

Coding Denial Appeal Form

This form should be used when there is a request for review of a coding-related denial with an explanation of why provider feels it is coded correctly **or** when there is a request of Appeal of Coding denial with explanation and supporting documentation. A claim should NOT accompany this form. Requests received without the required information will not be reviewed.

Send form to –
Attn: CIU Department
Senior Preferred (HMO)
840 Carolina Street
Sauk City, WI 53583

or fax to –
(608) 643-2564

Provider Contact Information

Provider Name:	Date:
Contact Name:	Provider Number:
Phone Number: ()	Ext: Email:
Fax: ()	

Member Information

Member Name:	Patient Account Number:
Claim Number:	Member 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 that 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 letter explaining what the appeal / reconsideration is in detail. Medical records alone will be placed into Member’s record until a written explanation of issue to be reviewed is received. Provide explanation below.

PLEASE FOLLOW MINIMUM NECESSARY WHEN TRANSMITTING MEDICAL RECORDS TO KEEP OUR MEMBER’S INFORMATION SECURE