

Claims Training

4/16/2025

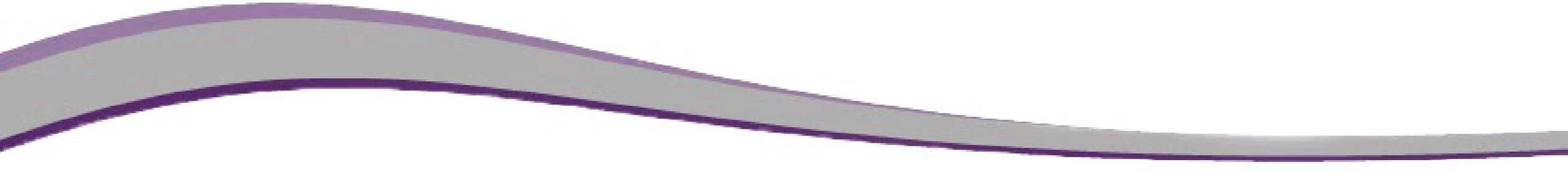


Housekeeping

- Recording in progress
- Webinar Style Meeting
 - We cannot see/hear you
- Use the chat function if you have a question
 - You can message the host/panelist or the whole group
- PowerPoint Presentation will be sent out along with a link to the recording and any reference materials



Agenda

- Claims appeal module and overview
 - General discussion on claims processing
 - Tips and tricks for claim entry
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- A decorative graphic at the bottom of the slide consisting of two overlapping, wavy lines. The top line is a light purple color, and the bottom line is a darker purple color. Both lines curve from left to right, with the top line having a higher peak than the bottom line.

Claim appeal module

- Claim appeals module is now in live in the system.
- There is a quick reference guide in the Help Button of Spot.

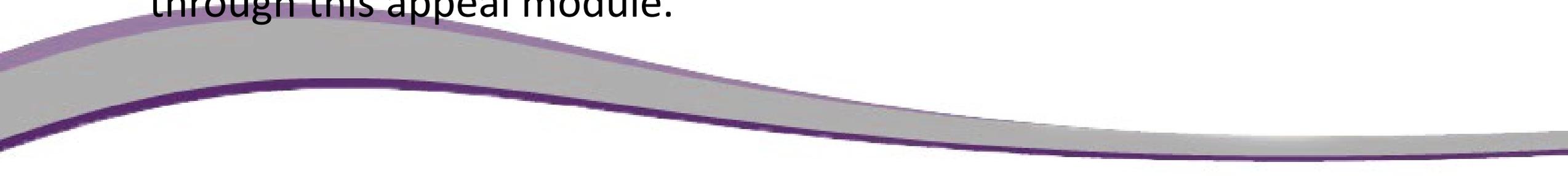


Appeals

- The claim appeal module will allow for the appeal of claims that are not paid for timely filing or overlapping claim adjudication edits.
- This module will also allow for you to see the status of your appeal in real time.



Submitting an appeal

- After claims are processed fully through the system the link for appeal will appear on your batch.
 - Review your EOB for any services that did not pay, and review the reason for the non-payment.
 - If you find a claim that was not paid for timely filing, overlap adjudication, or if the claim did not pay as expected you can submit the claim appeal.
 - Any claim reconsiderations for corrections will also be requested through this appeal module.
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Submitting an appeal

- Navigate to your processed batch.
- Select the Claim appeals link shown below:

[View Claims in Batch](#)
[Adjudication Report](#)
[View Batch Info](#)
[Void/Reconsider all Claims in batch to \\$0](#)
[Claim Appeals](#)

Provider Appeal

Claim Appeal Date
03/06/2025

Submission Date

Staff [lookup](#)

3370

Provider Test1

Phone

Email

1 Claim Appeal

[+ Add Claim Appeal](#)

Claim # [lookup](#) [clear](#)

Customer:

Service Dates:

CPT/Revenue Code:

Service Time Start:

Appeal/Corrected Claim Type - check one box only

Timely Filing Limit: An appeal request for a claim whose original reason for denial was untimely filing

- A first time claim submission that denied for, or is expected to deny for, untimely filing.
- Coordination of Benefit filing limit appeal.

Duplicate / Overlapping Claim

- An appeal request for a claim whose original reason for denial was duplicate/overlapping service denial.

Authorization Denial

- An appeal request for a claim whose original reason for denial was failure to pre-authorize services.

Correct Claim - corrected request for a claim paid in error

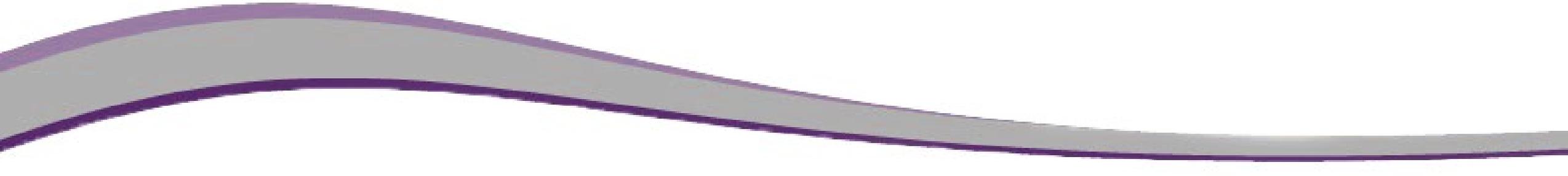
- | | | |
|---|--|--|
| <input type="checkbox"/> Incorrect Customer | <input type="checkbox"/> Incorrect DOS | <input type="checkbox"/> Incorrect CPT code |
| <input type="checkbox"/> Incorrect time/number of units | <input type="checkbox"/> Incorrect billed amount | <input type="checkbox"/> Incorrect reimbursed amount |
| <input type="checkbox"/> Incorrect provider/location | <input type="checkbox"/> Service not provided | <input type="checkbox"/> Reimbursed twice in error |
| <input type="checkbox"/> ATP overpayment | <input type="checkbox"/> COB issue | <input type="checkbox"/> Other <input type="text"/> |

Comments

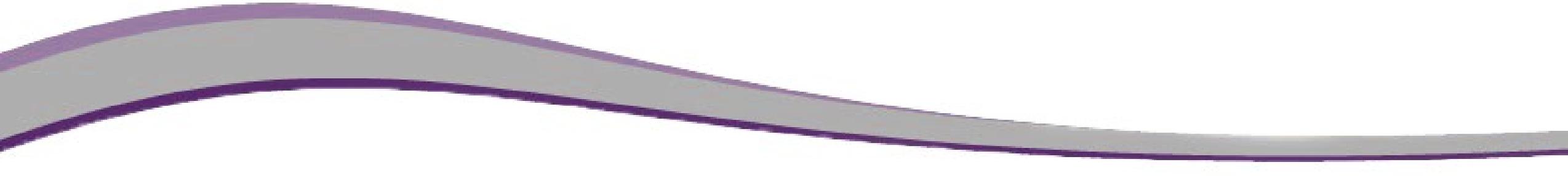
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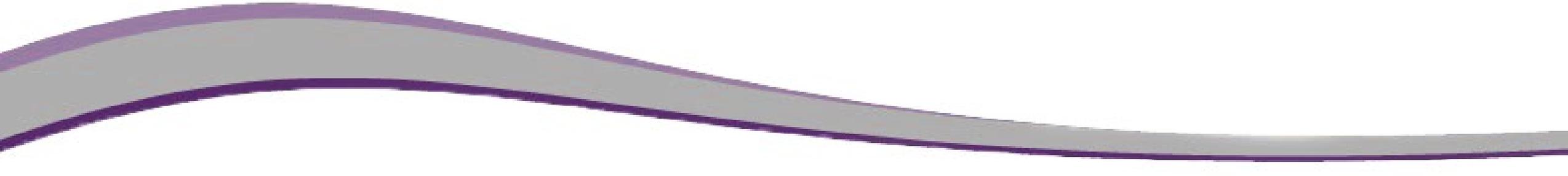
Submitting an appeal

- Please ensure that you check the most appropriate check boxes
 - If the claims is being reconsidered, please provide the reason for the claim correction, if it is not listed, use the other button and describe.
 - The notes field is important to provide any additional information to the claims team to know for processing your appeal fully.
 - There is a scanned document link to the appeal to attach any documentation that you feel supports your appeal.
 - When your appeal is marked complete, you will receive a notification.
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- A decorative graphic at the bottom of the slide consisting of two overlapping, wavy, horizontal bands. The top band is a light purple color, and the bottom band is a darker purple color. Both bands have a soft, gradient-like appearance and curve gently across the width of the slide.

Claims information

- Timely filing is calculated as 60 days from the date of service or 60 days from the paid date of the EOB for the claim.
 - Inpatient timely filing is calculated as 60 days from the date of discharge or 60 days from the paid date of the EOB.
 - Inpatient authorizations are updated weekly in SPOT on Mondays.
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Tips and Tricks

- Any claim can be moved into a new batch from an existing batch by clicking on the batch number in the claim and navigating to 'new batch' You can also move claims between batches.
 - COB claims in the system are set up to not pay CO codes or contractual obligation codes. If your EOB indicates CO96 for a non-covered service, you would need to change the COB code to PR96 to receive payment.
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Additional Questions

