



**REGION 4 RECOVERY AUDIT CONTRACTOR
DISCUSSION PERIOD SUBMISSION FORM
PART B: PHYSICIAN/NON-PHYSICIAN PRACTITIONERS**

To: HMS Part B Discussion Period Review Fax: 702-240-5510

From: _____ Date: _____

Phone Number: _____ Fax Number: _____

RE: _____ Pages: _____

Is this a Peer-to-Peer Discussion Request? YES NO

Note: A physician or physician employed by the Provider, not a consultant, may request to hold discussions with HMS' Medical Director.

Please review the attached additional materials and re-evaluate the original improper payment determination for:

HMS Audit Number: _____

Claim Number _____

Provider Name: _____

Provider Number: _____

Comments: _____

SUBMISSION INSTRUCTIONS:

You may submit this form and all additional materials by fax or mail.

NOTES:

1. Please submit one (1) form for each claim.
2. Please enclose a copy of the Audit Detail from the HMS Letter.
3. You may track the status of your Discussion Period Request at <https://racinfo.hms.com>.
4. HMS will carefully review the materials you have submitted and provide you with a written response.

CMSRAC Part B Discussion Period Review
9275 W Russell Road, Ste 100 - MS 12M, Las Vegas NV 89148
Part B Provider Relations: (877) 350-7993 Fax: (702) 240-5510

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