



## Claims Reconsideration, Resubmission and Adjustment Process

Please use one of the following options if you disagree with a payment or denial for payment from UnitedHealthcare Community Plan. You don't need to file a claim dispute when you're providing additional information (clinical or otherwise) that may impact the adjudication status of a previously processed claim. If you do need to file a claim dispute, you must follow the timely filing guidelines listed in the [Provider Administrative Manual](#).

A **Claim Reconsideration** is a request for review of a claim that you believe was incorrectly paid or denied because of processing errors or missing documentation. This is typically the quickest way to address any concerns about the processing of your claim. We review whether a claim was paid correctly, including if your provider information and/or contract are set up correctly in our system. If information is not correct, it can result in the original claim being denied or reduced.

A **Claim Resubmission** is a claim that originally was denied because of missing or incorrect claim information and is being resubmitted with the required information (e.g., corrected claim). Within timely filing guidelines, you may submit additional documentation for review that may substantiate the claim. Or, you may resubmit a previously denied claim with corrected information for adjudication (e.g., medical records, explanation of benefits, proof of timely filing, corrected CPT® codes, diagnosis code and provider identification number).

A **Claim Adjustment** is a previously paid claim that requires additional research due to an overpayment or underpayment.

You should submit all claim reconsiderations, resubmissions and adjustments by using the claimsLink app on Link. To sign in to Link, go to [UHCprovider.com/Link](https://UHCprovider.com/Link). Please include:

- An updated copy of the claim
- A copy of the original claim
- A copy of the remittance advice that included the claim denied or incorrectly paid
- Any additional documentation required

For paper reconsideration requests, use the [Claim Reconsideration Request Form](#).

For reconsideration, resubmission or adjustment of claims related to **Acute, Children's Rehabilitative Services or Developmentally Disabled plans**, please submit your claim and supporting documentation outlining the specific issue to:

UnitedHealthcare Community Plan  
P.O. Box 5290  
Kingston, NY 12402

For a reconsideration, resubmission or adjustment for **Long Term Care**, please submit your claim and supporting documentation outlining the specific issue to:

UnitedHealthcare Community Plan  
P.O. Box 30995  
Salt Lake City, UT 84130

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