

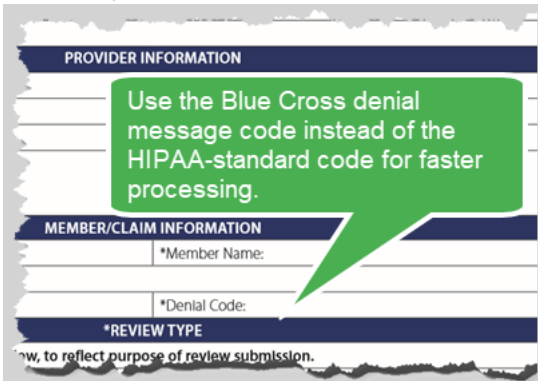
Appealing a denial? Use our code for faster claim review

September 26, 2019

This article is intended for all hospitals and physicians. This is for claims that are **not required** to go through the replacement claims process.

When you're using the [Request for Claim Review form](#) to appeal a denied claim, please include the **Blue Cross Blue Shield of Massachusetts denial code** in the required field indicated below. This will help us quickly route your request, based on the type of denial you received.

Where do you enter this information on the Request for Claim Review Form?



The image shows a portion of the Request for Claim Review form. A green callout box with a white border and a tail pointing to the Denial Code field contains the text: "Use the Blue Cross denial message code instead of the HIPAA-standard code for faster processing." The form sections visible are: PROVIDER INFORMATION, MEMBER/CLAIM INFORMATION (with fields for *Member Name and *Denial Code), and *REVIEW TYPE (with a note: "w, to reflect purpose of review submission.").

Where can you find the Blue Cross denial code?

We recommend using PaySpan, our electronic payment vendor, as the best way to view your Provider Detail Advisory. Both Blue Cross and HIPAA message codes can be found beneath the Grand Totals line.

- Blue Cross messages are displayed using all upper case.
- At the end of each message, you'll see the code to include on the Request for Claim Review form.
- Our codes generally consist of an alpha character followed by three numbers (as shown in the example below).

Sample Provider Detail Advisory showing X585



Why should you use the Blue Cross code rather than the HIPAA code?

Using the Blue Cross message helps us get your appeal to the right department quickly to review the request. Using HIPAA codes will delay your request.

Reminders

- Your appeal must be submitted within one year of the date the claim was processed.
- You can submit up to two appeals per denied service within one year of the process date.
- Completed forms should be mailed to:

Blue Cross Blue Shield of Massachusetts
Provider Appeals
P.O. Box 986065
Boston, MA 02298

Resource



Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association. ® SM Registered and Service Marks of the Blue Cross and Blue Shield Association. ® Registered Marks of Blue Cross Blue Shield of Massachusetts. ® Registered Marks are property of their respective owners.
© 2019 Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc. 101 Huntington Avenue, Suite 1300, Boston, MA 02199-7611

[Terms of Use, Privacy & Security](#) | [Supported browsers](#) | [Accessibility](#) | [Sitemap](#)

