Provider Request for Reconsideration of an Action Form

Please use this form to request reconsideration of a Cardinal Innovations provider action as more fully described in the Provider Manual, Section XIII
Please do not use this form for reevaluation of authorization issues or claim denials. For instruction regarding these type of issues, please refer to the "Review and Determination" Process listed in the Provider portion of our website.

Requests for Reconsideration should include all relevant documentation supporting your request and a clear explanation justifying reconsideration. The following should be completed in ink or typewritten and be easily legible. You may submit your own version of this form; however, it should include all areas outlined below. If there are multiple areas of reconsideration, please list each area separately below.

The specific finding(s) and sanction(s) you wish to challenge must be expressly identified on the form; you will lose the right to any further challenge to the Reconsideration Committee's determination(s) as to any finding(s) and sanction(s) not so identified.

Forms with supporting documentation should be timely submitted to: **Chair of Reconsideration Committee, 550 South Caldwell Street, Suite 1500, Charlotte, NC 28202**. To avoid missing any deadlines and to fully understand the provider reconsideration process, please review Cardinal Innovations' notice to you of the action giving rise to this reconsideration request, and the Provider Manual, Section XIII.

Provider/Agency Name: XYZ Agency

Contact Name for this Request: Jane Smith

Date of Audit/Action: 3/4/2019

Type of Audit/Action: (Routine Review, POC, Investigation, etc.) Routine Review

Issue(s) to be Reconsidered (Please use a separate row for each Issue you are requesting a Reconsideration Review)	**Cardinal Innovations Action Applied** (If payback check the Payback box and include amount to be reconsidered. Check POC box if it is also to be reconsidered.)	**Applicable Reason Code** (Include date of service, claim number, and out of compliance code. If POC, include out of compliance code)	**Reason(s) for Reconsideration** (Please be specific in regard to the reason and justification for Reconsideration for each issue listed)	**Supporting Documentation Attached** (Number each page of your documents and recite the page number of the document that supports each issue)
	☒ Payback Payback amount $ 74.57 ☒ POC	OOC 16 DOS 11/12/18 Claim 18554666 Claim 18554689 OOC 16	[insert explanation here]	Attachment 1 Treatment Plan Pages 1

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Issue(s) to be Reconsidered (Please use a separate row for each Issue you are requesting a Reconsideration Review)	**Cardinal Innovations Action Applied** (If payback check the Payback box and include amount to be reconsidered. Check POC box if it is also to be reconsidered.)	**Applicable Reason Code** (Include date of service, claim number, and out of compliance code. If POC, include out of compliance code)	**Reason(s) for Reconsideration** (Please be specific in regard to the reason and justification for Reconsideration for each issue listed)	**Supporting Documentation Attached** (Number each page of your documents and recite the page number of the document that supports each issue)
	☒ Payback Payback amount $440.00 ☐ POC	DOS 10/29/18 #18549542 OOC 24, 5	[insert explanation here]	Attachment 2 Clinical Coverage Policy 8-A Page 2 Attachment 3 Staff Supervision Log Page 3
	☒ Payback Payback amount $258.00 ☒ POC	DOS 11/6/18 #18658231 OOC 21 OOC 21	[insert explanation here]	Attachment 4 Treatment Note Page 4
	☐ Payback Payback amount $ ☐ POC			