



Claims Reconsideration Process vs. Provider Appeal Process

Delaware Physicians Care has two separate and distinct processes designed to assist providers with issue resolution.

The chart below illustrates the process to follow when filing a claims reconsideration/resubmission versus an appeal.

	CLAIMS RECONSIDERATION	APPEAL
FORM (available at www.DelawarePhysiciansCare.com)	Claims Reconsideration/Resubmission Form	Appeal Form
ADDRESS	Delaware Physicians Care Attn: Claims Resubmission/Reconsideration PO Box 61145 Phoenix, AZ 85082-1145	Delaware Physicians Care Attn: Appeals Department 252 Chapman Rd, Ste 250 Newark, DE 19702-5406 Fax: 877-473-8125
APPROPRIATE CATEGORIES	Claim resubmissions <ul style="list-style-type: none"> • Corrected claims (including missing/incomplete/invalid diagnosis, procedure or modifier denials) • Timely filing • COB (missing/illegible primary explanation of benefits) 	Denied days for inpatient stays <ul style="list-style-type: none"> • Authorization denials for late notification • Claims denials for no authorization/precertification • Services denied per finding of a review organization
TIMEFRAME FOR SUBMISSION	Claims reconsiderations /resubmissions must be submitted within 12 months of the date of service.	Claim denial appeals must be submitted within 12 months of the date of service. Authorization denial appeals must be submitted within 90 days after the date of the adverse action (denial letter).