Provider Appeal Form

Provider Post-Service Appeal Instructions

This form is exclusively for providers to appeal post-service denials*. This includes denials due to lack of prior authorization or denials based on medical necessity. **Limit one member per form.** You must include the completed Provider Appeal Form, your written appeal, and supporting clinical documentation.

Your written appeal must contain a concise and detailed explanation of why you believe the denial was incorrect. Clearly document the specific reasons for your appeal.

Your appeal must also include **complete and relevant supporting clinical documentation.** This documentation is crucial for evaluating your appeal and must justify the medical necessity of the denied services; insufficient documentation may result in a denial. Required documentation may include, but is not limited to: physician office notes, prescriptions, history and physical notes, admission notes, discharge summaries, operative notes, emergency room notes, lab results, radiology reports, therapy notes, and any other pertinent medical records.

*Appeals submitted on behalf of members, or for prior authorization denials before services are rendered, are not accepted using this process. Do not submit Non-Participating Medicare or Medicaid pre-service appeals using this process.

Date:	Line of Business: ☐ Medicaid ☐ Medicare
Member Name:	
Member ID Number:	Member Date of Birth:
Provider Name:	Provider NPI:
Tax Identification Number (TIN):	
Provider Correspondence Address: To ensure you receive the appeal decision, please provide a complete and accurate mailing address.	

HIGHMARK WHOLECARE

Name of person that submitted the appeal:	
Contact Phone Number for the person that submitted the appeal:	Fax Number where the appeal letter can be sent:

Claim Number:	Date of Service:	CPT code or service being appealed:
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How to Submit

You can submit your completed Provider Appeal Form using one of the following methods:

1. Fax: **1-855-501-3904**
2. Mail:
   Highmark Wholecare
   Attn: Provider Appeals
   P.O. Box 22278
   Pittsburgh, PA 15222

Note: To submit post-service appeals through the **NaviNet Provider Portal** (preferred method), you will be prompted to complete this form in the portal. Log in to **NaviNet** and select Highmark Wholecare.

NaviNet® is a separate company that provides an internet-based application for providers to streamline data exchanges between their offices and Highmark Wholecare such as, routine eligibility, benefits, and claims status inquiries.