

## Medical Policy Appeals Process - External

The information below defines BlueCross BlueShield of Tennessee's decision-making process for coverage of a service:

<b>Member's Benefit Plan/Evidence of Coverage (EOC)</b>	The member's benefit plan (i.e., Evidence of Coverage [EOC]) is the first tool in the clinical decision process. If the service is provided within the EOC, then it may require evaluation for medical appropriateness.
<b>Medical Policy</b>	The medical policy is the second tool in the clinical decision process. The Medical Policy Manual will provide policy statements and related medical appropriateness criteria for determining medical necessity.
<b>MCG Care Guidelines and Utilization Management Guidelines (UMGs)</b>	The UM criteria is the third tool in the clinical decision process. If the EOC does not exclude the service, and a medical policy does not address the service, then the UM guidelines should be applied to the request for the service.

### Purpose

- Ensure appropriate routing, tracking, and resolution of a medical policy appeal
- Establish a standard process for responding to medical policy appeals
- Give providers a standardized process to pursue when they disagree with a medical policy
- Provide accurate tracking of medical policy appeals for reporting

### What is a Medical Policy Appeal?

- A formal notice from a Tennessee provider stating their dissatisfaction with a medical policy position and/or medical appropriateness criteria

### Information Required from a Provider

- Full-text copies of published, peer-reviewed, evidence-based research studies regarding the technology/procedure in question that support the provider's position

### Medical Policy Appeals Process

- Provider submits a written request for an appeal of a medical policy, along with full-text copies of supportive information, to the Provider Appeals Department
- Provider Appeals Coordinator sends the request to the Division Representative for Medical Policy Research & Development
- Medical Policy Research & Development reviews the appeal and supporting information
- The appeal decision is returned to the Provider Appeals Department with a detailed response for the provider
- A written response is sent via registered mail to the Tennessee provider

### How to Submit a Medical Policy Appeal Request

- Tennessee providers submit a written request and supporting documentation to:

BlueCross BlueShield of Tennessee  
1 Cameron Hill Circle  
Suite 0039  
Chattanooga, TN 37402