

NaviNet[®] Professional Claims INFO Adjustment Inquiry Guide

May 2009

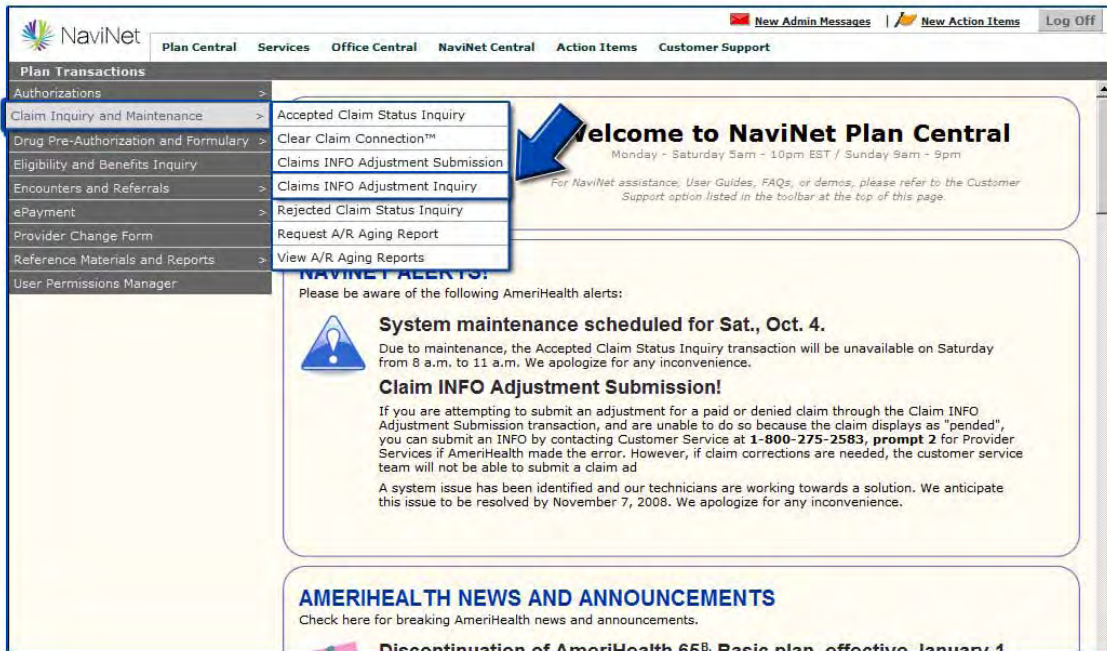


NaviNet[®] Professional Claims INFO Adjustment Inquiry Guide

You can easily check the status of a Claims INFO Adjustment request through NaviNet.

How to view a Claims INFO Adjustment Inquiry

Log onto NaviNet Plan Central. Select *Claim Inquiry and Maintenance* from the Plan Transactions menu, and then select *Claims INFO Adjustment Inquiry*.



How to search for a claim

To search for a claim that has been adjusted, follow these instructions:

1. Begin by selecting either the provider group name from the *Billing Provider* drop-down menu or the tax ID from the *Billing Provider Tax ID* drop-down menu.
2. Enter a date range in the *Adjustment Date of Service From* and *Adjustment Date of Service To* fields. The date range entered may not exceed 90 days.
3. The Adjustment ID, Patient ID, Patient DOB, Patient First Name, and Patient Last Name fields are optional, but may be entered to narrow the search.
4. Select *All*, *Closed*, or *Submitted* from the *Adjustment Status* drop-down menu.
5. Select *All* or *Self* from the *Submitted By* drop-down menu (choosing *Self* limits the search to those adjustments submitted only by the person currently logged into the NaviNet web portal).
6. Select *Search* when all data has been entered.

Adjustments meeting the entered search criteria will appear at the bottom of the screen. View the detail for a particular adjustment by clicking *Select*.

This transaction provides the status of a claim adjustment submitted via NaviNet. Please select the Billing Provider ID or Billing Provider Tax ID used to submit the adjustment and click "Search".

To narrow your search you may provide the Adjustment ID and / or the Adjustment Status. If the Adjustment ID is not available, you may search for a specific Patient ID or by a patient's Last Name, First Name and Date of Birth.

To review adjustment requests that you alone have made, select "Self" from the "Submitted By:" list. To review adjustment requests made by all of the users in your office, select "All" from the "Submitted By:" list.

Billing Provider: Healthcare Center West
 Billing Provider Tax ID:
 Adjustment Date of Service From: 04/12/2009 Adjustment Date of Service To: 04/15/2009
 Adjustment ID:
 Adjustment Status: All
 Patient ID:
 Patient DOB: 01/01/1948
 Patient Last Name: DOE Patient First Name: JOHN
 Submitted By: All

Search Exit Clear

Records 1-2 of 2, page: 1

Patient Name	Patient ID	Adjustment ID	Adjustment Status	Adjustment Date	Service Date	Name	Billing Provider ID	Billing Provider NPI	Company	Adjustment Close Date	Select
DOE, JOHN	YXH3530001111	A0302100001	SUBMITTED	04/15/2009	01/17/2009 -	HEALTHCARE CENTER WEST	0002344000	4483245893	AmeriHealth		Select
DOE, JOHN	YXH3530001111	A0302100002	CLOSED	04/12/2009	01/27/2009 -	HEALTHCARE CENTER WEST	0002344000	4483245893	AmeriHealth	04/16/2009	Select

Records 1-2 of 2, page: 1

Claim details

The *Claims INFO Response Form* provides detailed information relating to the submitted adjustment.

Claims INFO Response Form
Adjustment Status: CLOSED

Claim Number:	10020011201	Patient Account Number:	Trac12345
Patient ID:	YXH3530001111	Patient Name:	DOE, JOHN
Total Amount Billed:	\$4838.10	Total Amount Paid:	\$1970.45
Check Date:	08/15/2002	Check Number:	12300471
Referral Number:		Billing Provider ID:	0002344000
Precert Number:		Billing Provider NPI:	4483245893
Adjustment ID:	A0302100002	Billing Provider Tax ID:	224938493
Relationship to Insured:	Subscriber	Adjustment Request Date:	04/12/2009
Request Code:	Late Charges - Request Claim Adjustment Coverage Type:	AmeriHealth HMO	
Closed Date:	04/16/2009		

Adjusted Claim Detail Line(s):

	Date of Service From	Date of Service To	Units	Revenue Code	Procedure Code	Mods	Billed Amount	COB Amount	Patient Responsibility	Paid Amount	Reason Code(s)
2.	04/11/2009	04/14/2009	1	310	88304		\$1017.20	\$0.00	\$0.00	\$900.00	
3.	04/11/2009	04/14/2009	3	750	45385		\$3559.20	\$0.00	\$0.00	\$1000.00	

Please provide detailed information explaining the reason for your Claims INFO request:
PLEASE PROCESS LATE CHARGES IN AMOUNTS OF 225.00.

Exit

You can find comments from the post-processing unit when **scrolling to the bottom** of the *Claims INFO Response Form*.

Please provide detailed information explaining the reason for your Claims INFO request:
PLEASE PROCESS LATE CHARGES IN AMOUNTS OF 225.00.
TOTAL CHARGES FOR SERVICE WERE 1245.00.
THANKS

Please provide office contact information:
Contact Last Name: 1
Contact First Name: 1
Contact Phone Number: 1234567890

Claims INFO Adjustment post-processing comments:
CLAIM ADJUSTED TO ADD LATE CHARGES, REMITTANCE AMOUNT PAID \$175.61. THANKS.

Reason Code
Reason Description

The claims information provided on this Portal is provided as an accommodation to our Providers. While we use our best efforts to maintain the accuracy and reliability of information available through the Portal, we cannot guarantee the accuracy of the claims information or that all claims will be found by using the "search" feature of the Portal. Providers should refer to their Statement of Remittance for official claims payment information.

Exit

Resources

As a reminder, providers may contact NaviNet Customer Care at [1-888-482-8057](tel:1-888-482-8057) for assistance with any NaviNet transaction.

NaviNet® is a registered trademark of NaviNet, Inc.

An AmeriHealth company holds a minority ownership interest in NaviNet, Inc.