



INTERNAL USE ONLY
 Log# _____
 Received date _____
 Resolved date _____
 Information _____
 Prepared by _____

Please fax inquiries to 1-866-518-6033 or email to UHPClaimReviewRequest@centene.com

Date: _____ Provider Name _____ UHP Provider ID _____
 Office Contact _____ Office Phone # _____ Office Fax # _____

Please indicate the specific issue you are having with a claim (i.e. specific code underpaid or specific code denied)

Patient UHP ID	Patient Name	Claim #	DOS	Charges	Inquiry Reason	UHP Reply Code	UHP Additional Information

Reply Codes

- A Claim adjusted to pay
- B Claim previously paid
- C Claim not on file
- D Submit EOP from Primary
- E Subscriber not UHP member
- F Claim was rejected
- G Claim has been reprocessed
- H New claim received
- I Previously paid by settlement
- J Denial Stands
- K Adjustment request not timely
- L Original payment correct

- o This request is not a guarantee of payment. Requests will be reviewed in the order they are received. If you have not heard back within 60 days of submitting your inquiry please call UHP Provider Services at 1-800-780-2438.
- o Timely guidelines are as follows- New claims -180 days from date of service, Adjustment requests- 18 months from date of service.
- o All email requests must be submitted with encrypted software or with a password protected spreadsheet.