

Clinical Editing Appeal Form

Please do not staple
attachments.

As an alternative, you can [submit appeals electronically](#).

For BCN commercial, BCN AdvantageSM,
Blue Cross commercial and Medicare Plus BlueSM

1. Date submitted:

/ /

2. Check the box to indicate the appropriate line of business and refer to the associated information:

<input type="checkbox"/> BCN commercial / BCN Advantage Use this form <u>only</u> when appealing a clinical editing denial decision for one of the BCN EOP codes. Click here re. accessing the BCN codes list.	<input type="checkbox"/> Medicare Plus Blue Use this form <u>only</u> when appealing a clinical editing denial decision for EOP codes 852, 870 and 871.	<input type="checkbox"/> Blue Cross commercial Use this form <u>only</u> when appealing a clinical editing denial decision for PPO EOP codes. Click here re. accessing the PPO codes list.
--	---	--

- The date the appeal is postmarked or faxed must be within 180 days of the date on the original remittance advice with the original clinical editing denial on it. Appeals dated after the 180 days will be denied.
- * Indicates REQUIRED fields.** Additional information will facilitate processing of the appeal, but if any required information is missing, the appeal will be returned as incomplete. Please TYPE the information within the defined fields.

3. Individual provider name:		4. *Individual provider NPI:	
5. *Member name:			
6. *Member contract number:		7. Suffix:	
8. *Date of service:	9. *Claim number (ONLY ONE claim per form):		
10a. *1st (or only) procedure code being appealed:		10b. *Explanation (EX) code:	
11a. 2nd procedure code being appealed (as applicable):		11b. Explanation (EX) code:	
12a. 3rd procedure code being appealed (as applicable):		12b. Explanation (EX) code:	
13. *Appeal submitted by:		14. *Phone #: ()	
15. *Address to send the response to:			
16. *Reason/rationale for appeal: (Either document this here or indicate in a letter included with this submission.)			
17. Please provide supporting documentation, including, for example: <ul style="list-style-type: none"> Chart or office notes, when the code being appealed refers to an office visit or a service provided in the office Operative notes or surgery reports, when the procedure code being appealed refers to a surgery X-ray reports, when an X-ray is being appealed Lab or pathology reports, when a laboratory or pathology service is being appealed Other clinical documentation related to the procedure being appealed 			

Submit this completed form along with other documentation in one of the following ways:

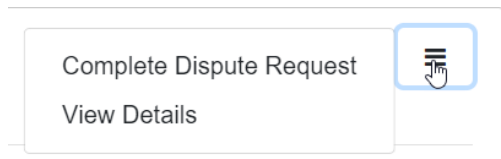
BY MAIL (all lines of business)	BY FAX IMPORTANT: Fax only <u>one</u> appeal at a time.		
Clinical Editing Appeals Mail Code G820 Blue Cross Blue Shield of Michigan and Blue Care Network 611 Cascade West Parkway, SE Grand Rapids, MI 49546-2143	BCN commercial / BCN Advantage FAX: 1-877-284-2882 Call Provider Inquiry with questions.	Medicare Plus Blue FAX: 1-866-526-7179 Call 1-866-309-1719 with questions.	Blue Cross commercial FAX: 1-866-392-7191 Questions? Call 1-800-344-8525 (professional providers) or 1-800-249-5103 (facilities).

Instead of using this form to fax or mail the clinical editing appeal, you can submit it electronically through our provider portal. Here's how:

1. Log in to our provider portal (availity.com **).
2. On the Claims & Payments menu, click *Claim Status* and follow the prompts to locate the claim for which you want to appeal a clinical editing denial.
3. On the claim, click *Claim Dispute*. This initiates the appeal.

Note: If you want to initiate appeals on additional claims, click *Close* to return to the Claim Status results page. To continue your appeal of the claim in question, complete the additional steps outlined here.

4. Click *Go To Request* to open the Appeals application and access the request in "Initiated" status.
5. On the action menu at the top right of the claim, click *Complete Dispute Request*.



6. In the dialog box that opens:

- a. Enter data into the fields.

Important: In the field shown below, enter this information:

- What you're appealing
- Your reason for appealing
- Your return address (that is, an address to which we can send a determination letter through the U.S. mail)

A screenshot of a text input field. The field is rectangular with a thin gray border. Above the field, there is a small red asterisk followed by the text: "* Please explain the supporting rationale for your request. (Specific details for current appeal, including Procedure/EX codes and return address)". The field itself is currently empty.

- b. Click *Add File* and upload the pertinent documentation.
- c. Click *Submit Request*.

Your request will be sent for processing by the Blue Cross / BCN clinical editing staff.

Instructions for accessing the lists of EX Codes: Recommendations Regarding Appeal or Resubmission

1. Log in to our provider portal (availity.com **).
2. On the Payer Spaces menu, click the BCBSM and BCN logo.
3. Click the *Resources* tab.
4. Scroll down and click *Secure Provider Resources (Blue Cross and BCN)*.
5. On the Billing and Claims menu, click *Codes and Criteria*.
6. Under the Clinical Editing heading, click to open the appropriate document:
 - *EX Codes: Recommendations for appeal or resubmission – for BCN and BCN Advantage*
 - *EX Codes: Recommendations for appeal or resubmission – for Blue Cross*

**Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.

Availity® is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and electronic data interchange services.