



## DRG Review Request Inquiry Form

Please submit this form with each individual claim request, **accompanied by a DRG calculation sheet and copy of your claim submittal**. Multiple claim requests (with the same reason for dispute) may be submitted on a single form with an attached spreadsheet, but the spreadsheet must include claim-specific information required below and be accompanied by a DRG calculation sheet for each claim identified on the spreadsheet. **Forms should be completed with black ink** to ensure readability after faxing. **Do not submit a *Review Request Inquiry Form* for balances that are the patient's responsibility** (deductible, coinsurance or penalty amount applied). Do not use for disputes with DRG assignments resulting from DRG audits.

Date Request Submitted: \_\_\_\_\_

Hospital Name: \_\_\_\_\_ Provider ID#: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax# \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient ID#, Including Prefix: \_\_\_\_\_

Patient Account #: \_\_\_\_\_ DOS (From/To): \_\_\_\_\_

Claim # to be Reviewed: \_\_\_\_\_ Discharge Status Code: \_\_\_\_\_

DRG Code Submitted: \_\_\_\_\_ DRG Code Paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_

**Reason for Review:** Please provide a detailed description below:

- DRG Code Revision (requests are reviewed by Analysis and Recovery Dept)
- Questioning DRG code paid
- Questioning DRG payment amount
- Questioning Inlier vs. Short Stay Payment
- Questioning Observation Room Payment
- Questioning severity of illness (SOI)
- First level dispute (select if you do not agree with original findings)
- Second level dispute (select if you do not agree with first level dispute findings)

**Description** \_\_\_\_\_

**Fax completed form and attachments to:  
Innovative Provider Solutions  
Fax: 1-800-244-0195**