



## Physician/Provider Special Handling Claim Request Form

*(Original claim submissions only)*

Attention to: **SPECIAL HANDLING**

**Process:** Blue Cross & Blue Shield of Rhode Island (BCBSRI) is allowing facilities to submit their observation claim following a level of care appeal for claims that deny for inpatient level of care and that are approved for observation. The provider must provide their last appeal determination letter, along with the special handling form with their claim. The provider has 60 days from the determination letter to submit the observation claim.

Date: March 1, 2020

Provider Name:

NPI:

Provider Office Contact Person:

Provider Office Contact phone and/or email:

**Attachment:**

- Paper CMS 1500 Claim Form

**Reason for Special Handling (please specify in detail):**

**Manual Process**

BCBSRI is allowing facilities to submit their observation claim following a level of care appeal for claims that deny for inpatient level of care and that are approved for observation. The provider must provide their last appeal determination letter, along with the special handling form with their claim. The provider has 60 days from the determination letter to submit the observation claim.

**[Claims Department: Please refer to the Special Handling Database for additional processing details.](#)**

**Submit original paper claims and this form to:  
Blue Cross & Blue Shield of Rhode Island  
Basic Claims Administration – Inquiry Unit – 00066 500  
Exchange Street  
Providence, RI 02903-3279**