COTIVITI

Recovery Auditor for CMS

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

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. During this period, or during our review of your request, Cotiviti will not submit any adjustments to your payer.

The physician or a physician employed by the provider, not a consultant, may request to speak with Cotiviti's Medical Director. To do so, (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 discussion.

For more details on Discussion Requests and/or the RAC process, please see www.CMS.gov or contact Cotiviti Provider Service at 866-360-2507

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 do not recommend single fax transmissions over 50 pages. We do recommend a single transmission for each individual claim.

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

Our response

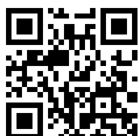
If we have any questions about your submission, we will contact you. We will formally respond to your Discussion within 30 days of receipt, and it will be sent via fax. If our fax transmission is unsuccessful after three attempts, our response will be mailed to the same address as the Review Results Letter you received from Cotiviti. To update your contact information, confirm receipt of yor Discussion, or sign into 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, so please be as specific as possible when describing the reason(s) for your request. If there is no reason provided, or a generic statement is provided (e.g., “the services were medically necessary”), our review will be based solely on the information you previously provided.

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.

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Phone 866-360-2507, Fax 203-529-2995, Website www.Cotiviti.com/RAC