LEVEL ONE PROVIDER APPEAL FORM FOR BLUE MEDICARE HMO[SM] AND BLUE MEDICARE PPO[SM]

BlueCross BlueShield of North Carolina

Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association

Section I: Patient Information

Alpha Prefix (Copy from the member's BCBSNC identification card) **Patient Date of Birth**

Subscriber Number **(Copy from the member's BCBSNC identification card)**

Patient Name (First, middle initial, last)

Section II: Physician Information

Requesting Physician (Print first, last name) **Requesting Physicians Signature** (Signature & date)

Fax - - **Phone** - -

Physician NPI Number

Physician Mailing Address (Street or P.O. Box, City, State & Zip Code)

Section III: Appeal Information

Date of Service - -

Date of Notification of Payment - -

CPT Codes -

-

Diagnosis Codes .

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Claim Identification Number

APPEAL REASON (select one reason only)

MEDICAL NECESSITY:

- ☐ **Cosmetic**
- ☐ **Experimental/ Investigational**
- ☐ **No authorization for inpatient admission**
- ☐ **Not Medically Necessary**

BILLING/CODING:

- ☐ **Coding/ Bundling or Fee Denials**
- ☐ **Global Period Denial**
- ☐ **Re-bundling**
- ☐ **Services Not Eligible for Separate Reimbursement**

OTHER:

- ☐ **Non-Contracting Provider Payment Disputes**

FAX NUMBER FOR POST SERVICE APPEALS – (919) 287-8815

Note: All other requests should be submitted using the **Provider Inquiry Form** in the Blue Medicare HMO[SM] and Blue Medicare PPO[SM] Provider Manual.

Comments (If additional space is needed, please use the back of this form)

☐ **Records Attached**

This form is intended for use only when requesting a review for post service appeal requests for Medicare Advantage membership. Completed forms accompanied by any supporting documentation should be sent to**: Provider Appeals Unit*, Blue Medicare HMO[SM] and Blue Medicare PPO[SM], P.O. Box 17509, Winston-Salem, NC 27116-7509 or Fax: (919)287-8815.***

Please refer to the Blue Medicare HMO[SM] and Blue Medicare PPO[SM] provider manual located on the BCBSNC Web site for providers at ***www.bcbsnc.com/content/providers/blue-medicare-providers/resources-and-forms/index.htm*** or contact your local Network Management field office for assistance with the claims inquiry process.