

# PROCESS TO SUBMIT QUESTIONS RELATED TO CODING DENIAL(S) (excluding coding validation denials) Date: March 28, 2025



**BlueCross BlueShield  
of Vermont**

An Independent Licensee of the Blue Cross and Blue Shield Association.



bluecrossvt.org

## **Please note:**

- The process described below is not applicable to Coding Validation reviews which require the submission of medical records in addition to other information. Details for the Coding Validation process can be found in our on-line Provider Handbook in Section 6.4 ClaimsXten-Select™, Cotiviti, Inc., and Clear Claim Connect (C3) under Cotiviti Coding Validation (CV) Review Process [www.bluecrossvt.org/documents/provider-handbook in Section 6.4](http://www.bluecrossvt.org/documents/provider-handbook-in-Section-6.4)
- The process described below is not for general claim, eligibility or benefit questions. Those questions should still be directed to the appropriate customer service team for review and response.

This process should be used if you have received a coding denial for a claim and have additional questions. If you are not sure what qualifies as a coding denial, our Claims Editing (CPP\_32) Payment Policy details the coding rules applied that may result in a coding denial. This policy is located on our Provider Policies page under Provider Payment Policies, Claims Editing:  
<https://www.bluecrossvt.org/providers/provider-policies>

If you believe that a claim has been denied due to the application of CPP\_32 (e.g. Diagnosis Excludes 1 denials, services are inclusive, etc.), please send your inquiries to:  
[paymentintegrityquestions@bcbsvt.com](mailto:paymentintegrityquestions@bcbsvt.com).

The subject line of the email should be the claim number. If there are multiple claims, use the one with the highest billed charge.

For fastest services, the body of the email needs to contain:

- Patient Name
- Patient Date of Birth
- Patient Account Number
- Date of Service in Question
- Claim Number

If you have more than one claim you need to inquire on in a day, we ask that you compile the information into a spreadsheet and attach it to your email.

When your email is received, you will receive an automated acknowledgement. If you received this, you do not need to check back. If you don't receive an acknowledgement within 48 business hours from the submission, you can follow up by email again, including your original email.

Within 30 days of acknowledgment of your email, we will notify you of our results. If multiple requests are received from multiple people regarding the same claim, this will slow us down. In the event we receive multiple inquiries on the same claim, we will respond to only the original inquiry. Any additional inquiries will be closed when the original inquiry is closed.

Please allow 30 days for resolution of an inquiry, and up to 45 days for claim adjustments. Please note, claims for other BlueCard members may take additional time.