

HEALTHCARE INSURANCE CLAIM DENIAL NOTICE

Insurance Company: BlueCross BlueShield of New Jersey

Claim Number: BCBS-NJ-2024-847293

Date of Notice: November 5, 2024

Policy Holder: [PATIENT NAME]

Member ID: BCBS-789456123

Group Number: 12345

PATIENT INFORMATION

Patient Name: John Doe

Date of Birth: 03/15/1975

Member ID: BCBS-789456123

Policy Number: POL-2024-456789

CLAIM DETAILS

Date of Service: September 15, 2024 - September 22, 2024

Provider Name: Princeton Medical Associates

Provider NPI: 1234567890

Tax ID: 12-3456789

Service Details:

- Date: 09/15/2024

Procedure Code (CPT): 99213 - Office or other outpatient visit

Diagnosis Code (ICD-10): E11.9 - Type 2 diabetes mellitus without complications

Billed Amount: \$250.00

Allowed Amount: \$0.00

Patient Responsibility: \$250.00

- Date: 09/18/2024

Procedure Code (CPT): 36415 - Routine venipuncture for collection of specimen

Diagnosis Code (ICD-10): E11.9 - Type 2 diabetes mellitus without complications

Billed Amount: \$85.00

Allowed Amount: \$0.00

Patient Responsibility: \$85.00

- Date: 09/22/2024

Procedure Code (CPT): 99214 - Office or other outpatient visit (established patient)

Diagnosis Code (ICD-10): E11.9, I10 - Type 2 diabetes, Essential hypertension

Billed Amount: \$300.00

Allowed Amount: \$0.00

Patient Responsibility: \$300.00

Total Claim Amount: \$635.00

Total Denied Amount: \$635.00

DENIAL INFORMATION

DENIAL REASON CODE: PA-001

DENIAL REASON: Prior Authorization Required

Explanation:

This claim has been denied because the services rendered require prior authorization from BlueCross BlueShield of New Jersey, and no authorization was obtained before the date of service.

According to your plan benefits, the following services require prior authorization:

- Office visits (CPT 99213, 99214) when related to chronic conditions
- Laboratory services for diabetes management
- Specialist consultations for diabetes care

The provider, Princeton Medical Associates, did not obtain the required prior authorization before rendering these services on the dates listed above.

APPEAL INFORMATION

You have the right to appeal this denial. To file an appeal:

1. Submit a written appeal within 180 days of this notice
2. Include the following information:
 - This denial notice
 - Medical records supporting medical necessity
 - Provider's statement of medical necessity
 - Any additional documentation

3. Mail to:

BlueCross BlueShield Appeals Department

P.O. Box 1234
Newark, NJ 07101

4. Or submit online at: www.bcbsnj.com/appeals

If you have questions, contact Member Services at 1-800-555-1234

ADDITIONAL NOTES

This denial does not affect your right to receive emergency services. If you believe this was an emergency situation, please contact Member Services immediately.

For questions about your benefits or coverage, please refer to your Summary of Benefits and Coverage (SBC) or contact Member Services.

END OF NOTICE