

Claim Review Request

Please send one form and supporting documentation per claim for paper claim appeals to:
WellFirst Health, 1277 Deming Way, Madison, WI 53717



WellFirst Health®

PROVIDER CONTACT INFORMATION:

Date:

Provider Name:

Tax ID Number:

Contact Name:

E-mail:

Phone:

Submission Type: First Request

Subsequent Request (new documentation)

MEMBER CONTACT INFORMATION:

Member Name:

Member #:

Claim Number:

Date of Service:

CODING REVIEW REQUEST:

Select the topic that best describes the denial received and submit a corrected claim if appropriate. When requesting a review of a denied code, please include a brief explanatory statement and supporting documentation.

Code Bundling	CARC 234/RARC M15, CARC M20/RARC 16, CARC 97,150,231	Maximum Units / Frequency of Service	CARC 151
New Patient Visit Denial	CARC B16	Invalid / Missing / Inappropriate Modifier	CARC 4
Qualifying Service Not Received	CARC A1/RARC N122, CARC B15	Global Surgery Denial	CARC 234/RARC M144 or N525
Assistant/Team/ Co-Surgeon	CARC 54	Diagnosis Denial	CARC 9, 11
Place Of Service Denial	CARC 5	Duplicate Denial	CARC 18
Non-Covered Procedure Denial	CARC 96	Unlisted / Miscellaneous / Code Denial	CARC 16/RARC N350, CARC 133
Other:			

NOTE: Patient weight required for review of drug denials:

Comments:

OTHER CORRECTION / REVIEW REQUEST:

Proof of Authorized Service (Include Auth#)

Authorization #:

Coordination of Benefits

Other: