

Claim and Medical Necessity Review Form



This form must be completed to initiate the CountyCare Claim and Medical Necessity Review Process. Claim and Medical Necessity reviews must be submitted within 60 calendar days from the date on the Explanation of Payment (EOP). For contracted providers, submit this form through the provider portal. See step 3 below for submission instructions.

() Denotes required field*

Date of Request*: _____

Requestor Name*: _____

Contact Phone Number*: _____

Step 1: Type of review (please check appropriate box)*

- Claim Review – this is an initial attempt at reconsideration of an adjudicated claim
- Medical Necessity – this is for a denial issued when pre-certification, authorization or extension of stay cannot be approved. All relevant medical records within 30 days of UM denial or date of service (whichever is first) MUST be included with this form.

NOTE: If original claim submitted requires a correction, such as a valid procedure code, location code, or modifier, please re-submit following the "Corrected Claim" process in the [County Care Provider Manual](#) a Claim Review request is not necessary.

Provider Name*: _____

Member Name*: _____

Provider Tax ID*: _____

Member Medicaid ID Number*: _____

Date(s) of Service*: _____

CountyCare Claim Number*: _____

Step 2: Reason for review (please check appropriate box)*

Claim was denied for no authorization, but authorization # _____ was obtained

Claim was denied for no authorization, but authorization is NOT required for this service

Claim was denied for untimely filing in error (attach proof of timely filing)

Claim was denied as duplicate

Claim was denied for member eligibility (attach MEDI screenshot)

Claim was paid at an incorrect amount

Claim was processed as out of network provider

Other (please briefly explain) _____

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Step 3: Submit form online or by mail

Online – Available through the CountyCare Provider Portal for Contracted Providers:

1. Log into the CountyCare Provider Portal or create an account:
<https://countycare.valence.care/>
2. Click on “Contact County Care” in the menu bar
3. Select “Claim Review” or “Medical Necessity” for Message Type
4. Complete required fields
5. Attach Claim, Medical Necessity Review Form, and additional documentation that supports the review (i.e. proof of timely filing, authorization details, verification of member eligibility, and/or relevant clinical records)
6. Click Submit

OR

By Mail – Non-contracted providers send the following documentation:

1. Completed Provider Claim and Medical Necessity Review Form
2. Copy of the original and/or corrected claim
3. Copy of the EOP(s)
4. Additional documentation that supports the review (i.e. proof of timely filing, authorization details, verification of member eligibility, and/or relevant clinical records)
5. Mail form and documentation to:

ATTN: CountyCare Health Plan P.O. Box 211592 Eagan, MN 55121-2892
