



Quick steps to review a claim for Provider Claim Review (PCR)

Sign in to Optum Provider Claim Review

1. Navigate to the UHC Provider Portal at uhcprovider.com/portal, or [click here](#).
2. Click the **Sign In** button in the upper right corner to access the sign-in screen.
3. Sign in to the UnitedHealthcare Provider Portal by entering your One Healthcare ID and password.
4. From the landing page, click the drop-down for **Claims & Payments**.
5. Under the **Claims Tasks** menu, click **Optum Provider Claim Review**.

Review a claim

1. Review all diagnosis codes listed in **item 21, DIAGNOSIS OR NATURE OF ILLNESS OR INJURY**.
 - If all codes are valid for the member’s date of service, proceed to Step #3.
 - If changes are required, make any necessary edits to the codes listed in item 21. To enable editing, click the **EDIT** button.
 - If a diagnosis code is removed and not replaced, shift codes left so there are no gaps in between fields.
2. Insert the diagnosis pointer(s) in **item 24 E, DIAGNOSIS POINTER**. Cross walk related procedure code(s) to diagnosis codes in item 21. You can only enter four characters in this field.
3. Select **ACCEPT** and follow the prompts to auto-sign the claim.
4. If you disagree with **all** new and unique conditions in item 21, select **REJECT**, and follow the prompts.

The sample below is for illustrative purposes only.

The image shows a sample of a Provider Claim Review form. The form is divided into several sections. At the top, there are fields for diagnosis codes (A, B, C, D, E, F, G, H, I, J, K, L) and a date of service (24 A). Below this is a table with columns for date of service (24 A), place of service (24 B), procedure codes (24 C), diagnosis pointers (24 E), charges (24 F), and other information. The table has 6 rows. Below the table are fields for federal tax ID number (25), patient's account number (26), accept assignment (27), total charge (28), amount paid (29), and signature of physician or supplier (31). At the bottom, there are buttons for ACCEPT, REJECT, PEND, EDIT, COMPARE, and MEDICAL RECORD.

24 A	24 B	24 C	24 E	24 F	24 G	24 H	24 I	24 J
DATE(S) OF SERVICE	PLACE OF SERVICE	PROCEDURE(S), SERVICES, OR SUPPLIES	DIAGNOSIS POINTER	\$ CHARGES	DOCS OR UNITS	EXPIRY DATE	ID. QUAL.	RENDERING PROVIDER ID. #
07 26 21 07 26 21	11	99213	AB	150.00	1		NPI	
							NPI	
							NPI	
							NPI	
							NPI	

Please note, this review will not result in re-adjudication of the corrected claim(s). Any changes to the data components other than the diagnosis codes and the applicable diagnosis pointers must be submitted through the standard claims process to the health plan for reconsideration.