

Post-service appeals provider portal guide

Post-service appeals process

Sign into your provider account. If you need to create an account, have your tax ID number and provider name handy and follow the steps to register.

1

Search for patient

To access patient information, enter their member ID or Social Security number, along with their date of birth under **Patient search**.

2

Search for claim you'd like to appeal or inquire about

After selecting your patient of interest, choose Claims/Claims appeals from the **Show me** drop-down.

3

Appeal or inquire about claim

Find and select the claim you'd like to review, then select **Appeal/review this claim**. (Note: The link will only be visible after a claim has been processed.)

You will receive a pop-up notification with more information about the claim appeal/inquiry process and what to expect.



Appeals and inquiries

Only members/patients have the right to submit an appeal. Providers can request an inquiry — a notice to review the claim — however, a member must grant providers permission to submit an appeal on their behalf.

Important: Providers must contact the member/patient and ask for permission when requesting authorization. The member will need to sign into the member portal to approve authorization.

For member-initiated appeals and provider-initiated appeals authorized by member, the process can take 30–60 days. For provider inquiries, the process can take up to 120 days.

After selecting **Request authorization** or **Request claim inquiry**, select the ineligible code you wish to have reviewed and select **Continue**.

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4

Add supporting information and documentation

If a claim can be appealed or reviewed, you can enter additional information and attach documentation for reconsideration.

If a claim cannot be appealed or reviewed, you will receive a message with further steps to take to get information about the claim.

For appealable claims, you must enter detailed information in the **Claim dispute comments** section. Make sure to be specific about the claim details you want reviewed.

Once you've entered your comments and uploaded your documentation, add any contact information on the next page.

5

Review your appeal/review inquiry information

Review your information and select **Submit** when you're done.

6

Confirmation

Lastly, you will receive a confirmation page with your transaction number. From here, you can either start a new appeal or return to your provider dashboard.

How to check your claim appeal/review status

From the **Claims** drop-down menu select **Claim appeal status dashboard** to view previously submitted transactions and member authorization requests.

Once a review is completed, the dashboard will show the status as well as the outcome.

View approved or denied appeal requests in the **Provider-initiated requests** section.

View your appeal transactions in the **Submitted appeal** history section.