

Claims correspondence versus payment appeal

Use the charts below to determine if your claims issue should be resolved through the claims correspondence or payment appeal system. If you have questions or need assistance determining the appropriate process to follow, contact our Provider Services team at 1-800-454-3730.

Claims correspondence

A request from Amerigroup for additional information needed to resolve your claims issue.

Type of correspondence	What you need to do
Rejected claims	If your claim was submitted electronically but was never paid or was rejected, call the Electronic Data Interchange Hotline at 1-800-590-5745 for help resolving submission or setup issues or problems with electronic claims rejections.
Requests for supporting documentation (e.g., sterilization, hysterectomy or abortion consent forms; itemized bills; invoices and explanations of payment [EOPs])	Send supporting documentation, including claims correspondence cover sheet and copies of EOPs with claims in question circled to: Claims Correspondence Amerigroup Community Care P.O. Box 61599 Virginia Beach, VA 23466-1599
EOP requests for medical records Must be submitted within 90 business days of EOP request.	Send supporting documentation, including claims correspondence cover sheet and copies of EOPs with claims in question circled to: Claims Correspondence Amerigroup Community Care P.O. Box 61599 Virginia Beach, VA 23466-1599
Corrected claims due to errors or changes on the original submission	For UB-04 billing electronically, submit a corrected claim with the correct bill type. For CMS-1500 billing, submit a corrected claim, including claims correspondence cover sheet that clearly identifies the claim as corrected. We cannot accept claims with handwritten alterations to billing information. We will return claims that have been altered with an explanation of the reason for the return. Send UB-04 paper claims and all CMS-1500 paper claims to: Claims Correspondence Amerigroup Community Care P.O. Box 61599 Virginia Beach, VA 23466-1599
Coordination of benefits (COB)/third-party liability (TPL) information	Submit a claims correspondence cover sheet, a copy of your EOP and the COB/TPL information to: Claims Correspondence P.O. Box 61599 Virginia Beach, VA 23466-1599
Emergency room payment reviews Must be submitted within 90 business days of EOP request.	Submit a copy of your EOP and the medical records to: Claims Correspondence P.O. Box 61599 Virginia Beach, VA 23466-1599
Additional medical records needed	If records were previously sent to Amerigroup and you know they were received and are on file, call the National Call Center at 1-800-454-3730 and choose the claims prompt.

Payment appeal

A request from a provider, not acting as an authorized representative on behalf of the member, to change an adverse determination made by the organization related to payment, including the following situations:

- Care or service rendered that is specifically excluded from the member's benefit package and not covered under any circumstances
- Care or service rendered where the practitioner/provider did not abide by appropriate contractual requirements related to the timely filing of the appeal, appropriate notification of care/service or timely submission of appropriate clinical information
- Submission of a corrected claim for a service that has already been processed to pay or deny the payment

Type of dispute	What you need to do
Timely filing	<ul style="list-style-type: none"> • Complete the Payment Dispute Form online at providers.amerigroup.com/MD and/or • Call our National Call Center at 1-800-454-3730 and choose claims when prompted
No authorization	<ul style="list-style-type: none"> • Complete the Payment Dispute Form online at providers.amerigroup.com/MD and/or • Call our National Call Center at 1-800-454-3730 and choose claims when prompted
Not paid according to contract	<ul style="list-style-type: none"> • Complete the Payment Dispute Form online at providers.amerigroup.com/MD and/or • Call our National Call Center at 1-800-454-3730 and choose claims when prompted
Other health insurance	<ul style="list-style-type: none"> • Complete the Payment Dispute Form online at providers.amerigroup.com/MD and/or • Call our National Call Center at 1-800-454-3730 and choose claims when prompted
Claim code-editing denial	<ul style="list-style-type: none"> • Complete the Payment Dispute Form online at providers.amerigroup.com/MD and/or • Call our National Call Center at 1-800-454-3730 and choose claims when prompted
Duplicate claim	<ul style="list-style-type: none"> • Complete the Payment Dispute Form online at providers.amerigroup.com/MD and/or • Call our National Call Center at 1-800-454-3730 and choose claims when prompted
Provider data issue denial	<ul style="list-style-type: none"> • Complete the Payment Dispute Form online at providers.amerigroup.com/MD and/or • Call our National Call Center at 1-800-454-3730 and choose claims when prompted
Retro-eligibility issue	<ul style="list-style-type: none"> • Complete the Payment Dispute Form online at providers.amerigroup.com/MD and/or • Call our National Call Center at 1-800-454-3730 and choose claims when prompted
Experimental/ Investigational procedure denial	<ul style="list-style-type: none"> • Complete the Payment Dispute Form online at providers.amerigroup.com/MD and/or • Call our National Call Center at 1-800-454-3730 and choose claims when prompted
Claims data entry error	<ul style="list-style-type: none"> • Complete the Payment Dispute Form online at providers.amerigroup.com/MD and/or • Call our National Call Center at 1-800-454-3730 and choose claims when prompted
Second-level appeal	<ul style="list-style-type: none"> • Use the online Payment Dispute Form with additional supporting documentation to be considered attached

