



What is a preservice or concurrent appeal?

Providers may file an appeal of an adverse determination prior to rendering the service (preservice) or during an ongoing course of treatment (concurrent) if they are appealing on behalf of the member. For urgent preservice appeals, the provider will be automatically deemed the authorized representative for the member. For all other appeals, an Authorized Representative Form must be obtained from the member. The member can request an Authorized Representative Form from our website, FL.ExploreMyPlan.com, or by contacting Customer Service.

Examples of preservice appeals include, but are not limited to:

- Preadmission certifications.
- Precertification of therapy services for preferred care contracts.
- Precertification of radiology services.
- Any service requiring precertifications by the members' contract.

The following are examples of what is not considered a preservice appeal:

- Predeterminations – A predetermination is a courtesy review prior to rendering physician services or durable medical equipment that may be noncovered because they are considered investigational, cosmetic or costly (over \$3,000).
- Referrals by a Primary Care Physician (PCP) to a recommended specialist or for treatment.

What is the timeline for conducting an appeal?

The timelines below apply for most members:

- Urgent preservice or concurrent appeals will be completed within 72 hours.
- Standard preservice or concurrent appeals will be completed within 30 days. Some groups may have other specific requirements.

How do I request an appeal?

Follow these instructions to request a preservice appeal or extension of care:

- For inpatient hospital care, call **1-855-288-8357**.
- For occupational therapy, speech therapy or care from a Participating Chiropractor or Preferred Physical Therapist, call **1-844-594-6010**.

- For Preferred Radiology Services or Radiation Therapy Precertification, fax the appeal to **1-888-321-1855**.
- For other services requiring precertification by the member's contract, send the appeal to:

Blue Cross and Blue Shield
Attn: Birmingham Service Center
P.O. Box 10527
Birmingham, AL 35201-0500

What if I disagree with an initial appeal determination?

If the appeal continues to uphold the original adverse determination, the member's appeal rights will be defined in their Summary Plan Description.

Can I appeal a courtesy predetermination?

Predeterminations are provided by Blue Cross and Blue Shield of Alabama as a courtesy to our physicians and members for certain physician services that may or may not meet our medical policy criteria. These predeterminations are not a requirement of member or physician contracts, so they do not carry any formal preservice appeal rights.

In those instances where a predetermination decision has been provided, the provider or member may submit additional documentation for reconsideration. This additional information should include a letter, on letterhead, asking for reconsideration that includes any and all information needed to make a decision. Only one reconsideration will be allowed per case.

The contacts for predeterminations are as follows:

Fax: Courtesy Predetermination Reconsiderations
205-220-9560

Mail: Courtesy Predetermination Reconsiderations
P.O. Box 362025
Birmingham, AL 35236