



Claim Reconsideration Request Form

910 Douglas Pike, Smithfield, RI 02917 : 1-800-963-1001 : nhpri.org

- Denial codes for which a reconsideration request is deemed acceptable include, but are not limited to:

MEDNT	Denied - Send Supporting Med Note For Add'l Review
MNRQR	Denied - Med Notes Request For Modifier Review
MUE	Denied - Per Medicare's Medically Unlikely Edits, the units of service billed exceed the allowed units billed
MUTEX	Denied - Mutually Exclusive To Other Svc Same Day
PRNOT	Denied - Please Submit Notes For Review

- To request a reconsideration review of a previously denied claim, **ALL of the following items are required for each individual claim:**

- ✓ Completed Claim Reconsideration Request Form
- ✓ Applicable Remittance Advice for the claim
- ✓ Encounter/medical notes

1. Please complete all of the following:

Date of reconsideration request	
Member name <i>and</i> ID #	
Date(s) of service	
Claim number to reconsider	
Provider name <i>and</i> NPI#	
Contact E-mail <i>and</i> Phone #	
Copy of Remittance Advice attached	(Required for review)

2. Description of request:

3. Please **fax** completed form, RA, and notes to: (401) 709-7009, ***or***

Submit completed form, RA, and notes via secure **e-mail** to Reconsideration@nhpri.org, ***or***

Mail completed form, RA, and notes to: **Neighborhood Health Plan of RI**
Attn: Claims Reconsideration Specialist
PO Box 28259
Providence, RI 02908-3700

If you have any questions, please contact Provider Services at (800) 963-1001. Thank you.