

Provider Appeal Request Form

Please use this form to appeal an action we have taken related to an authorization for services or a claim that was denied due to a denied authorization. Fill out the form completely and keep a copy for your records. Send this form with pertinent medical documentation to: (See **list of examples** on next page.)

CarelonRx
Grievances and Appeals Department
P.O. Box 775370
St. Louis, MO 63177

You may also fax the completed form and all documentation to **844-430-6802**.

Appeal request date: / /	Has the service been provided?	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
Is this an expedited request? (See definition of expedited request on next page)		<input type="checkbox"/> Yes
		<input type="checkbox"/> No

Provider information			Patient information	
Name:			Name:	
National provider ID (NPI):			Date of birth:	
Street Address:			Healthy Blue ID #:	
City:	State:	ZIP:	Service information	
Telephone:			Date(s) of service:	
Fax:			Place of service:	
Contact person:				
Reason for denial (from <i>EOB</i> or <i>Notice of Action</i> letter)				
<input type="checkbox"/> Medical necessity	<input type="checkbox"/> Benefits exhausted	<input type="checkbox"/> Out of network		
<input type="checkbox"/> Lack of information	<input type="checkbox"/> Untimely filing	<input type="checkbox"/> Not a covered benefit		
<input type="checkbox"/> Lack of prior authorization	<input type="checkbox"/> Invalid code	<input type="checkbox"/> Inclusive		
<input type="checkbox"/> Exceeds authorization	<input type="checkbox"/> Incidental	<input type="checkbox"/> Exclusive		
<input type="checkbox"/> Claim not billed as authorized	<input type="checkbox"/> Other			
Reason for appeal:				

By signing this form, you agree not to bill the member except for any copays that may apply.

Provider name (please print):
Provider signature:

www.HealthyBlueSC.com

Important information

Time frames

Your appeal will be processed once all necessary documentation is received. You will receive written notice of the resolution of your appeal within 30 calendar days of our receipt of this form.

Documentation

Please provide all medical information necessary to support the appeal. Examples include:

- Documentation of inpatient or observation stays, such as:
 - Doctor orders
 - Progress notes
 - Nurse's notes
 - ER notes
 - Medication records
 - Lab reports
 - Consultation reports
- Documentation of procedures, such as:
 - Procedure reports
 - Supporting consultation reports
 - PCP progress notes
 - Referring MD script
- Physical, occupational and/or speech therapy progress notes, evaluations, summaries.
- Radiology reports and/or referring MD script.
- Documentation of timely filing, such as billing notes, fax confirmation, or certified and signed mail card.

Filing on a member's behalf

A provider may file an appeal on behalf of a Healthy Blue member but only with the member's written consent. If you wish to submit an appeal on behalf of a Healthy Blue member, the member must first sign an *Appeal Representative Form* notifying Healthy Blue of their consent for you to represent them in the appeal process. The *Appeal Representative Form* may be found on our website at www.HealthyBlueSC.com or may be requested by calling our Customer Care Center at **866-757-8286**.

Expedited request

You may also request that we expedite the member's appeal process if you believe that the standard 30 calendar-day time frame could jeopardize the life or health of the member or the member's ability to regain maximum function. Additional medical records or other documentation may be requested to justify the request. A decision will be made within 72 hours of receipt of the request, and you will immediately be notified of the results.

Privacy statement

**THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE MEDICAL PROVIDER
TO WHOM IT IS ADDRESSED AND MAY CONTAIN HEALTH INFORMATION
THAT IS PROTECTED BY LAW.**

If this transmission contains the protected health information of an individual who is unknown to your practice, please notify us immediately by calling **866-757-8286**. Please be advised that copying, sharing or any further use or disclosure of this communication is strictly prohibited.