



Appeal Request Form

Standard and Utilization Management

1st Level 2nd Level Administrative Review

INSTRUCTIONS

- Please complete the form fields below. Fields with an asterisk (*) are required. Forms with incomplete fields may be returned and delay processing.
- Be specific when completing the DESCRIPTION OF DISPUTE and EXPECTED OUTCOME.
- Provide additional information and documentation to support the description of the dispute.
- 2nd Level appeals must include additional documentation not previously submitted in 1st level appeal.
- All previous appeals must be included with Administrative Review.
- Email the completed form to: HISAppealSupport@cdcr.ca.gov.
- For routine follow-up status, send an email to: HISAppealSupport@cdcr.ca.gov.

*PROVIDER NAME		*PROVIDER TAX ID	
*PROVIDER ADDRESS		CONTRACTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
PROVIDER TYPE <input type="checkbox"/> Physician <input type="checkbox"/> Hospital <input type="checkbox"/> Dental <input type="checkbox"/> SNF <input type="checkbox"/> Rehab <input type="checkbox"/> Ambulance <input type="checkbox"/> Other (Specify type) _____			
*CLAIM INFORMATION <input type="checkbox"/> Single <input type="checkbox"/> Multiple** "LIKE" claims, same dispute and outcome (complete page 2) # of claims _____ <i>**if there are multiple claims with different dispute and expected outcomes, they shall be sent separately</i>			
*PATIENT NAME		DATE OF BIRTH	
*CDCR NUMBER	*INVOICE NUMBER	*CCIH CLAIM NUMBER (If multiple "LIKE" claims, use page 2)	
*SERVICE FROM/TO DATE	ORIGINAL CLAIM AMOUNT BILLED	ORIGINAL CLAIM AMOUNT PAID	
DISPUTE TYPE <input type="checkbox"/> Contract underpayment <input type="checkbox"/> Appeal of medical necessity/utilization management decision <input type="checkbox"/> MUE denial <input type="checkbox"/> DRG <input type="checkbox"/> Claim denied as duplicate <input type="checkbox"/> Eligibility <input type="checkbox"/> Other _____			
*DESCRIPTION OF DISPUTE (Indicate reason for dispute, provider's position and reasoning. Additional pages can be attached)			
*EXPECTED OUTCOME			
*CONTACT NAME	TITLE	*EMAIL ADDRESS	
*PHONE NUMBER		FAX NUMBER	

Check here if additional information is attached

