BlueCross BlueShield of Alabama

*Provider Post-Service*

# Appeal Form

**Post Office Box 10408 • Birmingham, AL 35202-0408 • Fax 205-220-9562**

**Please check ONE ISSUE BELOW that best describes your appeal.** ***(This box is required or the appeal will not be processed.)***

- ☐ Global maternity. For example: member changes OB doctor in middle of pregnancy.
- ☐ Not medically necessary rejection/denial ***(Please provide medical records and any supporting documentation to show medical necessity.)***
- ☐ Precertification: denied for any service or need more services added. For example: physical therapy, occupational therapy, or speech therapy ***(Please provide medical records for review.)***
- ☐ Filing an unlisted procedure code (HCPCS/CPT code) ***(Please provide the operation note along with invoice for pricing determination.)***
- ☐ Filing for drug(s) with a rejection for additional information ***(Please provide an invoice for pricing determination. Also, please include name of the drug, NDC number, and dosage along with the medication administration record.)***
- ☐ Modifier issues ***(Please provide medical records for review.)***
- ☐ Durable Medical Equipment (DME) ***(Please provide an invoice.)***
- ☐ Fragmented coding/bundling rejection ***(Please provide medical records for review.)***
- ☐ Assistant Surgeon ***(Please provide medical records.)***
- ☐ Medically Unlikely Edits (MUE)
- ☐ Not processed correctly. For example: claim didn't pay the correct amount; wrong number of units processed.

**Note: Bulk appeals will not be processed unless you have approval from your Provider Networks Consultant.**

| **Comments** |
|---|
| |

## All fields are required for the appeal to be processed.

### Section I: Patient Information

| Contract Number *(Copy from the member's identification card)* | | Date of Birth *(mm/dd/yyyy)* |
|---|---|---|
| First Name | Middle Initial | Last Name |

### Section II: Requesting Provider Information

| Name | | Provider Signature |
|---|---|---|
| Telephone | Email | |
| National Provider Identifier (NPI) | | Tax ID |
| Office Contact Person | | Contact Email Address |

### Section III: Appeal Information

| Claim Identification Number | Date of Service *(mm/dd/yyyy)* |
|---|---|
| Procedure Code 1 | Diagnosis Code 1 |
| Procedure Code 2 | Diagnosis Code 2 |

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STOP

**Before you submit this form, please review!**

- Make sure to complete all fields above, including the provider signature.
- Missing information will prevent the form from being processed.

# PROVIDER INTERNAL POST-SERVICE CLAIM APPEAL PROCESS

# Questions & Answers

***What is an appeal?*** *An appeal is when a provider formally requests (via appeal form) a reconsideration of a previously adjudicated claim from the contracting Blue Plan, which may or may not require additional information. Applies to Blue Cross and Blue Shield of Alabama members and out-of-state members receiving services in Alabama.* ***Does not apply to Blue Advantage® PPO****.*

## Examples of appeals include, but are not limited to:

- Payer allowance
- Medical necessity (including cosmetic and investigational)
- Incorrect payment/coding rules applied
- Errors in administration of coordination of benefits (COB), coinsurance/deductibles, coverage/benefits,eligibility, timely filing

## Following are examples of what is not considered a provider appeal:

- Corrected claim
- Provider complaints regarding medical policy
- Contracting issues
- General inquiries/questions
  - Provider request to "review" a claim
  - Pricing issue not associated with a post-service claim
  - Scope of practice
- Any claim denied needing additional information
- Unsolicited medical records
- Provider appeal on behalf of member (see member appeal process)
- Notes written on copies of claim forms or provider remittances without supporting documentation

## Are written requests accepted?

Blue Cross no longer accepts written requests from providers for claims payment verification letters, claim status inquiries, appeals submissions and unsolicited medical records. Provider appeals must be submitted using the Provider Post-Service Appeal Form.

## When can I request an appeal?

Blue Cross will perform a single internal appeal as a courtesy to the provider when there is an adverse benefit determination as described above. Providers should also refer to their Participating or Preferred Provider Agreement for dispute resolution options.

## How long do I have to submit an appeal?

Consideration will not be given to appeals received greater than 180 days from the claim adjudication/denial date.

## Is requesting a claims review through Customer Service the same as requesting an appeal?

No. Refer to the section "How do I request an appeal?" for the appropriate appeals request process.

## How do I request an appeal?

Providers should submit a formal request via the appropriate form developed for provider usage. A letter, on letterhead, may accompany the form and contain:

- The reason for the appeal
- The patient's name
- The patient's contract number
- Sufficient information to reasonably identify the claim or claims being appealed, such as date of service, provider name, procedure and claim number

**Please be sure to include any supporting information or explanation, including any relevant procedural notes, chart notes and/or medical records appropriate to the review.** Forms must be properly completed and letters must contain all relevant information to be processed as an appeal. Completed forms must include the provider signature. Incomplete forms and letters will not be processed.

**Note:** Appeals submitted using an older version of the form will not be accepted or processed.

### How do I request bulk appeals?

Bulk appeals must be requested through your Provider Networks Consultant. Bulk appeals will not be processed unless approved by your Provider Networks Consultant.

## Where do I send my appeal request?

All appeal correspondence should be submitted to the following:

**Blue Cross and Blue Shield of Alabama Appeals**
**Post Office Box 10408**
**Birmingham, AL 35202-0408**
**Fax: 205-220-9562**

### What if I disagree with an initial appeal determination?

If the provider has completed the initial internal appeal,any subsequent appeal rights will be defined by his orher Participating or Preferred Provider Agreement or legal settlement in effect.

* Not applicable to predeterminations, provider audits or appeals regarding termination from network.

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