

Thomas Compliance – Provider Appeals Provisions

Provider Q&A

General Questions

Q1. *What is the new appeals process for providers?*

- A. The right to appeal will be extended to providers for disputes of post-adjudicated claims related to medical necessity, billing/coding, and no preauthorization for an inpatient stay. **Provider appeals may be submitted without written consent from the member, but must be submitted in writing from the provider.**

Level I Provider Appeals for billing disputes, medical necessity denials, and denials for no preauthorization for an inpatient stay are handled by BCBSNC and available to all providers. Level I Provider Appeals and Provider Courtesy Reviews regarding mental health and substance abuse claims will be handled by Magellan.

Level II Provider Appeals for billing disputes and medical necessity denials are handled by an Independent Review Organization (IRO) and available to physicians, physician groups, and physician organizations.

Q2. *Can members still request an appeal?*

- A. Yes; the member appeal process is not changing.

Q3. *What if a member requests an appeal for the same service I have appealed?*

- A. The member appeal will take precedence and the provider appeal will be closed. You will receive a letter notifying you that your case has been closed because the member has filed an appeal. Later, when a decision has been rendered, you will receive a copy of the member appeal decision letter.

Q4. *Will there still be Provider Courtesy Reviews?*

- A. In most cases, the Level I Provider Appeal is replacing the post-service Provider Courtesy Review. The only exception is that Provider Courtesy Reviews will be available for State PPO Pharmacy PA/QL (prior approval/quantity limit) denials.

Q5. *What about pre-service requests?*

- A. The pre-service review process is not changing. If a pre-service request is denied, you can contact American Imaging Management (AIM), Magellan, Member Health Partnership Operations (MHPO), or Value Options for a pre-service Provider Courtesy Review (PCR). If the PCR is denied, the member can request a Level I pre-service appeal of the decision. If the service is performed and the claim is denied, both the member and the provider have the right to request a post-service Level I appeal. If the service is performed and is denied as not medically necessary, the member and the provider both have appeal rights. If the service is performed and the claim denies for no PPA and charges are provider liability, neither the member nor the provider may appeal as this is a contractual denial.

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- Q6. *Can I appeal a claim that was denied for no prior plan approval?*
- A. No, there is no right for providers to appeal a denial for no prior plan approval. These denials are considered administrative and are not eligible for review.
- Q7. *Where can I find more information about provider appeals in general?*
- A. A new Appeals link has been added to the bcbsnc.com provider website. You can also contact your Network Management representative.

Level I Provider Appeals

- Q8. *How long do I have to submit a Level I Provider appeal?*
- A: Providers will have **180** calendar days from the claim adjudication date to submit a Level I Provider Billing/Coding Dispute for any claims related to Post-Service Billing/Coding Disputes that were *adjudicated prior to August 21, 2008*. If the claim adjudication date is *August 21, 2008 or after*, the provider will have **90** calendar days to submit the Level I Provider Billing/Coding Dispute.
- Providers will have **180** calendar days from the claim adjudication date to submit a Level I Provider Medical Necessity Appeal for any claim related to Post-Service Medical Necessity that was *adjudicated prior to September 15, 2008*. If the claim adjudication date is *September 15, 2008 or after*, the provider will have **90** calendar days from the adjudication date to submit the Level I Medical Necessity Provider Appeal.
- Q9. *How do I submit a Level I Provider appeal?*
- A. Providers may begin submitting appeals for Level I Provider Billing Disputes August 21, 2008. Providers may begin submitting appeals for Level I Provider Medical Necessity and no preauthorization for an inpatient stay on September 15, 2008. A new form, the Level One Provider Appeal form, replaced the Provider Resolution Form. The Blue Book (also known as the “Provider Manual”) has also been updated.

Because this form will continue to be updated from time to time, it is recommended that you print the form from the website each time to ensure that you are using the most up-to-date version. Access the form on the bcbsnc.com provider website or through Blue e. Complete the form and fax it to one of the following numbers:

Medical Necessity Denials (including no preauthorization for inpatient stay):	919-287-8709
Billing/Coding Denials:	919-287-8708
State PPO Authorization Denials:	919-765-2322

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Q10. *How can I check the status of a Level I Provider appeal I have submitted?*

- A. Call the Provider Blueline at 1-800-214-4844. Representatives will have access to an enhanced level of information to assist you.

Level II Provider Appeals

Q11. *Why is the Level II Provider appeal available only to physicians?*

- A. The Thomas Settlement requires BCBSNC to grant certain new appeal rights to physicians only. BCBSNC has made the decision to extend the right of the Level I to all providers and the Level II to physicians only.

Q12. *How long do I have to submit a Level II Provider appeal?*

- A: If a Physician, Physician Group, or Physician Organization's Level I Post-Service Provider Appeal was completed by BCBSNC *prior to November 21, 2008*, and Level II Post-Service Provider Appeal rights are available, Physicians, Physician Groups, and Physician Organizations will have **90 calendar days from November 21, 2008** to submit a Level II Post-Service Provider Appeal.

If the Level I Post-Service Provider Appeal was completed by BCBSNC *on or after November 21, 2008*, and Level II Post-Service Provider Appeal rights are available, Physicians, Physician Groups, and Physician Organizations will have **90 calendar days from the date of the Level I Post-Service Provider Appeal denial letter** to submit a Level II Post-Service Provider Appeal.

Q13. *Why is there a filing fee for Level II Provider appeals?*

- A. The filing fee structure is a provision of the Settlement. If BCBSNC's decision is overturned, the filing fee will be refunded to you. The grid below explains the fee structure for different types of appeals.

Type of Dispute	Amount in Dispute	Filing Fee
Billing	\$1000 or less	\$50
	Greater than \$1000	\$50 plus 5% of the amount by which the amount in dispute exceeds \$1000; but in no event will the fee be greater than 50% of the cost of the review.
Medical Necessity	\$1000 or less	\$50
	Greater than \$1000	\$250

Note: For Level II Provider Appeals related to Billing Disputes, the disputed amount must exceed \$500.00. In instances where the disputed amount is less than \$500, the Physician, Physician Group, or Physician Organization may submit disputes to the Independent Review Organization within one (1) year of the original submission date. If the physician intends to submit additional disputes during the year, the physician must contact the Billing Dispute Reviewer to notify that additional submissions will be sent. If the 1 year lapses and the disputes submitted are not in excess of \$500, the original dispute will be dismissed.

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Q14. *How do I submit a Level II Provider Appeal?*

A. Contact MES Solutions directly using one of the methods outlined below:

Billing Disputes	Medical Necessity Disputes
Web: www.mesgroup.com Phone: 800-437-8583 Fax: 888-868-2087 Mail: MES Solutions Attn: BDRP Dept. 100 Morse Street Norwood, MA 02062	Web: www.mesgroup.com Phone: 800-437-8583 Fax: 888-868-2087 Mail: MES Solutions Attn: Love Settlement Dept 100 Morse Street Norwood, MA 02062

Q15. *How do I check the status of a Level II Provider Appeal I have submitted?*

A. Contact MES Solutions directly using one of the methods outlined above.

Q16. *Can I submit additional records for a Level II External Review Billing Dispute?*

A. The Level II Provider Appeal requests for Billing Disputes administered by an Independent Review Organization, will be reviewed based on the information previously submitted with the Level I Provider Appeal. BCBSNC will supply all documentation from the Level I Provider Appeal to the Billing Dispute Reviewer. For additional questions, please contact MES Solutions directly.

Q.17 *Can I submit additional records for a Level II External Review for Medical Necessity?*

A. Yes, the records should be submitted with the request to the external review vendor.