

LEVEL ONE PROVIDER APPEAL FORM

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) **Patient Account Number**

Section II: Physician Information

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

Fax - - **Phone** - -

BCBSNC Physician Number **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**

Claim Identification Number

CODING, BUNDLING, or FEE DENIALS

Fax# 919-287-8708

- Integral Part of Primary Service
- Mutually Exclusive
- Services Not Eligible for Separate Reimbursement
- Incidental Denial
- Surgical Global Period Denial
- Re-bundling

MEDICAL NECESSITY DENIALS

Fax # 919-287-8709

- Inpatient vs. Observation
- Not Medically Necessary
- Investigational
- Cosmetic
- Experimental

FINANCIAL RECOVERY

Fax # 919-287-8708

- Refund Request Appeal

ADMINISTRATIVE DENIALS

Fax# 919-287-8709

- No Authorization for Inpatient Hospital Admission

---State PPO Authorization Only---

Fax# 919-765-2322

- Pharmacy – May Be Pre-Service

DENIAL REASON: Must be Post-Service.

Note: For Inter-Plan Program (IPP) requests, this form should be used for coding, bundling, or fee denials regarding non-NC members. All other IPP requests for Appeal review should be submitted using the Provider/Doctor Claim Inquiry Form in the Blue Book 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 coding denials, services not considered medically necessary, administrative denials or financial recovery appeals. Completed forms accompanied by any supporting documentation should be sent to: **Provider Appeal Department, Blue Cross and Blue Shield of North Carolina, P.O. Box 2291, Durham, NC 27702-2291 or Fax: Billing/Coding/Financial Recovery (919) 287-8708 or Medical Necessity/Administrative Denials Fax: (919) 287-8709.**

Inquiry requests for Federal Employees Program (FEP), State Comprehensive Major Medical (CMM) or for reasons other than review of a claim denial not specific to post service denials or appeal of a refund request should not be requested by use of this form. Please refer to the Blue Book provider manual located on the BCBSNC Web site for providers at bcbsnc.com/providers/blue-book or contact your local Network Management field office for assistance with the claims inquiry process.