Health Share Behavioral Health Provider Post-Service Claim Reconsideration/ Appeal Form

Last Updated: September 2023

Submit a separate form for each claim appeal or reconsideration (i.e., one form per claim). Applicable filing limit standards apply.

Provide the following information

Today's date: _____ Member ID: _____

Member name: _____

Date of service: _____ Claim number: _____

Provider contact name: _____

Provider phone number: _____

Billing Provider NPI: _____

Please note: OHP denials for being out of network will not be reconsidered and Post Service Claim Reconsiderations/Appeal forms will be closed without review.

Select type of request

If the missing information is related to an auth denial this is considered an appeal. If the provider did not get an auth then it is considered a retro auth request.

☐ **Reconsideration for payment** – Supporting documentation **MUST BE** attached.

- Retro enrollment updates
- Overpayment errors
- Timely filing denials
- Denied for missing information/documentation
  - Itemized bills or chart notes
  - Primary EOB

☐ **Retro auth request** – Supporting documentation **MUST BE** attached (reason why prior auth not requested)

- Auth issue - Denied no auth

☐ **Claim appeal (please check one if known)**

Continued on next page

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Select ONE of the Following Levels of Care (enter codes and units if prompted)

- ☐ ABA Applied Behavioral Analysis
- ☐ ACT Assertive Community Treatment
- ☐ Assessment Plus Two
- ☐ Child Welfare Resource Support Network
- ☐ Crisis Services CMHP
- ☐ Crisis Stabilization Treatment
- ☐ Culturally Specific
- ☐ DBT IOP
- ☐ EASA Early Assessment and Support Alliance
- ☐ Eating Disorder Partial IOP
- ☐ Eating Disorder Residential
- ☐ Eating Disorder Treatment
- ☐ ECT Electroconvulsive Therapy
- ☐ Intensive Treatment HBS
- ☐ Level A
- ☐ Level A Adult SPMI
- ☐ Level B
- ☐ Level B Adult SPMI
- ☐ Level C
- ☐ Level C Adult SPMI
- ☐ Level D Adult ICM
- ☐ Level D Adult TAY
- ☐ Level D Child
- ☐ MH General Outpatient
- ☐ Partial Hospital IOP
- ☐ PDTS Psychiatric Day Treatment Services
- ☐ PRTS Psychiatric Residential Treatment Services
- ☐ Psychological Testing
- ☐ Respite
- ☐ Sub Acute
- ☐ SUD Assessment
- ☐ SUD Day Treatment
- ☐ SUD General Outpatient
- ☐ SUD IOP Intensive Outpatient
- ☐ SUD Medication Assisted Treatment OTP
- ☐ SUD Residential
- ☐ SUD Withdrawal Management
- ☐ Supportive Employment
- ☐ TMS Transcranial Magnetic Stimulation

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Auth and Payment Information

- ☐ Auth issue - Denied at time of authorization
  - – Requires additional information
- ☐ Auth issue - Denied inconsistent with auth
- ☐ Auth issue - Denied authorization units exceeded
- ☐ Payment dispute - Contract rate
- ☐ Payment dispute - Duplicate
- ☐ Payment dispute - Enrollment issue
- ☐ Payment dispute - Not covered/excluded
- ☐ Payment dispute - COB/EOB - OIC
- ☐ Other: _____

NOTE: Submissions by **Non Par Medicare providers** must include a completed Waiver of Liability Statement.

The model waiver of liability notice is available in both Microsoft Word and PDF formats from the CMS website: cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Notices-and-Forms.html

Corrected claims: For corrected claims, submit an electronic or paper replacement claim.

Fax and Mail Information

Fax to: Claim Appeals Coordinator
Fax numbers:
Medicaid 503-416-8115
Medicare 503-416-1330

Mail to: CareOregon Claims Department
Reconsiderations/Claim Appeals
PO Box 40328
Portland OR 97240-9934