



Table 23-2, Facility Retrospective Review Request




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TABLE 23-2, FACILITY RETROSPECTIVE REVIEW REQUEST				
FOR DENIALS BASED ON "NO PRIOR APPROVAL"				
FOR DENIALS BASED ON "NO E.R. NOTIFICATION"				
BENEFIT PLAN(S):	WHAT/HOW/WHERE TO FILE INSTRUCTIONS:	TIME FRAMES:*		ADDITIONAL RIGHTS:
		Initial Facility Filing:	EmblemHealth Determination Notification:	
EmblemHealth Medicare HMO plans	Unless otherwise directed in the denial letter, write to: EmblemHealth Medicare HMO P.O. Box 2807 New York, NY 10116-2807 Telephone: 866-447-9717 (TTY: 711).	45 calendar days from receipt of remittance statement.	Notification of determination is made within 30 days from receipt of the necessary information.	May file a facility clinical appeal.

* Contracted facility time frames in provider agreements will supersede time frames in this manual.