WellSense Health Plan requires the use of the Request for Claim Review Form for all EDI claim corrections and claim re-adjudication requests. Filing a corrected claim helps reduce the potential for a claim to deny as a duplicate.

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Points of Entry for Requesting a Claim Review

Once you have logged into the provider portal, there are two entry points for requesting a claim review:

1. Hover over the **Office Management** menu item and click **Request for Claim Review** – OR –
2. Click **Update**, in the Claims search section, to access the **Request for Claim Review**.

Completing a Request for Claim Review Form

There are a total of five sections to complete:

1. **Provider Information**
2. **Member Information**
3. **Claims Information**
4. **Review Type**
5. **Provide Documentation**

**Required fields are marked with ***
Provider Information

Complete the ten fields:

1. Provider ID *: NPI or Name
2. Contact Name *
3. Phone Number *
4. Fax Number
5. E-mail Address
6. Address 1 *
7. Address 2
8. City *
9. State *
10. Zip *

Member Information

Complete the two required Member Information fields:

1. Member ID *
2. Member Name *

Claim Information

Complete the three required claims fields:

1. Date of Service *
2. Claim Number *
3. Denial Code *
1. **Contract terms:** Selected when the provider is questioning the applied contracted rate on a processed claim.

2. **Coordination of Benefits (COB):** Selected when submitting a primary EOB.

3. **Corrected Claim:** Selected when a change is being made to a previously processed claim. Both will have the same claim ID. Identify the changes being made by selecting the appropriate option in the drop down.

4. **Duplicate Claim:** Selected when submitting proof of non-duplicate services.

5. **Filing Limit:** Selected when submitting proof of on time claim submission.

6. **Payer Policy, Clinical:** Selected when the provider is questioning the applied clinical policy on a processed claim.

7. **Pre-Cert/Pre Auth:** Selected when submitting proof of authorized services.

8. **Referral Denial:** Selected when claims are denied for invalid or missing PCP referral.

9. **Request for Additional Information:** Selected when submitting medical records, invoices, or other supportive documentation.
10. **Retraction of Payment:**
Selected when retracting an entire payment or removing service line data.

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**Provide Documentation**

**EDI with document submission:**
Attach an image of the required data to support the claim review or correction.

Up to 10 files or 45 MB total file size.

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**Submission Request for Claims Review Confirmation**

Scroll to the bottom of the page and click **Submit Request for Claim Review** to submit your claim.

A confirmation screen will appear saying **Claim Submitted**.