

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.

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 **Correction** 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 [ID] Your Progress [Progress Bar]

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

You are correcting a claim for Q082 [ID]

[Next →]

* Required field

[Correction] [Appeal]

Patient's Account Number* [input] 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.

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 →]

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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

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)

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"/>

← BackNext →

21.

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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 [XXXXXXXXXX](#) Your Progress

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

You are correcting a claim for (XXXXXXXXXX)

[← Back](#) [Next →](#)

Total: \$161.00 * Required field [Delete](#) [Save / Update](#)

[+ New Service Line](#)

PROCEDURE / CHARGES

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

Now Viewing Line 1: 99214 / \$131.00

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 [Add](#) Please enter the modifier and click the Add button.

SA [Remove X](#)

25 [Remove X](#)

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

[Delete](#) [Save / Update](#)

[← Back](#) [Next →](#)

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

- 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.*
- 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

Professional Claim for [redacted] Your Progress

THIS SECTION:
Attachments
 Add attachments to the claim (5MB limit). Supported types are .jpg, .tif, .pdf and .tiff

You are correcting a claim for Q082 [redacted]

← Back If there are no attachments, click Next. Next →

Attachments

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

File* Browse... Attachment Type*
 Select Type...
 Primary Carrier EOB
 Medical Records
 Consent Form
 DME or Rx Invoice
 Proof of Timely Filing
 Claim Adjustment Form (CAF) Attach

There are no attached files.

← Back If there are no attachments, click Next. Next →

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

Professional Claim for [redacted] Your Progress

THIS SECTION:
Attachments
 Add attachments to the claim (5MB limit). Supported types are .jpg, .tif, .pdf and .tiff

You are correcting a claim for Q082 [redacted]

← Back If there are no attachments, click Next. Next →

Attachments

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

File* Browse... Attachment Type*
 Select Type... v Attach

Attachment Name	Type	
TX_TX_2963547_Healthcare.jpg	Primary Carrier EOB	Remove X

← Back If there are no attachments, click Next. Next →

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' interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this, a filter section shows 'Viewing Claims For:' with a dropdown menu set to 'Medicaid / CHIP' and a green 'GO' button. To the right are buttons for 'Upload EDI' and 'Create Claim'. The main content area features a 'Success' message with 'Congratulations!' and a white box containing the text: 'Your claim has been submitted' and 'Your Web/Ref# is 500006538', where the number is enclosed in a pink rectangular box.