Claims INFO Adjustment Submission Guide

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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*.

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., pended, 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.

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.

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.

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*.

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.

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.

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