

Noncontracted Provider Appeals and Disputes Form



Complete the top section of this form completely and legibly. Check the box that most closely describes your appeal reason. Be sure to include any supporting documentation, as indicated below. Requests received without required information cannot be processed.

Request for appeal or dispute					
Member first name	MI	Member last name	Member identification number	Date of birth / /	Claim number
Date of service	Provider or contact name		National Provider Identifier	Provider telephone number	
Address	City	State	ZIP code	Provider fax number	

Noncontracted provider appeals	
<p>Reason for appeal</p> <p><input type="checkbox"/> Medical necessity and level of care denial</p> <p><input type="checkbox"/> Denied for no authorization (including out-of-network denials)</p> <p><input type="checkbox"/> Denied for no referral</p> <p><input type="checkbox"/> Diagnosis-related group payment discrepancy</p> <p><input type="checkbox"/> Downcoding discrepancy</p> <p><input type="checkbox"/> Overpayment recovery issue</p> <p><input type="checkbox"/> Claim bundling discrepancy</p> <p>For payment issues related to Medicare-allowable rates - see below.</p>	<p>Submit appeals to</p> <p>Appeals PO Box 650059 Dallas, TX 75265 Fax: 855-350-8671</p> <p>For all noncontracted provider appeals, a completed waiver of liability is required in order to process your appeal. The waiver of liability statement must be signed. Your appeal request will not be considered without a signed waiver of liability statement. You can either mail or fax your completed request, including the attached waiver of liability.</p>

Noncontracted provider payment disputes	
<p>A noncontracted provider is also permitted to request an independent review if the amount paid for a covered service is less than the amount that would have been paid under original Medicare.</p>	<p>Submit disputes to:</p> <p>Medicare Services Attn: Medicare Claims Department Noncontracted Provider Payment Disputes PO Box 1004 Nashville, TN 37202</p>

Note: If you have multiple appeal requests for the same provider and payment issue, please indicate this in the notes below and include a list of the following: member ID number, claim number and date of service. If the issue requires supporting documentation as noted above, it must be included for each individual appeal. **You may use the space on the next page to briefly describe your reason for appeal.**

Definitions

Noncontracted provider appeal: A disagreement when the Plan is denying or recouping part or all of a payment for which the noncontracted provider asked, such as for DRG coding, medical necessity, inpatient level of care determination, bundling rules or emergency facility charges. Appeals from a noncontracted provider must follow the regulations outlined at 42 CFR §422 Subpart M.

Noncontracted provider dispute: A disagreement about the amount that a noncontracted provider could have collected if the member had original Medicare coverage.

Waiver of liability statement

Member's name

Member ID number

Provider

Date of service

Health plan

I hereby waive any right to collect payment from the above-mentioned member for the aforementioned services for which payment has been denied by the above-referenced health plan. I understand that the signing of this waiver does not negate my right to request further appeal under 42 CFR §422.600.

Signature

Date