

# Reconsideration coversheet

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## Availability or services from public agency

### 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 whenever you submit a reconsideration request

**Note:** The reconsideration request tipsheet is a tool to assist you in putting together your reconsideration documentation.

## Reconsideration tipsheet

Reconsideration requests are an option for providers on ClaimXten/Correct Coding rejects. ClaimXten and Correct Coding 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 ClaimXten or Correct Coding
- 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:

(608) 327-8523

### Mail:

TRICARE East Region Claims  
ATTN: Correspondence/Corrected Claims  
PO Box 8904  
Madison, WI 53707-8904

**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.



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