

Appeal/Grievance

2nd Level Request Form

Received Date: _____ Ref #: _____ Review Type: **Appeal** **Grievance**

Review Category:

Procedure Code	Dx Code	Taxonomy Add
NCCI Denial	OPPS	Claim Denied per Policy
PA	Timely Filing	Not Billing TPL
Adjustment	Payment Dispute	General Complaint
DRG		

Review Requested of: _____

Sending Department: Medical Policy Provider Services Claims TPL

Explanation:

Included in request:

Letter from Complainant	Research Documentation
Medical Records	Original Request
Claims Attachments	Original PA Request
Claims History Query	PA Supporting Information
Call Log	Other Correspondence

Mail completed form to:
Wyoming Medicaid ATTN:
Appeals
PO Box 1248
Cheyenne, WY 82003-1248

Email:
WYappeals@cns-inc.com

Fax:
(307) 460-7408

WYBMS-Grievance and Appeal

