

ProviderNews

New Paper Form Available for Claim Review Requests

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Finalized claims (denied or paid) can be appealed. Although the Claim Appeal feature of the Provider Portal is the most efficient way to accomplish this, providers also may submit a paper claim appeals using the new [Claim Review Request](#).

This form is for medical services coding, along with other types of reviews. When requesting a review of a denied code, a brief statement indicating why the decision should be overturned, along with supporting documentation, should accompany the Claim Review Request form. Please send one form with supporting documentation per claim to Prevea360 Health Plan, 1277 Deming Way, Madison, WI, 53717.

This form is not required in conjunction with the submission of a corrected claim. A corrected claim is any claim that has a change to the original version. All lines billed on the original claim must also be billed on the corrected claim. You may submit corrected claims electronically.

Submitting claim appeals online through Prevea360 Health Plan's Provider Portal will:

- Ensure supporting documentation is received
- The portal user will receive a notification acknowledging receipt of the claim appeal
- User has the ability to view saved and submitted claim appeals