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HUMANA MILITARY
HEALTHCARE SERVICES



PGBA, LLC

RECONSIDERATION COVERSHEET

Checklist:

- ✓ Do you have a “corrected claim” with additional or supporting diagnoses?
- ✓ Do you have medical documentation supporting the corrected claim or explanation supporting codes originally supplied?
- ✓ Be sure to include a copy of the remittance page with the reject line and the PGBA assigned claim # whenever you submit a reconsideration request.

Note: The reconsideration request tipsheet is a tool to assist you in putting together your reconsideration documentation. (see attached information)

**USING THIS COVERSHEET you may FAX DOCUMENTATION TO:
803-462-3993**

**USING THIS COVERSHEET you may MAIL DOCUMENTATION TO:
TRICARE SOUTH Correspondence
P.O. Box 7032
Camden, SC 29020-7032**



The information transmitted is intended only for the person or entity to which it is addressed and may contain CONFIDENTIAL material. If you receive this material/information in error, please contact the sender and delete or destroy the material/information.

Reconsideration Tipsheet

Reconsideration requests are an option for providers on ClaimCheck/ClaimReview rejects. ClaimCheck and ClaimReview codes with messaging are supplied on your remittance advice to assist you in identifying the reject line you wish to apply a reconsideration request.

If you wish to submit a reconsideration on a rejected claim line please follow the instructions listed below.

- Review the claim line rejected for ClaimCheck or ClaimReview.
- Review the patient information for additional or supporting diagnoses.
- Develop a “corrected claim” if additional or supporting diagnoses can be substantiated.
- Prepare copies of medical documentation to support the corrected claim.
- You can submit medical documentation for reconsideration, without a corrected claim, even if there are no more specific diagnoses available for a corrected claim.
- Packet for reconsideration should include:
 1. Reconsideration coversheet
 2. Copy of the remittance page (with claim info)
 3. Corrected claim
 4. Medical documentation-providers notes, results of tests, procedural/surgical notes, anesthesia notes, and any other medical documentation

Please submit all information with the reconsideration coversheet by fax or mail:

Fax number
803-462-3993

Mailing address
TRICARE SOUTH Correspondence
P.O. Box 7032
Camden, SC 29020-7032

NOTE: All correspondence is responded to within 30 days of receipt. Many times the claim reprocesses for adjudication and the response may be your remittance. Letters are issued on reconsiderations medically reviewed and provide explanation on the determination made.