.

Dental Benefit Exception Requests are reviewed using the following criteria:

- A. Safety. There must be reasonable assurance that the dental product or service will not be harmful to the member.
- B. Informed Consent. Members who are receiving unproven services must be fully aware of the nature of the services, the potential risks, and available options. If care is being provided through a formal research study, the study must have been approved by the appropriate institutional review board. The provider is responsible for ensuring informed consent is obtained from the member.
- C. Efficacy. Any alternative or unproven service must be applied in a setting that permits evaluation of its effects. UCare reserves the right to terminate coverage for an alternative or unproven service at any time if UCare determines either the safety of a member may be compromised or, after a reasonable trial period, the service is ineffective.
- D. Accepted Community Standard. Community standards are determined by a review of technology assessments, nationally recognized and accepted guidelines of care, and local community guidelines such as from ICSI.
- E. Cost Effectiveness. UCare evaluates whether the alternative or unproven services are less costly than comparable, medically appropriate alternatives. Only those requests would be approved where the proposing provider has documented that the proposed non-covered service is a substitute for a direct cost off-setting service that would be covered but would be avoided by this non-covered service. This concept is basic to the idea of a "benefit exception". Simply adding a non-covered service that has no offsetting savings is expanding the benefit and may even be prohibited by our contracts.

INSTRUCTIONS FOR USE

Dental Provider /Health Care Provider:

Complete the Dental Benefit Exception Request form, including the member's clinical information and a cost benefit analysis that supports the request. Fax that information to **1-866-610-7215**.

UCare Clinical Services:

Make a determination to approve or deny the Dental Benefit Exception Request.

If it is approved:

Complete and fax the approval letter to the provider, and to DentaQuest at 262-834-3450.

Mail the approval form to the member.

Notify DBS Manager in Business Processes.

If it is denied:

Complete and fax the denial letter to the provider, and to DentaQuest at 262-834-3450.

Mail the denial letter to the member.

Notify DBS Manager in Business Processes.