

Provider external review form



This form is to be used only for requesting external review of services that meet the following: 1) they are related to an eligible medical necessity dispute, and 2) they have already been reviewed according to the internal appeal process. See chapter 25 of the Provider Manual for more information. This form is not intended for original claim submissions, claim adjustments, corrected claim requests, or to respond to additional information requests from Capital Blue Cross. Submit only one form per patient.

Inquiries received without the required (*) information below may not be reviewed.

Date _____

*Claim number: <i>(For multiple claims, provide the additional claim numbers below.)</i>	
Previous inquiry number:	
*Patient name (last, first):	
*Member ID number:	Patient date of birth:
*Date(s) of service:	Total billed amount:
*Provider name:	Group/facility NPI:
Contact person:	
Contact phone number:	Contact fax number:
*Provide detailed information about your request, including additional claim numbers, if applicable. Attach any and all relevant documentation for the claim(s) at issue.	

REMINDERS

- **Fax requests to:** 717.541.6915
- **Mail requests to:** Provider Appeals
Capital Blue Cross
PO Box 779518
Harrisburg, PA 17177-9518
- **Amount requirement**—Only denied services totaling more than \$1,000 are eligible for an external review.
- **Filing fee**— A filing fee of the greater of \$250 or five percent (5%) of the amount in dispute, up to a maximum of \$500, must be submitted with the request. Please reference chapter 25 of the Provider Manual for more information. Make checks payable to Capital Blue Cross.
- **Additional information requests**— If you received a request for additional information from Capital Blue Cross, follow the instructions provided. Return the letter as the coversheet with applicable documentation. Examples of additional information include, but are not limited to medical records, operative reports, and Coordination of Benefit statements.