

Claim disputes and appeals

Coverage and claims

Medical necessity claim disputes for contracted providers

You can submit an appeal to request a review of a previous decision related to medical necessity, clinical guidelines or prior authorization and referral requirements.

HealthSpring offers participating providers one level of appeal for Medicare Part C claim disputes. A HealthSpring representative not involved with the initial decision will review your dispute.

Requesting an appeal

Complete the [postservice appeal and claim dispute form](#) and submit by fax or mail:

Fax

Participating provider appeals: 1-855-699-8985

Mail

HealthSpring Appeals

PO Box 188085

Chattanooga, TN 37422

If you have questions on appealing or disputing a claim, call 1-800-511-6943.

Refer to our [provider manual](#) for more information and specific details on timely submission of provider appeals and supporting documentation requirements.

If you have requests related to claims reconsiderations, refer to the [provider manual](#).

Claim appeals for noncontracted providers

You can submit an appeal if you disagree with a previous claim determination for items or services or a revised determination for items or services. A completed Waiver of Liability is required to process your appeal. The waiver must be signed by the provider and cannot be signed by a third-party billing agency.

A HealthSpring representative not involved with the initial decision will review your appeal.

Requesting an appeal

Complete the [postservice appeal form](#) and submit by fax or mail:

Fax

Standard medical appeals: 1-855-350-8671

Mail

HealthSpring Appeals

PO Box 188081

Chattanooga, TN 37422

Coverage appeals

You can request an appeal of a previously denied authorization for services that haven't been rendered.

A HealthSpring representative not involved with the initial decision will review your appeal.

Requesting an appeal

Complete the **authorization appeal form** and submit by fax or mail:

Fax

Standard medical appeals: 1-855-350-8671

Expedited medical appeals: 1-855-350-8672

Mail

HealthSpring Appeals

PO Box 188081

Chattanooga, TN 37422