

# Level One Provider Appeal Form

## NOT to be used for Federal Employee Program (FEP)

**Note:** This form is intended for use only when requesting a review of a post service claim denied for one of the following three reasons: (1) coding/bundling denials, (2) services not considered medically necessary or (3) inpatient administrative denials. Level One Provider Appeals should be accompanied by any supporting documentation. Please complete the form in its entirety.

**Note:** If you are acting on the member's behalf and have a signed Blue Cross and Blue Shield of North Carolina (Blue Cross NC) appeal authorization from the member, or you are appealing a pre-authorization denial and the services have yet to be rendered, DO NOT USE THIS FORM. Please follow the member appeal process for appeal requests on behalf of the member as outlined at [www.BlueCrossNC.com/Providers/Medical-Policies-and-Coverage/Member-Appeal-Representation-Authorization-Form#Search=Member Appeal Members](http://www.BlueCrossNC.com/Providers/Medical-Policies-and-Coverage/Member-Appeal-Representation-Authorization-Form#Search=Member Appeal Members). The Blue Cross NC authorization form should be submitted with a written appeal request or with the member appeal form if appealing on behalf of member.

<b>Today's Date</b>	<b>Member's ID Number</b>	<b>Member's Group Number (optional)</b>
<b>Member's First Name</b>	<b>Member's Last Name</b>	<b>Member's Date of Birth</b>
<b>Provider Name</b>		<b>Provider Number/NPI</b>
<b>Provider Group Name (if applicable)</b>	<b>Office Contact</b>	<b>Contact Mailing Address</b>
<b>Contact Phone Number</b>	<b>Contact Fax Number</b>	<b>Contact Email Address (optional)</b>

To help Blue Cross NC review and respond to your request, please provide the following information below. (This information may be found on prior correspondence you received from Blue Cross NC.) You may use this form to appeal multiple dates of service for the same member.

<b>Claim Number(s)</b>	<b>Reference/Authorization Number(s) (if applicable)</b>	<b>Date(s) of Service(s)</b>
<b>CPT/HCPCS Code of Service Being Disputed</b>		
<b>Explanation of Your Request (please use additional pages if necessary)</b>		

For Provider Appeals, please fax your request with all supporting documentation and medical records to:

Billing/Coding Denials – **919-287-8708**  
 Medical Necessity/Administrative Denials – **919-287-8709**

If documentation needs to be sent to Blue Cross NC by mail, please send to:

Provider Appeal Department  
 P.O. Box 2291, Durham, NC 27702-2291

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