



ANJC Appeals Program Check List / Fax Cover Sheet

How Appeals Program works for Participating Providers (on NJ fully funded policies):

- Participating DC submits treatment plan to managed care company (ie. TRIAD, ASHN, Optum, Landmark, etc) and receives response.
- Regardless of treatment authorized/approved, DC treats patient as they deem appropriate and submits claims to insurance carrier for all services rendered.
- DC continues submitting additional treatment plans to managed care company as approved # of visits/modalities are exhausted.
- If after 35 days from date of the first managed care company's response any portion of services continue to be denied, DC can opt to send case to CB&C for review
- CB&C will review the case (free of charge). Contact CB&C at 973-827-3544 and provide them with some basic information on the case. Based on insurance carrier, fee schedule, # of dates of service not paid or specific CPT not paid, CB&C will present to client an **estimation** of potential recovery.
- If the recovery is estimated to be **above** \$1200, and the provider wants to pursue the appeal, ANJC is offering to pay the Program fee of \$100.00 (\$75 to CB&C / \$25 to DOBI).
- If that recovery is estimated to be **below** \$1200, and the provider wants to pursue the appeal, provider is responsible to pay the Program fee of \$100 (\$75 to CB&C / \$25 to DOBI)
- To initiate Appeal Levels I, II and DOBI External Appeals Process, complete and fax the attached check list.

How Appeals Program Works for Non-Participating Providers (on NJ fully funded policies):

- Non-Participating DC submits claims with notes to the carrier or ODS.
- Regardless of treatment authorized/approved, DC treats patient as they deem appropriate and submits claims to insurance carrier for all services rendered.
- CB&C will review the case (free of charge). Contact CB&C at 973-827-3544 and provide them with some basic information on the case. Based on insurance carrier, fee schedule, # of dates of service not paid or specific CPT not paid, CB&C will present to client an **estimation** of potential recovery.
- If the recovery is estimated to be **above** \$1200, and the provider wants to pursue the appeal, ANJC is offering to pay the Program fee of \$100 (\$75.00 to CB&C / \$25 to DOBI).
- If that recovery is estimated to be **below** \$1200, and the provider wants to pursue the appeal, provider is responsible to pay the Program fee of \$100 (\$75 to CB&C / \$25 to DOBI)
- To initiate of Appeal Levels I, II and DOBI External Appeals Process, complete and fax the attached check list.

**ANJC Appeals Program
Check List / Fax Cover Sheet**

Provider information:

Practice Name	Contact	
Address		
City	State	Zip
Phone	Fax	

Check List – Indicate with that you’ve completed and/or included the following:

Before submitting claim to CB&C, you must call insurance carrier to confirm the following for appeal to be eligible for DOBI appeal process.

- I called insurance rep confirming patient policy as fully-funded and not self-insured.
- I called insurance rep confirming policy is written in NJ.
- Spoke to insurance rep (make sure they reference the call in their records):
 - Ref # to call _____
 - Date _____ Time _____
 - Name of Insurance Rep: _____

Please make sure rep reads you back the info that they are putting in the reference # to make sure these questions are clearly documented for future reference in appeal process

- Copy of patient’s Health ID card
- Treatment plan(s) that were submitted and review companies response(s)
- Notes and/or other clinicals provider wants to include to support medical necessity
- Copy of CMS claim form(s) submitted to carrier & copies of corresponding EOBs
- CB&C Contract for Services/HIPAA contract
Click to download – <http://www.anjc.info/Files/CBCChiroAgreement.pdf>
- DOBI consent form completed & signed by patient or the parent
Click to download - <http://www.state.nj.us/dobi/chap352/352consentform.doc>
- DOBI application for external appeals (just sign and CBC will complete the rest)
Click to download - <http://www.state.nj.us/dobi/chap352/352ihcapform.doc>

Call to Alert CB&C that you are faxing info to initiate Level I Appeal process - (973) 827-3544

Fax the following information to (973) 827-3588

Special Note: Once 1st level appeal is initiated on a case, it is imperative that any correspondence is faxed to CB&C within 24 hours of receipt. Failure to do so can cause the appeal to be rejected as there are strict time-sensitive guidelines for filing level 1, level 2, and external appeals.