Provider Appeals Review Form

To be utilized for claim(s) with dates of service on or before 01/31/23

Please utilize this form to request an appeal of a claim payment denial for covered services that were medically necessary. Matters addressed via this form will be acknowledged as requests for an appeal. Please see the list of Medical Necessity and Level of Care EX/CARC/RARC codes below on page 3.

Appeals must be submitted within 180 days of the original claim denial.

- **PLEASE DO NOT SIMPLY ATTACH A COPY OF THE ORIGINAL CLAIM.**
- **MEDICAL RECORDS SUPPORTING SERVICES BILLED WILL BE REQUIRED BEFORE AN APPEAL IS REVIEWED**

Please complete all required fields below.

Date of Request:	
Provider Name:	
Provider Number:	
Claim Number:	
Date(s):	
Member Name:	
Member Number:	

Reason for Appeal Request:

Services are covered and were medically necessary

Denied for no authorization; authorization # _____ obtained

Other (please explain below):

Note: If the claim requires a correction, such as a valid procedure code, location code, or modifier, please send a request to our claim's payment department. Address and details are located on Buckeye Health Plan's website – Provider Resources Tab.

Submit an appeal with the completed form(s) and Medical Records on the provider portal (instructions provider below) or mail them to:

Buckeye Health Plan

4349 Easton Way, Ste. 300

Columbus, OH 43219

BHP Portal Appeal Filing Instructions
To be utilized for claim(s) with dates of service on or before 01/31/23

Follow the step-by-step guidance below on how to file a claim Appeal on the portal:

Step 1: Complete all sections of Provider Appeals Review Form (above).
Save the completed form to your computer and have all your supporting clinical documents ready to upload to the portal.

> **Downloading the Form:** To download the form, use the latest version of Adobe Reader, which can be downloaded for free. To use the form, we suggest downloading the form directly to your computer, instead of completing them through your web browser. **Warning:** In some circumstances, using older forms may result in us denying or delaying your request. The latest version of this form is always available at www.buckeyehealthplan.com/forms.

Step 2: Go to Provider Portal Login.
New users can create new account to establish portal access. Go to the **Create Account** page.

Step 3: Once logged into the portal, select the "Claims" tab at the top of the page.
The "Claims' tab allows you to search the claim number you want to appeal in the search window. Find your claim in the search results and click on the claim number to see more details.

Step 4: Select the Appeal Button.

Step 5: Upload the completed form and supporting clinical documentation.
As part of the review process, you must provide clinical documentation along with the form. These documents help us evaluate your claim dispute form.
- Files must be in one of these formats: PDF, JPG, JPEG, TIF, and TIFF.
- To upload your documents:
    1. Click on the 'Browse' button.
    2. Find the document(s) you want to upload and attach.
    3. Select 'Attachment Type' from the drop down. (See types listed above.)
    4. Select 'Attach.' This will attach the document to your request.
    5. Continue the same process for all documentation you want to attach.
    6. Select the 'Next' button to complete the process.

Step 6: Review the claim information to ensure it is correct.

Step 7: Select the "Submit" button.
You will receive a successful submission notice with Confirmation ID#. This unique number applies to your specific dispute case. On the main Claims screen, click on the "Submitted" tab to confirm the submission of the claim appeal. **NOTE:** If an appeal has already been submitted for a claim, you will see a message notifying you that *"Claims adjustment has been previously submitted and no further adjustment can be made today."*

Step 8: Check the status of your dispute case.
Log in to Provider Portal account. The status is viewable within the disputed claim details.

Step 9: Receive a decision.
Upon completion of the dispute review, a resolution letter will be sent advising of the outcome.

Medical Necessity / Level of Care (LOC) Denial Codes

PROVIDER: Confirm the claim is eligible for Medical Necessity / Level of Care (LOC) Review. If the denial code in the Explanation of Payment (EOP) or denial letter contains one of the CARC/RARC codes listed in the table below, then the claim dispute must be submitted using the **Appeal** option via the Provider Portal.

Standard Medicaid

EX Code	Type of EX	EX Description	CARC	RARC
5L	DENY	DENY: BENEFIT LIMIT FOR SERVICES WITHOUT AN AUTHORIZATION HAS BEEN MET	273	N362
A1	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	197	N/A
A8	DENY	DENY: NO AUTHORIZATION ON FILE	197	N/A
AB	DENY	DENY: UNAUTHORIZED ADMISSION PER INPATIENT REVIEW	197	N/A
AC	DENY	DENY: UNAUTHORIZED SERVICE - DO NOT BILL PATIENT	197	N/A
Am	DENY	DENY: ADMINISTRATIVE DENIAL	197	N/A
aM	DENY	DENY: SERVICES PROVIDED WERE NOT AUTHORIZED	197	N/A
DZ	DENY	DENY: SERVICE HAS EXCEEDED THE AUTHORIZED LIMIT	198	N54
EB	DENY	DENY: BASED ON MEDICAL REVIEW, THIS SERVICE WAS NOT MEDICALLY NECESSARY	A1	N10
FH	DENY	DENY: LEVEL OF CARE BILLED IS DIFFERENT THAN AUTHORIZED	A1	N54
hf	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	197	N/A
mg	DENY	NO AUTHORIZATION ON FILE FOR ASSOCIATED INPATIENT ADMISSION.	197	N/A
mh	DENY	NO APPROVED AUTHORIZATION ON FILE FOR ASSOCIATED INPATIENT ADMISSION	16	M62
mt	DENY	NOT MEDICALLY NECESSARY DUE TO ADVANCE BENEFICIARY NOTICE NOT ISSUED	50	N/A
Ns	DENY	DENY: DID NOT USE AUTHORIZED PROVIDER-IN-NETWORK	243	N130
TA	DENY	DENY: NO AUTHORIZATION ON FILE	197	N/A
y1	DENY	DENY: SERVIES RENDERED BY NON-AUTHORIZED NON PLAN PROVIDER	B7	N665
YE	DENY	ADJUST: NO MEDICAL NECESSITY SHOWN FOR ANESTHESIA FOR THIS PROCEDURE	A1	M60
Z4	DENY	DENY: RESUBMIT WITH DOCUMENTATION THAT VALIDATES MEDICAL NECCESSITY	A1	M60
6X	DENY	ENTIRE STAY DENIED BY MEDICAL SERVICES	39	N627

Behavioral Health Medicaid

Code	Type of EX Code	EX Description	CARC	RARC
2L	DENY	DENY: NO AUTH OBTAINED FOR LOCATION BILLED SUBMITTED	16	M62
5L	DENY	DENY: BENEFIT LIMIT FOR SERVICES WITHOUT AN AUTHORIZATION HAS BEEN MET	273	N362
A1	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED.	197	N/A
A8	DENY	DENY: NO AUTHORIZATION ON FILE	197	N/A
AB	DENY	DENY: UNAUTHORIZED ADMISSION PER INPATIENT REVIEW	197	N/A
AC	DENY	DENY: UNAUTHORIZED SERVICE - DO NOT BILL PATIENT	197	N/A
Am	DENY	ADMIN DENIAL	197	N/A
DZ	DENY	DENY: SERVICE HAS EXCEEDED THE AUTHORIZED LIMIT	198	N54
EB	DENY	DENY: DENIED BY MEDICAL SERVICES	A1	N10
FH	DENY	DENY: LEVEL OF CARE BILLED IS DIFFERENT THAN AUTHORIZED	A1	N54
HB	PEND	PEND: CLAIM AND AUTH DATES OF ADMISSION NOT MATCHING	133	N/A
HC	PAY	AUTH PROCEDURE CLASS NOT MATCHING	45	N/A
HF	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED.	197	N/A
HG	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED.	197	N/A
HL	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED.	197	N/A
HP	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED.	197	N/A
HS	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED.	197	N/A
HT	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED.	197	N/A
HU	DENY	DENY: CLAIM TYPE DOES NOT MATCH CLAIM TYPE ON THE AUTHORIZATION	16	N54
Hc	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED.	197	N/A
Hf	PEND	PEND: PROCEDURE DOES NOT MATCH AUTHORIZATION	133	N/A
Hn	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED.	197	N/A
Mt	DENY	DENY-NOT MEDICALLY NECESSARY SERVICES	50	N661
Nk	DENY	DENY: DATE OF SERVICE DOES NOT MATCH AUTHORIZED DATE SPAN	16	M52
Ns	DENY	DENY: DID NOT USE AUTHORIZED PROVIDER-IN-NETWORK	243	N130
TA	PAY	DENY: NO AUTHORIZATION ON FILE	16	M62
UE	PEND	PEND TO UR - MEDICAL REVIEW	133	N/A
UJ	PEND	PEND: UR REVIEWING DOCUMENTATION	133	N/A
Z4	DENY	DENY: RESUBMIT WITH DOCUMENTATION THAT VALIDATES MEDICAL NECCESSITY	A1	M60
aM	DENY	ADMIN DENIAL	197	N/A
mg	DENY	NO AUTHORIZATION ON FILE FOR ASSOCIATED INPATIENT ADMISSION.	197	N/A
mh	DENY	NO APPROVED AUTHORIZATION ON FILE FOR ASSOCIATED INPATIENT ADMISSION	16	M62