



# NAVINET PROVIDER CLAIM DISPUTES USER GUIDE

NaviNet Forms and Dashboards  
Select Health South Carolina

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# OVERVIEW

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The purpose of this user guide is to demonstrate how to complete the SHSC Provider Claims Disputes and the Check Dispute Status function through the Forms and Dashboard workflow

## Learning Objectives

In this guide, you will learn to do the following:

- Access the Forms and Dashboards workflow
- Submit the Provider Claim Dispute
- Review the statuses of previously submitted disputes

# **PROVIDER CLAIM DISPUTE**

# DEFINITION

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## **Provider Claim Dispute**

A health care professional/provider dispute is an escalated verbal or written expression of dissatisfaction by a health care professional/provider, not otherwise acting in the capacity of an authorized representative of a Select Health member, to dispute the denial of payment of a claim or regarding a decision that directly impacts the health care professional/provider. A provider dispute is not a pre-service appeal. Provider disputes are generally administrative in nature, involving post-service denials or reductions, as well as claims issues. There is only one level of dispute.

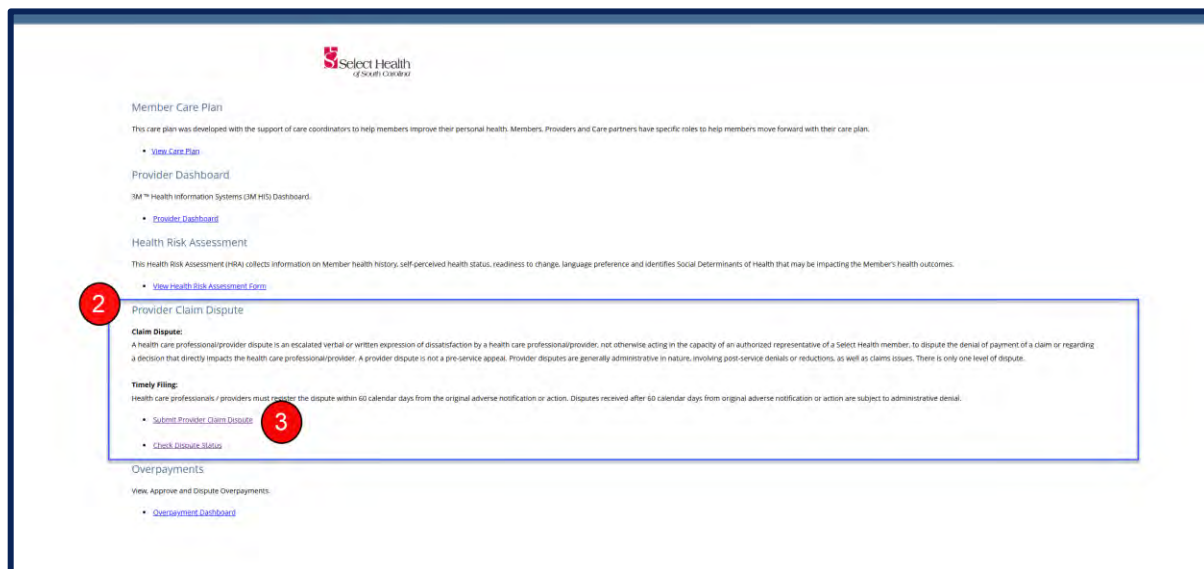
## Guidelines to Submit a Provider Claim Dispute

1. Click Forms & Dashboard from the Workflows for this Plan



The Select Health Forms & Dashboard screen will display

2. Navigate to the Provider Claims Dispute section
3. Click the Submit Provider Claim Dispute link



# PROVIDER CLAIM DISPUTE CONT.

The **Provider Claim Dispute** form will display, along with a disclaimer of when this form should not be used.

4. Complete the required fields on the form
5. Attach supporting documents
6. State the rationale that will assist in the resolution
7. Click the Submit button

**Select Health**  
of South Carolina

**Provider Claim Dispute Form**

Please **DO NOT** use this form if:

- Your request is related to an Overpayment/Recovery dispute. Please reference the Recovery findings letter for appeal/dispute submission guidelines.
- Your request is related to a Vendor-related dispute. Please reference the findings letter for appeal/dispute submission guidelines.
- Your request is for a Pre-Service Appeal. Please reference the Utilization Management denial letter and follow the Appeal Instructions.
- Your request is a clean claim submission or a corrected claim submission. Please refer to the plan's Claim Manual and file the claim accordingly.

**Provider Info**

Group **4**

Provider \*

Phone \*

Tax ID \*

Email ID

Contact \*

Fax

NPI \*

Address Line1

Address Line2

City **Select State** Zip

**Member Info**

Member Name \*

Member's ID \*

Member DOB \*

**Claim Info**

Date of Service From \*

Payment Notification Date

Diagnosis Code

Claim ID \*

Date of Service To \*

CPT/HCPCS Codes \*

NDC Code

Reason \* **5**

Supporting Documents **5**

Choose Files No file chosen

eg: pdf, doc, docx, jpg, png, xls, xlsx

State your rationale for the dispute and expected outcome. Please attach any supporting documentation that will assist with resolution. \* **6**

**7** Submit Clear Back

Once the form is submitted, a receipt message will appear, detailing the resolution timeframe and contact information.

## 8. Click Ok

The completed form is sent to the **Complaints and Grievance** team for follow-up.

**Select Health of South Carolina**

**Provider Claim Dispute Form**

Please **DO NOT** use this form if:

- Your request is related to an Overpayment/Recovery dispute. Please reference the Recovery findings letter for appeal/dispute submission guidelines.
- Your request is related to a Vendor-related dispute. Please reference the findings letter for appeal/dispute submission guidelines.
- Your request is for a Pre-Service Appeal. Please reference the Utilization Management denial letter and follow the Appeal instructions.
- Your request is a clean claim submission or a corrected claim submission. Please refer to the plan's Claim Manual and file the claim accordingly.

**Provider Info**

Group  
Provider \*  
Phone \*  
Tax ID \*  
Email ID

**Member Info**

Member Name \*  
Member's ID \*

**Claim Info**

Date of Service From \*  
Payment Notification Date  
Diagnosis Code  
Claim ID \*

Date of Service To \*  
CPT/HCPCS Codes \*  
NDC Code  
Reason \*  
Supporting Documents  
eg: pdf, doc, docx, jpg, png, xls, xlsx

Select Reason  
Choose Files | No file chosen

State your rationale for the dispute and expected outcome. Please attach any supporting documentation that will assist with resolution. \*

Submit Clear Back

**8**

Select Health of South Carolina acknowledges receipt of your correspondence on 11/13/2025. Select Health of South Carolina is processing your dispute and will respond within 30 calendar days. If you have any questions, please contact the Provider Contact Center at 1-800-575-0418 or your Provider Network account executive.

OK

**CHECK DISPUTE STATUS**

# DESCRIPTION

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## **Check Dispute Status**

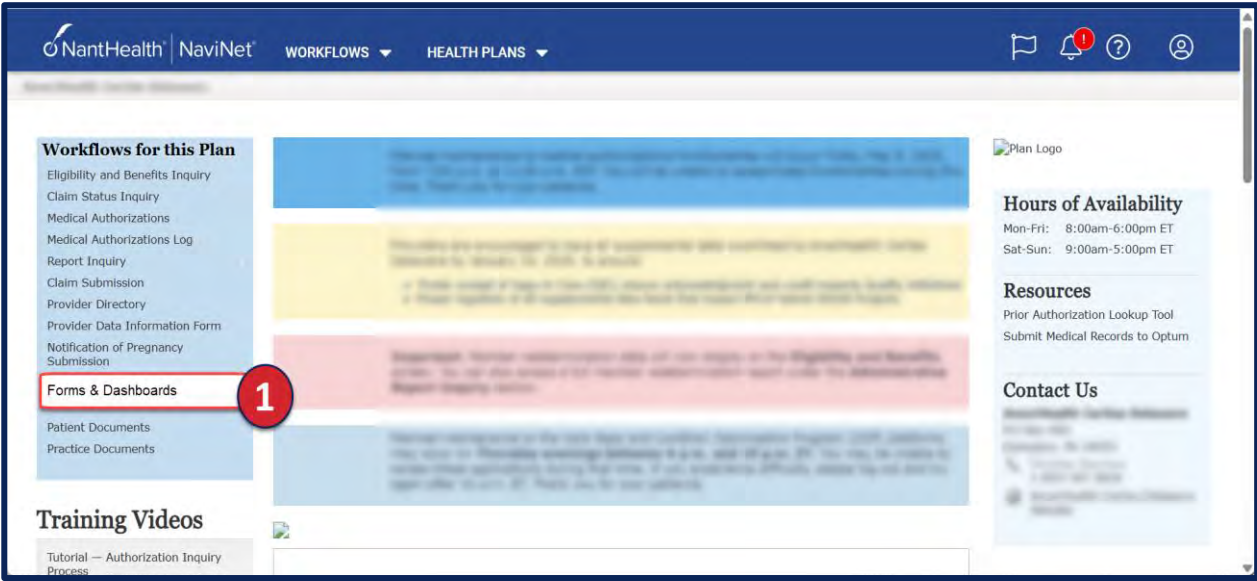
This functionality will be used to check or view the status of previously submitted disputes.

# CHECK DISPUTE STATUS



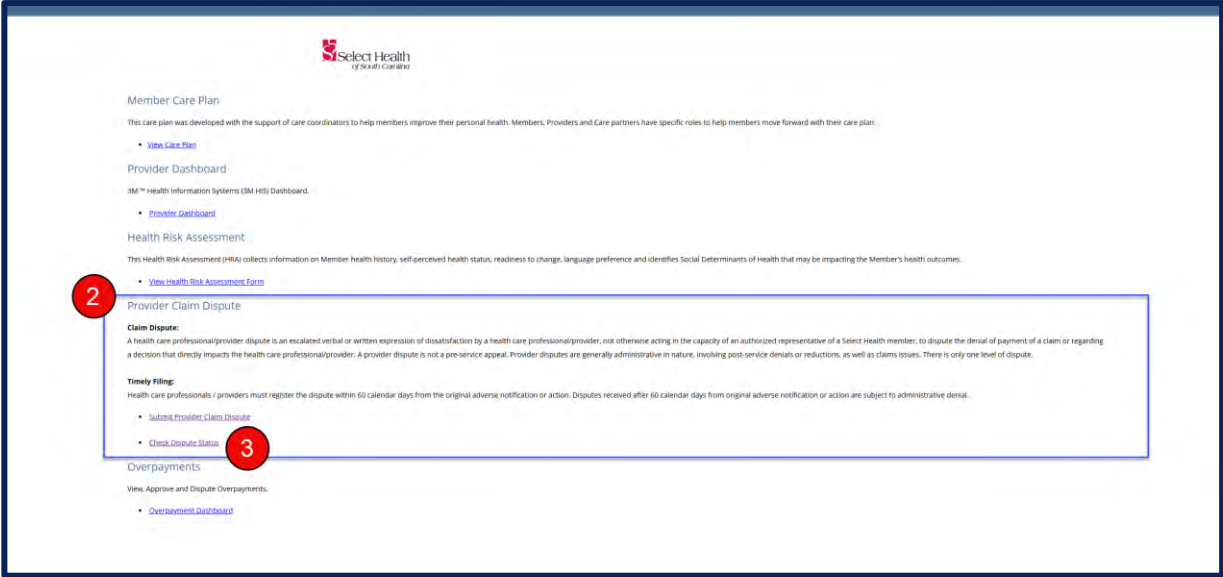
## Guidelines to review the Check Complaint Status

1. Click Forms & Dashboard from the Workflows for this Plan



The SHSC Forms & Dashboard screen will display

2. Navigate to the Provider Claims Dispute section
3. Click the Check Dispute Status link



The **Check Dispute Status** form will display. The search criteria will be based on the provider's NaviNet login information.

4. Perform a search by using the **Payee ID** and one of the following data elements:
  - Claim ID or
  - Member ID or
  - Submission Date Range – Begin Date and End Date
5. Click the Search button

**Check Dispute Status**

**Search By**

4 Payee ID \*

**AND ONE OF THE FOLLOWING:**

Claim ID

**OR**

Member's ID

**OR**

**Submission Date Range**

Begin Date

End Date

Back Search 5

**NOTE: Search results will include up to 18 months of status history from today's date**

**Note:** Providers will be able to view 18 months of status history based on the date the claim dispute/appeal is received.

# CHECK DISPUTE STATUS CONT.



The search will return one of the following statuses: **In Progress**, **Overtured**, **Upheld**, or **Voided** and will include the date the determination letter was uploaded into the system.

A copy of the determination letter will be available under **Practice Documents**.

Check Dispute Status

Member ID	Member Name	Claim ID	Service Start Date	Service End Date	Dispute/Appeal Review Date	Status	Completion Date	Decision Letter Upload Date	Voided Reason	Voided Service Form Number
			2025-10-12	2025-10-13	2025-10-16	Upheld	2025-10-17	2025-10-17		
			2025-10-12	2025-10-13	2025-10-16	Overtured	2025-11-05			
			2025-10-12	2025-10-13	2025-10-21	Upheld	2025-11-05	2025-11-05		
			2025-10-12	2025-10-13	2025-10-21	Voided	2025-11-05		SHOV Scanning Error*	
			2025-10-12	2025-10-13	2025-10-30	Upheld	2025-10-30	2025-10-31		
			2025-10-12	2025-10-13	2025-10-30	In Progress				
			2025-10-12	2025-10-13	2025-11-03	Voided	2025-11-05		Duplicate Request*	
			2025-10-12	2025-10-13	2025-11-03	In Progress				
			2025-10-12	2025-10-13	2025-11-03	In Progress				
			2025-10-12	2025-10-13	2025-10-10	In Progress				
			2025-10-12	2025-10-13	2025-10-10	In Progress				
			2025-10-12	2025-10-13	2025-10-13	In Progress				