

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*: _____

ATTORNEY CONTACT INFORMATION (Completion of this section is required if a provider is being represented by an attorney for 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
☐ Attorney for 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:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

MCO COMMENTS:

[illegible]