

## Thomas Compliance – Provider Appeals Provisions Provider Q&A

Q. *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 1 appeals for medical necessity, billing/coding and no preauthorization for an inpatient stay will be handled by BCBSNC and will be available to all providers. Level 2 appeals for medical necessity and billing/coding will be handled by an independent review organization and will be available to physicians and physician groups only. The choice of an independent review organization has not yet been finalized. You will receive more information when a decision is made.

Q. *Why is the Level 2 appeal available only to physicians?*

A. The Settlement requires BCBSNC to grant certain new appeal rights to physicians only. BCBSNC has made the decision to extend this right, for Level 1 only, to other types of providers as well.

Q. *How long do I have to submit an appeal?*

A: For Level 1 Medical Necessity and Billing/Coding, providers have 90 days from original claim adjudication date.

For Level 2 Billing/Coding, physicians or physician groups have 90 days from the date of the Level 1 denial letter.

For Level 2 Medical Necessity, physicians and physician groups have 60 days from the date of the Level 1 denial letter.

Q. *How do I submit a Level 1 appeal?*

A. Providers may begin submitting appeals in September. A new form, the Provider Appeal form, will be replacing the Provider Resolution Form. You will be notified by email blast and Blue Link article when the new form is available. The Blue Book will also be 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: 919-287-8709***

***Billing/Coding Denials: 919-287-8708***

***State PPO Authorization Denials: 919-765-2322***

**These fax numbers will be available beginning June 23, 2008.** Between June 23 and when the new appeals process goes into effect, providers should use the fax numbers to submit Provider Courtesy Reviews.

Q. *Can members still request an appeal?*

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

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- Q. 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.
- Q. Why is there a filing fee for Level 2 appeals?*  
 A. The filing fee structure is a provision of the Settlement.
- Q. Is the filing fee the same for all Level 2 appeals?*  
 A. No; the grid below explains the fee structure for different types of appeals.

<b>Type of Dispute</b>	<b>Amount in Dispute</b>	<b>Filing Fee</b>
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

If BCBSNC's decision is overturned, the filing fee will be refunded to you.

Once the independent review organization is finalized, you will receive information about how to submit the fee.

- Q. Will there still be Provider Courtesy Reviews?*  
 A. In most cases, the Level 1 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.
- Q. What about pre-service requests?*  
 A. The pre-service review process is not changing. If a pre-service request is denied, you can contact Member Health Partnership Operations (MHPO) at 1-800-672-7897 for a pre-service Provider Courtesy Review (PCR). If the PCR is denied, the member can request a Level 1 pre-service appeal of the decision. If the service is performed and the claim is denied, the member *or* provider can request a post-service Level 1 appeal.
- Q. 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.
- Q. How can I check the status of an 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.
- Q. Where can I find more information about provider appeals in general?*  
 A. A new Appeals link will be added to the bcbsnc.com provider website. You will be notified when this is available. You can also contact your Network Management representative.