



Claims INFO Adjustment Submission Guide

Revised March 2013

Overview

Claims adjustments can be performed only on claims in a “Paid” or “Denied” status and are allowable during a period of up to 18 months following the initial submission of a claim. The Claims INFO Adjustment Submission transaction is available only for users who have the proper INFO permissions.

All adjustments are initially assigned the status of “Submitted” and are given a unique Adjustment ID. Once the adjustment is processed, the status changes to “Closed”, and comments are added to the form from the adjustment processor.

How to view a Claims INFO Adjustment Submission form

Log onto the NaviNet® web portal and select *AmeriHealth* from the Plan Central drop-down menu. Select *Claim Inquiry and Maintenance* from the Plan Transactions menu, and then select *Claims INFO Adjustment Submission*.

The screenshot shows the NaviNet Plan Central web portal interface. At the top, there is a navigation bar with the NaviNet logo and links for Plan Central, Office Central, NaviNet Central, Action Items, My Account, and Help. Below this is a 'Plan Transactions' menu with several categories: Authorizations, Claim Inquiry and Maintenance, Drug Pre-Authorization and Formulary, Eligibility and Benefits Inquiry, Encounters and Referrals, ePayment, Provider Change Form, and Reference Tools. The 'Claim Inquiry and Maintenance' category is expanded, showing a list of options: Accepted Claim Status Inquiry, Clear Claim Connection™, Claim INFO Adjustment Submission (highlighted with a blue arrow), Claim INFO Adjustment Inquiry, Rejected Claim Status Inquiry, Request A/R Aging Report, View A/R Aging Reports, and Fee Schedule Inquiry. The main content area of the page includes a 'Welcome to NaviNet Plan Central' message, a 'WHAT'S NEW?' section with a 'NEW' badge, and an 'AMERIHEALTH NEWS AND ANNOUNCEMENTS' section featuring a red warning icon and a headline about the 'Voluntary recall of all lots of OMONTYS® (peginesatide) Injection'.

How to adjust a claim

To search for a claim that requires adjustment, follow these instructions:

1. Select either the billing provider group name or the tax ID from the first two drop-down menus.
2. Enter a date range in the Adjustment Date of Service From and Adjustment Date of Service To fields.
3. Select *All*, *Paid*, or *Denied* from the Adjustment Status drop-down menu. (*Note*: Providers can view all accepted claims [e.g., pending, in-process] but can only submit an adjustment request for claims with a paid or denied status.)
4. Enter the Patient ID and Date of Birth (DOB) *or* the Patient Last Name, First Name, and DOB.
5. Select *Search* when all data has been entered.

Claims that meet the search criteria will appear at the bottom of the screen.

Claims INFO Search

This transaction allows users to submit claim adjustment requests for Paid or Denied claims. To obtain the best results, select the Billing Provider or Billing Provider Tax ID, enter the Dates of Service and the Patient's complete Patient ID. The patient's Date of Birth is optional except for FEP and Out-of-Area members. When the patient is not an FEP or Out-of-Area member, the patient's full name and date of birth may be used instead of the Patient ID.

Billing Provider: Healthcare Center
 Billing Provider Tax ID:
 Date of Service From: 12/05/2012 Date of Service To: 12/05/2012
 Date Type: Service Date Claim Status: All
 Patient ID: ABC9878543210 Patient DOB: 01/01/1948
 Patient Last Name: Patient First Name:

No.	Billing Provider ID	Billing Provider NPI	Company	Patient's Product	Patient ID	Member Name	Claim Dates of Service	Total Amount Billed	Paid Amount	Check Date	Claim Status	INFO	Select
1.	0002344000	9876543210	AH	HMO	ABC9876543210	DOE, JOHN	12/05/2012 - 12/05/2012	\$4038.10	\$1970.45	12/10/2012	PAID	INFO	Select
2.	0002344000	9876543210		AHMO	ABC9876543210	DOE, JOHN	12/05/2012 - 12/05/2012	\$632.10	\$257.50	12/15/2012	PAID	INFO	Select

Records 1-2 of 2, page: 1

To verify the claim selection before initiating the adjustment, choose *Select* to review the details of the claim. This will display the Claims INFO Detail screen. (If a review of the Claims INFO detail is not desired, proceed with the adjustment by selecting *INFO* next to the appropriate claim from the second column from the right.)

To proceed with an adjustment for the displaying claim, select *Claims INFO Adjustment*. Otherwise, select *Exit* (or use the workflow tracker) to navigate off of the screen.

Claims INFO Detail
Status: PAID

Claim Number: 10020011201 Patient Account Number: Trac12345
 Patient ID: ABC9876543210 Patient Name: DOE, JOHN
 Total Amount Billed: \$4838.10 Total Amount Paid: \$1970.45
 Check Date: 12/17/2012 Check Number: 12300471
 Referral Number: Billing Provider ID: 9876543210
 Precert Number: Billing Provider NPI: 9876543210
 Billing Provider Tax ID: 223456789

Claims INFO Adjustment

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)
1. 12/12/2012	12/12/2012	2	250			\$261.70	\$0.00	\$0.00	\$70.45	W013
2. 12/12/2012	12/12/2012	1	310	88305		\$1017.20	\$0.00	\$0.00	\$900.00	
3. 12/12/2012	12/12/2012	2	750	45385		\$3559.20	\$0.00	\$0.00	\$1000.00	

Reason Code: W013 Reason Description: SERVICE NOT ELIGIBLE FOR SEPARATE REIMBURSEMENT. MEMBER MAY NOT BE BILLED.

Exit

How to submit a request

To submit the Claims INFO Request Form, first select the appropriate option from the Relationship to Insured drop-down menu. Next, select the appropriate option from the Request Code (i.e., adjustment reason) drop-down menu.

Claims INFO Request Form

To complete an adjustment request, please enter all required fields. (i.e. Relationship to Insured, Adjustment Request Code, a comment or an explanation as to the reason for the adjustment, and a contact name and phone number so that we may contact you if we have additional questions.)
 To correct a service line, overwrite the information displayed in that service line.
 To add a service line to the original claim details, click the "Add Claim Detail" button. Provide the additional Service Dates, Units and Billed Amount for the new detail. Facilities and Ancillary providers must include the Revenue Code for the additional detail. Service code, (e.g. procedure code), is optional.
 Click the "Submit" button to send the adjustment request.

Claim Number: 10020011201 Patient Account Number: Trac12345
 Patient ID Number: ABC9876543210 Patient Name: DOE, JOHN
 Total Amount Billed: \$4838.10 Total Amount Paid: \$1970.45
 Check Date: 12/10/2012 Check Number: 12300471
 Referral Number: Billing Provider ID: 0067655544
 Precert Number: Billing Provider NPI: 9876543210
 Billing Provider Tax ID: 223456789
 Coverage Type: AH

Relationship to Insured: ~ Select One ~
 Request Code: ~ Select One ~

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)
1. 12/05/2012	12/05/2012	2	250			\$261.70	\$0.00	\$0.00	\$70.45	W013
2. 12/05/2012	12/05/2012	1	310	88305		\$1017.20	\$0.00	\$0.00	\$900.00	
3. 12/05/2012	12/05/2012	2	750	45385		\$3559.20	\$0.00	\$0.00	\$1000.00	

Add Claim Detail

Adding the claim details

- First, modify data entry fields as needed (service dates, units, procedure code, and billed amount). Revenue codes are not applicable for professional claims.
- If needed, up to 99 additional service lines can be added by selecting *Add Claim Detail*.
- **Detailed information explaining the reason for the adjustment request and contact fields is required.** Enter this information in the free-form text field. Be sure to include a contact name and phone number (with extension).
- When all data has been entered, select *Submit*.

The screenshot displays the NaviNet interface for adding claim details. At the top, there are navigation tabs: Plan Central, Services, Office Central, NaviNet Central, Action Items, and Customer Support. Below these are links for New Admin Messages, New Action Items, and Log Off. The main content area shows a table of claim details with the following data:

	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)
1.	12/05/2012	12/05/2012	2	250			\$261.70	\$0.00	\$0.00	\$70.45	W013
2.	12/05/2012	12/05/2012	1	310	88305		\$1017.20	\$0.00	\$0.00	\$900.00	
3.	12/05/2012	12/05/2012	2	750	45385		\$3559.20	\$0.00	\$0.00	\$1000.00	

Below the table, there is a section for providing detailed information explaining the reason for the Claims INFO request. This section includes a large text area for the reason, and fields for Contact Last Name, Contact First Name, and Contact Phone Number. A red box highlights the 'Add Claim Detail' button and the text area. Blue arrows point to the 'Add Claim Detail' button, the text area, and the 'Submit' button. At the bottom, there is a table with Reason Code and Reason Description:

Reason Code	Reason Description
W013	SERVICE NOT ELIGIBLE FOR SEPARATE REIMBURSEMENT. MEMBER MAY NOT

At the bottom right, there are 'Submit' and 'Exit' buttons.

Finally, the Claims INFO Response Form screen will provide confirmation that the adjustment has been submitted successfully. The Adjustment Status will be listed as “Submitted”, and a unique Adjustment ID will be assigned. Please make note of the Adjustment ID, as this is the primary identifier that AmeriHealth uses to research any claim adjustment submissions submitted through NaviNet.

Claims INFO Response Form

Your adjustment request has been submitted. Please print this page for your records or retain the "Adjustment ID" associated with this request. You may use the Claim INFO Adjustment Inquiry transaction to see the status of the request and comments from the adjustor when the request has processed.

Adjustment Status: SUBMITTED

Claim Number: 10020011201 Patient Account Number: 2345
 Patient ID: ABC9876543210 Patient Name: JOHN
 Total Amount Billed: \$4838.10 Total Amount Paid: 15
 Check Date: 12/10/2012 Check Number: 12345
 Referral Number: Billing Provider ID: 0000055544
 Precert Number: Billing Provider NPI: 9876543210
Adjustment ID: A0302100001 Billing Provider Tax ID: 223456789
 Relationship To Insured: Spouse Adjustment Request Date: 03/05/2013
 Request Code: Late Charges - Request: Claim Adjustment Coverage Type: AH

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)
4.	12/05/2012	12/05/2012	1	310	88325		\$225.00				

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.

[Exit](#)

Resources

If you have any questions or need assistance with a NaviNet transaction, please call NaviNet Customer Care at **1-888-482-8057** or our eBusiness Provider Hotline at **215-640-7410** for providers in Pennsylvania or Delaware or at **609-662-2565** for providers in New Jersey.

NaviNet® is a registered trademark of NaviNet, Inc.