Healthy Blue | HERITAGE HEALTH

Provider Appeal Request Form

An appeal request may be filed by providers, members or their authorized representatives within **60 calendar days** from the date on the notice of adverse benefit determination that you received from us. A provider may file an appeal on behalf of a Healthy Blue member with the member's written consent.

An appeal may be requested verbally or in writing. This form is to be used if you want to appeal an authorization denial. Fill out the form completely and keep a copy for your records. Send this form with all pertinent medical documentation (see list of examples on following page) to:

Healthy Blue
Grievances and Appeals
P.O. Box 61010
Virginia Beach, VA 23466-1010

You may also fax the completed form and all documentation to: **1-866-387-2968**.

Appeal request date:	Has the service been provided? ☐ Yes ☐ No
Is this an expedited request? (See next page for definition of expedited request.) ☐ Yes ☐ No	

Provider information	**Patient information**
Name:	Name:
National provider ID (NPI):	Date of birth:
Address:	Healthy Blue ID #:
City:	**Service information**
Telephone:	Date(s) of service:
Fax:	Place of service:
Contact person:	

Reason for denial (from *EOB* or adverse benefit denial notice):		
☐ Medical necessity	☐ Benefits exhausted	☐ Out of network
☐ Lack of information	☐ Untimely filing	☐ Not a covered benefit
☐ Lack of prior authorization	☐ Invalid code	☐ Inclusive
☐ Exceeds authorization	☐ Incidental	☐ Exclusive
☐ Claim not billed as authorized		☐ Other
Reason for appeal:		

By signing this form, you agree not to bill the member except for any copays that may apply.

Provider name (please print):	
Provider signature:	**Date**:

https://provider.healthybluene.com

Important information

Time frames
Your appeal will be processed once all necessary documentation is received. You will receive written notice of the resolution of your standard appeal within **30 calendar days** of our receipt of this form.

Documentation
Please provide all medical information necessary to support the appeal. Examples include the following:

- Documentation of inpatient or observation stays, such as:
    - Doctor orders
    - Progress notes
    - Nurse's notes
    - ER notes
    - Medication records
    - Lab reports
    - Consultation reports
- Documentation of procedures, such as:
    - Procedure reports
    - Supporting consultation reports
    - PCP progress notes
    - Referring MD script
- Physical, occupational and/or speech therapy progress notes, evaluations, summaries
- Radiology reports and/or referring MD script
- Documentation of timely filing, such as billing notes, fax confirmation, or certified and signed mail card

Filing on a member's behalf
A provider may file an appeal on behalf of a Healthy Blue member with the member's written consent. If you wish to submit an appeal on behalf of a Healthy Blue member, the member must first sign an *Appeal Request/Appointment of Representation Form* notifying Healthy Blue of their consent for you to represent him or her in the appeal process. The form may be found on our member website at **https://healthybluene.com**, or may be requested by calling Provider Services at **1-833-388-1406** from 8 a.m. to 9 p.m. CT Monday to Friday.

Expedited request
You may also request that we expedite the member's appeal process if you believe that taking the time for a standard 30-calendar-day resolution could seriously jeopardize the member's life or health or ability to attain, maintain or regain maximum function. Additional medical records or other documentation may be requested to justify the request. A decision will be made as quickly as the health condition requires and no longer than 72 hours after receipt of the expedited request, and you will immediately be notified of the results.