



Request for NCCI Redetermination Review

Hewlett Packard Enterprise
PO Box 244032
Montgomery AL 36124-4032

Complete ALL Fields Below - Print or Type

ICN #	Date of Service	
Recipient Name	Recipient Medicaid Number	
Provider Name	Provider NPI Number	
NCCI Denial Code(s)		
1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
Date of Denial		

Required Attachments (check box to indicate which attachment is being submitted with request):
Corrected paper claim submitted with procedure code(s) that denied along with specific reports (see below):

- Anesthesia report for denied procedure codes in the range: 00100 – 01999
- Operative report for denied procedure codes in the range: 10000 – 69999
- Radiology report for denied procedure codes in the range: 70000 – 79999
- Pathology or Laboratory report for denied procedure codes in the range: 80000 – 89999
- Medical report for denied procedure codes in the range: 90000 – 99605

Comments:

Signature of either the provider or his/her representative

Date
Address
City, State and Zip code
Telephone Number, including area code