



Suite 1300
4000 Town Center
Southfield, MI 48075

mibluecrosscomplete.com

MCG message

To: All Blue Cross Complete providers
Date: Feb. 17, 2025
Subject: Important addresses for submitting claims and appeals

Using the correct address to submit claims and appeals will help us get back to you faster.

To prevent a delay in claims or Utilization Management appeals processing, please submit applicable documentation to the following addresses:

Provider claims disputes/UM appeals:

Blue Cross Complete Claims Disputes
P.O. Box 7355
London, KY 40742-7355

Blue Cross Complete claim denials may be appealed as follows:

Reason for denial	Documentation required
Timely filing	Supporting documentation must show the claim was filed in a timely manner.
Coding edit (CCI edit denial)	Supporting documentation and medical notes or reports must be submitted.
Payment amount	Supporting documentation must be submitted.

Blue Cross Complete responds to all appeals within 30 business days. The appeal must be submitted within 30 business days of the decision on the claim.

*Clinical editing vendors may have different timelines for submitting claims appeals and supersede Blue Cross Complete's timelines.

Utilization Management appeals:

Appeals Coordinator
Blue Cross Complete
P.O. Box 41789
Charleston, SC 29423



A member, member representative or health care provider acting on behalf of the member, **with the member's written consent**, may submit an appeal of an action or service denial by Blue Cross Complete, based on a medical necessity or appropriateness determination.

Appeals will be handled and processed within the timeframes listed below:

Type of Appeal	Timeframe to File	Decision
Standard Appeal	Sixty (60) days from the date of receipt of the denial	Within 30 calendar days from Plan receipt of appeal request
Expedited Appeal	Ten (10) calendar days from the date of the denial notification letter	Within 72 hours of Plan receipt of appeal request

Please be advised that all claims and UM appeals sent to the incorrect address will not be routed to the correct address for processing. Instead, the appeals will be destroyed, in some instances without notification.

For full details on claims and provider appeals/disputes, please review sections 13 and 14 of the [Blue Cross Complete Provider Manual](#) at mibluccrosscomplete.com.

If you have any questions, contact your Blue Cross Complete provider account executive or the Blue Cross Complete Provider Inquiry at 1-888-312-5713.

**Our website is mibluccrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete doesn't control these sites and isn't responsible for their content.*