

About Provider Clinical Appeals

Only *clinical denials* (such as not medically necessary, experimental and investigational, and lack of pre-authorization when the amounts are provider liability) are eligible for the provider appeal process. Administrative denials (such as timely filing, clinical edits, coding, reimbursement, etc.) are not eligible for the provider appeal process and should be handled through the [Provider Reconsideration Process](#).

Appeal requests must be received on this *Provider Appeal Form*. The request must include QualChoice provider number, date(s) of service, claim number(s), reason for the appeal, and any written comments, documents, records or other information relating to the case.

The Plan’s decision is due within 30 calendar days from receipt of the appeal request. Appeals must be submitted within the time frame as outlined in your provider agreement. **See page 2 for complete instructions.**

<input type="checkbox"/> Utilization Management Number or Reference:	<input type="checkbox"/> Adverse Determination (Medical Necessity, Experimental/ Investigational or Lack of Pre-authorization)
---	---

Section I: Provider Information

Provider Name		National Provider Identifier # (NPI)		QualChoice Provider Number	
Street Address		City		State	Zip
Telephone Number	Fax Number	Contact Name			

Section II: Patient Information

Last Name		First Name	
Member Identification Number		Date of Birth (MM/DD/YYYY)	

Section III: Claim Information

Claim Number	Date(s) of Services (MM/DD/YYYY) From To
--------------	--

Section IV: Appeal Explanation

--

Instructions

Once a service has been provided, Network Providers may appeal adverse determinations based on medical necessity as follows:

1. Utilization Management Appeals

The appeal must relate to an authorization or precertification problem that affected a claim payment.

Complete the form in entirety.

- Check the *Utilization Management* box.
- Enter either the Authorization Number or the Reference Number, according to the reason for this appeal.
- Complete sections 1-4. Please describe the issue that affected your claim payment in as much detail as possible.
- Supporting documentation must be submitted.

2. Adverse Determination Appeals (Medical Necessity or Experimental/Investigational)

The appeal must relate to a “not medically necessary” or “service is experimental or investigational in nature” or Lack of Pre-authorization claim denial. **Complete the form in entirety.**

- Check the *Adverse Determination* box.
- Complete sections 1-4. Please describe the issue in as much detail as possible.
- Supporting documentation must also be submitted.

Mail form to:

QualChoice
ATTN: Appeals & Grievances
P.O. Box 25610
Little Rock, Arkansas 72221