Coding Denial Appeal Form

Requests received without the required information will not be reviewed.



2650 Novation Parkway • Fitchburg, WI 53713 (800) 897-1923 • Fax (608) 643-2564 **QuartzBenefits.com**

I. Provider contact information	
Provider Name:	Date:
Contact Name:	Provider Number:
Phone:	Email:
() Ext.	
Fax: ()	
I. Member information	
Member Name:	Patient Account:
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). Please 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 written explanation of issue to be reviewed is received. Please provide explanation below:

Please send form to:

Quartz, Attn: CIU Department, 2650 Novation Parkway, Fitchburg, WI 53713 or fax to (608) 643-2564 PLEASE FOLLOW MINIMUM NECESSARY WHEN TRANSMITTING MEDICAL RECORDS TO KEEP OUR MEMBER'S INFORMATION SECURE