Claim Re-Review Cover Sheet – Provider Requests

Attach Explanation For Request And Supporting Documentation To Coversheet

INSTRUCTIONS: **Submit a separate form for each member**. This cover sheet is to be completed by physicians, hospitals, or other health care professionals to request a Claim Re-Review on members enrolled in Skai Blue Cross Blue Shield or BlueAdvantage Administrators of Arkansas Plans. If you disagree with the processing of a claim, the **first step is the submission of a *Claim Re-Review***. **Do NOT use this form for submitting new or corrected claims, requesting timely filing exceptions, responding to bar code request letters for medical information, or submitting coordination of benefits information**. Please be sure to attach all pertinent information to support your request. All re-review requests must be submitted in writing within 180 days of the claim denial.

Request information

Line of Business (Select One):

☐ Skai Blue Cross
☐ BlueAdvantage

Reason For Request (**attach explanation for request and supporting documentation**):

☐ Pricing Issue
☐ Fragmented Charge Denial — Fragmented or "bundled claim" issue
☐ Resubmission of "Prior Notification Information"
☐ Other: _____

Provider information

Type of Provider:

☐ Physician
☐ Hospital
☐ Other health care professional (Lab, DME, etc.)

Date Form Completed: _____

NPI # or tax ID	**Provider name (as listed on RA/EOB)**	
Facility/group name	**Contact person**	**Phone number**
Email	**Fax**	**Has a re-review already been completed?** ☐ Yes ☐ No

The determination will be sent to the contact information provided on the form.

Member information

Member ID#

Member's name	**Denial reason**	**CPT Code at issue**
Claim #	**Date of service**	**Billed amount**

Provider contact information

BlueAdvantage

- Email: customerserviceBAA@blueadvantagearkansas.com
- Fax: **501-378-3399**

Skai Blue Cross

- Email: customerservice@skaibcbs.com
- Fax: **501-379-1200**

Skai Walmart

- Email: walmarthealthcareadvisorteam@skaibcbs.com
- Fax: **501-378-2379**

Paychex

- Email: paychexsupport@skaibcbs.com
- Fax: **501-379-1250**

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BlueAdvantage Administrators of Arkansas
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