

Potential Preventable Readmission Denial (EXym) Reconsideration Request

Please use this form to request a review of Medical Records for a claim that was denied “ym: POTENTIAL PREVENTABLE READMISSION SUBMIT ALL MEDICAL RECORDS”.

NOTE: Requests must be submitted within 90 days of the original determination or Explanation of Payment (EOP).

IMPORTANT: PLEASE COMPLETE ALL REQUIRED FIELDS BELOW

Provider Name:	Member Name:
Provider Tax ID Number:	Member Number:
Control/Claim Number:	Date(s) of Service:

Reason for request:

- Claim denied for Potential Preventable Readmission. Medical Records are attached with this form for review and reconsideration for claim payment

NOTE: If a claim requires a correction, such as a valid procedure, location code or modifier, please follow normal process for correcting claims as this form will not be accepted for “correcting” a claim.

IMPORTANT NOTICE: Please note, a Dispute cannot be submitted until a Reconsideration is on file with YouthCare; failure to submit a Reconsideration prior to a dispute may result in denial of the dispute.

MAIL completed form(s) and attachments to:
 YouthCare, P.O. Box 4020, Farmington, MO 63640-4402

Please Do Not Include a Red/White OR Carbon Copy UB nor 1500 Claim Form With Your Reconsideration Request Form