

Independent Review Provider Reconsideration Form

Return completed form by mail or email to:

Healthy Blue
 ATTN: Independent Review
 10000 Perkins Rowe, Suite G-510
 Baton Rouge, LA 70810
healthyblueindependentreview@healthybluela.com

From:	
Phone:	
Email:	

Required information

Member/recipient name:	Member/recipient ID #:	
Date(s) of service:	Remittance advice date:	
Amount billed:	Amount paid:	
Claim number:	Pended claim: <input type="checkbox"/> Yes	<input type="checkbox"/> No
Denial reason:	Denial code:	
Procedure codes billed:		

To request reconsideration, providers have 180 days from the date a claim denied in whole, partially or the recoupment date of a claim, or the MCO failed to issue an RA within 60 calendar days.

Please use the space below to provide reason for dispute and any other necessary information, along with your attachments, to enable a thorough reconsideration.

Signature:	Date:
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The MCO shall acknowledge in writing its receipt of a reconsideration request submitted in accordance with **§3111.B.1**, within five calendar days after the receipt of the request, and render a final decision by providing a response to the provider within 45 calendar days from the date of the receipt of the request for reconsideration, unless another time frame is agreed upon in writing by the provider and the MCO.

<https://providers.healthybluela.com>

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