



MedicareBlueSM PPO

A Medicare Advantage Plan

Provider appeal form
One appeal per form
This appeal should apply only to one member

Unless noted, please provide Blue Cross and Blue Shield plan specific information

TODAY'S DATE			
INDIVIDUAL PRACTITIONER LEGACY #		INDIVIDUAL PRACTITIONER NAME	
PROVIDER/ CLINIC/ FACILITY LEGACY #		PROVIDER/CLINIC/ FACILITY NAME	
MEDICARE ISSUED PROVIDER/FACILITY #			
<input type="checkbox"/> 1st level claim reconsideration		YOUR NAME	
<input type="checkbox"/> 2nd level claim appeal		YOUR PHONE	
		YOUR EMAIL	

Member/claim information

MEDICAREBLUE PPO MEMBER ID #		NUMBER	PATIENT NAME		CLAIM NUMBER	
	ALPHA PREFIX		SERVICE DATE(S)		BILLED CHARGE	

APPEAL REQUEST	<input type="checkbox"/>	Unusual procedural services (modifier-22): include chart notes, OP report, letter stating rationale for complication
	<input type="checkbox"/>	Coding/edits/bundling
	<input type="checkbox"/>	Claim denied for no prior authorization: include medical records and rationale for service performed
	<input type="checkbox"/>	<u>Allowed amount</u> : include chart notes or invoice, NDC number and a letter to review allowance for an unlisted or not otherwise classified code
	<input type="checkbox"/>	<u>Medical necessity</u> : include medical records and rationale for service performed
	<input type="checkbox"/>	<u>Timely filing</u> : provide documentation of submission attempts, e.g. computer screen prints, other payer remits or denials, etc.
	<input type="checkbox"/>	Medicare ID# incorrect
	<input type="checkbox"/>	Other
MULTIPLE RELATED APPEALS	<input type="checkbox"/> Check here if submitting multiple related appeals. This is <input type="checkbox"/> of <input type="checkbox"/> multiple related appeals <i>Specify number in <input type="checkbox"/> of <input type="checkbox"/> format (e.g. 1 or 5 or 3 of 10). This type of request still requires one form per member</i>	

Appeal submission

MAIL	MedicareBlue PPO Appeals P.O. Box 13652 Philadelphia, PA 19101-3652
FAX	215.761.0330

MedicareBlue PPO service administration
1.888.457.3009 (TTY 1.888.457.3005)
 Monday-Friday 8:00 am to 6:00 pm CST or MST