

PROVIDER QUICK POINTS

PROVIDER INFORMATION



April 24, 2018

Post Service Claim Appeals

All post service claim appeals for Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) subscribers must be submitted on the Minnesota Administrative Uniformity Committee (AUC) Appeal Request Form along with all necessary and supporting documentation required on the form.

Providers must include a specific and comprehensive explanation of the reason for the appeal. This explanation must include the procedure code(s) and/or pricing with which the provider disagrees.

Post Service Claim Appeals

A post service claim appeal is a written request for review. The Minnesota Uniform Companion Guide, version 12.0, dated September 19, 2016, Section 3.2.3, defines an appeal as: “Provider is requesting a reconsideration of a previously adjudicated claim where no additional or corrected data to the claim is needed.” Appeal categories include:

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

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. Providers appealing member liability on behalf of a subscriber must include written authorization from the Subscriber.

Fax or Mail Post Claim Appeals

Fax: (651) 662-2745

Mail: Blue Cross and Blue Cross 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**.

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