

Duplicate and Corrected Provider Claim Appeals

Description

An appeal may be submitted when you disagree with a claim denial or a correction needs to be made to the claim.

Appeals must be supported by relevant documentation. Appeals include:

- Filing limit appeal.
- Duplicate claim appeal.
- Corrected claim appeal.
- Clinical and all other administrative appeals.(including contract rate payment policy or claim edit policy appeals, and request for additional information.)
- Request for retraction of payment.

Appeal Requirements

All provider appeals, including Coordination of Benefit (COB) appeals, must be submitted with a completed Scott & White Health Plan [Provider Appeal Request Form](#) (claims submitted without a [Provider Appeal Request Form](#) will be treated as a first submission, which may result in a denial). Appeals must be submitted with the appropriate documentation specific to the appeal type.

Electronic Claims Submitters

If you are submitting a corrected or referral appeal request and your appeal is *within the initial filing limit* of the date of service:

- Resend the claim electronically.
- Determine the missing or incorrect information on the original transmission.
- Include the completed or corrected information on the new transmission.
- *For appeals that are over the initial filing limit* of the date of service, follow the paper appeal submission process.
- If the date of service is over the initial filing limit, resending an appeal electronically will result in a filing limit denial.

Appeal Filing Limits

Duplicate and corrected appeals must be received no later than 45 days from the original Explanation of Payment(EOP) date. (Refer to *Claims Audit* for claims audit filing limit.) Any appeal received after the applicable appeal filing limit will not be considered and cannot be appealed. Members cannot be held liable for claims denied for exceeding the appeal filing limit.

Duplicate Claim Appeal

Submissions must include:

- Completed Scott & White Health Plan [Provider Appeal Request Form](#) or call our SWHP provider line at 1 800 321-7947.
- CMS-1500/UB claim form with additional information that was not included in the original claim submission.
- Supporting documentation (surgical/operative/office notes, pathology reports, medical invoices [e.g., DME or pharmaceuticals], medical record entries, etc.).

Corrected Claim Appeal

Submissions must include:

- Completed Scott & White Health Plan [Provider Appeal Request Form](#).
- Corrected CMS-1500/UB Claim Form.
- One of the following relating to the correction being made:
 - EOP
 - Claim detail screen print from the Web browser.

Claim Appeals Address

Mail all provider claim appeals to:

Scott & White Health Plan
MS-A4-126 Claim Appeals
1206 West Campus Drive
Temple, TX 76502

Call into SWHP provider line at 800-321-7947 or local 254-298-3000.

Related Policies

- [Filing Limit Provider Appeals](#)