



CHOICESM
Health Plans

Provider News

Appeal a Claim or Dispute a Claim?

If that is your question, we have some answers.

Follow the appropriate procedure for your dispute or appeal to be processed correctly.

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 the best service, follow the applicable procedure detailed below. To dispute a claim, use the **Provider Claim Dispute form**; to appeal a claim decision you disagree with, **submit your appeal in writing** to our Grievance and Appeals department.

Important: All Claim Disputes must be submitted through the Provider Claim Dispute Form. Disputes that are not sent through the Claim Dispute Form will not be processed.

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

[Learn about Provider Claim Disputes and Appeals](#)

Examples of when to use the **Provider Claim 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/duplicate
- Claims denied as duplicate

You can find [detailed information](#) about how to use the [Provider Claim 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, 8 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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