

Secure Provider Portal: Claim Appeals



Providers have the ability to appeal a claim and attach documentation to any claim online.

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 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.

Back to Claims **Correct/Appeal Claim** Copy Claim **Claim No.: Q0821** Void/Recoup Claim

Ref/Act No.: [REDACTED] Received Date: 03/23/2017
 Member ID: [REDACTED] Billed Amount: \$150.00
 Member Name: [REDACTED] Payment Amount: \$36.89
 Member DOB: 09/22/2006 Payment Date: 03/28/2017
 Servicing Provider: [REDACTED] Status: PAID
 Servicing NPI: [REDACTED]
 DOS Range: 03/16/2017 - 03/16/2017

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 **Appeal** and then click **Next**.

superior healthplan

Eligibility Patients Authorizations Claims Messaging Help

Viewing Claims For: [dropdown] Medicaid / CHIP [dropdown] GO [Upload EDI] [Create Claim]

Professional Claim for [patient name] Your Progress [progress bar]

THIS SECTION:
General Info
Information about the dates of the claim.
You are correcting a claim for [patient name]

[Next →]

* Required field

Correction **Appeal**

Please attach additional documentation for appeals. Corrected claims do not require additional documentation.

Patient's Account Number* [input] 26

Statement Dates* From 06/22/2017 To 06/22/2017
**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... [dropdown] MM/DD/YYYY 14.

Other Date Select Type... [dropdown] MM/DD/YYYY 15.

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

Additional Claim Information: [input] 19a.

Outside Lab? Yes No 20.

Prior Authorization Number [input] 23a.

CLIA Number [input] 23b.

Amount Paid [input] 29.

[Next →]

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

THIS SECTION:
Diagnosis Codes
Diagnosis Code and Additional Insurance information.

You are correcting a claim for Q082 [REDACTED]

← BackNext →

* 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* (Enter diagnosis code and click on Add button) 21.

J4530 -- MILD PERSIST ASTHMA UNCOMPLICATED	<input type="button" value="Remove X"/>
J45990 -- EXERCISE INDUCED BRONCHOSPASM	<input type="button" value="Remove X"/>
J3089 -- OTHER ALLERGIC RHINITIS	<input type="button" value="Remove X"/>
J301 -- ALLERGIC RHINITIS DUE TO POLLEN	<input type="button" value="Remove X"/>

Add Coordination of Benefits

← BackNext →

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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 [REDACTED] Your Progress [Progress Bar]

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

You are correcting a claim for [REDACTED]

← Back Next →

Total: \$161.00 * Required field Delete Save / Update

Now Viewing Line 1: 99214 / \$131.00

+ New Service Line

PROCEDURE / CHARGES

- 1: 99214 / \$131.00
- 2: 94640 / \$25.00
- 3: J7613 / \$5.00

Dates of Service* From 09/27/2016 To 09/27/2016 24.a

Place of Service* 11 -- PROVIDERS OFFICE 24.b

Procedure Code* 99214 24.d

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

SA

25

Diagnosis Code(s)* J209 - ACUTE BRONCHITIS UNSPECIFIED 24.e
 R0981 - NASAL CONGESTION
 H6693 - OTITIS MEDIA UNSPECIFIED BILATERAL

Charges* 131.00 24.f

Units / Minutes / Days* 1.0 Type * UN - Units 24.g

Family Planning Yes No EPSDT Select... 24.h

NDC NDC NDC

Supplemental Information Supplemental Information

← Back Delete Save / Update 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.
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

Back Next

Attachments

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

File* Attachment Type*

Browse... Attach

There are no attached files.

Back Next

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

Back Next

Attachments

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

File* Attachment Type*

Browse... Attach

Attachment Name	Type
TX_TX_3080445_Healthcare.jpg	Medical Records

Remove X

Back Next

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

Professional Claim for **PHILIP JAMES**
Your Progress

THIS SECTION:
Review
 Please review your claim and submit.

You are correcting a claim for Q0827 **PHILIP JAMES**

← Back
Submit →

Almost done!

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

Claim Id: **8079459035**

Member Record Number: **PHILIP JAMES**
 Member Claim Amount Paid: **PHILIP JAMES**
 Patient's Account Number: **PHILIP JAMES**

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	PHILIP JAMES	PHILIP JAMES	PHILIP JAMES	PHILIP JAMES	PHILIP JAMES
Rendering Provider	PHILIP JAMES	PHILIP JAMES	PHILIP JAMES	PHILIP JAMES	PHILIP JAMES
Billing Provider	PHILIP JAMES	PHILIP JAMES	PHILIP JAMES	PHILIP JAMES	PHILIP JAMES

Service Facility Location

Attachments [Edit](#)

- Attachment Name=TX_TX_2963547_Healthcare.jpg

← Back
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 displays the Superior Healthplan portal interface. At the top, there is a navigation bar with the logo on the left and menu items: Eligibility, Patients, Authorizations, Claims, and Messaging. Below the navigation bar, there is a search area with a dropdown menu for 'Viewing Claims For:' and a 'GO' button. To the right of the search area are two buttons: 'Upload EDI' and 'Create Claim'. The main content area features a 'Success' message with the text 'Congratulations!' and a confirmation box that reads: 'Your claim has been submitted' and 'Your Web/Ref# is 500006538'. The number '500006538' is highlighted with a pink rectangular border.