

Provider Claim Dispute Form Instructions

Please read the following information carefully to ensure a timely and thorough dispute review. A detailed description of the dispute and supporting documentation is required. Include the authorization number if an authorization is associated with the dispute.

DISPUTES WITH NO AUTHORIZATION

Claim disputes related to no authorization will only be considered in the following circumstances:

- The eligibility of the member was in a pending status at the time of service.
- The member's eligibility was updated retroactively.
- The provider and/or member was unaware that the member was eligible for services at the time that services were rendered.
- A catastrophic event occurred that substantially interfered with the normal business operations of a provider.

Be sure to include (as applicable) chart notes, operative reports, office visit notes, billing statement, manufacturer invoice, inpatient progress notes or other documentation that supports the circumstances listed above.

DISPUTES WITH AN APPROVED AUTHORIZATION

Claims disputes with an approved authorization will be considered if a detailed description of the issue is provided. Discrepancies related to diagnosis code, procedure/modifier code, place of service, number of units and dates of service will be considered.

SUBMISSION

Submit the completed form and attachments to:

Wellcare by Trillium Advantage
Attn: Reconsiderations
PO Box 4000
Farmington, MO 63640-4400

QUESTIONS

For assistance or questions about the redetermination / reconsideration process, contact Wellcare by Trillium Advantage Monday through Friday 8am to 5pm at (844) 867-1156 or (541) 431-1950.

Provider Claim Dispute Form

PROVIDER INFORMATION

Provider Name: _____ Today's Date: _____
 Provider Number (NPI or TIN): _____ Contact Phone: _____

CLAIM INFORMATION

Member Name: _____ Member ID: _____
 Claim Number(s): _____
 Date(s) of Service: _____
 Service(s) Denied: _____

REASON FOR DISPUTE

Is there an authorization associated with this claim?

- Yes. Authorization # _____ No.

There is an issue with:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Diagnosis code <input type="checkbox"/> Place of service <input type="checkbox"/> Billed / allowed amount <input type="checkbox"/> Number of units <input type="checkbox"/> Dates of service <input type="checkbox"/> Procedure code / modifier <input type="checkbox"/> Timely Filing | <p>No authorization was obtained because:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No authorization was required <input type="checkbox"/> Member eligibility issue <input type="checkbox"/> Catastrophic event <input type="checkbox"/> Authorization was attempted |
|---|--|

Detailed Description of Dispute: [See instructions for supporting documentation requirements]
