What to I add to my appeal?

What to include with your appeal

- Detailed, dated letter that explains why the claim is not paid appropriately or should be paid. Be sure to include the reason denial listed on the EOB.
- Send a copy of the EOB with the appeal.
- Medical documentation outlining the treatment or service along with the patient's DX, history and vitals and any lab results.
- Reimbursement policies or payer policies that prove the claim is payable.

Letter Should Include

- Provider Name and TIN #
- Claim Number
- Patient Name and ID
- Denied Code and Denial Reason
- Expected Payment
- Appeals Address
- Appeal Preparer Name and Contact information

BPW
HEALTHCARE CONSULTING

What You Need to Remember About Appeals

1. Best Practice-Notate deadlines and processes for appeals per Payer
2. Know Payer Policy and know if the codes you are appealing are actually payable.

BPW HEALTHCARE CONSULTING

Appeal Deadlines

Review appeal deadines for each payer.

90-180 days are standard appeal deadlines

Appeal Process

Can the appeal be faxed, uploaded to the payer portal or mailed in?

Appeal Levels

Should a reconsideration be sent in before an appeal?

Is my appeal a 1st Level, 2nd Level or Final Appeal?