

# Coding denial appeal form



Use this form to request a review of a coding-related denial or to appeal a coding denial. Include an explanation of why the coding is correct, along with any supporting documentation. Requests missing required information will not be reviewed. Do not attach the claim.

2650 Novation Pkwy • Fitchburg, WI 53713  
(800) 362-3310 • Fax (608) 643-2564

## Provider contact information

Provider name		Date
Contact name	Provider number	
Phone number	Ext	Fax
Email		

## Member information

Member name	
Patient account number	Member ID number

## Claim information

Claim number	Date of service
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Type of coding denial appeal

**Incorrect coding review**

For claims returned due to incorrect coding (e.g., bundling, inappropriate modifier, invalid diagnosis/CPT code). Please explain below why you believe the claim was coded correctly. Note: stating that a claim is "coded correctly" without an explanation is not enough for review.

**Coding denial reconsideration request**

For claims when the provider is appealing the coding denial. Medical records must be submitted with this form and/or a letter explaining the denial and the reason for reconsideration. Medical records will be added to the member's file, but will not be reviewed until a written explanation of the issue to be reviewed is received. The explanation can be provided below.

## Submission

Mail or fax the completed form to Quartz CIU for review. Please follow the minimum necessary protocols when sending medical records to protect member information.

**Mail:**

Attn: CIU Department  
Quartz Health Solutions  
2650 Novation Pkwy  
Fitchburg, WI 53713

**Fax:**

(608) 643-2564