



Secure Provider Portal

Submit Claim Appeals

[SuperiorHealthPlan.com](https://www.SuperiorHealthPlan.com)

SHP_20217514_031521

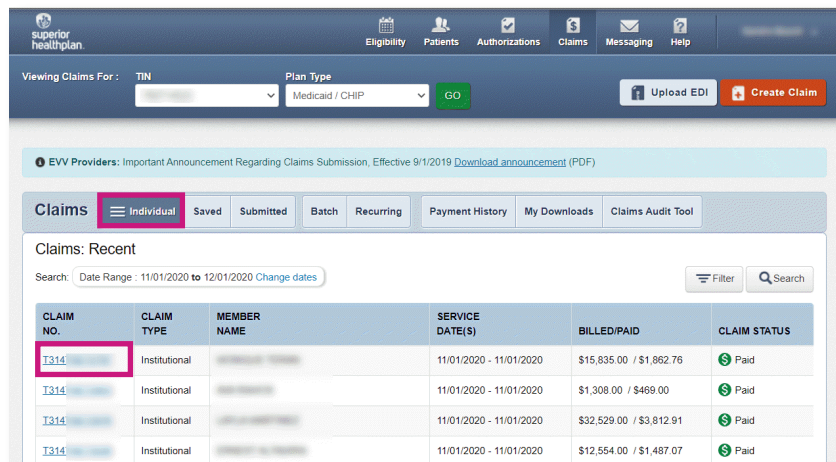


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healthplan**[™]

Secure Provider Portal: Submit Claim Appeals

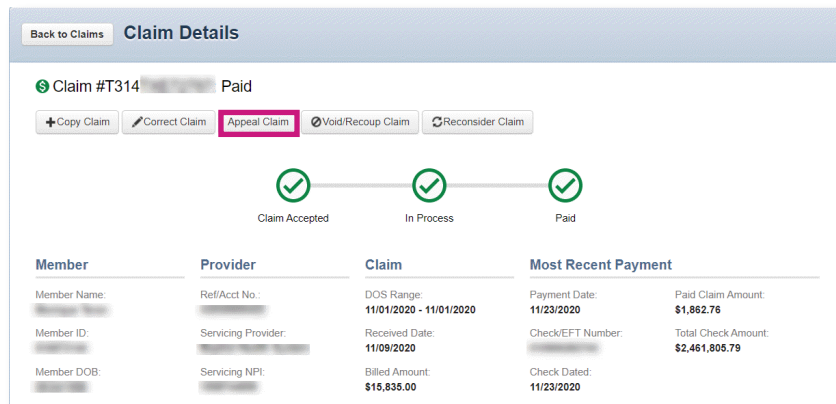
Providers have the ability to appeal a claim and attach documentation to any claim online through Superior HealthPlan's Secure Provider Portal. Review the steps below to see the process for appealing a claim and attaching documentation.

1. Log into the Secure Provider Portal: Provider.SuperiorHealthPlan.com
2. Use the navigation bar at the top to select the **Claims** feature.
3. Select **Individual** in the Claims toolbar.
4. Click the **Claim Number** in the CLAIM NO. column for the specific claim that needs to be appealed.



5. Once the claim is opened, select **Appeal Claim** from the details page to begin an appeal.

Please note: Claims with a status of PAID or DENIED can be appealed online. Claims with a PENDING status cannot be appealed until adjudicated.



After clicking **Appeal Claim**, users will be directed to the Attachments page.

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- On the Attachments page, click **Choose File** to attach supporting documentation.
- Select the Attachment Type and then click **Attach**. The attachment file name will appear when it has been successfully uploaded to the claim.

An attachment is required for claim appeals Next →

Attachments

**Do NOT send password protected files. You must click ATTACH for each file being submitted.*

File* No file chosen Attachment Type*

Select Type...
Select Type...
Primary Carrier EOB
Medical Records
Consent Form
DME or Rx Invoice
Proof of Timely Filing
Claim Adjustment Form (CAF)

There are no attached files.

Next →

Please note: There is a 30MB limit and only .jpg, .tif, .pdf and .tiff are supported file types for attachments.

An attachment is required for claim appeals Next →

Attachments

**Do NOT send password protected files. You must click ATTACH for each file being submitted.*

File* No file chosen Attachment Type*

Attachment Name	Type	
TX_TX_6663692_test.pdf	Medical Records	Remove X

An attachment is required for claim appeals Next →

- Click **Remove** to withdraw the attachment, when necessary.

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- The Review page is used to review and confirm claim details. Once confirmed, click **Submit**.

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Almost done!

You can go back to review your claim or submit now.

Claim Id: [REDACTED]
Member Record Number: [REDACTED]
Member Claim Amount Paid: [REDACTED]
Patient's Account Number: [REDACTED]

General Info
Statement From Date: 11/01/2020
Statement To Date: 11/01/2020
Date of current illness, injury, pregnancy (LMP):
Other Date:
Hospitalized From: 10/31/2020
Hospitalized To: 11/01/2020
Additional Claim Information:
Outside Lab?: **No**
Outside Lab Amount:
Prior Authorization Number:
CLIA Number:

Diagnosis Codes and Primary Insurance

Diagnosis Codes
T82898A -- OTH COMP VASC PROSTH DEV GRAFT INIT
N186 -- END STAGE RENAL DISEASE
I120 -- HYPERTENSIVE CKD W/STAGE 5 CKD/ESRD
Z992 -- DEPENDENCE ON RENAL DIALYSIS
R0603 -- ACUTE RESPIRATORY DISTRESS

Service Lines

Line	From	To	Place	EMG	Proc	Diagnosis	Amount	Units/Minute/Day	Family Plan	EP/SDT	NDC	Supplemental Info
1	11/01/2020	11/01/2020	21	No	99223	T82898A,N186,I120,Z992	\$600.00	1.0	No			

Providers

Provider Type	Name	Tax ID	NPI	Taxonomy	Address
Referring Provider	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Rendering Provider	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Billing Provider	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Service Facility Location	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Attachments

- Attachment Name=TX_TX_6863692_test.pdf

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10. When the claim is successfully submitted, the **Web/Ref#** (web/reference number) will display as confirmation.

Please note: The Web/Ref# number is not a claim number. It only serves as confirmation that the claim was submitted using the Secure Provider Portal.

