

Authorization does not guarantee payment, which is affected by other factors, such as eligibility, benefit limitations, exclusions and other coverage issues.

Fax completed form to: 412-457-1338

Unison MedPLUS Benefit Limit Exception Form

Prospective Review (prior to the service)

Retrospective Review (service rendered)

Member ID #	Last Name	First Name

Ordering Practitioner	Practitioner ID #	Telephone #

Servicing Practitioner	Servicing Practitioner ID#	Telephone #

Address: (City/State/Zip)

Request Type: (Exception requests are only considered for the following services)

Inpatient Acute Hospital Admission

Outpatient Visits:

Specialists

Podiatrist

Chiropractor

Inpatient Hospital Admission for Rehabilitation

PCP

Home Health

Number of visits requested	
Recipient Principal Diagnosis / Secondary Diagnosis (ICD-9)	1) 2)

Please submit a complete summary of the medical necessity (attach additional information) to support the reason(s) checked below. Your request will be processed within 30 business days from receipt of complete information.

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 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 Fax #:	Date:

***Please Note: A form not properly completed and signed will be procedurally denied.**

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

Mail to:

Unison Administrative Services, LLC

OR Fax to: 412-457-1338

Benefit Limit Exception Request

300 Oxford Drive

Monroeville, PA 15146

Physicians may call Provider Services at 800-600-9007 for further assistance.