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.

superior healthplan.		1) Eligibility	Authoriz	ations	S Claims	Messaging	2 Help	100
Viewing Claims For :	10000	Medicaid / CHIP	~					load EDI	Create Claim
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<u>Q0821</u>	CMS-1500	1000 (000 (000))	03/1	7/2017 - <mark>0</mark> 3/17/2017		\$200.00	/ \$51.80		
<u>Q0821</u>	CMS-1500	ALMOST CAMPO	03/1	7/2017 - 03/17/2017		\$150.00	/ \$0.00	Ŀ	
<u>Q0821</u>	CMS-1500	INC ORDA	03/1	6/2017 - 03/16/2017		\$150.00	/ \$36.89		
<u>Q0821</u>	CMS-1500	and a result	03/1	6/2017 <mark>- 03/16/201</mark> 7		\$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.

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-												

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

superior healthplan.	_	iii Eligibility) Patients	V Authorizations	(5) Claims	Messaging	2 Help	107
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THIS SECTION: General Info Information about the dates of the claim.								
You are correcting a claim for Q082								
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* Required field	Correction Appeal							
Patient's Account Number*		-						26
Statement Dates*	From 03/16/2017 **Changing the statement may invalidate current di	To 03/1 nt dates from agnosis code	6/2017 ICD 9 effec es.	tive dates to ICD 1	0 effective	dates or vice v	ersa,	
Date of current Illness, Injury, Pregnancy (LMP)	Select Type			D/YYYY				14.
Other Date	Select Type	[DAYYYY				15.
Hospitalization	From MM/DD/YYYY		To M	//DD/YYYY				18.
Additional Claim Information:	XXXXXXXXXXXXX							19a.
Outside Lab?	Yes No							20_
Prior Authorization Number	XXXXXXXXXXXXXXXX							23a.
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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	k	Your Progress	\rightarrow	>	>	$\boldsymbol{\Sigma}$	>
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You are correcting a claim for Q082							
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Diagnosis Codes*	XXXX e.g. V87(Add	(Enter diagnosis code and click on A	dd button)				21.
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	Add Coordination of Benefits						
+ Back						Ne	xt →
Te	erms and Conditions Privacy Policy	Copyright © 2017, Centene Corp	oration				

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	100-0-00-0-00-0	Your Progress	
THIS SECTION: Service Lines Enter maximum of 50 service You are correcting a claim for	lines.		
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- Back			Next →
Total: \$161.00	* Required field		Delete Save / Update
	Now Viewing Line	e 1: 99214 / \$131.00	
+ New Service Line PROCEDURE / CHARGES	Dates of Service*	From 09/27/2016 To 09/27/2016	24.a
1: 99214 / \$131.00			
2: 94640 / \$25.00	Place of Service*	11 PROVIDERS OFFICE	24.b
3: J7613 / \$5.00	Procedure Code*	99214	24.d
	Modifiers	XX Add Please enter the modifier and click the Ad	d button.
		SA	Remove X
		25	Remove 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	Yes No EPSDT Select	24.h
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	Supplemental Information	Supplemental Information	
			Delete Save / 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

ofessional Claim for		Your Progress	\rightarrow	\geq	\geq	\rightarrow	
THIS SECTION:							
Attachments							
Add attachments to the claim	(5MB limit).						
			Suppo	rted type:	s are .jpg	, .tif, .pdf an	d .tiff
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14. Click **Remove** to withdraw the attachment, when necessary.

+ Back	If there are no attachments, click Next.		Next →
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Attachment Name	Туре		
TX_TX_2963547_Healthcare.jpg	Primary Carrier EOB		Remove X
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15. The Review page is used to review and confirm claim details. Once confirmed, click Submit.

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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.*

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Viewing Claims For : Medicaid / CHIP				A	Upload EDI	Create Claim
THIS SECTION: Success Congratulations!						
Your claim has been submitted Your Web/Ref# is 500006538						