



DISCUSSION PERIOD REQUEST FORM

Purpose

This form is to be completed and submitted by providers/suppliers who wish to enter into the 30-day Discussion Period to provide additional information to support the original payment of a claim that was reopened by the Recovery Audit Contractor (RAC) and determined to have been paid in error. The provider/supplier has 30 days from the date of the Review Results Letter, Initial Findings Letter, or Provider Portal notification to submit this request. Receipt of the completed form and accompanying documentation will serve as the provider's/supplier's request for the Discussion Period in which Performant will complete a thorough review to determine if the information provided supports that the claim should have been paid.

A physician that directly cared for the patient or one who is employed by the provider/supplier, not as a consultant, may also indicate, on this form, a request for a Physician-to-Physician review with Performant's Medical Director. Additional documentation can be considered regarding the details of the service(s) billed that may not have been clearly documented in the medical record.

Please Note: The term "physician", refers to a MD, DO, DPM, DDS, DMD, or OD legally authorized to practice medicine and surgery by the State in which he/she performs such function or action.

Performant Recovery, Inc.
Discussion Period Request
P.O. Box 3568
San Angelo, TX 76902
Fax to: (833) 366-6118

Instructions

- Complete this form electronically (please do not hand write)
- If requesting a Physician-Physician Discussion, please include the name and credentials of the physician who will attend the call, as well as a detailed narrative, describing the reason for the request and any additional information relevant to the payment of the claim.
- Print the completed form and sign it
- One completed and signed request form must be submitted for each claim you wish to discuss
- Use the completed form as the first page of each submission
- Include evidence to support why you believe the claim was properly coded, correctly billed, and should be covered by Medicare (coverage indications, limitations, and/or medical necessity)
- Submit the completed form and accompanying documentation by mail or fax
- If you need an extension of time to submit your documentation during the 30-Day Discussion Period, please call Customer Service at 866-201-0580
- If submitting by mail, please use a method with tracking and delivery confirmation
- If submitting by secure fax, please use a fax cover form, indicating the number of pages

Communication

If we have questions regarding your submission, we will contact you. We will provide confirmation that we received your Discussion Period request, via the Provider Portal, within one (1) business day of receipt. Performant encourages providers/suppliers to check the Provider Portal to track the receipt status of the Discussion request documentation.

If you have any questions regarding this form or difficulties accessing our website, please contact our Customer Service Department at 1-866-201-0580. Our staff of professional Customer Service Specialists look forward to assisting you with all your RAC related inquiries.

Your Information

Provider/Supplier Name: _____

NPI: _____

TAX-ID: _____

CLAIM #: _____

Type of Audit: Automated – Automated Review Initial Finding Notification Letter:
 Complex – Date of RAC Review Results Letter:

Additional Documentation Attached: Yes No

Physician-to-Physician discussion requested: Yes No

Name and credentials (MD, DO, DPM, DDS, DMD, OD) of the physician who will attend the call:

I do not agree with the RAC's decision for the following reason(s):

Please submit additional page(s), if necessary.

Signature: _____

Date: _____

Printed Name: _____

Phone: _____

E-mail: _____