## Information about provider dispute and appeal mechanisms:

As a participating provider with Anthem Health Plans of Virginia (“Anthem”), you have dispute and appeal mechanisms available to you:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Details</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| **Claim Reopen Requests** | When changes or additions are required for a claim that has been finalized and reported on a remittance or there is a question regarding the outcome of a claim, submit an Anthem 151 Claim Information/Adjustment Request form.  
  Some examples of requests that should be sent on an Anthem 151 Claim Information/Adjustment Request form include:  
  - Claim corrections;  
  - Claim processing errors; or  
  - A response to additional information requested to perfect a claim.  
  A request to review a finalized claim denied as not medically necessary or experimental/investigational should not be sent on an Anthem 151 Claim Information/Adjustment Request form. Please follow the appeal process described below **UNLESS** a finalized claim is denied as not medically necessary or experimental/investigational and a claim correction is necessary or if there is a claim processing error (e.g. the claim was billed with the wrong diagnosis or procedure code).  
  A request submitted on a 151 Claim Information/Adjustment Request form to review a medical necessity or experimental/investigational denial will not be considered. It will be returned to the requestor to follow the appeal process. | Electronically: When viewing a particular claim on Point of Care, from the “Claims Inquiry” screen select “Create 151”. This method can be used for requests that will not require supporting documentation. If you need to include information, simply download the completed Anthem 151 Claim Information/Adjustment Request form and mail it to:  
  **Anthem Blue Cross and Blue Shield**  
P.O. Box P.O. Box 27401  
Richmond, VA 23279  
  A blank Anthem 151 Claim Information/Adjustment Request form is available online:  
  - Go to www.anthem.com;  
  - Select Providers;  
  - Select VA;  
  - Select Answers at Anthem; finally  
  - Select Provider Forms.  
  Complete the form, attach any necessary information and mail it to the applicable address on the form.  
  **Anthem 151 Claim Information/Adjustment Request forms** will not be considered if received after 12 months of the claim adjudication date. |
| **Appeal**             | When a provider does not agree with, or wants us to review, a contractual or reimbursement issue and/or retrospective adverse benefit determination, an appeal may be requested.  
  You may also request an appeal on behalf of a covered individual with written consent from the covered individual. In these instances, the covered individual’s appeals process will be followed. When an expedited review is warranted, the provider will be deemed the covered individual’s authorized representative and written consent will not be required.  
  Claim corrections, claim processing errors, a response to additional information requested to perfect a claim. | Mail written appeal requests to:  
  **Anthem Blue Cross and Blue Shield**  
Grievances and Appeals  
P.O. Box P.O. Box 27401  
Richmond, VA 23279  
If you prefer, you can request an appeal verbally by calling 800-533-1120. |
and requests received on an Anthem 151 Claim Information/Adjustment Request form will not be considered an appeal.

Anthem encourages you to ask for an appeal in writing. However, an appeal may also be requested by phone. An appeal request must be received within 15 months of the date of service or 180 calendar days of the date you are notified of Anthem’s adverse coverage decision, whichever is later. Anthem will respond to all appeal requests within 60 calendar days.

In order to ensure a timely and appropriate resolution of your appeal, it is important that you don’t mix into your request for an appeal with any other issues such as:

- Claims corrections;
- Claims issues where the plan has requested additional information;
- 151s (specific to Virginia);
- Requests to trace a check; and
- Any other request that does not meet the appeal definitions above.

We further suggest that you:

- Include the word APPEAL in bold in your request;
- Include, if available, the patient’s name, identification number, date(s) of service, claim number(s) and the Plan’s case number
- Provide the specific reason(s) for the appeal; it is important for you to explain to the plan for each claim that you wish to appeal exactly why you feel the plan should reconsider your claim. Giving a generic reason for the appeal will make it difficult for us to respond timely and appropriately; and
- Include all relevant information, such as medical records or other supporting documentation, regardless of whether it was considered at the time the initial decision was made.

A billing dispute is available to medical doctors, doctors of osteopathic medicine and ancillary providers and is considered an appeal. A billing dispute is a request to review the application of Anthem’s coding and payment rules and methodologies for fee-for-service claims (including without limitation any bundling, downcoding, application of a CPT® modifier, and/or other reassignment of a code by Anthem) to patient-specific factual situations, including without limitation the appropriate payment when two or more CPT® codes are billed together, or whether a payment-enhancing modifier is appropriate. A request for a billing dispute
| **Refund Requests** | Providers can request a review of a request from Anthem for a refund if the provider believes that Anthem’s attempt to recover a payment is improper. The request must be in writing and should indicate why it is believed that the funds should not be recovered by Anthem.  

The request must be received within 30 calendar days from the date of Anthem’s initial refund request. Anthem will respond in writing to the request within 60 calendar days from receipt of the request. |
|---------------------|-----|
| **Refund Requests** | Mail refund review requests to:  

Anthem Blue Cross and Blue Shield  
Attn: Recovery Processing  
P.O. Box 27401  
Richmond, VA 23286-8708  
Call 800-221-8782 for more details or if you have questions about a refund request. |