

Provider Post-Service Claim Reconsideration/Appeal Form



Last Updated: September 2019

Submit a separate form for each claim appeal or reconsideration (i.e., one form per claim).
Applicable filing limit standards apply.

Provide the following information

Today's date: _____ Member ID: _____

Member name: _____

Date of service: _____ Claim number: _____

Provider contact name: _____

Provider phone number: _____

Please note: OHP denials for being out of network will not be reconsidered and Post Service Claim Reconsiderations/Appeal forms will be closed without review.

Select type of request

If the missing information is related to an auth denial this is considered an appeal.
If the provider did not get an auth then it is considered a retro auth request.

Reconsideration for payment – Supporting documentation **MUST BE** attached.

- Retro enrollment updates
- Denied for missing information/documentation
 - Itemized bills or chart notes
 - Primary EOB
- Overpayment errors
- Timely filing denials

Retro auth request – Supporting documentation **MUST BE** attached (reason why prior auth not requested)

- Auth issue - Denied no auth

Claim appeal (please check one if known)

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Select ONE of the Following Levels of Care (enter codes and units if prompted)

- ABA assessment
- Assessment
- Medication management
- Outpatient level A child
- Outpatient level B child
- Outpatient level C child
- Outpatient level D child Initial HBS
- Outpatient level D child HBS
- Community Based Intensive Treatment (CBIT)
- Oregon intercept
- Outpatient level A adult
- Outpatient level A adult SPMI
- Outpatient level B adult
- Outpatient level B adult SPMI
- Outpatient level C adult
- Outpatient level C adult SPMI
- Outpatient level D adult
- Dialectic behavior therapy (DBT)

- Inpatient psych admit
- Intensive outpatient (IOP)
- Partial hospital (PHP)
- Subacute treatment youth
- Subacute treatment adult
- Psychiatric residential treatment services (PRTS)
- Psychiatric day treatment services (PDTS)
- Electroconvulsive therapy (ECT) - Specify code(s) and units:

- Anesthesia for ECT
- Transcranial Magnetic Stimulation (TMS) - Specify code(s) and units:

- Eating disorder residential
- Eating disorder partial hospitalization
- Eating disorder intensive outpatient
- Psychological testing - Specify code(s) and units:

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Auth and Payment Information

- | | |
|--|---|
| <input type="checkbox"/> Auth issue - Denied at time of authorization
– Requires additional information | <input type="checkbox"/> Payment dispute - Contract rate |
| <input type="checkbox"/> Auth issue - Denied inconsistent with auth | <input type="checkbox"/> Payment dispute - Duplicate |
| <input type="checkbox"/> Auth issue - Denied authorization units exceeded | <input type="checkbox"/> Payment dispute - Enrollment issue |
| | <input type="checkbox"/> Payment dispute - Not covered/excluded |
| | <input type="checkbox"/> Payment dispute - COB/EOB - OIC |
| | <input type="checkbox"/> Other: _____ |

NOTE: Submissions by **Non Par Medicare providers** must include a completed Waiver of Liability Statement.

The model waiver of liability notice is available in both Microsoft Word and PDF formats from the CMS website: cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Notices-and-Forms.html

Corrected claims: For corrected claims use the Corrected Claims form.

Fax and Mail Information

Fax to: BH Claims Appeal Coordinator
Fax number: 503-566-9801

Mail to: CareOregon
BH Reconsiderations/Claim Appeals
PO Box 5490
Salem, OR 97304