



Provider Audit Appeal Form

Audit Appeals must be submitted to:

Neighborhood Health Plan
 Attn: Appeals Department
 253 Summer Street
 Boston, MA 02210-1120

Please complete this form for Audit specific appeals ONLY. For all other administrative provider appeals, please use the Request for Claim Review Form available at: <http://www.hcasma.org/attach/Claim%20Review%20Form.pdf>

Appeals will be processed within 30 calendar days from receipt provided all required information is submitted at the time of the request.

Provider Information

Today's Date _____ Contact Name _____

Contact Phone Number _____ Contact Fax Number _____

Contact Email _____ National Provider Identifier (NPI) _____

Member & Claim Information

Please complete the required information below. Please note that we may require additional information upon receipt and review of your submission.

Member Name _____ Member ID Number _____

Date(s) of Service _____ Claim Number _____

Audit Project (PRJ) number and name _____

If applicable, correct claim attached? Yes
 No

Explanation of Payment (EOP) attached? Yes
 No

For appeals associated with any of the projects listed below, the following documentation is required. Please check all that apply.

Select Project Categories		Select	Appeal Documentation Requirements
Global Billing	Global surgical periods (0, 10, 90 days)	<input type="checkbox"/>	For modifier additions, or any global period appeal, please include operative or office notes and corrected claim
	Obstetric global deliveries	<input type="checkbox"/>	
Unbundling	Lab panels	<input type="checkbox"/>	For modifier additions or any code unbundling appeals, please include operative or office notes and corrected claim
	Mutually exclusive code sets	<input type="checkbox"/>	
	Comprehensive code sets	<input type="checkbox"/>	
	Specimen collection and handling	<input type="checkbox"/>	
Appropriate Services Diagnosis based, such as:	Urinalysis	<input type="checkbox"/>	<ul style="list-style-type: none"> ■ For changes in diagnoses, please include the ordering physician's notes and order ■ To appeal the criteria used for this audit (i.e. CMS LCD's) submit all case notes and medical records related to the necessity of the diagnostic procedure
	Pulse Oximetry	<input type="checkbox"/>	
	Echo Cardiology	<input type="checkbox"/>	
	Diagnostic Radiology	<input type="checkbox"/>	
	CT Scan	<input type="checkbox"/>	
	MRI	<input type="checkbox"/>	
	PET	<input type="checkbox"/>	
SPECT	<input type="checkbox"/>		
Code Modifiers	25 Significant separate E&M	<input type="checkbox"/>	Code modifier audits performed with a medical record review will require a clinical appeal to overturn
	59 Separate distinct procedure	<input type="checkbox"/>	
	57 Decision for surgery	<input type="checkbox"/>	
Inpatient Admissions – Medical record charge audit	On site medical record and charge sheet audit	<input type="checkbox"/>	On-site charge audit appeals should be coordinated by the Facility's Audit Coordinator and the NHP Auditor
Billing Practices, such as:	Multiple Units	<input type="checkbox"/>	<ul style="list-style-type: none"> ■ For code, unit and any claim changes, please include a corrected claim ■ Code changes that modify the nature of the service performed require office notes
	Duplicate claims	<input type="checkbox"/>	
	Age specific codes	<input type="checkbox"/>	
OTHERS (For audit projects not categorized above, please include a detailed explanation of the nature of the audit and include all supporting documentation)			

Appeal Outcomes (FOR NHP USE ONLY)

- Incomplete Submissions:** Appeal is returned to the provider and closed as a denial.
- Appeal Approved:** Claim will be adjusted and the provider will be notified via the NHP Explanation of Payment (EOP).
- Appeal Denied:** Provider is notified in writing of the reasons for the denial.

Comments:

Reviewed by _____ **Date** _____