



Provider Audit Appeal Form

Audit Appeals must be submitted to:
 AllWays Health Partners
 Appeal/Grievance Department
 399 Revolution Drive, Suite 820
 Somerville, MA 02145
 FAX: 617-526-1980

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:

https://resources.allwayshealthpartners.org/provider/forms/Provider_Audit_Appeal.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/Email _____

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 # _____
 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"/>
	Obstetric global deliveries	<input type="checkbox"/>
Unbundling	Lab panels	<input type="checkbox"/>
	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"/>
	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"/>	

For modifier additions, or any global period appeal, please include operative or office notes and corrected claim

For modifier additions or any code unbundling appeals, please include operative or office notes and corrected claim

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

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 AHP Auditor
Billing Practices, such as:	Multiple Units	<input type="checkbox"/>	For code, unit and any claim changes, please include a corrected claim
	Duplicate claims	<input type="checkbox"/>	
	Age specific codes	<input type="checkbox"/>	Code changes that modify the nature of the service performed require office notes
OTHERS (For audit projects not categorized above, please include a detailed explanation of the nature of the audit and include all supporting documentation)			

Revised December 2018

Appeal Outcomes (FOR AHP 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 AHP Explanation of Payment (EOP).**
- Appeal Denied: Provider is notified in writing of the reasons for the denial.**

Comments:

Reviewed by _____

Date _____