

## **Provider** News

## Appeal a Claim or Dispute a Claim?

If that is your question, we have some answers.

And after March 27, you'll need to follow the appropriate procedure for your dispute or appeal to be processed timely.

If you are questioning a decision VNSNY CHOICE has made about a claim you've submitted, you want to reach the right person to have your voice heard and acted on efficiently.

For best service, you should follow appropriate procedure. To dispute a claim, you should use the **Provider Claims Dispute form**; to appeal a claim decision you disagree with, you need to **submit your appeal in writing** to our Grievance and Appeals department.

**Important:** PLEASE NOTE: As of March 27, 2020, **all Claim Disputes must be submitted through the Provider Claims Dispute Form**. Disputes that are not sent through the Claim Dispute Form will not be processed timely.

If you are unsure whether to submit a Claim Dispute or Claim Appeal, please click on the blue button below.

Learn about Provider Claims Disputes and Appeals

Examples of when to use the Provider Claims Dispute Form:

- Coding Denials
- Underpaid/Overpaid claims

- Invalid Procedure Code/Revenue Code/Diagnosis Code
- Incorrect Modifier
- Denied for authorizations and has authorization letter

When to submit a Claim Appeal (Appealable Denials):

- Services not authorized
- Not medically necessary
- Non-covered service
- Non-covered benefit
- Benefit exhausted
- Charges previously considered

You can find detailed information about how to use the Provider Claims Dispute Form or file a claim appeal on our website.

Visit our website

## Have questions?

Please call toll free: 1-866-783-0222 TTY for the hearing impaired: 711 Monday – Friday, 9 am – 5 pm

## Thank you for being part of the VNSNY CHOICE Provider network!

We want to make this publication useful to you. Please let us know what you think! Write to us at CHOICEProviderNews@vnsny.org.

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