

CB&C Appeals Program for Medical Necessity Disputes Check List / Fax Cover Sheet

Provider information:

Practice Name: Doctor's Name:		Contact:	
Tax ID #		NPI	
Address			
City		State	Zip
Phone:		Fax:	
Email:		Website:	
Patient's Name:		Patient's DOB:	

Check List – Indicate with that you've completed and/or included the following:

Before submitting claim to CB&C, you must call insurance carrier to confirm the following for appeal to be eligible for DOBI appeal process.

- I called insurance rep confirming patient policy is fully-funded or self-funded (circle one)
- If fully funded, I called insurance rep confirming policy is written in _____ (what state).
- Spoke to insurance rep (make sure they reference the call in their records):
 - Ref # for call _____ Date _____ Time _____
 - Name of Insurance Rep: _____

Please make sure the rep reads back to you the info that they are putting in the reference # to make sure these questions are clearly documented for future reference in the appeal process.

Copy and send this form to CB&C along with the following:

- Contract / HIPAA Agreement between Client & CB&C
- Check for \$250 program fee made payable to CB&C, Inc.
- Copy of patient signed consent forms
- Copy of patient's Health ID card
- Treatment plan(s) that were submitted (if applicable) and ins carrier or ODS response(s)
- Copies of the submission of notes to support medical necessity (and fax transmittals if available)
- Notes and other clinical data to support medical necessity (intake form, diagnostic reports, prescriptions)
- Any other insurance carrier / ODS correspondence regarding the dates being appealed
- A list of the dates of service not paid / or the specific CPT codes not paid which you want appealed
- Copy of CMS claim form(s) submitted to carrier & copies of corresponding EOBs for all DOS

Call to discuss the documentation being sent and the details of your patient's case management.

(973) 827-3544, ext. 320

Appeals Department

Email: cbcteam@cdbcbilling.com

Fax (973) 827-3588

Mail: CB&C Appeals Department

195 North Church Road

Franklin, NJ 07416

Special Note: Once a 1st level appeal is initiated on a case, it is imperative that any pertinent correspondence received at your office must be faxed to CB&C within 24 hours of receipt. Failure to do so can cause the appeal to be rejected as there are strict time-sensitive guidelines for filing level 1, level 2, and external appeals. Also, be aware that if this appeal progresses to the external level, there may be an additional fee required for processing with the external agency.