



## CSI Network Services Appeal Process

Please note, that our Provider Action Request Form has been updated and renamed. It is now known as the “**Provider Resolution Form**”. If you do not already have our Provider Resolution Form you can request one by sending an e-mail to [agencyclaims@optioncare.com](mailto:agencyclaims@optioncare.com).

This form is intended for Provider disputes pertaining to issues including any of the following: Claims, billing, contract, or any reason the Provider believes the payment amount or other action CSI took is incorrect.

### Required documentation for submitting disputes:

1. **Complete Provider Resolution Form**
2. **Claim**
3. **Denial letter (if applicable)**

Along with the above documents, some disputes require additional documentation as noted below:

**Not paid per contract** – Documentation of the agreed upon rate

**Visit denied in error** – Copy of the Authorization from CSI

**Timely File** – Signed claims log or Electronic Acceptance report

**Take back/off set** – Claim CSI returned with the payment remit

**More than one of the same type of visit was performed on the same day** – A corrected claim reflecting the number of visits performed and the visit notes for each

**Missing information may cause either a delay in response time, or a complete rejection of the appeal submitted.**

Our goal is to process and resolve Provider disputes in a timely manner. When submitting a Provider Resolution Form, please be sure form is complete and include all supporting documentation as required. By doing so, this will enable us to process your request as quickly as the circumstances allow. After review of the submitted documentation, CSI will return your request with a determination. Please note the following types determination responses:

1. If a denial is overturned and an additional payment is required due to a calculation error, payment will be issued to your agency within 30 days.
2. If a denied charge is overturned, the claim will be submitted to the payer for consideration. Payment is contingent on reimbursement from the payer.
3. If a payment was processed in error or if you are requesting a Take back/off set for another reason, the Take back/off set will be processed in a future remit.
4. No further appeals will be considered on any request that is returned as upheld.

For questions regarding the above process, please contact the Claims Resolution Department at 440-717-1700 option 5