



New Jersey Department of Banking and Insurance
Health Care Provider Application to Appeal a Claims Determination



*Horizon
NJ Health*

Submit to:

If by mail or courier service, at:

Horizon NJ Health

P.O. Box 63000

Newark NJ 07101-8064

You have the right to appeal Our¹ claims determination(s) on claims you submitted to Us. You also have the right to appeal an apparent lack of activity on a claim you submitted.

DO NOT submit a *Health Care Provider Application to Appeal a Claims Determination* IF:

- Our determination indicates that We concluded the health care services for which the claim was submitted were not medically necessary, were experimental or investigational, were cosmetic rather than medically necessary or dental rather than medical. INSTEAD, you may submit a request for a Stage 1 UM Appeal Review to appeal such determinations. For more information, contact: [insert contact information].
- Our determination indicates that We considered the person to whom health care services for which the claim was submitted to be ineligible for coverage because the health care services are not covered under the terms of the relevant health benefits plan, or because the person is not Our member. INSTEAD, you may submit a complaint. For more information, contact: [insert contact information]
- We have provided you with notice that we are investigating this claim (and related ones, as appropriate) for possible fraud.

You MAY submit a *Health Care Provider Application to Appeal a Claims Determination* IF Our determination:

- Resulted in the claim not being paid at all for reasons other than a UM determination or a determination of ineligibility, coordination of benefits or fraud investigation
- Resulted in the claim being paid at a rate you did not expect based upon the contract between you and Us, if any, or the terms of the health benefit plan.
- Resulted in the claim being paid at a rate you did not expect because of differences in Our treatment of the codes in the claim from what you believe is appropriate
- Indicated that We require additional substantiating documentation to support the claim and you believe that the required information is inconsistent with Our stated claims handling policies and procedures, or is not relevant to the claim.

You also MAY submit a *Health Care Provider Application to Appeal a Claims Determination* IF:

- You believe We have failed to adjudicate the claim, or an uncontested portion of a claim, in a timely manner consistent with law, and the terms of the contract between you and Us, if any
- Our determination indicates We will not pay because of lack of appropriate authorization, but you believe you obtained appropriate authorization from Us or another carrier for the services
- You believe we have failed to appropriately pay interest on the claim
- You believe Our statement that We overpaid you on one or more claims is erroneous, or that the amount We have calculated as overpaid is erroneous
- You believe we have attempted to offset an inappropriate amount against a claim because of an effort to recoup for an overpayment on prior claims (essentially, that We have under-priced the current claim)

¹ A carrier's contractors (organized delivery systems and other vendors) are subject to the same standards as the carrier when performing claim payment and claim processing functions (including overpayment requests) on behalf of the carrier. Use of the words We, Us or Our includes our relevant contractors.