

Online claim review request

In NaviNet.net, click on [Claims Appeals](#) and enter the claim/member information. Upload any appropriate supporting documentation.

Paper claim research request form (CRRF)

- [Claim research request form](#) and necessary accompanying documentation must be submitted within 2 months from the date of GHP Explanation of Payment (EOP). Any reconsideration request submitted without the required documentation or after the 2-month submission period is not eligible for reconsideration and will be returned to the Participating Provider office.
- For electronic claims, a copy of the AllScripts/Emdeon/Relay Health Payer Rejected/Unprocessed Claims Report, or vendor equivalent report, should be submitted along with a Claim Research Request Form.
- Please check off the applicable reason for the reconsideration request as well as including the name and telephone number of the person completing the form.
- Claim reconsiderations submitted using the Claim Research Request Form will be finalized within 45 days of receipt. Participating provider will be notified of GHP's determination via:
 - A new EOP with an explanation code; or
 - A returned Claim Research Request Form with a brief explanation of the reconsideration denial.
- Claim Research Request Forms should be mailed to the following address:
 - Claims Department
 - Geisinger Health Plan
 - PO Box 853910
 - Richardson, TX 75085-3910

CRRF Tips

- CRRF may be submitted electronically online through NaviNet.net.
- Only submit one claim per CRRF form
- Include claim number and date of service
- Check the appropriate boxes (i.e. COB or Claim Edit)

- GHP has 45 days to review and process CRRFs

When to use a CRRF

- UA Denials (failure to precert services) – Only when there is a compelling reason why the provider failed to precert, and the dispute is within timely filing guidelines.
- Claim Edit Denials – Be sure to check the claim edit box on the CRRF form and attach supporting documentation
- Timely Filing Denials – Only when there is a compelling reason for why the provider failed to submit timely.
- When information on a paid claim needs to be corrected (e.g., late charges, incorrect diagnosis, incorrect procedure code, incorrect revenue code, incorrect modifier, invalid Member ID, location code).

When a CRRF is not necessary

- Non-participating provider
- Claim retractions – Providers should initiate through customer service on secured message via web.
- When information on a denied claim needs to be corrected. Providers should resubmit the corrected claim through their normal claims submission process.
- P2 or XX Denials – Questions related to provider contracts or fee schedules should be directed to your provider account manager.
- Timely Filing Denials if no compelling reason exists. COB claims are not subject to timely filing.
- UA Denials – if no compelling reason exists.

Geisinger Health Plan, Geisinger Indemnity Insurance Company and Geisinger Quality Options, Inc. are collectively referred to as "GHP" in this summary.

All rights, duties and responsibilities of participating providers will be applied according to the following document order: 1) member's benefit document; 2) the participating provider's contract agreement, 3) the GHP Family Provider Guide; and 4) the Geisinger Health Plan Provider Guide.

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