

Web Enhancements: Claim Appeals & Claim Attachments



Scope: Providers will have the ability to **appeal a claim** and **attach documentation** to any claim online. Attachment functionality will be available for new claim submissions, claim corrections and claim appeals. This document will show the new functionality and provide a “how-to” guide for internal users.

Navigate to the **Claims** section within the secure provider portal.

Click the **Claim Number** for the specific claim that either needs to be corrected or appealed.

Viewing Claims For: 742 Medicaid / CHIP

Claims Individual Saved Submitted Batch Recurring Payment History My Downloads Claims Audit Tool

CLAIM NO. ↑	CLAIM TYPE ↑	MEMBER NAME ↑	SERVICE DATE(S) ↑	BILLED/ PAID ↑	CLAIM STATUS ↑
0273	CMS-1500		09/28/2015 - 09/28/2015	\$150.00 / \$48.13	

One item found. Page 1/1 1

Select **Correct/Appeal Claim** from the claim details page.

Viewing Claims For: 742 Medicaid / CHIP

Correct/Appeal Claim **Claim No.:** [0273](#)

Ref/Acct No.:
 Member ID:
 Member Name:
 Member DOB:
 Servicing Provider:
 DOS Range: 09/28/2015 - 09/28/2015

Received Date:
 Billed Amount: \$150.00
 Payment Amount: \$48.13
 Payment Date: 10/05/2015
 Status: PAID

LINE	DOS	PROC	DX	MODIFIERS	PLACE OF SERVICE	CHARGED	PAYMENT AMOUNT	PAYMENT DATE	CHECK NO.	STATUS	STATUS DESCRIPTION
1	09/28/2015	99214	340, 34510, 7244, 33394		11	\$150.00	\$48.13	10/05/2015	<input type="text"/>	PAID	PAID IN FULL

Note: **Paid** or **Denied** claims can be corrected / appealed online. Claims in a **Pending** status cannot be corrected or appealed until adjudicated.

Web Enhancements: Claim Appeals & Claim Attachments



Indicate **Correction** or **Appeal**. Click **Next**.

superior healthplan. Eligibility Patients Authorizations Claims Messaging

Viewing Claims For: 742 Medicaid / CHIP GO Upload EDI Create Claim

Professional Claim for [redacted] Your Progress [Progress Bar]

THIS SECTION:
General Info
Information about the dates of the claim.

You are correcting a claim for O273

Next →

* Required field

Correction Appeal

Patient's Account Number* [redacted] 26

Statement Dates* From 09/28/2015 To 09/28/2015
**Changing the statement dates from ICD 9 effective dates to ICD 10 effective dates or vice versa, may invalidate current diagnosis codes.

Date of current Illness, Injury, Pregnancy (LMP) Select Type... MM/DD/YYYY 14.

Other Date Select Type... MM/DD/YYYY 15.

Hospitalization From MM/DD/YYYY To MM/DD/YYYY 18.

Outside Lab? Yes No 20.

Prior Authorization Number XXXXXXXXXXXX 23a.

CLIA Number XXXXXXXXXXXX 23b.

Amount Paid XXXX.XX 29.

Next →

Web Enhancements: Claim Appeals & Claim Attachments



Displays the **Diagnosis Codes** and **Additional Insurance Information** to be verified or removed. Click **Next**.

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Viewing Claims For: 742 Medicaid / CHIP GO Upload EDI Create Claim

Professional Claim for

Your Progress



THIS SECTION

Diagnosis Codes

Diagnosis Code and Additional Insurance information

You are correcting a claim for 0272

+Back Next →

• Required field

ICD Version Indicator [®] ICD 9 Please note that for the claim statement dates entered, valid ICD-9 codes only are accepted.

Diagnosis Codes • XXXX e.g. V87: **11** (Enter diagnosis code and click on Add button) 21. ✓

340 - MULTIPLE SCLEROSIS	1111
34510 -- GEN CONVULS EPILEPSY W/O INTRACT	1111
7244 -- THORILUMBOSACRL NURIT/RADCULIT UNS	1111
33394 - RESTLESS LEGS SYNDROME (RLS)	1111

Add Coordination of Benefits

+Back

Web Enhancements: Claim Appeals & Claim Attachments



Update each service line details, as necessary. Click **Next**.

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Viewing Claims For: 742 Medicaid / CHIP

Professional Claim for [redacted] Your Progress

THIS SECTION:
Service Lines
Enter maximum of 50 service lines.

You are correcting a claim for O273

Total: \$150.00 * Required field

PROCEDURE / CHARGES

1: 99214 / \$150.00

Now Viewing Line 1: 99214 / \$150.00

Dates of Service* From 09/28/2015 To 09/28/2015

Place of Service* 11 -- PROVIDERS OFFICE

Procedure Code* 99214

Modifiers XX Please enter the modifier and click the Add button.

Diagnosis Code(s)* 340 - MULTIPLE SCLEROSIS
 34510 - GEN CONVULS EPILEPSY W/O INTRACT
 7244 - THOR/LUMBOSACRL NURIT/RADICULIT UNS
 33394 - RESTLESS LEGS SYNDROME (RLS)

Charges* 150.00

Units / Minutes / Days* 1 Type* UN - Units

Family Planning Yes No EPSDT Select...

NDC NDC

Supplemental Information Supplemental Information

Web Enhancements: Claim Appeals & Claim Attachments



Provider information will remain the same from the original claim. Click **Next**.

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Eligibility Patients Authorizations Claims Messaging

Viewing Claims For: 742 Medicaid / CHIP GO Upload EDI Create Claim

Professional Claim for Your Progress

THIS SECTION:
Providers
Providers on this claim.

You are correcting a claim for O273

← Back Next →

Please note: a taxonomy code is required for all claim submissions

* Required field

Please note when you are correcting a claim you cannot proceed further if you are attempting to correct/change your provider information

Referring Provider

NPI Last Name or Organizational Name First Name 17.

Rendering Provider

NPI Tax ID 24.j

Taxonomy # Last Name or Organizational Name First Name

Billing Provider

Name* NPI Taxonomy # Tax ID 33.

Address* City* State* Zip*

Service Facility Location

Name NPI 32.

Address City State Zip

← Back Next →

Web Enhancements: Claim Appeals & Claim Attachments



Attach supporting documentation, as needed. Click **Browse...** and choose the document to be attached.

Select **Attach**. The file name will appear when successfully uploaded to the claim.

Use **Remove** to withdraw the attachment, whenever necessary.

Note: There is a 5mb limit and only .jpg, .tif, .pdf and .tiff are supported file types for attachments.

Web Enhancements: Claim Appeals & Claim Attachments



Review the claim details and click **Submit**.

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[Eligibility](#)
[Patients](#)
[Authorizations](#)
[Claims](#)
[Messaging](#)

Viewing Claims For :

Medicaid / CHIP

Professional Claim for Your Progress

THIS SECTION:
Review
Please review your claim and submit.

You are correcting a claim for O273

← Back
Submit →

Almost done!

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

Claim Id: 801289345

Member Record Number:

Member Claim Amount Paid:

Patient's Account Number:

General Info [Edit](#)

Statement From Date:

Statement To Date:

Date of current Illness, Injury, Pregnancy (LMP):

Other Date:

Hospitalized From:

Hospitalized To:

Outside Lab?: **No**

Outside Lab Amount:

Prior Authorization Number:

CLIA Number:

Diagnosis Codes and Primary Insurance [Edit](#)

Diagnosis Codes

340 -- MULTIPLE SCLEROSIS

34510 -- GEN CONVULS EPILEPSY W/O INTRACT

7244 -- THOR/LUMBOSACRL NURIT/RADICULIT UNS

33394 -- RESTLESS LEGS SYNDROME (RLS)

Service Lines [Edit](#)

Line	From	To	Place	Proc	Diagnosis	Amount	Units/Minutes/Days	Family Plan	EPSDT	NDC	Supplemental Info
1	09/28/2015	09/28/2015	11	99214	340,34510,7244,33394	\$150.00	1	No			

Providers [Edit](#)

Provider Type	Name	Tax ID	NPI	Taxonomy	Address
Referring Provider	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Rendering Provider	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Billing Provider	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Service Facility Location	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>

Attachments

← Back
Submit →