

Claim Reconsideration Requests

If a provider feels that a claim was processed incorrectly or denied in error, the provider should contact Provider Services at 800-600-9007.

Claims Resubmission:

If provider receives notice from UnitedHealthcare Community Plan that a claim was denied due to incorrect or missing information, the provider may resubmit the claim to UnitedHealthcare Community Plan within 45 days of the date of the remittance advice (**note that this timeframe may differ depending upon your contract).

For professional and institutional paper claim forms, the only mechanism accepted to indicate the claim is a correction or a void of a previous processed claim will be the following:

ClaimForm: CMS 1500

BoxNumber: 22

Title: Medicaid Resubmission and/or Original Reference Number

Instructions: When resubmitting a claim, enter the appropriate claim frequency code left justified in the left-hand side of the field. (7- Replacement of prior claim, or 8- Void-cancel of prior claim).

Claims Form: UB-04

BoxNumber: 4

Title: Type of Bill

Instructions: When resubmitting a claim, enter the appropriate claim frequency code in the 3rd position of the Type of Bill (7- replacement of prior claim, or 8- Void-cancel of prior claim).

For professional or institutional EDI claims, the only mechanism accepted to indicate the claim is a correction or a void of a previous processed claim will be the following:

Loop: 2300

Segment: CLM05-3

Name: Claims Frequency Type Code

Instructions: when resubmitting a claim, enter the appropriate claim frequency code (7- replacement of prior claim, or 8- Void-cancel of prior claim).

Claim Reconsideration:

Providers disputing UnitedHealthcare Community Plan's reimbursement determination may contact UnitedHealthcare Community Plan within 60 days of receipt of UnitedHealthcare Community Plan's remittance advice. Providers may either contact Provider Services or submit a written request including the following:

- A letter detailing the reconsideration request
- A copy of UnitedHealthcare Community Plan's remittance advice
- Related medical records and other supporting information.

Submit the reconsideration request and supporting documentation to:

UnitedHealthcare Community Plan
P.O. Box 8207
Kingston, New York 12402-8207

UnitedHealthcare Community Plan provides notification of the decision on a future remittance advice within 30 days of receipt of the request. UnitedHealthcare Community Plan will accept subsequent reconsideration requests if there is additional supporting documentation not yet submitted. Providers still disputing the reimbursement determination after submitting all supporting information may file an appeal. If a correction on a claim is being submitted, please be sure to have the claim clearly marked as a corrected claim. Otherwise, this may result in the claim denying as a duplicate claim.