Dispute Submission

1) Go to Availity's main page (https://apps.availity.com), select 'Claim Status' from the 'Claim & Payments' dropdown or from the dashboard.
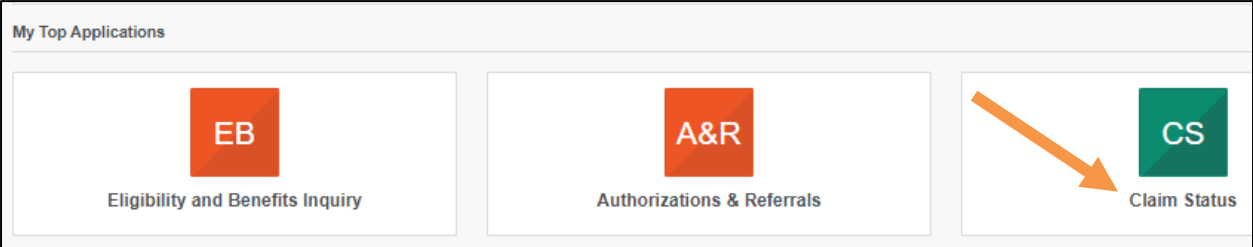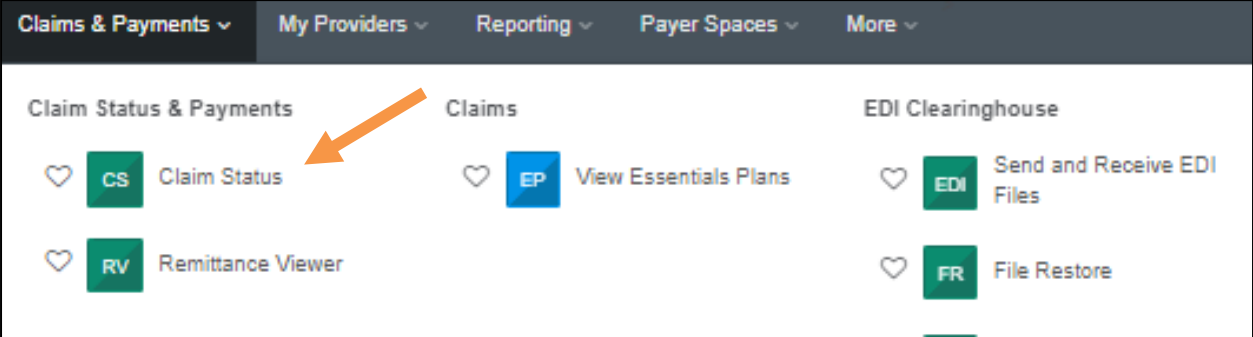
2) Select the Organization and the payer for the claim being disputed (e.g., Aetna Better Health (Aetna Medicaid) NJ-VA FIDE SNP – DSNP) to launch the page to enter claim information. NPI, Member ID, Patient Name, DOB, and DOS are required fields.

3) On the claim page, the left pane shows claims that occurred on the DOS for the provider. Original claims take the form of '00000E0000000'. Amended claims will have an A suffix showing each amendment (e.g., 00000E000000A1, 00000E000000A2, etc.). Resubmitted (i.e., duplicate) claims will have a completely different case number. Claims with green borders are paid claims and red borders are denied claims.

4) After selecting the claim on the left pane, select 'Send Attachments'

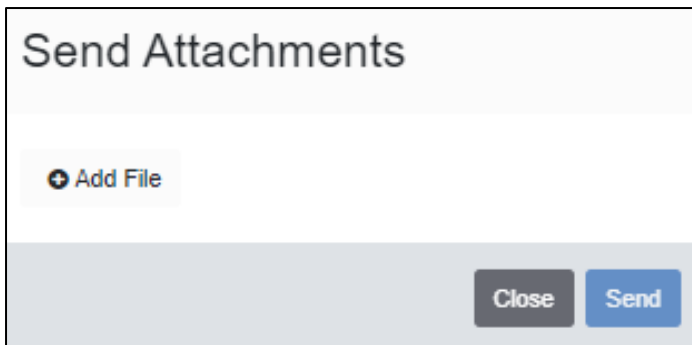5) Input the Tax ID of the provider in the claim (pop up will show if the Tax ID was not entered on claim search).

6) Attach files that support the disputed claim's payment (medical records, case narrative, fee/pay rate notice from the state) and click send.

Send Attachments

⊕ Add File

Close Send

7) Within 24-48, a new claim should appear in Availity (e.g., 00000E000000A1) and all adjudication notes and remittance advice will have the amended claim number