

Secure Provider Portal: Claim Corrections



Providers have the ability to correct a claim and attach documentation to any claim online. Attachment functionality is available for new claim submissions, claim corrections and claim appeals.

Review the steps below to see the process for correcting 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 either needs to be corrected or appealed.

CLAIM NO. ↑	CLAIM TYPE ↑	MEMBER NAME ↑	SERVICE DATE(S) ↑	BILLED/ PAID ↑	CLAIM STATUS ↑
Q0821	CMS-1500	[REDACTED]	03/17/2017 - 03/17/2017	\$200.00 / \$51.80	✓
Q0821	CMS-1500	[REDACTED]	03/17/2017 - 03/17/2017	\$150.00 / \$0.00	⌚
Q0821	CMS-1500	[REDACTED]	03/16/2017 - 03/16/2017	\$150.00 / \$36.89	✓
Q0821	CMS-1500	[REDACTED]	03/16/2017 - 03/16/2017	\$46.00 / \$8.14	✓

5. Once the claim is opened, select **Correct/Appeal Claim** from the claim details page to begin a claim correction or appeal.
Please note: Claims with a Status of PAID or DENIED can be corrected/appealed online. Claims with a PENDING status cannot be corrected or appealed until adjudicated.

LINE	DOS	PROC	DX	MODIFIERS	PLACE OF SERVICE	CHARGED	PAYMENT AMOUNT	PAYMENT DATE	CHECK NO.	STATUS	STATUS DESCRIPTION
1	03/16/2017	99213	J4530, J45990, J3089, J301		11	\$150.00	\$36.89	03/28/2017	0022061102	PAID	PAID IN FULL

6. On the General Info page, select **Correction** and then click **Next**.

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EligibilityPatientsAuthorizationsClaimsMessagingHelp

Viewing Claims For : Medicaid / CHIPGOUpload EDICreate Claim

Professional Claim for [REDACTED]Your Progress

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

You are correcting a claim for Q082 [REDACTED]

Next →

* Required field

CorrectionAppeal

Patient's Account Number* [REDACTED]26

Statement Dates* From 03/16/2017 To 03/16/2017
**Changing the statement dates from ICD 9 effective dates to ICD 10 effective dates or vice versa, may invalidate current diagnosis codes.26

Date of current Illness, Injury, Pregnancy (LMP) Select Type... MM/DD/YYYY14.

Other Date Select Type... MM/DD/YYYY15.

Hospitalization From MM/DD/YYYY To MM/DD/YYYY18.

Additional Claim Information: XXXXXXXXXXXX19a.

Outside Lab? YesNo20.

Prior Authorization Number XXXXXXXXXXXX23a.

CLIA Number XXXXXXXXXXXX23b.

Amount Paid XXXX.XX29.

Next →

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7. On the Diagnosis codes page you will need to verify any Diagnosis Codes. If a code is incorrect please click **Remove**.
8. Select **Add Coordination of Benefits** to for additional insurance information.
9. Click **Next**.

Professional Claim for [REDACTED]

Your Progress [Progress Bar]

THIS SECTION:

Diagnosis Codes

Diagnosis Code and Additional Insurance information.

You are correcting a claim for Q082 [REDACTED]

← Back

Next →

* Required field

ICD Version Indicator*

☒ ICD 10

Please note that for the claim statement dates entered, valid ICD-10 codes only are accepted.

Diagnosis Codes*

XXXX e.g. V87;

Add

(Enter diagnosis code and click on Add button)

J4530 -- MILD PERSIST ASTHMA UNCOMPLICATED

Remove X

J45990 -- EXERCISE INDUCED BRONCHOSPASM

Remove X

J3089 -- OTHER ALLERGIC RHINITIS

Remove X

J301 -- ALLERGIC RHINITIS DUE TO POLLEN

Remove X

Add Coordination of Benefits

← Back

Next →

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10. On the Service Lines page, click on **Save/Update** to update each service line details, as necessary, and click **Next** when complete.

Professional Claim for

Your Progress

THIS SECTION:

Service Lines

Enter maximum of 50 service lines.

You are correcting a claim for

← Back

Next →

Total: \$161.00

+ New Service Line

PROCEDURE / CHARGES

1: 99214 / \$131.00

2: 94640 / \$25.00

3: J7613 / \$5.00

* Required field

Now Viewing Line 1: 99214 / \$131.00

Dates of Service*

From09/27/2016To09/27/2016

24.a

Place of Service*

11 -- PROVIDERS OFFICE

24.b

Procedure Code*

99214

24.d

Modifiers

XXAddPlease enter the modifier and click the Add button.

SARemove X

25Remove X

Diagnosis Code(s)*

☒ J209 - ACUTE BRONCHITIS UNSPECIFIED

☒ R0981 - NASAL CONGESTION

☒ H6693 - OTITIS MEDIA UNSPECIFIED BILATERAL

24.e

Charges*

131.00

24.f

Units / Minutes / Days*

1.0

Type *

UN - Units

24.g

Family Planning

YesNoEPSDTSelect...

24.h

NDC

NDC

NDC

Supplemental Information

Supplemental Information

DeleteSave / Update

DeleteSave / Update

← Back

Next →

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

12. On the Attachments page, click **Browse** to attach supporting documentation.
*Please note: Attachments are optional if submitting corrected claims. If providers are submitting corrected claims and do not need to attach any documents and hit **Next** to be taken to the Review page.*
13. Select the **Attachment Type** and then click **Attach**. The attachment file name will appear when it has been successfully uploaded to the claim.
Please note: There is a 5mb limit and only .jpg, .tif, .pdf and .tiff are supported file types for attachments

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

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

Professional Claim for [REDACTED]

Your Progress [Progress Bar]

THIS SECTION:

Review

Please review your claim and submit.

You are correcting a claim for Q082 [REDACTED]

← Back

Submit →

Almost done!

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

Claim Id: [REDACTED]035

Member Record Number: [REDACTED]

Member Claim Amount Paid: [REDACTED]

Patient's Account Number: [REDACTED]

General Info [Edit](#)

Statement From Date: 03/16/2017

Statement To Date: 03/16/2017

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

Other Date:

Hospitalized From:

Hospitalized To:

Additional Claim Information:

Outside Lab?: No

Outside Lab Amount:

Prior Authorization Number:

CLIA Number:

Diagnosis Codes and Primary Insurance [Edit](#)

Diagnosis Codes

J4530 -- MILD PERSIST ASTHMA UNCOMPLICATED

J45990 -- EXERCISE INDUCED BRONCHOSPASM

J3089 -- OTHER ALLERGIC RHINITIS

J301 -- ALLERGIC RHINITIS DUE TO POLLEN

Service Lines [Edit](#)

Line	From	To	Place	Proc	Diagnosis	Amount	Units/Minutes/Days	Family Plan	EPSDT	NDC	Supplemental Info
1	03/16/2017	03/16/2017	11	99213	J4530,J45990,J3089,J301	\$150.00	1.0	No			

Providers [Edit](#)

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

Attachments [Edit](#)

• Attachment Name=TX_TX_2963547_Healthcare.jpg

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Submit →

16. 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.*

The screenshot shows the Superior Healthplan portal interface. At the top, there is a navigation bar with the logo on the left and several menu items: Eligibility, Patients, Authorizations, Claims, and Messaging. Below the navigation bar, there is a section for 'Viewing Claims For:' with a dropdown menu set to 'Medicaid / CHIP' and a 'GO' button. To the right of this section are two buttons: 'Upload EDI' and 'Create Claim'. The main content area has a heading 'THIS SECTION: Success Congratulations!' followed by a large white box containing the text: 'Your claim has been submitted' and 'Your Web/Ref# is 500006538'. The number '500006538' is highlighted with a pink rectangular border.

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Eligibility Patients Authorizations Claims Messaging

Viewing Claims For : Medicaid / CHIP

THIS SECTION:
Success Congratulations!

Your claim has been submitted
Your Web/Ref# is 500006538