LEVEL ONE PROVIDER APPEAL FORM

BlueCross BlueShield of North Carolina

Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association

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**

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 Programs Use Only: This form should be used for coding, bundling, or fee denials regarding non-NC members only. All other 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 or administrative denials. 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 (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 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.