



## Corrected Claim and Claim Reconsideration Request Guide

Please review this guide to learn about corrected claims, claim reconsideration requests and submission options.

### Corrected Claims

Corrected claims<sup>1</sup> replace an original claim submission that had incorrect information. For example, you may submit a corrected claim if you need to correct the date of service or add a modifier. All lines from the original claim should be included even if they were correct in the first submission.

### Claim Reconsideration Requests

A claim reconsideration request<sup>2</sup> is typically the quickest way to address any concern you have with how we processed your claim. We'll review whether a claim was paid correctly – including checking to see if your provider information and/or contract are set up incorrectly in our system, which could have resulted in the original claim being denied or reduced.

### Submission Options

You may submit requests online or by mail. We recommend you submit your requests online using **Link**, which offers these benefits:

- You can upload related documents, if needed.
- The overall turnaround time for the request may be reduced by eliminating mail time.
- You'll receive immediate confirmation of receipt and a tracking number.
- You'll be able to check the status online.

If you submit your requests by mail, each one must be accompanied by the form on page 5 of this guide.

### Getting Set Up for Online Submissions

If you aren't registered to use Link, please go to [UHCprovider.com/newuser](https://UHCprovider.com/newuser).

### Submitting a Single Claim Reconsideration or a Corrected Claim using claimsLink

Please refer to [Quick Reference: Claim Reconsideration/Corrected Claims](#) for instructions.

### Submitting 20 or More Claims for Reconsideration using Claim Research Project on Link

A claim research project may be submitted for 20 or more claims with the same processing issue. For directions, please refer to the [Claim Research Project Quick Reference Guide](#).

### Link Support

Refer to [UHCprovider.com/link](https://UHCprovider.com/link) or call the UnitedHealthcare Connectivity Help Desk at **866-842-3278, Option 1**, available Monday to Friday from 7 a.m. to 9 p.m. Central Time.

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<sup>1</sup> A corrected claim must be submitted within the timely filing period for claims. A corrected claim is not a claim appeal and does not alter or toll the deadline for submitting an appeal on any given claim.

<sup>2</sup> A claim reconsideration request is not a claim appeal and does not alter or toll the deadline for submitting an appeal on any given claim. Claim reconsideration requests cannot be submitted for member plans situated in Maryland.

## Paper Submissions

The form on page 5 of this guide can be used for UnitedHealthcare commercial, UnitedHealthcare Medicare Advantage and UnitedHealthcare West claims.

- Please submit a separate form for each claim (this guide should not be submitted with the form).
- No new claims can be submitted with the form.
- Do not use the form for formal claims appeals or disputes; continue to follow your standard process as found in your provider manual or agreement.

For UnitedHealthcare Oxford, use the review request or research project [form](#) on Oxfordhealth.com.

## Completing the Form

On the paper form you will select one of eight reasons for the request. Information about the choices and requirements is below.

### 1. Denied as “Exceeds Timely Filing”

Timely filing is the time limit for filing claims, which is specified in the network contract, a state mandate or a benefit plan. For a non-network provider, the benefit plan decides the timely filing limits. These requests require one of the following attachments.

#### *Requirements for **electronic** claims:*

Submit an electronic data interchange (EDI) *acceptance* report (not a submission report). This must show that UnitedHealthcare or one of our affiliates received, accepted and/or acknowledged the claim submission within the timely filing period.

#### *Requirements for **paper** claims:*

Submit a screen shot from your software that shows the date the claim was submitted – please verify the date is within the timely filing period. The screen shot must show the correct member name and correct date of service as well.

### 2. Closed or Held for Additional Information

Please attach a copy of all information requested and include the following information on the first page of the request:

- Patient name, address and member ID number
- Provider name and address
- Claim reference number

### 3. Denied for Coordination of Benefits information

Submit professional claims at the line level if the primary payer provides the information, and submit institutional claims at either the line or claim level. The service level and claim level should be balanced. UnitedHealthcare follows Health Care Claim Encounter – Professional (837p) and Institutional 837i guidelines.

#### **Commercial** Coordination of Benefits Claim Requirements

**Primary Payer Paid Amount** – Submit the primary paid amount for each service line from the Electronic Remittance Advice (835) or PRA. Submit the paid amount on institutional claims at the claim level.

**Adjustment Group Code** – Submit the other payer’s claim adjustment group code. Common reasons for the other payer paying less than billed include: deductible, co-insurance, copayment, contractual obligations and/or non-covered services.

**Adjustment Reason Code** – Submit the other payer’s claim adjustment reason code. Common reasons for the other payer paying less than billed include: deductible, etc.

**Adjustment Amount** – Submit the other payer’s monetary adjustment amount.

#### **Medicare Primary Coordination of Benefits Claim Requirements**

**Adjustment Group Code** – Submit Medicare’s claim adjustment group code from the 835 or PRA. At the claim level, do not enter any amounts included at the line level. Common reasons for the other payer paying less than billed include: deductible, co-insurance, copayment, contractual obligations and/or non-covered services.

**Adjustment Reason Code** – Submit Medicare’s claim adjustment reason code from the 835 or PRA. At the claim level, do not enter any amounts included at the line level. Common reasons for the other payer paying less than billed include: deductible, etc.

**Adjustment Amount** – Submit Medicare’s monetary adjustment amount.

**Medicare Paid Amount** – Submit Medicare’s claim level and line level paid amounts.

**Medicare Approved Amount** – Submit Medicare’s claim level and line level allowed amounts.

**Patient Responsibility Amount** – Submit the monetary amount for which the patient is responsible from the 835 or the PRA.

**Medicare Acceptance of Assignment** – Indicate whether the provider accepts the Medicare assignment.

#### **4. Submission of a Corrected Claim**

Consistent with Health Insurance Portability and Accountability Act (HIPAA) requirements, submit corrected claims in their entirety. Please follow these guidelines:

- Do not make handwritten corrections on the claim. Make the changes in your practice management system, so the corrections print on the amended claim.
- Send the entire corrected claim (even line items that were previously paid correctly). The corrected claim is compared to the original claim and all charges for that date of service. Any partially-corrected claim will be denied.
- The provider and patient information must be on the claim.
- List the specific changes made and rationale or other supporting information in the comments section of our Request Form.

Physician claims: Enter 7 in electronic field 12A or box 22 of the paper CMS-1500 form.

Facility claims: UB Type of Bill should be used to identify the type of bill<sup>3</sup> submitted as follows:

- XX5 Late charges only
- XX7 Replacement of previous bill (corrected claim)
- XX8 Void/cancel previous claim

#### **5. Rate Applied Incorrectly Resulting in Over/Underpayment**

In network providers: please check your fee schedules on Link prior to submitting a claim reconsideration request for this reason. Indicate the contract amount expected by code or case rate, compared to the amount received, as well as other factors related to the over- or under-payment. If you disagree with the fee schedule your claim was paid by, contact [Network Management](#) in your state.

#### **6. Resubmission of Prior Notification/Prior Authorization Information**

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<sup>3</sup> Please check your Administrative Guide and reimbursement policies to confirm types of bill allowable for reconsideration.

Please let us know if the service was performed on an emergency basis and notification was not possible. Or, submit a prior authorization number and other documents that support your request. If you spoke to a customer service representative and were told that notification was not required, please submit the date, time, reference number of that call and the name of the representative.

## **7. Resubmission of a Claim With Bundled Services**

If a bundled claim appears to be paid incorrectly, please review your claim submission for appropriate codes and modifiers. If you need to add or change codes or modifiers, please submit a corrected claim instead of checking this option. Otherwise, include an explanation of why the bundling is incorrect.

## **8. Other**

Provide any information that supports your request.

## **Mailing the Form**

After completing the entire form, please mail it to the applicable address below.

*UnitedHealthcare and UnitedHealthcare West (commercial or Medicare)*

Send the form to either:

- The address on the Provider Remittance Advice (PRA)/Explanation of Benefits (EOB)
- The claim address on the back of the member's ID card

*UnitedHealthcare Empire Plan*

P.O. Box 1600

Kingston, NY 12402-1600

## **Questions about the form?**

Please call the number on the back of the member's health care ID card.

Insurance coverage provided by or through UnitedHealthcare Insurance Company, All Savers Insurance Company, Oxford Health Insurance, Inc. or their affiliates. Health Plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, LLC, UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc., Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc., or other affiliates. Administrative services provided by United HealthCare Services, Inc., OptumRx, OptumHealth Care Solutions, Inc., Oxford Health Plans LLC or their affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.

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### Single Claim Reconsideration/Corrected Claim Request Form

This form is to be completed by physicians, hospitals or other health care professionals for claim reconsideration requests for our members.

- Please submit a separate form for each claim.

**NOTE**

- No new claims should be submitted with this form.
- Do not use this form for formal appeals or disputes. Continue to use your standard process.

Please refer to the preceding Guide for instructions and where to mail this form. You may want to verify the member’s information using the website listed on the back of the member’s health care ID card.

Physician     Hospital     Other Health Care Professional (Lab, Durable Medical Equipment (DME), etc.)

Member Information		Date Form Completed	
Member ID	Control / Claim #	Date of Service	Billed Amount
Member Last Name		First Name	MI
Street Address		State	ZIP Code
Patient: Last Name		First Name	MI

#### Physician/Health Care Professional Information

Tax Identification Number (TIN): \_\_\_\_\_ Phone Number (with area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

Physician or other Health Care Professional Name (as listed on Provider Remittance Advice (PRA)/Explanation of Benefits (EOB))

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Facility/Group Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Expected amount owed \_\_\_\_\_ Contact Fax Number (with area code) \_\_\_\_\_

#### Reason for request: (Information about the reasons and required documentation can be found on the Claim Reconsideration/Corrected Claim Quick Reference Guide)

- 1. Previously denied or closed as “Exceeds Filing Time”
- 2. Previously denied or closed for “Additional Information”
- 3. Previously denied or closed for “Coordination of Benefits” information
- 4. Resubmission of a corrected claim
- 5. Previously processed but rate applied incorrectly resulting in over/underpayment (Network Providers - Check your fee schedules)
- 6. Resubmission of “Prior Notification Information”
- 7. Resubmission of a claim with “Bundled” services
- 8. Other (explain below)

Please include what you expect from UnitedHealthcare to close this claim in your practice management system, including dollar amount if possible:

**Comments**

#### Required attachments

- Copy of PRA or EOB
- A CMS-1500 or UB-04 claim form is **ONLY** required for corrected claim submissions
- Other required attachments as listed in the Guide

You may have additional rights under individual state laws. Please review the provider website, your provider administrative guide or your provider agreement/contract if you need more information.