



# Request for NCCI Redetermination Review

Gainwell Technologies  
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:

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Signature of either the provider or his/her representative

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