

### Medicare Advantage

## Care Management Appeal

Please use this form for a formal provider appeal of a post-service authorization with a **medical necessity** denial.

- There is a limit of one appeal per denial
- All provider appeals have a standard turn-around time of 30 days.
- If the service hasn't been rendered or you're filing an appeal on behalf of a member, please don't use this form. Please follow the Member Appeal process noted in this form for those requests.

Date of Appeal Request: _			
Provider Name: Provider No./NPI:		Member Name:	
		Member ID Number:	
Provider Contact (Name):		Date of Service Being Appealed:	
Provider Fax Number:	Provider Phone N	umber:	Reference Number:
Reason for Appeal:			
Notes/Comments:			

### **Important Information:**

- Tennessee providers and BlueCross BlueShield of Tennessee contracted providers in contiguous counties should submit disputes for all BlueCross members to BlueCross BlueShield of Tennessee.
- If you're requesting a formal provider appeal, you may ask for a peer-to-peer discussion with a medical director.
   A peer-to-peer won't be scheduled if you've already submitted a written appeal. You may arrange a peer-to-peer discussion by calling our Provider Service line at 1-800-924-7141, Monday through Friday, from 8 a.m. to 6 p.m. (ET).
- We must receive your request for an appeal within **60 days** of the date of our initial determination.
- Non-Contracted providers may only appeal the denied claim if a Waiver of Liability is submitted with the request.
   Those will follow the member appeal process:

#### Mail:

BlueCross BlueShield of Tennessee Attn: Medicare Advantage Provider Appeals 1 Cameron Hill Circle Suite 0005 Chattanooga, TN 37402-0005 Fax: (888) 535-5243

#### Phone

BlueAdvantage 1-800-831-2583
BlueEssential 1-888-851-2583

# Please include legible supporting documentation. Pages should be in chronological order. Here are the preferred documents we need you to include with your provider appeal:

- Daily physician progress notes from all specialties, including consultations
- Relevant lab results if not found in the physician progress notes
- Procedure notes and diagnostic test results if they're not in the progress notes
- Discharge summary (History and Physical, PT/OT/ST notes, Case Management notes that specifically address discharge needs and disposition)

