



Identifying a Claim Number from Superior HealthPlan

Updated August 2015

Where do I find a Claim Number?



- Superior assigns Claim Numbers (aka Claim Control Number or a Submission ID) for each claim received.
- Each time Superiors sends any correspondence regarding a claim, the claim number is included in the communication.
- There are several ways that Superior HealthPlan communicates the claim number, control number or submission ID back to the provider once the claim is received.
Examples below:
 - EDI Rejection/Acceptance reports
 - Rejection Letters
 - Web portal
 - Explanation of Payments (EOP)

Where do I find a Claim Number? (Continued)



- There are two ways of submitting your claims to Superior:
 - Electronic – Web Portal or EDI via a clearing house
 - Paper – Mailed to our processing center
- If your submission is electronic your response to your submission is viewable via an EDI rejection/acceptance report, rejection letters, Superior Web Portal and EOPs.
- If your submission is paper your response to your submission is viewable via rejection letters, Superior Web Portal and EOPs.

To find Claim Number from EDI Reports



DATE	CLAIM NUMBER	AMT BILLED	STATUS	REASON	SERV DATE
	M317TXE44842	000209200	INVALID	6	20130710
	M317TXE44820	000164200	ACCEPT		20131109
	M317TXE44819	000193510	INVALID	6	20130704
	M317TXE44858	001141694	ACCEPT		20131108
	M317TXE44868	000759989	ACCEPT		20131108
	M317TXE44826	000310600	ACCEPT		20131108
	M317TXE44814	000116222	ACCEPT		20131108
	M317TXE44828	000405752	ACCEPT		20131103
	M317TXE44835	000112728	ACCEPT		20131108
	M317TXE44824	000113004	ACCEPT		20131109
	M317TXE44829	000984375	ACCEPT		20131024
	M317TXE44816	000103600	INVALID	9	20131105
	M317TXE44821	000999375	ACCEPT		20131106
	M317TXE44843	001183267	ACCEPT		20131101
	M317TXE44815	000103600	ACCEPT		20131107
	M317TXE44817	000011500	INVALID	6	20121003
	M317TXE44825	000207700	ACCEPT		20131107
	M317TXE44882	000414130	ACCEPT		20131109
	M317TXE44827	001399000	ACCEPT		20131109
	M317TXE44910	005690360	ACCEPT		20131030
	M317TXE44837	000109830	ACCEPT		20131004
	M317TXE44853	000310700	ACCEPT		20131109
	M317TXE44839	000338276	ACCEPT		20130906
	M317TXE44878	000472927	ACCEPT		20131109
	M317TXE44823	000086211	ACCEPT		20131109

To find Submission ID from Rejection Letters



P656102800G

201408184702

P.O. Box 3001
Farmington, MO 63640

Electronic Service Requested

2080 0.5234 FP 0.460 MIXED AADC 530



08/15/2014

Dear Provider:

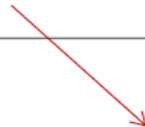
Please submit a copy of this letter with your resubmission

We are unable to process your submission(s) referenced below for one of the following reasons:

Reject Code	Description
90	One or more of the modifiers are invalid or missing.

REJECTED CLAIM DETAIL

Reject Code	Patient Name	Member ID#	DOB	DOS	Submission ID	PCN	Billed Amount	Received Date
-------------	--------------	------------	-----	-----	---------------	-----	---------------	---------------



The Submission ID is assigned to help us retrieve information about a rejected claim. A rejected claim has not made it through Superior's claims system for processing.

Once a Provider corrects or addresses the rejection reason, the claim can be filed with Superior for payment, but Providers are reminded, that this would be viewed by the system as a FIRST TIME CLAIM as the original attempt rejected.

To find Claim Number from Claim Submission via Web Portal



CLAIM NO.	CLAIM TYPE	MEMBER NAME	SERVICE DATE(S)	BILLED / PAID	STATUS
N136TXE32669	Institutional	[REDACTED]	05/12/2014 - 05/12/2014	\$ 7,227.95 / 424.63	Ⓛ
N136TXE50112	Institutional	[REDACTED]	05/12/2014 - 05/12/2014	\$ 642.00 / 42.98	Ⓛ
N136TXE50113	Institutional	[REDACTED]	05/12/2014 - 05/12/2014	\$ 2,068.95 / 113.29	Ⓛ
N136TXE50114	Institutional	[REDACTED]	05/12/2014 - 05/12/2014	\$ 4,606.54 / 248.61	Ⓛ
N136TXE50116	Institutional	[REDACTED]	05/12/2014 - 05/12/2014	\$ 7,277.28 / 448.62	Ⓛ
N136TXE50118	Institutional	[REDACTED]	05/12/2014 - 05/13/2014	\$ 1,401.17 / 96.71	Ⓛ
N136TXE50121	Institutional	[REDACTED]	05/12/2014 - 05/12/2014	\$ 2,293.22 / 187.96	Ⓛ

To find Claim Number on Payment History via Web Portal



Explanation of Payment Details

[Back to Payments List](#)[Download \(Excel Format\)](#)[Print](#)

Check/Trace Number: 0000000000 Check Date: 05/16/2014

Insured Name: [REDACTED]

Patient Name: [REDACTED]

Control Number: N125TXP02973

Service Provider: [REDACTED]

Group:

ID: [REDACTED]

Account: AYEU9245

NPI: 1003885641

[View Service Line Details](#)

Serv	Date	Diag#/ Drug#	Proc#/ Proc2	Mod	Days/ Cnt Qty	Charged	Allowed	Deduct/ Copay	Coinsur	Discount/ Interest	Med Allow/ Med Paid	TPP	Denied	Remit Codes	Payment
10	09/16/2013	2920	270		0/1	51.71	10.34	0.00/0.00	0.00	0.00/0.00	0.00/0.00	0.00	0.00	MX	0.00
20	09/16/2013	2920	272		0/1	9.17	1.83	0.00/0.00	0.00	0.00/0.00	0.00/0.00	0.00	0.00	MX	0.00

To find Claim Number on Explanation of Payment (EOP)



superior
healthplan™



PAY TO:
PROVIDER NAME
PROVIDER STREET
CITY, ST ZIP

EXPLANATION OF PAYMENT
Superior HealthPlan STAR+PLUS
Medicare-Medicaid Plan
2100 South IH-35, Suite 200
Austin, TX 78704
1-866-896-1844

Payment Date:	10/13/2014
Payment #:	0000000000
Payment Amt:	\$000.00

Payee ID: 0000
IRS#: 000000000

Insured Name: NAME, INSURED		Mbr No: U00000000000		MRN: [appears only when used]		Claim/ Ctrl No: N000GHE00000								
Patient Name: NAME, PATIENT		SvcProv No: 000000		Carrier: [appears only when used]		PatCtrl No: 000000000								
Servicing Provider: PROVIDER NAME		NPI: 0000000000000		DRG: [appears only when used]		Group: PLAN/PRODUCT ID								
Please note: This bill has crossed over from Medicare to Medicaid. Payment is now complete.				BusSeg: [appears only when used]										
erv	Date	Proc#	Modifiers	Days Ct/ ty	Charged/ Allowed	Deduct	CoPay	Colnsur	Discount/ Interest	Med Allow/ Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
100	dd/mm/yyyy	00000000	01 02 03 04 05 06 07 08	1	\$ 0000000.00 \$ 0000000.00	\$ 0000000.00	\$ 0000000.00	\$ 0000000.00	\$ 0000000.00 \$ 0000000.00	\$ 0000000.00 \$ 0000000.00	\$ 0000000.00	\$ 0000000.00	92 00 00 00 00 00	\$ 0000000.00 \$ 0000000.00
Sub-total					\$ 0000000.00	\$ 0000000.00	\$ 0000000.00	\$ 0000000.00	\$ 0000000.00	\$ 0000000.00	\$ 0000000.00	\$ 0000000.00		\$ 0000000.00
					\$ 0000000.00				\$ 0000000.00	\$ 0000000.00				\$ 0000000.00

Insured Name: NAME, INSURED		Mbr No: U00000000000		MRN: [appears only when used]		Claim/ Ctrl No: N000GHE00000								
Patient Name: NAME, PATIENT		SvcProv No: 000000		Carrier: [appears only when used]		PatCtrl No: 000000000								
Servicing Provider: PROVIDER NAME		NPI: 0000000000000		DRG: [appears only when used]		Group: PLAN/PRODUCT ID								
Please note: This bill has crossed over from Medicare to Medicaid. Payment is now complete.				BusSeg: [appears only when used]										
erv	Date	Proc#	Modifiers	Days Ct/ ty	Charged/ Allowed	Deduct	CoPay	Colnsur	Discount/ Interest	Med Allow/ Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
100	dd/mm/yyyy	00000000	01 02 03 04 05 06 07 08		\$ 0000000.00 \$ 0000000.00	\$ 0000000.00	\$ 0000000.00	\$ 0000000.00	\$ 0000000.00 \$ 0000000.00	\$ 0000000.00 \$ 0000000.00	\$ 0000000.00	\$ 0000000.00	92 00 00 00 00 00	\$ 0000000.00 \$ 0000000.00
Sub-total					\$ 0000000.00	\$ 0000000.00	\$ 0000000.00	\$ 0000000.00	\$ 0000000.00	\$ 0000000.00	\$ 0000000.00	\$ 0000000.00		\$ 0000000.00
					\$ 0000000.00				\$ 0000000.00	\$ 0000000.00				\$ 0000000.00
Total					\$ 0000000.00	\$ 0000000.00	\$ 0000000.00	\$ 0000000.00	\$ 0000000.00	\$ 0000000.00	\$ 0000000.00	\$ 0000000.00		\$ 0000000.00
					\$ 0000000.00				\$ 0000000.00	\$ 0000000.00				\$ 0000000.00

Explanation Code	Description
92	PAID ACCORDING TO CONTRACT PROCESSING GUIDELINES

To find Claim Number from Emdeon (Explanation of Payment)



25068 0.7130 MB 0.432
 MIXED AADC 770
 [Barcode]
 [Redacted] 148

RUN DATE: 03/07/14
CHECK #: 011250207
PAYEE ID: [Redacted]
IRS#: [Redacted]

STATEMENT TOTAL

Beginning Negative Services Balance:
Beginning Prepayment Balance: .00
Total Beginning Balance: -1,322.22
Claims Paid This Run: 18,148.35
Check Amount: 16,826.13

Remittance Advice and Explanation of Payment

Member Name: [Redacted] **Member ID#:** [Redacted] **MRN:** 02737726 **Claim No:** N062TXE04767
Patient Name: [Redacted] **PCN:** [Redacted] **Carrier:** MD **Provider:** [Redacted]
Service Provider: [Redacted] **NPI:** [Redacted] **Group:** [Redacted]

Dates	Diag# Drug#	Proc# Proc2	Days Ct./ Qty	Charged	Allowed	Deduct / Copay	Coinsurance	Discount/ Interest	Med Allow/ Med Paid	TPP	Denied	Payment Codes	Payment
022014	41401	200	4.0	14512.00	18148.35	.00	.00	.00	.00	.00	.00	92	18148.35

PRINT PAGE 1 OF 1

Questions



- For additional questions, call your Provider Relations Specialist or the Provider Services Hotline at 1-877-391-5921.

We are here to help you!