BridgeSpan Health Company (BridgeSpan) Provider Appeal Form

Use the appeal form to disagree with our decision that:

- Pre-authorization was not obtained
- No admission notification was provided
- Claim denied for not meeting our medical necessity criteria
- National Correct Coding Initiative (NCCI) or Correct Coding Editor (CCE) coding rules apply to a claim or claim line.
- Claim denied as a duplicate when services were performed more than one time, and **payment does not reflect multiple service payment**.

Do not use this form if your request is not related to one of the reasons listed above. Please review the information about all other appeals on our provider website at **Bridgespanhealth.com**: Claims and Payment>Receiving Payment>Appeals. The form is also available in the Library section under Forms.

Fields marked with an asterisk (*) are required fields.

Please fax completed form to: 1 (866) 273-1820.

Please enter your contact information for this change request		
Name*		
Organization or Provider Name(s)*		
E-mail* Email address	Phone Number* (xxx) xxx-xxxx	Fax Number* (xxx) xxx-xxxx
NPI Number*	Tax ID Number*	

Enter information about the claim to be appealed		
Has (have) this claim(s) been appealed to BridgeSpan before?* ☐ Yes - *please supply a copy of the appeal determination letter* ☐ No		
BridgeSpan Claim Number(s)*		
Date(s) of Service*		
Member ID Number (prefix/member ID)*		
Member Name*	Member Date of Birth* (mm/dd/yyyy)	Total Billed Amount*

This section applies to denials for Pre-authorization not obtained or no admission notification provided

Why was the pre-authorization not submitted or the admission notification not provided? (Select one)

- ☐ Member presented with an incorrect member card or member number.
- ☐ Natural disaster prevented the provider or facility from securing a pre-authorization or providing hospital admission notification.
- ☐ Member is unable to communicate (e.g., in a coma) medical insurance coverage. Neither family nor collateral support present is able to provide coverage information.
- ☐ Compelling evidence the provider or facility attempted to obtain pre-authorization or provide hospital admission notification. The evidence shall support the provider or facility followed BridgeSpan policy.
- ☐ Notification was given, or pre-authorization was obtained, however the claim was denied.
- ☐ A participating provider or facility is unable to anticipate the need for a pre-authorization before or while performing a service or surgery.
- ☐ An enrollee is discharged from a facility and insufficient time exists for institutional or home health care services to receive approval prior to delivery of the service. *NOTE: This applies only to plans issued on or after January 1, 2018 by BridgeSpan in WA State excluding Medicare Advantage and FEP.

Summarize your description of why your denial should be overturned. Describe your reasons in detail so we can make an informed decision. Your evidence must support that you followed BridgeSpan policy.

This section applies to requests for appeal when:

- NCCI or CCE coding rules apply to a claim or claim line.
- A claim denied as a duplicate when services were performed more than one time, and **payment does not reflect multiple service payment**.
- Payment dispute for unlisted or increased procedural service (Modifier 22).
- Services denied as not medically necessary.

Please tell us about your dispute, provide detailed explanation and desired outcome:

Substantiate your request with documentation for all dates of service you are disputing, and **include documentation with this form and fax to: 1 (866) 273-1820**.

Examples of documentation include, but are not limited to:

- Chart notes
- Operative report(s)
- AMA-related article(s)