



An Independent Licensee of the  
Blue Cross and Blue Shield Association

## Provider Appeal Form Instructions

Physicians and Providers may appeal how a claim processed, paid or denied.

Appeals are divided into two categories: Clinical and Administrative. Please review the instructions for each category below to ensure proper routing of your appeal.

**Note: Reconsideration is a prerequisite for filing an Administrative Appeal. If you have not filed for Reconsideration, please file that first to resolve your issue.**

### Clinical Appeals

#### **Utilization Management Appeals**

The appeal must relate to an authorization or precertification problem that affected a claim payment.

**Note:** If your authorization was denied, please follow the instructions below for Adverse Determination Appeals (Medical Necessity or Experimental/Investigation).

**Step 1.** Check the "Utilization Management" box under Appeal Type then check the appropriate box for the Utilization Management appeal reason, either "Authorization" or "Precertification" and enter the authorization or precertification number. Complete sections 1-4. Please describe the authorization or precertification issue that affected your claim payment in as much detail as possible. If necessary, use additional sheets. Supporting documentation must be submitted.

**Step 2.** Mail the form and supporting documentation to:

Florida Blue Provider Disputes Department  
P.O. Box 43237  
Jacksonville, FL 32203-3237

This address is intended for Provider Utilization Management Claim Appeals only. Any other requests will be directed to the appropriate location which may result in a delay in processing your request.

#### **Adverse Determination Appeals (Medical Necessity or Experimental/Investigational)**

The appeal must relate to a post-service claim denial made by Florida Blue that certain services provided to Florida Blue's members by providers are not covered because they are not Medically Necessary or Experimental or Investigational in nature.

When submitting an inquiry regarding corrected claims, questions about late charges, medical records or other situations, remember to complete the Provider Claim Inquiry Form and attach it to your claim. You should use this form for claims that denied with reason code CADEV (contest/additional information) and INFNR (claim denied, requested information not received or incomplete). Please do not submit these denials with a Provider Appeal form.

**Step 1.** Check the "Adverse Determination" box under Appeal Type. Complete sections 1-4. Please describe the issue in as much detail as possible. If necessary, use additional sheets. Supporting documentation must be submitted.

**Step 2.** Mail the form and supporting documentation to:

Florida Blue Provider Disputes Department  
P.O. Box 44232  
Jacksonville, FL 32231-4232

#### **Coding and Payment Rule Appeals**

The appeal must relate to the Florida Blue or Florida Blue HMO (Health Options, Inc.) application of coding, payment rules and methodologies for professional service claims (including without limitation any bundling, down-coding, application of a CPT® modifier, and/or other reassignment of a code by Florida Blue) in connection with health care services rendered to a specific individual covered under a policy or plan insured or administered by Florida Blue or Florida Blue HMO, such as:

- Procedure bundling
- The appropriate amount of payment, as determined by Florida Blue or Florida Blue HMO when two or more CPT codes are billed together. Such payment rules may include:
  - Duplicate Procedures
  - Multiple Surgery Guidelines
  - Coordination of Benefits
  - Multiple Imaging Edits
  - Multiple Evaluation and Management Service Edits
- Whether a payment-enhancing modifier is appropriate. Such payment enhancing modifiers are:
  - Assistant Surgeons (includes modifiers 80, 81 and 82)
  - Modifier 22 Unusual Procedural Services
  - Modifier 23 Unusual Anesthesia
  - Modifier 24 Unrelated Evaluation and Management Service by the Same Physician during a Postoperative Period
  - Modifier 25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service
  - Modifier 57 Decision for Surgery
  - Modifier 59 Distinct Procedural Service
  - Modifier 62 Two Surgeons
  - Modifier 66 Surgical Team

**Step 1.** Check the “Coding and Payment Rule” box under Appeal Type. Complete sections 1-4. Please describe in as much detail as possible the coding, payment rule or modifier that is the subject of your appeal. If necessary, use additional sheets. Supporting documentation must be submitted.

**Step 2.** Mail the form and supporting documentation to:

Florida Blue Provider Disputes Department  
P.O. Box 44232  
Jacksonville, FL 32231-4232

### Administrative Appeals

Indicating an Administrative Appeal verifies you have completed the [Reconsideration](#) level of review and are dissatisfied with the outcome. The appeal must relate to a post-service claim processing determination made by Florida Blue. This may include but is not limited to:

- Claim Allowance
- Coordination of Benefits
- Provider Contract Issue
- Timely Filing
- Other

**Step 1.** Check the applicable box under the Administrative Appeal section. Include the Reconsideration Reference Number which was included in the letter or email documenting the decision on the Reconsideration. Complete sections 1-4. Please describe the issue in as much detail as possible. If necessary, use additional sheets. Supporting documentation must be submitted.

**Step 2.** Mail the form and supporting documentation to:

Florida Blue  
P.O. Box 1798  
Jacksonville, FL 32231

## Provider Appeal Form

Please complete the following information and return this form with supporting documentation to the applicable address listed on the corresponding appeal instructions. Send only one appeal form per claim. Appeals must be submitted within one year from the date on the remittance advice. **Appeal Type and Sub Category must be checked to ensure proper routing.**

Date

### Clinical Appeal Type (check one)

<input type="checkbox"/> Utilization Management (see below)	<input type="checkbox"/> Adverse Determination (Medical Necessity or Experimental/ Investigational)	<input type="checkbox"/> Coding and Payment Rule
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#### If a Utilization Management Appeal, complete the following:

Type: <input type="checkbox"/> Authorization <input type="checkbox"/> Precertification	Authorization or Precertification Number
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### Administrative Appeal Type (check one)

<input type="checkbox"/> Claim Allowance	<input type="checkbox"/> Coordination of Benefits	<input type="checkbox"/> Provider Contract Issue	<input type="checkbox"/> Timely Filing	<input type="checkbox"/> Other	<input type="checkbox"/>
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#### If Administrative Appeal (Reconsideration Reference # Must Be Listed)

Reconsideration Reference #
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### 1. Provider Information

Provider Name		NPI #	Florida Blue #	
Street Address		City	State	Zip
Tel. #	Fax #	Contact Name		

### 2. Patient Information

Patient Last Name	Patient First Name
Contract/ID # (alpha & #s)	Patient Date of Birth

### 3. Claim Information

Claim Number	
Billed Amount	Date(s) of Service (MM/DD/YYYY);(From) (To)
Procedure Code(s):	

### 4. Appeal Reason (Explain the reason for the appeal in the space below.)

### Supporting Documentation

The following supporting documentation must be attached to this form:

- Copy of the remittance advice or member's explanation of benefits. Indicate the code(s) or service(s) being appealed.
- Medical documentation related to the appeal (medical records, operative report, inpatient or emergency room face sheet, etc.) See applicable instructions for your appeal type.
- Any additional documentation.