



Cotiviti
<<<Address Line 1>>>
<<<Address Line 2>>>
<<<City, State Zip>>>

<<<Date>>>

CCV - Reconsideration Response – Overturned

<<<Provider Name>>>
<<<Provider Address 1>>>
<<<Provider Address 2>>>
<<<City, State Zip>>>

Dear <<< Provider Name >>>:

Your letter requesting reconsideration of our audit determination has been received and reviewed by Cotiviti. Based on the additional information provided, Cotiviti agrees with the claim information as submitted. The audit determination sent to you previously has been overturned, and no further action is necessary regarding this claim:

Patient Account #: XXXXXXXXXXXXXXXXXXXX Patient Name: <<< Last Name, First Name >>>
Facility: XXXXXXXXXXXXXXXXXXXX Patient DOB: 99/99/9999
Date of Admission: 99/99/9999 Date of Discharge: 99/99/9999
Recon Received: 99/99/9999 Recon Review Date: 99/99/9999

If you have any questions regarding this reconsideration process, please contact Cotiviti Provider Services at <<< (XXX) XXX-XXXX >>>, Monday – Friday from 7:00 AM to 4:00 PM CST/CDT. Thank you for your cooperation with this claim review.

Sincerely,

Cotiviti

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Cotiviti is an independent company offering payment integrity services on behalf of Blue Cross Blue Shield of North Dakota.

Cotiviti, <<< Address Line 1>>> <<< Address Line 2>>> <<< City, State Zip>>> T:<<<PHONE>>> F:<<<FAX>>>