Coding denial appeal form

****Denials with CO 151 - N10, please visit provider.marsauditor.com****

Requests received without the required information will not be reviewed.

Provider contact information	
Provider name	Date
Contact name	Provider number
Phone ( ) Ext.	Email
Fax ( )	

Member information	
Member name	Patient account
Claim number	Member number
Dae of service	

☐ **Incorrect coding review.** Claims that have been returned for incorrect coding (e.g., bundling, inappropriate modifier, invalid diagnosis/CPT code). Please provide the reason you believe the claim has been coded correctly below (stating that the 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 what the appeal/reconsideration is in detail. Medical records alone will be placed into the Member's record until a written explanation of the issue to be reviewed is received. Please provide an explanation below.

Please send the 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 members' information secure