External Independent Review (EIR) Request Form

IMPORTANT NOTE: If you have not yet exhausted an appeal of the adverse decision, then do not submit a request for an EIR. An EIR is an independent review of an adverse **APPEAL** decision.

All fields identified with an asterisk are required for the request to be considered complete, including attachments. Incomplete requests will be administratively denied.

DATE LISTED ON THE MCO FINAL DECISION NOTICE* _____

MCO APPEAL REFERENCE NUMBER NOTED ON THE NOTICE* _____

-APPEAL CATEGORY*:

CLAIM PAYMENT DETERMINATION ___
MEDICAL NECESSITY ADVERSE BENEFIT DETERMINATION ____

-PARTY SUBMITTING REQUEST*:

_____ Provider

_____ Third-party billing service on behalf of provider

Name of Billing Service: _____

PATIENT INFORMATION
DATE OF SERVICE*: _____ CLAIM #*: _____
NAME*: _____
DATE OF BIRTH*:_____
MCO <ENROLLEE/MEMBER> ID NUMBER*:_____

PROVIDER INFORMATION
NPI*: _____ TAX ID #*: _____
ADDRESS*:
_____
NAME AS IT APPEARS ON W–9*:
_____

PROVIDER CONTACT INFORMATION
NAME*: _____
MAILING ADDRESS*:
_____
EMAIL*: _____
FAX NUMBER*: _____PHONE*: _____

THIRD PARTY BILLING CONTACT INFORMATION (Completion of this section is required if a third-party biller is submitting this request.)
NAME*: _____
MAILING ADDRESS*:

_____
EMAIL*: _____
FAX NUMBER*: _____PHONE*: _____

DESIGNATED CONTACT FOR THIS REQUEST (Please check one.)
____Provider
____Third-party billing service on behalf of provider

Identify each specific issue and dispute directly related to the adverse final decision issued by the MCO.* Requests containing non-specific statements will not be considered.

_____
_____
_____

State the basis on which the MCO's decision on each issue is believed to be erroneous.* Requests containing non-specific statements will not be considered.

_____
_____
_____

When submitting this form, attach required documentation that supports the External Independent Review request. Incomplete submissions will be rejected.

Attachments must include and are limited to the following:
- Copy of MCO's final adverse decision

Regulatory and Statutory Authority

- 907 KAR 17:035
- KRS 205.646

NUMBER OF ATTACHED PAGES: _____

SUBMIT EIR REQUEST TO:

<ENTER MCO CONTACT INFORMATION>

Please use the below lines for further details if more space is required:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

MCO COMMENTS:

_____
_____
_____
_____
_____
_____
_____
_____
_____