

Benefit Limit Exception Form

Authorization does not guarantee payment, which is affected per the member’s eligibility, benefit limitations, exclusions and other coverage issues.

- Prospective Review** (prior to the service)
 Retrospective Review (service rendered)

Member ID Number	Last Name	First Name
Ordering Practitioner	Practitioner ID Number	Phone
Servicing Practitioner	Servicing Practitioner ID Number	Phone
Address: (City, State, Zip)		

Request Type: (Exception requests are only considered for the services listed below.)

- Inpatient Acute Hospital Admission
 Inpatient Hospital Admission for Rehabilitation

Outpatient Visits:

- Chiropractor
 Podiatrist
 Specialist
 Home Health
 Primary Care Provider

Number of visits requested	
Recipient principal diagnosis /secondary diagnosis (ICD-10)	1) 2)

Please check any/all of the reasons below that apply to why you are asking for an exception:

- Patient has a serious chronic illness or other serious health condition and without the additional service his/her life would be in danger.
 Patient has a serious chronic illness or other serious health condition and without the additional service his/her health will get much worse.
 Patient would need more costly services if the exception is not granted.
 Patient would have to go into a nursing home or institution if the exception is not granted.

Please check the box below if decision requires expedited review (sooner than 30 days) and indicate the reason for expedited review:

- Reason for expedited request: _____

Ordering Physician’s Signature	Physician’s return, secured fax #	Date

Please submit a complete summarization of the medical necessity to support the reason(s) checked above. Your request will be processed within 30 business days from receipt of complete information. Fax to 877-310-3826 or mail to:

UnitedHealthcare Community Plan Benefit Limit Exception Request
 2 Allegheny Center
 Suite 600
 Pittsburgh, PA 15212

Incomplete forms will result in denied requests. For additional assistance, call Provider Services at **800-600-9007**.

Internal use only	
Medical Director	Authorization Number
Expiration Date for Benefit Limit Exception	