

## HORIZON E&M / MODALITY CLAIM SUBMISSION & APPEAL PROCESS

- 1) Review EOBs for improperly denied E&M and physical therapeutic claims;
- 2) Determine the type of Horizon plan involved to determine if you follow DOBI appeal route or other route (e.g. SHBP or self funded plans have different process).
- 3) Reprint the claim forms for the improperly denied dates of service;
- 4) Copy the EOB evidencing the improper denial to accompany the claim form;
- 5) Retrieve and print or copy the SOAP note or Initial Exam Report for the date(s) of service in question.
- 6) Complete the DOBI Form 352 general appeal form for each patient with improper denials;
- 7) Print a cover letter for each DOBI appeal form;
- 8) Create a global cover letter listing each individual claim appeal that is enclosed in the global submission and mail the global submission **registered or certified** mail to the appropriate BCBS Appeals PO Box.
- 9) Calendar the matter for a response on the appeal; time may vary from plan to plan but is generally 10 to 30 days.
- 10) If Horizon fails to respond to appeal, send a failure to respond notice to the same address as the appeal. The notice should contain language such as:

“An internal appeal was filed by this office with Horizon on \_\_\_/\_\_\_/\_\_\_\_. As of this date, Horizon has failed to respond to the appeal within the time frame required by the subscribers’ plan and/or New Jersey law. Thus, your failure to respond shall be deemed an automatic denial of our appeal. Your failure to respond shall also be deemed to constitute a full exhaustion of all required internal appeal processes unless we receive written information to the contrary from Horizon in the next calendar week.”

- 11) Consult with your biller or health care attorney to determine the next step which may be limited to a Maximus Arbitration for participating providers while non-par providers may have other routes such as litigation in small claims or special civil court.