

Neighborhood Health Plan of Rhode Island (Neighborhood) has various forms and processes to request a modification to a claim. The table below identifies the most common reasons a claim modification is requested, as well as the accompanying form/process and includes hyperlinks (in green) to the applicable webpage.

In addition, paper claims received by Neighborhood with missing, invalid, or incomplete information will be returned to sender. Providers will need to correct the information, return to Neighborhood, and it will be processed as a first-time submission. For more information, please refer to Neighborhood's [Provider Manual](#).

Form to Submit	Reason
<a href="#">Adjustment Request E-Form*</a>  E-forms to request an adjustment for a single claim or multiple claims, by line of business	Adjustment of payment for over- or underpaid claim
	Duplicate claim
	Incorrect payment or service denial, according to contract terms
	Retraction of payment
	Timely filing limit exceeded
<a href="#">Corrected (Replacement) / Voided Claim Request Form</a>	Addition of information to the claim form
	Amended date of service
	Amended original charge
	Change(s) to, or voiding of, a previously processed claim
	Coordination of benefits (when not designated on original claim submission)
<a href="#">Provider Administrative Appeal E-Form*</a>	Correction of modifier, diagnosis or procedure code(s)
	Disagreement with a claim adjustment
<a href="#">Provider Clinical Appeal E-Form*</a>	Disagreement with a claim reconsideration decision
	<ul style="list-style-type: none"> <li>Denial for medical necessity received from Utilization Management or Pharmacy department</li> <li>Benefit appeals on behalf of a member when the provider received a denial from Neighborhood's UM or Pharmacy department for a non-covered service or medication</li> <li>Claim denied for no authorization because the provider's office did not follow the "<a href="#">Post-Service (Retrospective) Authorization Requests</a>" policy outlined in the Provider Manual</li> </ul>
<a href="#">Hospital Readmission Reevaluation Request Form</a>	Disagreement with a hospital readmission payment
<a href="#">Claim Reconsideration Request E-Form*</a>	MEDNT or PRNOT denial reason
	MNRQR or MUTEX denial reason
	MUE denial reason
	Submission of patient record/additional information per Neighborhood request
	Surgical global denials
Please reference the codes and verbiage cited on the remittance advice and/or on NaviNet	317 denial reason
	Neighborhood is contracted with NaviNet to provide 24/7 claims status lookup and additional claim detail for 317 denials

\*E-form version only

Please note that this list is not all-inclusive. For situations not listed above, or for more information, please contact Neighborhood's Provider Services team by calling 1-800-963-1001.