Texas Medicaid claims reconsideration

Quick reference guide

Step 1

Submit your claim reconsideration within 120 days of the claim's decision date

Obtain the online ticket or call the reference number from your original claim

- Online – Sign in to the UnitedHealthcare Provider Portal at **UHCprovider.com** > Sign In
- Allow up to 30 days for processing

Submit a reconsideration before appealing. You must appeal within 12 months from the date of service. Only 1 appeal is allowed per claim and all appeal decisions are final.

Step 2

Check the status of your reconsideration request

- You should receive notice of our decision within 30 days
- If you haven't received a notice, check the status at the **UnitedHealthcare Provider Portal**

To chat with a live advocate about your claim, sign in to the UnitedHealthcare Provider Portal at **UHCprovider.com** > Sign In. Please have the following information ready for the chat:

- Member name, date of birth, ID number and plan name
- Claim number, date of service and billed amount
- Reason for escalation
- Rendering health care provider name, tax ID number
- Call reference or online ticket number

Step 3

If you don't agree with the reconsideration decision

Request another claim reconsideration within 120 days of the most recent decision.

- You have the right to request further considerations, all within 120 days of the most recent decision, up to 12 months from the date of service
- A 120-day filing deadline that falls on a weekend or a holiday is extended to the next business day

PCA-1-25-00613-C&S-QRG_04302025

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Step 4

Submitting an appeal

You can appeal a claim payment within 12 months of the service date if you believe it wasn't paid correctly, even after the first reconsideration.

The appeal decision is final.

Use the File Appeal button in the Claims tool in the UnitedHealthcare Provider Portal. Attach all supporting materials. Required documentation for appeals varies by type of request. Supporting documentation may include:

- Proof of prior authorization, such as a copy of a prior authorization or an authorization number
- Medical necessity, such as a signed physician or physician-supervised primary care provider order
- Claim correction, such as a rebilled claim to include a missing modifier, which may have been necessary for payment

You may also mail to:

UnitedHealthcare Community Plan
Attn: Complaint and Appeals Dept.
P.O. Box 31364
Salt Lake City, UT 84131-0364

Allow up to 60 days for processing

When to appeal to the Texas Health and Human Services Commission (HHS)

If your claim appeal involves recovering funds paid in error because a member was later found ineligible for Medicaid or CHIP, you can appeal to HHS. Send:

- A letter stating the appeal is for managed care disenrollment/recoupment and requesting an exception
- The Explanation of Benefits (EOB) showing the original payment
- The EOB showing the recoupment or the our letter requesting recoupment
- Include the valid National Provider Identifier number, Texas Provider Identifier number and any necessary prior authorization number with all paper claims

Mail to:

Texas Health and Human Services Commission
HHS Claims Administrator Contract Management
Mail Code-91X
P.O. Box 204077
Austin, Texas 78720-4077

Questions? We're here to help

- **Chat with us** or visit our **support resources**
- View the **Claims** Quick Start Guide-Electronic Reconsideration Requests
- Visit the **Claims, billing and payment web page**

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