



May 11, 2009

## **Blue Cross adopts use of Administrative Uniformity Committee (AUC) appeal form**

Minnesota Statute 62J.536 requires common submission formats and rules for providers to send electronic claims to payers effective July 15, 2009. According to the Minnesota Uniform Companion Guides for professional, dental and institutional claims, section 4.2.3.2, an appeal is defined as:

Provider is requesting a reconsideration of a previously adjudicated claim but there is no corrected data to be submitted.

### **Appeal form**

Effective July 15, 2009, when a provider determines that an appeal needs to be sent, the provider should complete the Common Appeal form. The Common Appeal form and instructions for completing the form are available in the Health Care Claims section on the Administrative Uniformity website at

**[www.health.state.mn.us/auc/guides.htm](http://www.health.state.mn.us/auc/guides.htm)**

Additional documentation should be sent as required by the payer to support the appeal consideration; this documentation does not include resubmission of the claim.

### **Provider policy and procedure manual**

Chapter 10 of the online 2009 Blue Cross and Blue Shield of Minnesota Provider Policy and Procedure Manual lists the documentation requirements based on the reason for the appeal. To view the manual go to **[providers.bluecrossmn.com](http://providers.bluecrossmn.com)** and select “forms and publications” then “manuals.”

### **Additional information**

For more information regarding the definitions of appeals as well as examples, refer to section 4.2.3.2 of the Minnesota Uniform Companion Guides, for the claim type you are submitting as well as the related Best Practice documents on that guide’s page. This information is available on the AUC website at **[www.health.state.mn.us/auc/guides.htm](http://www.health.state.mn.us/auc/guides.htm)**.

### **Questions?**

If you have questions, please contact provider service at **(651) 662-5200** or **1-800-262-0820**.