

One Call Medical, Inc. Medical Claim Appeal for Radiology Procedures

Date of Appeal: _____ Patient Name: _____
 Date of Service: _____ Patient Social Security #: _____
 Date of Check: _____ [Appeals cannot exceed contract limit of 180 days]

Submitted by: _____ Phone: _____

Mailing address for results of appeal:

First Appeal Second Appeal [2nd Level Appeal requires medical justification from physician.]

Codes being appealed (CPT code and # of units): _____

Amount of reimbursement being appealed: _____

Detailed Explanation (Must include *MEDICAL JUSTIFICATION* and supporting documentation such things as HCFAs or bills, authorizations, prescriptions, and any corrected medical reports.):

This section for OCM internal use only – Please do not write below this line

Outcome: **Approved** **Denied** **Partial Allowance**

Reason for approval:

- Medical Justification submitted
- Additional documentation submitted
- Corrected report submitted
- OCM data entry error
- Not considered previously
- Not billed previously
- Incorrect bill review
- Other: _____

Reason for

- No medical justification submitted
- No additional documentation submitted
- Not authorized
- Incorrect coding
- CCI Edit–procedure included in primary procedure
- Already considered and paid
- Contrast is included per contract
- Supplies/reports are included per contract
- Appeal exceeds contract limit of 180 days
- Other: _____

Nurse Reviewer,
Clinical Services
Date:

Stephen R. Baker, M.D.
Medical Consultant,
Radiology Advisory Board member
Date:

Director, Clinical Services
Date:

For 2nd Level reviews:
Medical Consultant,
Radiology Advisory Board member
Date:

Finance
Date:

Provider I.D.:
Payer Claim No.:

Documentation in Phoenix Date: Initials:

Documentation in SS Date: Initials:

Action Request to Finance Date: Initials:

Notification to Provider Date: Initials:

Action Request to Finance: