

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 |
|--|---|
| Adjustment Request E-Form <i>eForms to request and adjustment for a single claim or multiple claims, by line of business</i> | Adjustment of payment for over- or underpaid claim |
| | Coordination of Benefits (when designated on original claim submission, but EOB was not attached) |
| | Duplicate claim |
| | Incorrect payment or service denial, according to contract terms |
| | Retraction of payment |
| | Timely filing limit exceeded |
| Corrected (Replacement) / Voided Claim Request Form | 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 <i>not designated</i> on original claim submission) |
| Provider Appeal E-Form or Provider Appeal Form (pdf) | Correction of modifier, diagnosis or procedure code(s) |
| | Disagreement with a claim adjustment |
| | Disagreement with a claim reconsideration decision |
| | Retro-authorization requirements outlined in the Provider Manual were not followed by the provider |
| | Belief that provider received inaccurate information |
| | Benefit appeal |
| Hospital Readmission Reevaluation Request Form | Denial received from Utilization Management or Pharmacy department |
| | Disagreement with a hospital readmission payment |
| Claim Reconsideration Request E-Form | Disagreement with a hospital readmission payment |
| | MEDNT or PRNOT denial reason |
| | MNRQR or MUTEX denial reason |
| | MUE denial reason |
| | Submission of patient record/additional information per NHPRI request |
| Please reference the codes and verbiage cited on the RA and/or on NaviNet | Surgical global denials |
| | 317 denial reason |
| | Neighborhood is contracted with NaviNet to provide 24/7 claims status lookup and additional claim detail for 317 denials. |

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.