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 referral submission and inquiry transactions allow providers to submit new referrals for Independence Blue Cross (Independence) members and search for referrals that were submitted by a provider or referred to that provider. These transactions have been upgraded. While the workflow remains similar, some changes have been made.

All medical and OB/GYN referrals are submitted and queried through a single transaction on the NaviNet® web portal. Only primary care physicians (PCP) and OB/GYN groups have the ability to submit referrals.

Referrals are valid for 90 days and do not guarantee active eligibility on the date of service.

Note: As of January 1, 2018, Independence members in our Medicare Advantage HMO plans (i.e., Keystone 65 Focus HMO, Keystone 65 Preferred HMO, Keystone 65 Select HMO, and Keystone 65 Basic HMO) no longer need referrals to see a specialist. We encourage these members to continue to see their PCP for coordination of care.

Referral submission
To submit a new referral for an Independence member, select Encounters and Referrals from the Independence Blue Cross Workflows menu. Then select Referrals.

Referrals can be issued for the current date or up to 90 days in the past. The date of service for the referral will default to the current date; however, you can modify it to within the 90-day period.
You can search for a member in multiple ways:
- member ID (as it displays on the member’s ID card)
- member ID and member last name
- member ID, member last name, and first name
- member ID and member date of birth (DOB)
- member last name, first name, and DOB

After entering all required information, select Search.

Note: Only members with active Independence coverage will be returned in the search results.
When multiple member records are returned, the Patient Search Results screen will display.

The Patient Search Results screen indicates the following details about the patient:

- member ID (without a prefix)
- patient name
- date of birth
- gender
- address
- product/line of business (e.g., Comprehensive, Facility, HMO, Major Medical, PPO, POS, Professional)
- coverage date span
- status (only active member coverage for the selected date of service will display)

You will then select the individual member record by clicking on the appropriate line.

If you need to modify your search, select the *Back to Patient Search* link in the upper left side of the screen.
If no referral is required for the member’s plan, NaviNet will return the below response.

If a referral is required for the member’s plan, you will be presented with the Create New Referral screen. You will first need to select a Service Type from the provided drop-down menu. The service types available for selection are:

- medical care (consult and treat)
- consultation
- dialysis
- therapy (PT/OT/hand)

Next, you will need to select a Place of Service from the drop-down menu.
Diagnoses is the next required field. After entering three or more characters (diagnosis code or description), a list will appear that shows the code and description of all active diagnoses that match the information you entered.

You can enter up to four diagnosis codes on a single referral. As in the image below, once you enter a diagnosis code, you have the option to delete by selecting the trash can icon.

Referrals require a minimum of one procedure code. The Procedures field is a free-form text field. Codes entered must be five characters in length and contain numeric or alpha-numeric values. Just as with the diagnoses codes, you can add up to four procedure codes by selecting the Add Another button. Once you have entered a procedure code, a Delete button will appear. You can select Delete to remove a procedure code after it is entered.

Note: Upon submission, if an invalid procedure code was entered, an error message similar to the below example will display. You will be able to make corrections and resubmit the referral.

In the Select Provider or Facility field, begin to type the provider group name, group NPI, or group provider ID for results to display in the [Refer] From field. You may need to select a specific provider group if several are associated with your NaviNet office.
Next you will need to complete the fields in the [Refer] To section.

Click inside the To field for access to the search criteria. You can search for professional or facility providers within this section. The following search options are available:

- **Specialty**: Click within this field to select from a list of specialties.
- **Group/facility name**: Enter a professional group name or facility name.
- **Group NPI**: Enter the professional group NPI or facility NPI.
- **Tax ID**: Enter the group or individual tax ID number for the provider.
- **Last name**: Enter the individual practitioner’s last name.
- **First name**: Enter the individual practitioner’s first name.
- **Location**: Enter a city, state, or ZIP code.

Once you have entered the criteria, select **Search**. You may be prompted to enter additional search criteria if too many records are found.

A results screen will display the list of providers who meet your search criteria. Depending upon the search, the display may include information related to:

- benefit tier
- provider (name)
- group NPI
- group/facility (name)
- referral program (e.g., Preventive Plus [PPlus], Tandigm)

To view plan-specific informational messages about benefit tiers and referral programs, click on the 📰 symbol.
After making your selection of the specialist or facility from the list, proceed to the Notes field. In this optional field, you can enter any comments you want to communicate to the specialist or facility related to the referral. *Note:* Independence does not capture or store these notes.

When all referral information has been entered, select *Submit*. You also have the option to select *Cancel* if you do not wish to submit the referral.

After the referral is submitted, a confirmation screen will display a summary of the referral details. You can print a copy of the referral by selecting the *View/Print as PDF* link in the upper right section of the screen. You can also create a new referral or search for a referral by selecting the appropriate link.
Incomplete referrals
When first entering the referral transaction, you may be given the option to complete a referral that was previously started. To do so, select the *Finish incomplete referral submission* link. Incomplete referral prompts will display until the end of the day.

Referral inquiry
To search for a referral for an Independence member, select *Encounters and Referrals* from the Independence Blue Cross Workflows menu. Then select *Referrals*.
Begin a referral search according to the following:

- For referrals submitted **by** your practice or facility, select the *Referred From* option.
- For referrals submitted **to** your practice or facility, select the *Referred To* option.

Next, begin to type the provider group name, group NPI, or group provider ID in the Provider/Facility field for options to display. You may need to select a specific provider group if several are associated with your NaviNet office.

To define a date range, click inside the Date Range field to either select a pre-defined date range or a custom range using the calendar tool. To select the From date, select a date from the calendar offered on the left side of the screen. To select the To date, select a date from the calendar offered on the right side. After you enter the date range, select *Apply*. Or void the date range you’ve chosen by selecting *Cancel*.

You can search for previously submitted referrals up to one year from the current date.
When searching for referrals with a date range only, all referrals issued during the defined period will be returned. Entering optional search criteria, including member ID, member last/first name, or referral number, can narrow down the search results. Select Search after entering your criteria.

If your search returns multiple referrals, the Search Results screen will display the referrals as shown below. An individual referral can be viewed by selecting the record.

The Referral # (which will begin with “W”) is the Independence referral number. The NaviNet Reference # is internal to NaviNet and should not be used by providers.

Note: Only the submitting PCP provider has access to referrals with a status of “Not Required.” These represent attempted referral submissions for a member whose plan does not require a referral.

If only one referral is found, you will not see the Search Results screen; instead the Referral Details screen for the individual record found will automatically appear.
All referrals will display a status of Valid or Expired, the referral number, and the referral effective and expiration dates. Each referral will indicate the [Referred] From provider who initiated the referral as well as the [Referred] To provider. The referral will also include the diagnosis and procedure codes and any notes entered.

You can print a copy of the referral by selecting the View/Print as PDF link offered in the upper right section of the screen. You can also create a new referral (if you are a PCP) or search for a referral by selecting the appropriate link.

Note: Referrals are valid at any location of the [Refer] To group.

Creating a new referral from an existing referral

When viewing the Referral Details page for an existing member referral, you can create a new referral for the same member. Note: You can access the Referral Details page by searching for a referral or creating and submitting a new referral.

To create a new referral from an existing referral, select the New/Copy link located above the status bar.
A pop-up window will appear that displays the member’s name and ID number.

You can choose how much information from the existing referral to copy to the new referral:

- **To copy all information:** To copy all information from the existing referral, check the box next to “Copy details from this Referral.” *Note:* The [Referred] To provider data is not copied to the new referral. You will be prompted to search and select the [Referred] To provider.

- **To copy only the member information:** To copy only the member information from the existing referral, do not check the box next to “Copy details from this Referral.”

Enter the Effective Date for the new referral and select *Create.* The system will re-verify the member’s eligibility for the effective date of service and alert you if a referral is not required.

Please note the following:

- If the member’s coverage is not active on the effective date of service, a warning message will appear.

- If the member has more than one active medical policy, you will need to select the appropriate plan, as shown below.

If the patient’s eligibility has been verified, the pop-up window will close and the Create New Referral screen appears with the selected information populated.

When specific information is unable to be copied from the original referral, you will be prompted to review the referral and update individual fields as needed.

**Attention:** Unable to copy some information from original Referral. Please check all details below.
You can create a referral for a different member from the Create New Referral pop-up window by selecting *Go to Patient Search* and searching for a different member.

![Create New Referral](image)

If you have questions about the referral submission and inquiry transactions, call the eBusiness Hotline at 215-640-7410.

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