

HOSPITAL APPEAL SUBMISSION

In accordance with the participating agreement, the hospital may submit a contractual appeal for reconsideration regarding Benefits, pricing, claims adjudication, and/or claims processing guidelines. All contractual appeals must be submitted in writing using the Appeal Request Form located on BCBSOK's website at https://www.bcbsok.com/pdf/claim_reconsid_review.pdf. Please refer to the hospital's participating agreement for more information.

HOSPITAL INQUIRY SUBMISSION

The hospital may submit a verbal or written request for additional information, confirmation or clarification regarding Benefits, pricing, claim adjudication, and/or claims processing guidelines. This type of request is not considered an appeal.

HOSPITAL PRICING INQUIRY TIP SHEET

The hospital MAY submit a pricing inquiry to obtain information regarding the allowed or contractual amount for a specific claim.

- To submit a pricing inquiry via fax, send to 1-800-852-1360.
- To submit a pricing inquiry via mail, utilize the *Claim Review Form* located on the provider tab under "forms" at bcbsok.com.
<https://www.bcbsok.com/provider/forms/index.html>

Please include the summary of how the hospital is calculating the allowed or contractual amount for the claim. A checklist of the information that should be included in the inquiry is listed below. If the information listed below is not included, the inquiry will be returned.

- Claim #
- Date(s) of service
- Member ID #
- Hospital network used to calculate allowed amount for the claim (e.g. BlueTraditional, Blue Choice PPO, Blue Preferred PPO, etc.).
- Member's network. Please visit BCBSOK's website for information regarding verifying member's benefits at https://www.bcbsok.com/provider/claims/eligibility_benefits.html.

- Please show calculation which includes:
 - Inpatient:
 - ✓ Billed charges
 - ✓ DRG and weight from inpatient exhibit
 - ✓ # of inpatient days approved
 - ✓ Discharge status, e.g. transferred to LTAC, LAMA, etc.
 - ✓ Hospital network rate used to calculate allowed amount for claim. This information is found in the hospital's BlueTraditional agreement or network addendum (e.g. Blue Choice PPO, Blue Preferred PPO, etc.).
 - Outpatient: Please note, when reviewing the allowed amount, it is important to determine if any denials or reduction of units applied on any of the service lines as this may reduce the allowed amount*.
 - ✓ Hospital network rate used to calculate allowed amount for claim. This information is found in the hospital's BlueTraditional agreement or network addendum (e.g. Blue Choice PPO, Blue Preferred PPO, etc.).
 - ✓ Breakdown of claim line:
 - Rev code
 - CPT-4/HCPCs code
 - # of units
 - EAPG the service line groups to
 - Discounting if applicable
 - Weight
 - Billed charges
 - Allowed amount

*If any denials or reduction of units applied, please review the specific reason code listed on the provider claim summary, electronic remittance advice or Claim Research Tool (CRT). Such denials may be appealed utilizing the *Appeal Request Form* located on the bcbsok.com website.