

Quick Tips for Using Correct Forms






The [Print Forms](#) section of our website, UniveraHealthcare.com/Provider contains forms to assist you in your day-to-day business with us.

There are times you may be uncertain of which form to use. This tip sheet is designed to explain the use of our most commonly accessed forms.



Form Name	Reason for Use
<p>Request for Adjustment/Retraction Form</p> <p>🖱️ If viewing tip sheet online, click here to access.</p>	<ul style="list-style-type: none"> ▪ Additional information was requested on remit ▪ Correcting an original claim (attach new claim) <p>Note: correction of a member ID <u>does not require</u> this form</p> <ul style="list-style-type: none"> ▪ Member eligibility updated after denial ▪ Coordination of Benefit (COB) change effecting process ▪ Incorrect benefits applied ▪ Incorrect denial ▪ Incorrect provider paid ▪ Incorrect payment ▪ Retraction requests when a check has been cashed
<p>Clinical Editing Review Request Form</p> <p>🖱️ If viewing tip sheet online, click here to access.</p>	<ul style="list-style-type: none"> ▪ Bundled ▪ Incidental ▪ Mutually exclusive ▪ Daily maximum met ▪ Modifier 51 or 59 ▪ Correct coding initiative (CCI) denial ▪ Invalid procedure code ▪ Invalid modifier for procedure code ▪ Attach remit and documentation (required)

(Continued on the following page)

Form Name	Reason for Use
<p>Applications for Enrollment and Demographic Changes</p> <p> If viewing tip sheet online, click here to access.</p>	<ul style="list-style-type: none"> ▪ Application for Practitioner Enrollment ▪ Application for Non-Physician Health Care Practitioner ▪ Application for Dental Enrollment
<p>APC Pricing Dispute Form</p> <p> If viewing tip sheet online, click here to access.</p>	<ul style="list-style-type: none"> ▪ Disagreement with a claim that paid using ambulatory payment classification (APC) pricing ▪ Must include detailed pricing expectation sheet for each line item
<p>DRG Review Request From</p> <p> If viewing tip sheet online, click here to access.</p>	<ul style="list-style-type: none"> ▪ Disagreement with a claim that paid using Diagnosis Related Group (DRG) pricing ▪ Must include DRG calculation sheet (required)
<p>Request for Timely Filing Review</p> <p> If viewing tip sheet online, click here to access.</p>	<ul style="list-style-type: none"> ▪ Request for consideration of delayed submission ▪ Provide supporting documentation
<p>Request for Grievance or Appeal</p> <p> If viewing tip sheet online, click here to access.</p>	<ul style="list-style-type: none"> ▪ Request for grievance – a contractual denial or dispute of payment ▪ Request for Appeal: An appeal is a denial for pre or post services. It is a denial that involves not medically necessary or experimental/investigational ▪ Please attach medical records and any other pertinent information related to the grievance or appeal to this form

IMPORTANT!

When submitting forms:

- Always include member information (name, ID number, date of service, claim number)
- Always include a new claim form if the information is changing from the original submission
- Always use black ink and check to ensure that your writing is legible
- Always submit all supporting information to streamline the review process
- If you're mailing the form and supporting materials, please mail to the address listed on form

QUESTIONS?

Contact Customer Care at 1-866-265-5983.