

Claim Re-Process / Inquiry Request Form **or** Provider Dispute Resolution Request Form

Purpose: The Claim Re-Process / Inquiry Request Form is for routine claim follow-up and / or submission of additional information needed to re-process a claim.

Use the Claim re-Process / Inquiry Request Form to:

- Inquire about a claim or check tracer
- Inquire about a billing / claim reimbursement
- Submit proof of timely filing
- Request retraction related to Third Party Liability or Workers Compensation
- Provider information as to why the claim was processed incorrectly

Special Note:

- Access to the form is available on anthem.com and the Availity Portal.
- This form should not be used if you received a letter from Anthem Blue Cross requesting additional information in order to finalize a submitted claim. In that instance, submit the requested information with the letter placed on top.
- When submitting this form with additional information, attach the documentation, including a copy of any applicable correspondence received from the health plan or HMO medical group. After completing this form, place it on top of all documentation and mail to:

Anthem Blue Cross
P. O. Box 60007
Los Angeles, CA 90060-0007

- Only if a request for reprocess is upheld should the formal Dispute Resolution Process be initiated. To initiate the formal dispute process, complete the 'Provider Dispute Resolution Request' form, which is located in anthem.com and the Availity Portal.
- If a locator code is used on an electronic claim to identify the payor, a list of locator codes and corresponding addresses must also be provided (e.g., payee is indicated on the claim. Attach proof that payee is Anthem Blue Cross, along with the mailing address.).
- NEVER attach an overpayment check to the Claim Re-Process / Inquiry Request Form. Mail overpayment checks to:

Overpayment Recovery • P. O. Box 73651 • Cleveland OH • 44193

Which Form Do You Use?

Provider Dispute Resolution Request Form **or** Claim Re-Process / Inquiry Request form

Purpose: The Provider Dispute Resolution Request Form is used to initiate the formal dispute process for a claim that has already been adjudicated or when the provider disagrees with an Anthem Blue Cross billing determination.

Use the Provider Dispute Resolution Request Form:

- To dispute the resolution of an adjudicated claim.
- To appeal a Medical Necessity or Utilization Management decision.
- To respond to a notice of overpayment or to appeal Anthem Blue Cross' overpayment withhold of an adjudicated claim.
- To submit documentation for a contract dispute.
- When there is a denial of PMG responsibility.
- For submissions of similar multiple claims, billing, or contractual disputes, which may be batched as a single dispute, utilizing the second page of the PDR to detail the attachments.
- For other submissions that occur AFTER adjudication of the claim

Special Note:

- Fields with an asterisk (*) on the form indicate the required information to be provided. Please be complete in providing the necessary information, such as provider name and Tax ID, member name and ID.
- Access to the form is available on anthem.com and the Availity Portal.
- Contracted provider disputes must be received by Anthem Blue Cross no later than 365 days from Anthem Blue Cross' action that led to the dispute (or the most recent action, if there are multiple actions that led to the dispute).
- Contracted provider disputes that do not include all required information may be returned to the submitter for completion. An amended provider dispute, which includes the missing information, may then be submitted to Anthem Blue Cross within 30 working days of receipt of the returned dispute.
- A dispute letter is acceptable in lieu of the form; however, it will go to the respective department as correspondence first and then be forwarded to the Grievance & Appeals unit. If a claim accompanies the PDR form or letter, all information will first be sent for processing of the claim.
- For disputes about an electronically submitted claim, print and attach a hard copy of the claim to the PDR form.
- Acknowledgement:
 - Once Anthem Blue Cross receives the dispute, it is imaged and entered into the Inquiry Tracking record system.
 - Anthem Blue Cross' Grievance & Appeals department will send an acknowledgement letter within 5 calendar days of the date of receipt.
- Disputes related to Hospital Stop Loss are to be submitted to: **Anthem Blue Cross, Attn: Stop Loss, 21215 Burbank Blvd, Woodland Hills, CA 91367**. Stop loss inquiries are directed to the number on the back of the Member's ID card. If you do not have a copy of the ID card, call the toll-free phone number: 1-800-676-2583
- Disputes which result in past due payments will be paid within five (5) working days of issuance of the written determination, including interest and penalties required by law or regulation.

After completing the form, place it on top of all documentation and mail to:

Anthem Blue Cross • P. O. Box 60007 • Los Angeles, CA 90060-0007