ASURIS NORTHWEST HEALTH

Asuris Provider Dental Appeal Form

Use the appeal form to disagree with our decision that:

- Pre-authorization was not obtained
- No admission notification was provided
- Claim denied
- National Correct Coding Initiative (NCCI) or Correct Coding Editor (CCE) coding rules apply to a claim or claim line
- Claim denied as a duplicate when services were performed more than one time, and **payment does not reflect multiple service payment**
- Appeals regarding reimbursement amounts paid
- Appeals regarding denial of additional reimbursement

Fields marked with an asterisk (*) are required fields.

Fax Completed form to: 1-503-270-3410 or email: DentalProviderRelations@asurisdental.com

Please enter your contact information for this change request		
Name*		
Organization or Provider Name(s)*		
E-mail*	Phone Number*	Fax Number*
NPI Number*	Tax ID Number*	

Enter information about the claim to be appealed		
Has (have) this claim(s) been appealed to Asuris before?* ☐ Yes - *please supply a copy of the appeal determination letter* ☐ No		
Asuris Claim Number(s)*		
List the specific CDT you are appealing*		
Date(s) of Service*		
Member ID Number (prefix/member ID)*		
Patient Name*	Patient Date of Birth*	Total Billed Amount*

This section applies to denials for Pre-authorization not obtained or no admission notification provided

Below outlines the approved exception reasons for not obtaining pre-authorization or providing admission notification. You must indicate in your dispute and provide evidence for which exception criteria you meet.

- Member presented with an incorrect member card or member number.
- Natural disaster prevented the provider or facility from securing a pre-authorization.
- Compelling evidence the provider or facility attempted to obtain pre-authorization or provide hospital admission notification. The evidence shall support the provider or facility followed Asuris policy.
- Notification was given, or pre-authorization was obtained, however the claim was denied.
- A participating provider or facility is unable to anticipate the need for a pre-authorization before or while performing a service or surgery.

Summarize your description of why your denial should be overturned. Describe your reasons in detail so we can make an informed decision. Your evidence must support that you followed Asuris policy.

This section applies to requests for appeal when:

- NCCI or CCE coding rules apply to a claim or claim line.
- A claim denied as a duplicate when services were performed more than one time, and **payment does not reflect multiple service payment**.
- Services denied.

Please tell us about your dispute, provide detailed explanation and desired outcome (include the specific CDT):

Substantiate your request with documentation for all dates of service you are disputing, and **include documentation with this form.**

Examples of documentation include, but are not limited to:

- Chart notes
- Operative report(s)