PROVIDER QUICK POINTS
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

August 28, 2019

Post Service Claim Appeals

This is a reminder that there are specific rules that providers must follow when submitting a post service claim appeal for a subscriber with a Commercial or Medicare plan related to the amount of provider liability on that claim. If these rules are not followed, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) cannot process the appeal, and it will be returned to the provider.

When to File an Appeal
Providers may submit a post service claim appeal related to their provider liability under one of the following categories:

- Timely filing denial;
- Payer allowance;
- Incorrect benefit applied;
- Eligibility issues;
- Coding issues;
- Benefit Accumulation Errors; and
- Medical Policy/Medical Necessity

Appeal/Authorization Forms
All post service claim appeals related to provider liability amounts must be submitted on the Minnesota Administrative Uniformity Committee (AUC) Appeal Request Form along with all necessary and supporting documentation required on the form. The AUC form can be accessed at https://www.health.state.mn.us/facilities/auc/forms/index.htm

The AUC form must include a specific and comprehensive explanation of the reason for the appeal. This explanation must include patient name, patient member ID, claim number(s), dates of service (s) and a specific detail(s) about what is being appealed and why it should be overturned. All pertinent medical records should be submitted at the time of appeal.

Providers should include appeal information for only one subscriber per AUC form. If providers are appealing their liability on multiple claims for the same subscriber, all claims should be submitted using a single AUC form.

Supporting Documentation
Post claim appeals require providers to include all supporting documentation of items such as chart notes, medical records, operative reports and letters of medical necessity. Both the patient's name and date of service must be included on each page of the documentation submitted to assure the documentation is specific to the patient and corresponds to the dates of service.

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Distribution: Available online: https://www.bluecrossmn.com/healthy/public/personal/home/providers/forms-and-publications

Appeals on behalf of a Subscriber
Providers appealing member liability on behalf of a subscriber must include written authorization from the subscriber. Authorization requests for a Medicare and Medicare Advantage subscriber require an Appointment of Representative (AOR) form, available at https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf.
All other lines of business require an Authorization for Disclosure of Health Information (ADHI) form, available at https://www.bluecrossmn.com/providers/forms-and-publications (under the category: *forms – member*, search: *authorization*).

Fax or Mail Post Claim Appeals
Fax: (651) 662-2745

Mail: Blue Cross and Blue Shield of Minnesota
Attn: Consumer Service Center
PO Box 64560
St. Paul, MN 55164-0560

Questions?
If you have questions, please contact provider service at **(651) 662-5200** or **1-800-262-0820**.