

CSI Network Services Appeal Process

If your agency has a denial that you believe is incorrect, please use our new Provider Resolution Form to ask CSI to appeal the claim. If you do not already have a copy of this form, you may request one by sending an e-mail to agencyclaims@optioncare.com.

This form is intended for the provider disputes pertaining to issues including any of the following: claims, billing, contract, or any other 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
4. Copy of the authorization (if applicable)

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

1. Visit denied in error – copy of authorization from CSI
2. Timely Filing- Signed claim log, copy of e-mail sent, or electronic acceptance report
3. Take Back/Off set- claim submitted to CSI, CSI's payment remit, and the reason for the request.

Missing information may cause 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 the form is complete and include all required supporting documentation is included. By doing so, this will enable us to process your request as quickly as possible. After review of the submitted documentation, CSI will e-mail you with a determination. Please note the following types of determination responses:

1. If a denial is overturned and an additional payment is required due to a calculation error, payment will be issued within 30 days to your agency.
2. If a denied claim is appealed and the denial 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 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.

PROVIDER RESOLUTION FORM

Instructions: Please complete each field on the form. Missing information could result in the form being returned or cause a delay in completion of the appeal. All information requested below is located on your Claims On File report as well as your CSI Explanation of Benefits. A copy of the claim is **REQUIRED** for consideration.

Provider Name: _____ Date Submitted: _____
Provider Contact Name: _____ Contact Number: _____
Provider Contact Email Address: _____
Patient Name: _____
CSI Patient ID#: _____ CSI Claim #: _____
Date of Service: _____ Service Type: _____

TYPE OF REQUEST (CHOOSE ONE)

- ☐ Claim not paid per contract Contract Rate Expected: _____
☐ Visit denied in error Date of Service (if known): _____
☐ Timely File (MUST PROVIDE PROOF OF FILING)
☐ Take Back (Detailed Reason must be provided):

☐ Other Request _____

Please submit all completed forms along with copy of claim and supporting documentation via email to agencyclaims@optioncare.com to the attention of our Appeals department.

Please note: any appeal past the payer timely filing limit for appealing the claim will be returned and the claim will remain denied