

BlueCross BlueShield of Tennessee
 1 Cameron Hill Circle, Suite 0017
 Chattanooga, TN 37402-0017
 Fax: (423) 591-9451

This form should be used for a formal appeal of an authorization with a medical necessity denial.

Date Requesting Appeal

Provider Name		Member Name
Provider No./NPI		Member ID Number
Provider Contact (Name)		Date of Service Being Appealed
Provider Fax Number	Provider Phone Number	Reference Number

When submitting an Appeal of a UM authorization, please attach the following information to this form with a statement or letter indicating the reason for the Appeal. The request should include a copy of any pertinent clinical information to be considered, face sheet (if applicable), and a copy of the denial letter. Failure to do so may result in a delayed response to your request or your request being returned until appropriate documentation is supplied.

Appeal decision letters will be sent to the physician, the facility and to the member. If requested and a fax number is provided on this form and/or the letter of appeal, a copy of the decision will be faxed directly to the appealing provider.

Tennessee providers and BlueCross BlueShield of Tennessee contracted providers in contiguous counties should submit disputes for all BlueCross members to BlueCross BlueShield of Tennessee.

Out-of-state providers (not in contiguous counties) should submit disputes for all BlueCross members to their local plan if services have been rendered and a claim has been filed. Failure to do so may result in a delayed response to your request.

Please note there is a limit of one Appeal per claim. To request further review, a written request for mediation/arbitration should be filed as outlined in the Provider Dispute Resolution Process in the BlueCross BlueShield of Tennessee Provider Administration Manual.

Notes/Comments

Commercial UM Appeal Form (Continued)

Member ID Number

Member Name

Notes/Comments



1 Cameron Hill Circle | Chattanooga, TN 37402 | bcbst.com

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Commercial Utilization
Management Appeal Form