



Office Use Only

Docket Index:

(Month/Year/Number)

Revised 8-23-2006

REQUEST FOR PEER REVIEW WITH REGARD TO CLINICAL OR CODING MATTER-Part 1

TO: *Pennsylvania Podiatric Medical Association
PEER REVIEW COMMITTEE*

Please copy and use this form as a guide for gathering all the necessary information about your insurance complaint, and to help determine your next best step in the resolution process.

Personal Data:

First Name	MI	Last Name	Suffix	Degree
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Office Street Address

City	State	Zip
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Telephone	Fax	E-mail
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APMA Member #

Please print or type all information and FAX to 1-1717-761-4091

In the event this FAX is received at the incorrect destination, the receiving party is asked to notify the sender immediately, and then destroy the FAXed information. THANK YOU.

COMPLAINT INFORMATION-Part 2

Docket Index:

Please print or type all information and FAX to 1-1717-761-4091

HEALTH PLAN: _____

PLAN TYPE:

- PPO HMO POS Indemnity Workers' Comp
 Medicare ERISA/Self-Funded Other

TYPE OF COMPLAINT (check all that apply):

- Denial of Referral
 - Denial of Care
 - Denial of Pre-Authorization
 - Denial of Payment after Pre-Authorization
 - Denial of CPT Modifier
 - Incorrect Application of CPT Modifier
 - Incorrect or Partial Payment (per contracted fee schedule)
 - Coordination of Benefit Issue
 - Lost Claims by Payer
 - All-Products Clause
 - Request for Extensive Documentation
 - Late Payments
 - Continuous Medical Review Referrals
 - Non-Itemized Explanation of Benefits
 - Payment Below Contract Schedule
 - Payment at Different Rates Than MD/DOs
 - Failure to List Membership in Plan Directory; Listing of Podiatrist in Section Apart from MD/DOs
 - Inappropriate Modification of Originally Submitted CPT Code
 - Inappropriate Down-coding of Originally Submitted CPT Code
 - Inappropriate Bundling of Services/Procedures
 - Denial of Procedure, Service, or Test CPT Code; Item/Supply HCPCS Code
 - Failure to Follow General CPT Guidelines/CMS Guidelines
 - Failure to Send Requested Payer Guidelines
 - Automatic Denial of Code(s)
 - Incorrect Re-Coding of Procedure/Service
 - Other _____
- _____
- _____
- _____
- _____
- _____

Check Here if additional space is required, and continue on a separate sheet.

