



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company



SIERRA HEALTH AND LIFE
A UnitedHealthcare Company

@YourService Claims Reconsideration Submission Instructions

First, select Claim Search

Then, choose the "Search By" Function, and enter the appropriate information

Quick Menu | Health & Wellness

Claim History Referrals/Prior Authorizations Pharmacy Benefits/Coverage Deductibles/Accumulators CORE Reports

Home >> Quick Menu >> Search Claims

Claims Search

Search EOPs

Search By: **Claim ID**
Member ID
Member Name
Claim Status

Claim Id:

Search

0 records found.

Next, click the claim number (it will be highlighted blue)

Quick Menu | Health & Wellness

Claim History Referrals/Prior Authorizations Pharmacy Benefits/Coverage Deductibles/Accumulators CORE Reports

Claims Search

Search EOPs

Your search produced 1 results.
Click on a **Claim Number** to view the claim details.
Click on **1** to view previous sequences of the same claim. Button only shows for claims that have previous sequences.
Click on **2** to view all Active Documentation Requests or Reconsideration Requests added for the claim. Button only displays if there are any requests recorded for the claim.
Click on **3** to view and edit an Current Documentation Request. Button will only show if a current request exists.

Search By: Claim ID

Claim Id: 173353861C00

Search

Claim Number	Claim Type	Patient Name	Dates of Service	Provider	Status	Patient Account Number	Billed Amount	Actions
173353861C00	Medical				Processed - 01/04/2018			

Number of records per page: 20 | 1

Filter instantly

On the "Claims Detail" page, click [Submit Reconsideration Request](#)

The screenshot shows the 'Claims Detail' page. At the top, there is a header 'Claims Detail' with a small icon. Below it, the 'Claims Information' section is divided into two columns. The left column lists fields: Claim #, Member, Provider, Account #, Billed Amt, Paid Amt, Check #, Status, and a green 'Print EOP' link. The right column lists: Dates of Service, Member #, Provider#, Processed Date, Total Amt Allowed, PT Responsibility, Check Cashed, and Status Reason. A 'Submit Reconsideration Request' link is located at the bottom right of this section. Below the information is a table with the following headers: Message Code, Dates of Service, Procedure Code/Description, Billed Amount, Contract Service, Allowed Amount, Disallowed Amount, Cost, Co-insurance, and Deductible.

This is where you would attach any supporting documents needed (records, billing statements, etc.), as well as make note of what you are appealing with the claim. **Please provide a detailed explanation as to why you are submitting for reconsideration.** In order to attach more documents, you would click "Add another file...". You will **NOT** need to submit a Claims Reconsideration Form.

The screenshot shows the 'Submit Claim Reconsideration Request' form. The title is 'Submit Claim Reconsideration Request' with the instruction 'Complete the form, attach the documentation, and click 'Submit''. The form has two columns of input fields: Claim #, Member ID, and Provider Name on the left; and Dates of Service, Member Name, and Patient Account # on the right. A 'View claim details' link is below the left column. Below the fields is a text instruction: 'Select a File and a Reason for upload. For uploading a comment only, use the "Remove" button to clear the file placeholder. To add more files, click the "Add another file.." button.' There is a 'File:' input field with a 'Browse...' button, a 'Reason:' dropdown menu with 'Select One...' selected, and a 'Remove' button. Below this is an 'Add another file...' button and a 'Comment' section with a large text area. At the bottom, there are 'Submit' and 'Return to Claim' buttons.

After Clicking submit you'll get a confirmation that your submission has gone through.

Submit Claim Reconsideration Request

Request has been submitted succesfully. Please allow a few minutes for the document to be saved.

Claim #:	<input type="text"/>	Dates of Service:	<input type="text"/>
Member ID:	<input type="text"/>	Member Name:	<input type="text"/>
Provider Name:	<input type="text"/>	Patient Account #:	<input type="text"/>
View claim details			Return to Claim