



Provider Audit Appeal Form

Audit Appeals must be submitted to:

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

Please complete this form only when appealing an audited claim

Appeals submitted with all required information will be processed within 30 calendar days from receipt.

Provider Information

Provider Name _____

Address _____

City State Zip _____

Vendor Number _____

Contact Name _____

Telephone # _____

Fax # _____

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

Required Information

Patient's Name _____

Patient's NHP ID Number **with** suffix _____

Date of Service _____

NHP Claim Number _____

Audit Project (PRJ) number and name _____

If applicable, correct claim attached? Yes No

Explanation of Payment (EOP)? 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"/>	<ul style="list-style-type: none"> 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"/>	<ul style="list-style-type: none"> 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:	Diagnostic radiology	<input type="checkbox"/>	<ul style="list-style-type: none"> For changes in procedure codes, please include Radiology notes 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
	CT Scan	<input type="checkbox"/>	
	MRI	<input type="checkbox"/>	
	MRA	<input type="checkbox"/>	
	PET	<input type="checkbox"/>	
	SPECT	<input type="checkbox"/>	
Code Modifiers	25 Significant separate E&M	<input type="checkbox"/>	<ul style="list-style-type: none"> 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"/>	<ul style="list-style-type: none"> 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"/>	

