Corrected claims

Frequently asked questions

Overview

This resource assists you in understanding the corrected claims process. You are encouraged to use this information to facilitate the successful submission of UnitedHealthcare Community Plan of Nebraska Medicaid corrected claims.

Frequently asked questions

When should I submit a corrected claim?

You should only submit a corrected claim when an original claim or service was paid based upon incorrect information. In that event, you'll need to submit for the original claim to be adjusted with the correct information. As part of this process, the original claim will be recouped, and we'll process a new claim in its place with any necessary changes.

When can't I submit a corrected claim?

If we originally denied a claim or service due to incorrect or missing information, or it was not previously processed for payment, you can't submit a corrected claim. Denied services have no impact on member tooth history or service accumulators, and, as such, don't require reprocessing.

What scenarios are subject to the corrected claim process?

Some examples of correction(s) that need to be made to a prior paid claim are:

- Incorrect provider NPI or location
- Payee tax ID
- Incorrect member
- Procedure codes
- Services originally billed and paid at incorrect fees (including no fees)
- Services originally billed and paid without primary insurance

How do I submit a corrected claim?

- Electronically – Clearinghouse
- Electronically – **Dental Hub**
  - Only use this method if the original claim was submitted on the Dental Hub. If you didn't submit the original claim on the Dental Hub, another method should be utilized
- Paper

How do I submit a corrected claim? (cont.)

Electronic submission is the most efficient and preferred method. If you don't have access to electronic submissions, and need to submit on paper, complete the following steps:

- Submit to the following address for proper processing

  Corrected Claims
  PO Box 481
  Milwaukee, WI 53201

- Please use the 2019 or newer version of the ADA dental claim form and all required information
- The ADA form must be clearly noted "Corrected Claim"
- In the **Remarks** field (Box 35) on the ADA form, indicate the original paid encounter number and record all corrections you are requesting to be made

If all information does not fit in Box 35, please attach an outline of corrections to the claim form. If you don't follow these guidelines, it may result in unnecessary delay and/or rejection of your submission.

What scenarios are not subject to the corrected claim process?

Some examples of items that are not considered claim corrections are:

- Any request to "Reprocess" a claim with no changes being made. This includes requests to reprocess a claim based on a new authorization being obtained.
- Any changes being made to a claim or service that denied for any reason such as missing tooth, quad or arch information, incorrect code, age-inappropriate code being billed, missing primary eligibility of benefits, incorrect provider, etc.
- Any request to recoup a denied service. You don't need to recoup a denied service as denied services are invalid and have no impact on member service/tooth history or accumulators.

If you received a claim or service denial due to missing, incomplete and incorrect information or have since obtained authorization for services, please submit a new claim with the updated information per your normal claim submission channels. Timely filing limitations apply when you resubmit a denied claim with additional information for processing.

If you received a claim or service denial which you do not agree with, including denials for no authorization, please refer to your **provider manual** for the proper method for submitting an appeal or reprocess request.

Additional resources

UnitedHealthcare Community Plan of Nebraska Dental Provider Manual is a comprehensive reference guide with tools and information needed to successfully administer UnitedHealthcare Medicaid plans in your area.

Questions?

Please reach out to Provider Services at 866-519-5961, 7 a.m.–5 p.m. CT, Monday–Friday (IVR: 24/7).

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