

# Billing Dispute External Review Form

Medicaid

Please send this completed form and the filing fee to the Billing Dispute External Review Board, IMEDECS, address below. Attach the final appeal denial letter and supporting documentation such as Explanation of Benefits (EOB) and additional clinical information, etc.

**IMEDECS**  
**157 S. Broad Street**  
**Lansdale, PA 19446**  
 Phone: 1-215-855-4633 / Fax: 1-215-855-5318

**Physician Information:**

<b>Treating physician name (as submitted on claim):</b>		
<b>NPI number:</b>	<b>Tax identification number (TIN):</b>	
<b>Billing address (street, city, state, ZIP code):</b>		
<b>Telephone number:</b> Extension:	<b>Fax number:</b>	
<b>Contact name:</b>	<b>Contact phone number:</b>	<b>Contact e-mail:</b>

**Codes/Modifier Disputes**

You must identify a specific code set; you must enter a minimum of two codes below.

<b>CPT® code (primary):</b>	<b>CPT code (secondary)</b>	<b>(and/or) modifier</b>
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**Claim Information**

If your billing dispute contains multiple claims for the same code set, please attach a separate sheet noting the physician's name, member's name, member's identification number, date of service and claim number.

<b>Member name:</b>	<b>Member identification number:</b>
<b>Member address (street, city, state, ZIP code):</b>	

**Request for Physician Billing Dispute External Review**

<b>Date of service:</b>	<b>Claim number (indicated on explanation of payment):</b>
Amount in dispute (the additional amount you believe you are entitled to receive in this dispute): \$ _____	Filing fee: (Please check one.) <input type="checkbox"/> \$50 - Disputed amount greater than \$500 and less than or equal to \$1,000 <input type="checkbox"/> \$50 plus 5 percent of amount of dispute which exceeds \$1,000. The fee may not exceed 50 percent of the cost of the review. <input type="checkbox"/> No amount enclosed because this claim is an aggregate of a deferred claim for which a filing fee was previously paid. Amount enclosed: \$ _____ Please make check payable to <b>IMEDECS</b> .

The decision of IMEDECS is final and binding on BlueChoice HealthPlan Medicaid and the physician or physician group only with respect to the specific case under review by IMEDECS. Physicians may access the IMEDECS website ([www.IMEDECS.com](http://www.IMEDECS.com)) for further information.

**Comments:**

I hereby acknowledge the terms of the billing dispute external review process, further certify that I am a member of the class and further certify the accuracy of the material and information submitted with the request.

<b>Signature of Physician:</b>	<b>Date:</b>
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