Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.
The Claim Investigation Submission transaction lets you submit questions or comments about a claim for Independence Blue Cross (Independence) members through the NaviNet® web portal. You can then track and review the health plan’s response to your questions using the Claim Investigation Inquiry transaction.

**Important notes**
- The Claim Investigation link is available for claims in a finalized status.
- Claim Investigation submissions for pre-migrated claims are no longer supported.
- Claim edits and claim corrections are not permitted through Claim Investigation.
- Claim Investigation is by claim and **not** by line item. If you need to draw attention to a specific claim line, enter that line number in the Investigation Comments box.
- Please be specific when describing the reason for the claim review. **Note:** If a claim is denied for lack of referral or authorization and one was required, you must submit a valid referral or authorization number in order for the claim to be reconsidered.
- A response for a Claim Investigation is generally expected within 30 days after submission.

**Please note:** If you have a large volume of claim review requests for the same issue, please contact your Network Coordinator to discuss before submitting multiple claim review requests through NaviNet.

**Accessing Claims: Claim Search**
To begin, first perform a Claim Status Inquiry to locate the claim. Select *Claim Inquiry and Maintenance* from the Independence Workflows menu, and then select *Claim Status Inquiry*. This will take you to the Claim Status Search screen.
On the Claim Status Search screen, enter your search criteria to find a claim.
1. Select the **Billing Entity** field to display the list of provider groups or use the type-ahead feature and type the billing entity group name, NPI, provider ID, or address. Select the provider from the drop-down list returned.

*Note:* If the number of provider groups associated with your NaviNet office is too large you will see the message “Too many results found, please narrow the search criteria.” You may need to use the type-ahead feature to locate the desired provider group.

<table>
<thead>
<tr>
<th>Name</th>
<th>NPI</th>
<th>Provider ID</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1 Medical Center</td>
<td>1234567890</td>
<td>001122334</td>
<td>123 Main St Anytown, PA 19111</td>
</tr>
<tr>
<td>A1 Medical Center</td>
<td>1234567890</td>
<td>001122335</td>
<td>123 Main St Anytown, PA 19111</td>
</tr>
<tr>
<td>A1 Medical Center</td>
<td>1234567890</td>
<td>001122336</td>
<td>123 Main St Anytown, PA 19111</td>
</tr>
<tr>
<td>A1 Medical Center</td>
<td>1234567890</td>
<td>001122337</td>
<td>123 Main St Anytown, PA 19111</td>
</tr>
<tr>
<td>A1 Medical Center</td>
<td>1234567890</td>
<td>001122338</td>
<td>123 Main St Anytown, PA 19111</td>
</tr>
</tbody>
</table>

2. Search by Member ID or Patient Name and Date of Birth:
- For a Member ID search, enter Member ID as it appears on the member's identification card.
- For a Patient Name search, enter Last Name, First Name, and Date of Birth (mm/dd/yyyy).

When searching by Patient Name and Date of Birth, if more than one record matches your search criteria, the Patient Search Results screen will display.

<table>
<thead>
<tr>
<th>Claim Status: Patient Search Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member ID</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>2333455667</td>
</tr>
<tr>
<td>6677899112</td>
</tr>
</tbody>
</table>

You will then need to select the appropriate record to view the list of associated claims.

3. For Service Start/End, enter a claim start date (mm/dd/yyyy) or click the calendar icon to select a date. *Note:* The updated transaction will eventually allow you to search for a member’s claim up to three years in the past from the current date. However, initially you will only be able to access claims processed on our new platform. You cannot search for pre-migrated claims processed on our legacy platform.

4. Claim ID is an optional field and is used to filter your search. *Note:* Searches cannot be performed by entering a Claim ID alone.

5. After entering all claim search criteria, select **Search.**
For finalized claims, you can access the Claim Investigation link from either the Claim Status Search Results screen or the Claim Status Details screen.

**Claim Investigation link from the Claim Status Search Results screen**
To access the Claim Details screen from the Search Results screen, select the Claim ID link for the desired patient. For finalized claims, you can select *Claim Investigation* to start an investigation for a specific claim.

**Claim Investigation link from the Claims Status Details screen**
On the Claim Status Details screen, you can view the detailed claim information for your patient. For a finalized claim, select *Claim Investigation* to start a claim investigation.
Once you select *Claim Investigation*, the Investigation Entry pop-up appears. You will need to complete this form by following the below instructions.

Select the reason for your request by selecting a description from the Investigation Type drop-down list.

Populate the remaining fields, and then select *Submit*.

Enter your comments for the investigation reviewers. Please be specific when describing the reason for the investigation. In the remaining fields, enter the contact information specific to this investigation.

*Please note:* After completing the investigation form, select the *Submit* button **one time only**. The submission of your completed investigation may take a few moments.
The system will display a confirmation screen when the submission is complete.

![Investigation Claim # 12345678911 was submitted]

To inquire about the submitted investigation in the future, use the Claim Investigation Inquiry transaction.

**Claim Investigation Inquiry**

Select *Claim Inquiry and Maintenance* from the Independence Workflows menu, and then select *Claim Investigation Inquiry*.

On the Claims Investigation Inquiry Search screen, enter your search criteria to track your investigation. See image on page 8.

1. Select the *Billing Provider* field to display the provider list and select the appropriate Billing Provider.
2. The displayed *Request Date From* and *Request Date To* dates default to the most current 30-day period. These dates can be modified.
3. Narrow your search by Adjustment ID (optional field).
4. Narrow your search by Investigation Status – Submitted or Closed (optional field).
5. After making all selections, select *Search*. 
On the Claims Investigation Search Results screen, select the Request Date link for the correlated member to access the Claim Investigation response screen. Note: A Closed status indicates that the health plan has responded to the investigation. An investigation status of Submitted indicates the request remains under review.

The Claim Investigation response screen will open.
If the Claim Investigation has been closed, the Investigation Reply will appear below the Investigation Comments.

If the claim has been adjusted, the details may appear in the Adjusted Service Line Detail section.

If you have questions about using the Claim Investigation Submission transaction, call the eBusiness Hotline at 215-640-7410.

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