



Practitioner/Provider Appeal Request Form

In order to expedite the process of your appeal, this form should be used to submit Practitioner/ Provider appeal requests to Scott & White Health Plan. Please utilize Practitioner/ Provider claim adjustment form for adjustments. In order to be eligible to file a Practitioner/ Provider appeal, you must be a SWHP contracted Practitioner/ Provider, have a SWHP approved referral on a SWHP member, or have a Confirmed Authorized Representative (CAR) for a SWHP SeniorCare member.

Please complete all fields on the form, attach any pertinent supporting documentation and send the appeal to:

Scott & White Health Plan
Attn: Practitioner/ Provider Appeal Coordinator
2401 S. 31st Street
Temple, TX 76508
Telephone: 254-298-3088
Fax Number: 254-298-3090

Practitioner/ Provider Name: _____ Contact Name: _____

Address: _____

NPI #: _____ Contact Phone Number: _____

Member ID _____ Member Name _____

Date of Service _____ Appeal Submission Date _____

Appeal Type
<input type="checkbox"/> Pre-Certification/ Prior Authorization Denials
<input type="checkbox"/> Filing Limit
<input type="checkbox"/> Contract rate or payment policy
<input type="checkbox"/> Request for additional information Please Specify:

Supporting documentation for a Practitioner/ Provider appeal may include the following: Original RAS, surgical notes, office visit notes, pathology reports, medical invoices, medical record entries, letters of recommendation describing the issue. **All appeals must be submitted within 45 days of the date of the adverse determination by SWHP to receive consideration.**

Quick Reference Guide Practitioner/ Provider Appeal Form

This guide will help you in correctly submitting the Scott & White Health Plan Practitioner/ Provider Appeal Form. It is not meant to contradict or replace SWHP's procedure or payment policies. For the most up-to-date information regarding the appeal process, please refer to the Provider Manual ("Appeals Section") at our website: www.swhp.org. Please note that failure to abide by the following may affect your compliance with SWHP's Practitioner/ Provider appeals filing limit policy.

- Complete all information required on the Practitioner/ Provider Appeal Form; incomplete appeal submissions will be returned.
- Attach the claim form and all supportive documentation to the completed Appeal Form.
- Within your original EOP, if you have multiple denials, choose the primary denial for the appeal type.
- Applicable filing limit standards apply.

Appeal Type	Examples (not intended to be all inclusive)
Pre-Certification/ Prior Authorization Denials	<ul style="list-style-type: none"> • A claim was denied because no notification or authorization is on file. • A claim denied for exceeding authorized limits.
Filing Limit	<ul style="list-style-type: none"> • A first time claim submission that denied for, or is expected to deny for untimely filing. • A reappeal of a claim denied for insufficient filing limit documentation. • Claim originally submitted with misidentified member or billed to wrong carrier, resulting in untimely filing to SWHP.
Contract rate or payment policy	<ul style="list-style-type: none"> • Practitioner/ Provider believes that incorrect contract terms/ rates were applied to payment made resulting in either an under or over payment. • Practitioner/ Provider believes that final claim payment was incorrect because of global reimbursement or (un) bundling of billed services (e.g. claim editing software)
Request for additional information Please Specify:	<ul style="list-style-type: none"> • A first time claim submission that denied for additional information. • A procedure code that was denied or not submitted with: operative notes, anesthesia notes, pathology report, and/or office notes.