CLINICAL EDIT INQUIRY FORM

***ONE CLAIM PER FAXED INQUIRY***

<table>
<thead>
<tr>
<th>Sender Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sender Fax:</td>
<td>Sender Phone:</td>
</tr>
<tr>
<td>Sender Contact Email:</td>
<td></td>
</tr>
<tr>
<td>Provider Name:</td>
<td># Pages: (including cover)</td>
</tr>
<tr>
<td>Provider Group name:</td>
<td>Claim #:</td>
</tr>
<tr>
<td>Member Name:</td>
<td>DOS:</td>
</tr>
<tr>
<td>PHP Member ID #:</td>
<td>CPT Code:</td>
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<tr>
<td>Additional Notes:</td>
<td></td>
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</tbody>
</table>

Please visit ProvLink to review the full list of our Coding Policies.

You MUST include the following for your inquiry to be processed:

1. Chart notes for date of service that support all procedures.
2. Letter of explanation for the inquiry.

If the claim denies for the codes listed directly below, please fax to Coding at (503) 574-8609.

- [ ] t04
- [ ] u03
- [ ] u14
- [ ] z58
- [ ] ___

- [ ] t15
- [ ] u11
- [ ] z45
- [ ] z66

- [ ] t18
- [ ] u13
- [ ] z46
- [ ] z77

If the claim denies for chart notes or any of the codes listed below, please fax to Healthcare Services at (503) 574-8179.

- [ ] p03
- [ ] u09
- [ ] u31
- [ ] z37
- [ ] z79

- [ ] p04
- [ ] u21
- [ ] u42
- [ ] z41
- [ ] z80

- [ ] t07
- [ ] u24
- [ ] u43
- [ ] z78
- [ ] ___

Revised July 21, 2023