Chapter 305 Compliance Form

PROVIDER REPORT OF ALLEGING THAT TUFTS HEALTH PLAN IS NOT COMPLYING WITH REQUIRED UNIFORM STANDARDS FOR BILLING AND CODING PER M.G.L. 1760, SECTION 5A

Note: *This form[1] is only for use when disputing coding compliance. All other appeals/disputes need to be submitted in accordance with the Provider Payment Dispute Policy.*

Provider Name: _____ Phone Number: _____

Address: _____ Contact Name: _____

_____ Tax ID: _____

_____ NPI: _____

Identify the code(s) or billing format that you used and that was not accepted by Tufts Health Plan. Attach a copy of the documentation supporting your dispute:

_____

_____

Explain verbatim the official coding or billing guidelines upon which you base your dispute, as well as any other appropriate reference(s):

_____

_____

Attach copies of supporting clinical, registration or billing documentation that pertains to the denial/rejection in question. Describe the resolution sought:

_____

_____

I confirm that in my opinion, Tufts Health Plan failed to comply with the required coding or billing guidelines established by CMS, AMA CPT coding guidelines, National Correct Coding Initiative, local and regional Medicare policies, and nationally recognized academy and society guidelines.

Signature of certified coder: _____ Date: _____
(electronic signature accepted)

Mail completed form and attachments to:
Tufts Health Plan Medical Policy Department
Attn: Chapter 305 Compliance Inquiry
1 Wellness Way
Canton, MA 02021-1166

OR send completed form and attachments in an email to: THP_Chapter_305_Inquiry@tufts-health.com.

[1] *All fields and instructions on this form must be completed. Completed form and supporting documents must be sent as attachments if using email.*