Commercial and Medicare Provider Coding Disputes Form

NOT to be used for Federal Employee Program (FEP)

Note: This form is intended for use only when requesting a review of a post service claim denied for coding/bundling denials. Provider Coding Disputes should be accompanied by any supporting documentation. **Please complete the form in its entirety**.

Note: If you are acting on the member's behalf and have a signed BlueCross NC appeal authorization from the member or you are appealing a pre-authorization denial and the services have yet to be rendered, **DO NOT USE THIS FORM.** Please follow the member appeal process for appeal requests on behalf of the member as outlined at ***https://www.bluecrossnc.com/providers/medical-policies-and-coverage/member-appeal-representation-authorization-form#search-Member Appeal Members***. The Blue Cross NC authorization form should be submitted with a written appeal request or with the member appeal form if appealing on behalf of member.

Today's Date	**Member's ID Number**	**Member's Group Number (Optional)**
Member's First Name [1]	**Member's Last Name**	**Member's Date of Birth**
Provider Name		**Provider Number/NPI**
Provider Group Name (If applicable)	**Office Contact**	**Contact Mailing Address** [2]
Contact Phone Number	**Contact Fax Number**	**Contact Email Address (optional)**

To help BlueCross NC review and respond to your request, please provide the following information below. *(This information may be found in the prior correspondence you received from BlueCross NC.)* You may use this form to dispute multiple dates of service for the same member.

Claim Number [3]	**Date(s) of Service(s)**
CPT/HCPCS Code of Service Being Disputed	
Explanation of Your Request ***(Please use additional pages if necessary)***	

1. **Provide the member's first and last name** — unless the member is a newborn. In that case, the name could be either the subscriber's or spouse's name, or the newborn's name.
2. **Address can be incomplete, but field cannot be left blank.**
3. **Field can be incomplete but cannot be left blank.**

For Provider Coding Disputes, please fax your request with all supporting documentation and medical records to:

For ALL HOST requests fax to 866-987-4167

Commercial Billing/Coding Denials: 919-287-8708

Medicare Billing/Coding Denials: 336-659-2947

If documentation needs to be sent to Blue Cross NC by mail, please send it to:

Commercial and Medicare Provider Coding Disputes, P.O. Box 1011, Durham, NC 27702

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