Post-service appeals inquiry submission

FAQs:

Please note: At any time you find that you are not able to proceed through the steps of the portal, you should see a message (usually in orange or red lettering) indicating the reason. Please review the page for these messages to help guide you.

Why can't I send in an inquiry or appeal for a terminated member?

Currently the portal is not equipped to read and compare termination dates to claim dates of service.

This is being reviewed as an enhancement, but in the meantime, you will need to mail the request for review if you receive a message that the patient is inactive.
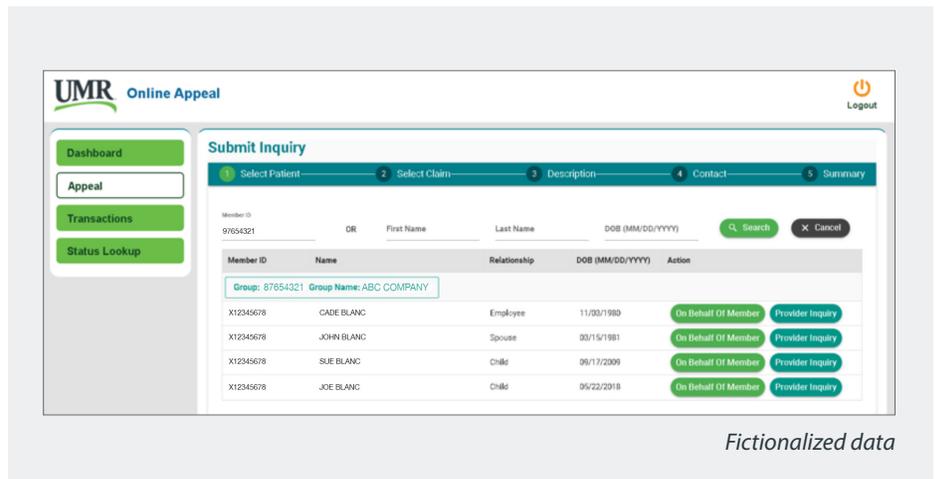
Fictionalized data

What if the claim screen is not allowing me to select a checkbox for a code to be reviewed?

To save time before signing in to the portal, we suggest using the the **Pre-Denial Code Verification** tab on the Portal Login page to verify if your code is appealable.

Not all codes on a claim are eligible for appeal review. To avoid sending an ineligible request to the appeals department, the system will not allow the option to select the code and will provide a message on what to do. To see the message, hover over the red exclamation point.

Please note, if you select another code to get past this and ask us to review the code that is not reviewable by our department, we will not review the request.

A code considered ineligible by the appeals dept cannot be submitted to us. That's why the portal will not allow you to select that particular code. Please do not attempt to select a different code and explain in the comments that you would like the ineligible code reviewed. If the code is not eligible for our department, we cannot review the request. It must be submitted to the department indicated when hovering over the exclamation point.

Why am I unable to attach documents or move to the next page after entering my comments?

The comments section is required and needs a minimum of 100 characters. Until the minimum is met, the field area will be red. Once met, it will turn blue and then you can proceed to either attach documents or select **Next**.
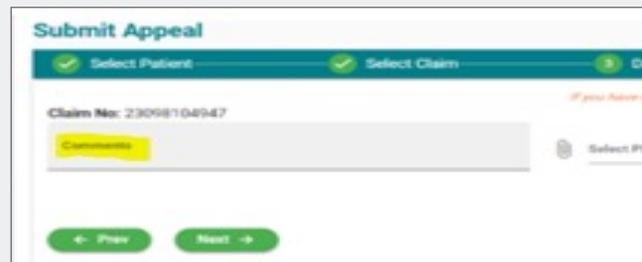
Why can't I attach my documentation?

Documents must be in PDF or image format and cannot exceed 20 MB. If the file is larger than 20 MB, please edit the file so that it is separated into smaller file sizes. In this case, you will have to submit your review once for each attachment. There are two ways to do so.
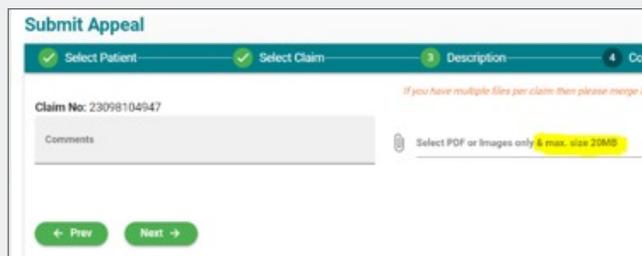
Method 1

Submitting via the Transactions page

1. In this case, you'll have to submit your review with the largest attachment first. Upon submission, you will receive a case number (within 24 to 48 hours) on your transactions tab.

2. Once you have received your case number, you can utilize the **Submit Additional Documentation** option on the **Transactions** page to submit subsequent files, but only one file per submission.

3. In the event you are having to submit more than two files, you will have to repeat step #2 for each file you are submitting.

Important: You can only attach one document per submission. If you have multiple files, they must be combined into one file prior to attaching, up to the 20 MB size limit.

Method 2

Submitting via the Appeal option

1. Enter claim criteria.

2. Select the eligible codes for review. The system will prompt this screen, providing the previous case number and the option to submit your additional medical records.

3. Attach the documents (up to 20 MB – please review the information above about the size limitations).

4. Select **Submit**. Documents will be forwarded to our department.

I have previously sent in reviews via mail or fax. Why can't I see the status of them on the portal?

The portal can only provide status updates on things submitted through the portal. If you sent something previously via fax or mail, and the case is still open, you can submit additional medical records through the portal for them, but you cannot check status as it did not originate in the portal. You will need to contact Customer Service to obtain a status for these.

If I have additional questions on a portal submission status (open or closed), what can I do?

Each portal submission will generate a transaction ID. Once the transaction ID has a case number added, you can see a status. To obtain additional information you can call Customer Service and give them the case number. They have the ability to look up the case number and see if there are additional notes or letters on file to share.

I need to send additional documentation for a review. What are my options?

Sending additional medical records can be done in the portal for any case that is still in an "open" status regardless of how it was initially sent to the Appeals Department.

Enter the claim as if you are trying to initiate a new request, and the message will pop up that there is an open case. You will get a pop-up option to attach additional medical records.

Fictionalized data

When sending additional documentation, do I need to attach a Post-Service Appeals form?

No, the portal will provide us all the details of the claim/s you would like reviewed. Please just attach the medical records.

If I submit additional documentation, will I receive a letter response in the portal?

Currently all correspondence is sent via mail to the address entered on the address confirmation page in the portal. Please be sure this address is where you would like the correspondence to be sent. We are hoping as a future enhancement to add the letters to the portal.

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