



BlueAdvantage (PPO)SM
BlueCard*
BlueCare Plus (HMO D-SNP)SM

BlueCareSM/TennCareSelect
CHOICES

Commercial
CoverKids

Provider Appeal Form

Please use this form within 60 days after receiving a response to your reconsideration or if you're appealing a non-compliance denial with which you aren't satisfied. Complete ALL fields below and FAX this form to (423) 535-1959. You must include all supporting documentation related to your appeal request.

DO NOT USE THIS FORM if you are a BCBST in-network provider or have a TN practicing location associated with the claim. Your submission must be completed in Availity.

Here are other important details you need to know about this form:

- › Only one appeal is allowed per claim (including adjustments) for the same or similar issue.
- › Only the ordering or attending physician/facility can submit appeals for admission-related claims.

Don't use this form for the following:

- › **Reconsideration requests:** Please use the **Provider Reconsideration Form** for questions about a payment or if you disagree with your reimbursement.
- › **BlueCare Member Appeals:** Please follow the process for **Filing an Appeal on Behalf of the Member** outlined in the BlueCare Provider Manual.
- › **Commercial appeals related to medical necessity:** Please use the **Commercial Utilization Management Appeal Form** or follow the instructions in the letter you received.

Member ID Number (include prefix): _____

Date of Request: ___/___/20___ Provider/NPI Number: _____

Member Name: _____

Provider Name: _____ Provider Phone Number: _____

Provider Contact Name: _____ Provider Fax Number: _____

Service Date for Appeal: ___/___/20___ Claim/Reference Number: _____

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Reason for Appeal:

* This form is limited to specific paper-submission scenarios. Providers who are in-network or who have a Tennessee practicing location associated with the claim are required to submit inquiries, reconsiderations, and appeals through Availity and should not use this form. Only out-of-network providers without a Tennessee practicing location may continue to submit requests using this form.