

**LEVEL ONE PROVIDER
APPEAL FORM FOR BLUE MEDICARE
HMOSM AND BLUE MEDICARE PPOSM**



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

Claim Identification Number

APPEAL REASON (select one reason only)

- | | | |
|--|---|--|
| <u>MEDICAL NECESSITY:</u>
<input type="checkbox"/> Cosmetic
<input type="checkbox"/> Experimental/ Investigational
<input type="checkbox"/> No authorization for inpatient admission
<input type="checkbox"/> Not Medically Necessary | <u>BILLING/CODING:</u>
<input type="checkbox"/> Coding/ Bundling or Fee Denials
<input type="checkbox"/> Global Period Denial
<input type="checkbox"/> Re-bundling
<input type="checkbox"/> Services Not Eligible for Separate Reimbursement | <u>OTHER:</u>
<input type="checkbox"/> Non-Contracting Provider Payment Disputes |
|--|---|--|

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

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 HMOSM and Blue Medicare PPOSM, P.O. Box 17509, Winston-Salem, NC 27116-7509 or Fax: (919)287-8815.**

Please refer to the Blue Medicare HMOSM and Blue Medicare PPOSM 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.