

- Denial codes for which a reconsideration request is deemed acceptable include, but are not limited to:

MEDNT	Denied - Send Supporting Med Note For Add'l Review
MNRQR	Denied - Med Notes Request For Modifier Review
MUTEX	Denied - Mutually Exclusive To Other Svc Same Day
PRNOT	Denied - Please Submit Notes For Review

- To request a reconsideration review of a previously denied claim, the following items **must be submitted for each individual claim:**
 - ✓ Completed Claim Reconsideration Request Form
 - ✓ Applicable Remittance Advice for the claim
 - ✓ Encounter/medical notes

1. Please complete the following:

Member name / ID #	
Date(s) of service	
Original claim number	
Issue number (if applicable)	
Provider name / NPI#	
Provider phone # / E-mail	
Copy of Remittance Advice attached	(Required for review)

2. Description of request:

3. Please **fax** completed form, RA, and notes to: (401) 709-7009, *or*

Submit completed form, RA, and notes via secure **e-mail** to Reconsideration@nhpri.org, *or*

Mail completed form, RA, and notes to: **Neighborhood Health Plan of RI**
Attn: Claims Reconsideration Specialist
PO Box 28259
Providence, RI 02908-3700

If you have any questions, please contact Provider Claims Services at (401) 459-6080. Thank you.