

### Online claim review request

Click Claims/Claims Appeals under Workflows for this plan on NaviNet and enter the claim/member information. Upload any appropriate supporting documentation.

### Paper claim research request form (CRRF)

- [Claims research request form \(CRRF\)](#) 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  
P.O. Box 160  
Glen Burnie, MD 21060**

### 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.*

*Publication history:08/17,01/20,08/24*