



MedStar Family Choice

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MedStar Health

MedStar Family Choice Provider Appeal Process

Appeal/Denial Type	Explanation	Submission Contact Information	Documentation Required for Appeal	First Level Submission Timeframe	First Level Response Timeframe	Second Level Submission Timeframe	Second Level Response Timeframe	Follow-up Contact Information
Urgent Appeal	Denial or reduction in reimbursement for services	<p>In writing or verbally:</p> <p>MedStar Family Choice 8094 Sandpiper Circle Suite O Baltimore, MD 21236 Attn: Denial and Appeal Division 1-800-905-1722 Fax: 410-933-2274</p> <p>In order for a provider to appeal on a member's behalf, provider must obtain written permission from the member. A member appeal will not be processed without the member's permission.</p>	<p>May not be requested for services already received.</p> <p>Specific reason for the appeal and additional medical documentation that MSFC may not have on file.</p>	90 business days from date of denial letter (or EOB)	<p>Acknowledgement of appeal within 5 business days of receipt by MSFC.</p> <p>Decision: 24 hours after receipt of appeal</p>	30 calendar days from date of MSFC response (letter or EOB)	<p>Acknowledgement of receipt of appeal within 5 business days.</p> <p>Decision: 24 hours after receipt of appeal</p>	Care Management 1-800-905-1722
Standard Appeal	Denial or reduction in reimbursement for services	<p>In writing:</p> <p>MedStar Family Choice 8094 Sandpiper Circle Suite O Baltimore, MD 21236 Attn: Denial and Appeal Division</p> <p>In order for a provider to appeal on a member's behalf, provider must obtain written permission from the member. A member appeal will not be processed without the member's permission.</p>	Claim, EOB, specific reason for the appeal and additional documentation that MSFC may not have on file.	90 business days from date of denial letter (or EOB)	<p>Acknowledgement of appeal within 5 business days of receipt by MSFC.</p> <p>Decision and notification is made within 30 calendar days from receipt of appeal</p>	30 calendar days from date of MSFC response (letter or EOB)	<p>Acknowledgement of receipt of appeal within 5 business days.</p> <p>Decision and notification is made within 30 calendar days from receipt of appeal</p>	Claims Department 1-800-261-3371

Notes:

1. Urgent appeals are accepted in cases where the application of non-urgent procedure and timeframes could seriously jeopardize the member's life, health or ability to regain maximum functioning, or in the opinion of the treating clinician, the care requested is urgent or, if not provided, would cause the member severe pain.
2. If the standard appeal is overturned, payment will be made within 30 calendar days of the decision.