



Cotiviti and Change Healthcare/TC3 Claims Denial Appeal Form

IMPORTANT!

1. **Only use this form when appealing denials from Cotiviti and Change Healthcare/TC3.** (For other appeals, follow our process in the HAP Billing Manual).
2. Cotiviti pre-paid denials start with “K.” Example: K12 – Incorrect modifier.
3. Change Healthcare/TC3 denial codes start with “Y.” Example: YK9–The modifier is incorrect.
4. Do **not** use this form:
 - If your denial does not meet the above criteria
 - For DRG appeals or denials
 - Medical record request denials
5. Appeals submitted 60 days after the denial date (found on remittance advice) may not be accepted due to expired appeals time frame. (Proof required that appeal was submitted prior to deadline).
6. Supporting documentation is required. For example:
 - Chart or office notes; operative notes or surgery notes
 - Invoices
 - Other clinical documentation related to procedure being appealed
 - Any official polices (CMS articles, LCD, NCD, drug manufacturer inserts, etc.)
 - Corrected claim

INSTRUCTIONS

1. Download form and complete all fields. Incomplete forms will be returned.
2. Submit completed form and supporting documentation online. Here are the steps:
 - a. Log in at **hap.org**; select *Claims*. Search for claim(s) to be appealed.
 - b. Select the claim number; check the box next to the appropriate line number; select *Appeal*; select appeal option of *Code Editing*; follow the prompts.
 - c. Select *Add Attachment*. Add completed form and supporting documentation (see #6 above).
 - d. Complete required fields. **In the Notes field, be sure to include a detailed reason for the appeal or attach a separate document.**
 - e. When finished, select *Submit*.

Detailed reason for appeal:

Appeal Submit Date:		Remittance Advice date:	
Provider Name:			
Contact Name:			
Contact Phone:		Contact Email:	
Member Name:		Member HAP ID#:	
Claim #:		Date(s) of service:	
Procedure code:		Denial code(s):	
HAP assigned s-case number(s), if available:			