

Requests for Claim Review; Reminders and New Terminology

Q: What is the purpose of the notification?

A: Neighborhood is reminding providers of the processes for requesting claim reviews to reduce confusion and improve efficiencies in the processing of these requests.

Q: What is a claim review?

A: A claim review is a request for a modification to a previously submitted claim and includes claim adjustments, claim reconsiderations, and claim corrections.

Q: Where can providers find forms and other information about claim processing?

A: Providers should visit Neighborhood's [Forms page](#) and click on the [Claim Form Finder](#) which includes a table identifying the most common reasons a claim modification is requested.

Q: What's the change regarding claim disputes?

A: As of **March 1, 2024**, claim disputes will be referred to as "administrative appeals."

Q: What materials and resources will be impacted by this change?

A: The [Provider Appeal Form](#), [Claim Form Finder](#), [Quick Reference Guide](#), and [Provider Manual](#) will all be impacted.

Q: In what scenarios would a provider submit an administrative appeal?

A: A provider can submit an administrative appeal for Neighborhood to review and reverse a claim denial due to no authorization, adverse Reconsideration Request decision, and adverse Adjustment Request decision.

Note: Administration appeals submitted without a prior claim denial for authorization, adverse Reconsideration Request, and/or adverse Adjustment Request will not be processed.