



DSNP/MEDICARE APPEALS REQUEST FORM

(Requests must be received within 120 days of the original remittance advice).

Appeals processing time:

DSNP (PAR): **60** days

To save time, and receive an email confirmation, please submit your appeals online here:

<https://provider.molinahealthcare.com>

Send **Corrected Claims** to: Molina Healthcare of South Carolina

PO Box 22664 Long Beach, CA 90801

Please return this completed form and all supporting documentation via fax: (562) 499-0610 or mail: Molina Healthcare of South Carolina, Attn: Claims Disputes/Adjustments, PO Box 22816, Long Beach, CA 90801

LOB:	Participating or Non-Participating:
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Section 1: General Information

Member Name:	Member ID #:	
Claim Number (s):	Date of Service:	Billed Charges (\$):
Provider Name:	Provider TIN:	Provider NPI:
Contact Person:	Phone #:	Fax#:

Section 2: Type of Appeal

Provider: Please check the applicable reason(s) for the claim reconsideration and attach all supporting documentation.

☐ Provider: Processed under incorrect provider/Tax ID number.	☐ Timely Filing: Attach claim & supporting documentation showing claim was filed with Molina in a timely manner.
☐ CCI Edits: Supporting documentation/ medical records are required to process the reconsideration.	☐ Pre-Authorization: Now on file. Authorization #
☐ Coordination of Benefits Related Adjustment Primary Insurance Carrier information:	☐ Claims Reversal Needed: Explain the reasoning
☐ Alternate Insurance Information : EOB Attached	☐ Under / Overpayment: Explain the reasoning
☐ Med Necessity: Attach reason Prior Authorization was not obtained for service performed & medical records	☐ Service is not a duplicate: Explain the reasoning
Additional Details:	

**** If Molina Healthcare of South Carolina determines there is a system configuration error, a claim analysis will be conducted to pull impacted claims for reprocessing. Additional reconsiderations will not need to be submitted. ****

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