

Discussion Request Form

Description

A provider has 30 days from the date of the Review Results Letter for a Complex review, or within 30 days from the date of the Cotiviti Provider Portal notification for an Automated review, to submit this request. If you require an extension, please contact us for consideration. During this period, or during our review of your request, Cotiviti will not submit any adjustments to your payer.

Additionally, if the physician, or a physician employed by the provider, not a consultant, would like to request to speak with Cotiviti's Medical Director, please (1) click the box to the right; (2) follow the instructions to complete and submit this form. Cotiviti will contact you to set up the physician-to-physician Discussion.

For more details on Discussion Requests and/or the RAC process, please contact Cotiviti Provider Service at 866-360-2507 or go to www.CMS.gov and search for Medicare Fee for Service Recovery Audit Program. You may also contact CMS directly at RAC@cms.hhs.gov.

Instructions

- Launch this form and complete it electronically. Please do not hand write.
- One form must be submitted per claim.
- Print the completed form, which should be signed by an authorized representative.
- This form should be the first page of each submission.
- Include evidence to support why you believe the services provided were properly coded and billed correctly.
- **Note:** Due to the inconsistent quality and reliability of fax transmission we strongly discourage the use of fax when sending more than 50 pages. Please submit records of this size through the mail. When submitting records via fax we recommend a single transmission for each individual claim record

Cotiviti, Inc.
Hillcrest III Building
731 Arbor Way, Suite 150
Blue Bell, PA 19422
Fax 203-529-2995

Our response

If we have any questions about your submission, we will contact you. We will formally respond to your Discussion within 30 days of receipt, and it will be sent via fax. If our fax transmission is unsuccessful after three attempts, our response will be mailed to the same address as the Review Results Letter you received from Cotiviti. Discussion results are also available on the Provider Portal. The Provider Portal also enables you to confirm receipt of your Discussion, check claim status, or update your contact information. To access the Provider Portal, please visit www.Cotiviti.com/RAC.

Your contact information for this request

Fax number for Cotiviti response

Phone number

Ext.

Email

Printed name and title/designation

Signature

Date (mm/dd/yyyy)



Your request

Please note that only one Discussion Request is available per claim. Please be as specific as possible when describing the reason(s) for your request in the box below. Additional records may be submitted along with this form.

From

To

ICN (claim number) - actual length may vary

Dates of service (mm/dd/yyyy)

Complete form electronically and print—please do not hand write.