

## Discussion Request Form

### Description

A provider has 30 days from the date of the Review Results Letter for a Complex review, or 30 days from the date of the Informational Letter for an Automated review, to submit this request. If you require an extension, please contact us. 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) check 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.

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**Please note:** A Discussion Request, including a physician-to-physician discussion, may be submitted to our Provider Portal (Portal) and a Portal submission does not require this physical form. To access the Portal or for the Provider Portal Guide, please go to [www.Cotiviti.com/rac](http://www.Cotiviti.com/rac)

For more details on Discussion Requests, the Portal and/or the RAC process, please contact Cotiviti Provider Relations at 866-360-2507 (RAC 3), 833-510-9689 (RAC 4), 833-510-9690 (RAC 5) or go to [www.CMS.gov](http://www.CMS.gov) and search for Medicare Fee for Service Recovery Audit Program. You may also contact CMS directly at [RAC@cms.hhs.gov](mailto:RAC@cms.hhs.gov).

### Instructions

- One form must be submitted per claim.
- The form 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

#### East of the Mississippi:

**Cotiviti-CMS RAC**  
731 Arbor Way, Suite 150  
Box 12005  
Blue Bell PA 19422

#### West of the Mississippi:

**Cotiviti-CMS RAC**  
10701 S River Front Pkwy  
Suite 110, Box 12005  
South Jordan UT 84095

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 mail to the same address as the Review Results Letter you received from Cotiviti. Discussion Result letters are also available on the Provider Portal. On the Provider Portal you may also submit your Discussion, confirm receipt of your Discussion regardless of submission method, upload medical records, view/download letters, check claim status, and update your contact information. To access the Provider Portal, please visit [www.Cotiviti.com/RAC](http://www.Cotiviti.com/RAC).

### Your contact information for this request

Phone number

Ext.

Email Address

Printed name and title/designation

Signature

Date (mm/dd/yyyy)

Fax 203-529-2995, Website [www.Cotiviti.com/RAC](http://www.Cotiviti.com/RAC)

