



Expanded Reconsideration Process Includes Medical Necessity Claim Denials

UnitedHealthcare Community Plan has an existing claim reconsideration process for administrative claim denials. We recently expanded it to include claims that are denied for not meeting medical necessity criteria. **Care providers are able to submit an informal request for medical necessity review on denied claims prior to submitting a formal appeal.**

What You Need To Know

- If you have to submit a reconsideration that involves a claims denial for not meeting medical necessity criteria, use the informal request offered through reconsideration.
- Within the informal request, UnitedHealthcare Community Plan will conduct a full medical necessity review without the need for you to file a formal claim dispute.
- This change is expected to improve your experience by offering you a faster turnaround time and easier submission process.

What Happens With the Expanded Reconsideration Process

- UnitedHealthcare Community Plan will direct appeals on claims that are denied for medical necessity to our Clinical Reconsideration Team for an initial medical necessity review.
- If the Clinical Reconsideration Team determines that no adjustment is due, you will still need to file a formal appeal within the 90 days of the reconsideration determination.
- UnitedHealthcare Community Plan will accept an additional appeal request 90 business days **after** the reconsideration date included in the provider notice you'll receive.
- Appeals directed for clinical reconsideration for review will not be counted as first-level appeal requests.

How to Submit a Reconsideration Request

To submit a clinical reconsideration request for a claim that was previously denied/closed with the reason code: ***Does Not Meet Medical Necessity***, you can complete your reconsideration request online or call us:

- Use the claimsLink app on Link. To access the app, sign in to Link by clicking on the Link button in the top right corner of **UHCprovider.com**.
- Call Provider Services at **877-842-3210**.

Please include the following documentation with your clinical reconsideration request, and the address that we should use to send you correspondence about your reconsideration:

- Medical records
- Lab reports
- Radiology reports
- Any other pertinent medical necessity documents

If you are not satisfied with the outcome of the medical necessity review, you will still be able to exercise your claim dispute rights, but must provide us with notice of your intent to proceed with a formal appeal. Please refer to the Provider Administrative Manual for additional information about the reconsideration process and your claim dispute rights. Go to UHCCommunityPlan.com > For Health Care Professionals > Maryland > [Provider Administrative Manual](#).

We're Here to Help

If you have questions, please call Provider Service at **877-842-3210**. Thank you.