



Provider Dispute Process - It is VNS CHOICE's policy to ensure fair, appropriate resolution and timely handling of Providers' disputes. The Provider dispute resolution process provides a mechanism by which Providers may submit disputes resulting from claim adjustments or denials.

Claims Issues – are those related to decisions made during the claims adjudication process (coding, place of service, Eligibility issues, timely filing, payment policies and processing errors) and not related to Utilization Review (pre-certifications, authorizations or medical necessity).

Please call the following number for claims inquires and issues: 1-866-783-0222

VNS CHOICE Contracted Providers				
Dispute Type	Request Criteria	Submission Timeframe	Necessary information to be provided	Contact Information
Level 1 Reconsideration	Standard reconsideration request of a denial of payment	Please refer to your provider contract.	<ul style="list-style-type: none"> Provider Dispute Resolution Form¹ Copy of denied claim Copy of remittance Any requested or substantiating documentation not previously provided. 	Must be submitted² in writing to: VNS CHOICE Medicare Appeals 1250 Broadway, 11 th Fl. New York, NY 10001 Or Fax to 866-791-2213
Level 2 Reconsideration (not available to institutional providers)	Level 1 denial of payment upheld	Please refer to your provider contract.	<ul style="list-style-type: none"> Any requested or substantiating documentation not previously provided. 	Must be submitted in writing to: VNS CHOICE Medicare Appeals 1250 Broadway, 11 th Fl. New York, NY 10001 Or Fax to 866-791-2213

Providers NOT Contracted with VNS CHOICE				
Dispute Type	Request Criteria	Submission Timeframe	Necessary information to be provided	Contact Information
Appeal Reconsideration	Standard reconsideration request of a denial of payment.	Provider submits within 60 days of denial of a clean claim. Plan determination within 60 days of receipt of Appeal	<ul style="list-style-type: none"> Waiver of Liability Form¹ required prior to appeal Provider Dispute Resolution Form¹ Copy of denied claim Copy of remittance Any requested or substantiating documentation not previously provided. 	Must be submitted in writing to: VNS CHOICE Medicare Appeals 1250 Broadway, 11 th Fl. New York, NY 10001 Or Fax to 866-791-2213
Adverse Appeal Reconsideration Referral to Maximus Federal Services	Appeal reconsideration determination denial upheld.	Plan submits claim and documentation to IRE within 60 days of reconsideration request.	<ul style="list-style-type: none"> Notification to member and provider 	

¹ Forms available for download at VNSCHOICE.org

² Reconsideration should only be filed after receiving a claim issue resolution decision.