



Provider Claims Appeal Process

For general information: If you have a question regarding why your claim was not paid, you may call our Claims Department for further clarification at (720) 490-4457.

Formal appeals: If you are unsatisfied with a denial on a claim and want the denial reviewed for reversal, the following information will help you:

Provider claims may be denied for several reasons, including but not limited to:

- lack of prior authorization
- consumer was not eligible on the date of the service per State information
- claim was not filed timely
- diagnosis is not covered
- service was not medically necessary

All denials are subject to appeal and reconsideration. However, all appeal requests must include new information that was not provided at the time of the initial claim, including the reason for appeal.

If the claim was denied for timely filing, the provider may attach a copy of an EOB from a third party to explain the delay in filing.

Providers may submit appeals by mail or facsimile within thirty (30) days of the date of EOB denial. Written appeals should be submitted to the following address:

Behavioral HealthCare, Inc.
Attn: Appeals Coordinator
155 Inverness Drive West #203
Centennial, CO 80112
or by fax to the Appeals Coordinator (720) 490-4443

First level appeals are processed within thirty (30) days of the receipt of the appeal. *All appeal requests must include new information that was not provided at the time of the first level appeal, including the reason for appeal.* If the denial is upheld, an EOB and/or letter will be sent to the provider with an explanation. If the appeal is overturned, an EOB will accompany the check for payment to the provider.

Appeals submitted without additional information including the reason for appeal will be returned to the provider.

These procedures do not in any way prohibit the provider from accessing the full array of regulatory appeal mechanisms available under various rules and regulations. However, as denials of claims can occur due to error or misunderstanding, providers are encouraged to utilize the BHI appeal process as a means of resolving these issues at the lowest level.

If providers have questions about the status of claims or appeal, they may contact the Claims Coordinator at (720) 490-4457. If a provider has questions about the reason for a denial being upheld on appeal, they may contact the BHI Director of Utilization Management at (720) 490-4402.