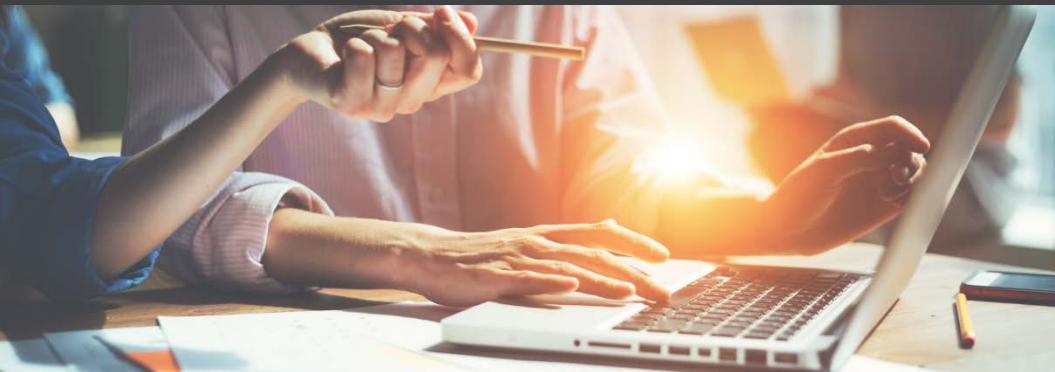


Simplify Your Administrative Workflow: Important Claim Appeal and Reconsideration Information



For more information regarding the these processes, please refer to the “Claim Reconsiderations, Appeals and Grievances” chapter of your Provider Manual or visit UHCprovider.com .

Claim Appeal Process

What is an appeal?

An appeal is a second review of a reconsideration claim.

When to use:

If you do not agree with the outcome of the claim reconsideration decision, use the claim appeal process. Send appeals 60 calendar days from the first reconsideration decision date or the Provider Remittance Advice (PRA). **A determination will be made within 30 days of receipt.**

How to use:

Submit related documents with your appeal. These may include a cover letter, medical records and additional information. Send your information electronically, by mail or fax. In your appeal, please include any supporting information not with your reconsideration request.

Important Reminder !

Call the Louisiana Provider Services Line at **866.675.1607** with any claim issues, appeals, or complaints. Be sure to indicate you are a behavioral health provider and have the specific claim numbers and pertinent information on hand. When calling the Provider Services Line, please obtain the person(s) name and the call reference number for tracking purposes. Allow the stated timeframe received from the Provider Services Line Representative for your issues to be resolved. To check on the status of a previously logged issue, call **866.675.1607** with your project or call reference number.

If you have any questions, please email your Provider Relations Advocate at:
networkse@optum.com



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Claim Reconsideration Process

What is the time requirement?

Request for claim reconsideration review **must be received from the provider within 180 calendar days** of the Remittance Advice paid date or original denial date. **A determination will be made within 30 days of receipt.**

How to submit?

Request may be submitted verbally, in writing or through the Claims Link Self-Service Tool located on UHCprovider.com. You will be provided with a reference number for your request for claim reconsideration. This reference number can be used for claim appeals if necessary.

By phone: 1-866-675-1607

By mail: Attn: Reconsideration UnitedHealthcare Community Plan
P.O. Box 31365

Salt Lake City, UT 84131-0341

By web: uhcprovider.com/en/claims-payments-billing/claimslink-self-service-tool.html

Links for More Information

uhcprovider.com/content/dam/provider/docs/public/claims/claimsLink-Claim-Reconsideration-Corrected-Claims-QRG.pdf