Availity disputes: A step-by-step guide

Initiate Dispute via Claims Status

- Navigate to the Availity Essentials menu bar and select Claims & Payments > Claims Status
- Use the Claim Status application to search for the claims
- After locating the claim, select it on the Claim Status Results page, and click the Dispute Claim button
- A confirmation window will be displayed, informing you that a dispute has been initiated for this claim

| Home > Select > 5 | Search > Results | | | | | | | | | | Need Help? Learn More |
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| Patient Info | ormation | | | | | | | | | | |



Use the Appeals application

- Navigate to the Availity Essentials menu bar and select Claims & Payments > Appeals
- On the Appeals application's home page, the Appeals card's summary view will be displayed
- To review more information about the appeal, click the action menu and select View Details and Attachments. Alternatively, select Complete Dispute Request to submit

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Complete Dispute Request

- Enter all required information on the Complete Dispute Request window and select Submit
- Select a Request Reason

Molina Healthcare accepts the following Request Reasons:

Claim Payment Inquiries/Reconsiderations: Previously referred to as a reconsideration, it involves reviewing a claim you believe was paid or denied incorrectly due to minor errors that can be easily remediated. Examples include retro-eligibility issues, coordination of benefit updates, claims denied erroneously as duplicates and claims denied for no authorization when authorization was not required or an approved authorization is on file. Supporting documentation cannot be submitted with a claim payment inquiry. This inquiry may result in a claims adjustment or direct you to submit a Corrected Claim or initiate the Claim Payment Dispute/Appeal process.



• Claim Payment Dispute/Appeal: Involves reviewing a claim that you believe was paid or denied incorrectly. Generally, supporting documentation must be submitted to substantiate your dispute or appeal. Examples include denials for code edits, untimely filing, non-covered benefits and absent or denied authorizations.

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| his Molina Healthcare | request was initiated on |
| ields marked with * are requ | ired. |
| Request Reason | |
| Select Reason | ~ |
| | |
| Claims Payment Inquiry/Re | consideration |

- Note: Corrected claims should not be submitted via this application
- To submit corrected claims: Navigate to the Availity Essentials menu bar and select Claims & Payments > Claims Status > Select claim to be corrected from search results > click "Correct this Claim" button

