Coding Denial Appeal Form

Use this form to request a review of a coding-related denial or an Appeal of Coding denial. Include an explanation of why it's coded correctly and supporting documentation. A claim should NOT accompany this form. Requests received without the required information will not be reviewed.

Quartz

Quartz Medicare Advantage (HMO)
840 Carolina Street • Sauk City, WI 53583-1374
(800) 394-5566 or TTY 711 • Fax (608) 643-2564
QuartzBenefits.com/MedicareAdvantage

I. PROVIDER CONTACT INFORMATION	
Provider Name:	Date:
Contact Name:	Provider Number:
Phone Number: Ext:	Email:
Fax:	

II. MEMBER INFORMATION	
Member Name:	Patient Account Number:
Claim Number:	Member ID Number:
Date of Service:	

☐ **INCORRECT CODING REVIEW**: Claims that have been returned for incorrect coding (e.g., bundling, inappropriate modifier, invalid diagnosis/CPT code). Provide reason you believe the claim has been coded correctly below (stating a claim is coded correctly is not enough information for review).

☐ **CODING DENIAL RECONSIDERATION REQUEST:** An appeal will be considered when the provider sends medical records accompanied by this form and/or a letter explaining the appeal/reconsideration in detail. Medical records alone will be placed into the member's record until we receive a written explanation of the issue to be reviewed. You can provide an explanation below.

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PLEASE FOLLOW MINIMUM NECESSARY WHEN TRANSMITTING MEDICAL RECORDS TO KEEP OUR MEMBERS' INFORMATION SECURE.

Send form to: **Or fax to:** (608) 643-2564

Attn: CIU Department
Quartz Medicare Advantage (HMO)
840 Carolina Street
Sauk City, WI 53583