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 Status Inquiry transaction on the NaviNet® web portal (NaviNet Open) lets you view real-time, detailed claims information for claims submitted electronically or on paper to Independence Blue Cross (Independence). You can track the status of a claim from the start of the adjudication process until the time of payment.

Note: CMS-1500 claims submitted for Federal Employee Program (FEP) members cannot be accessed through the Claims Status Inquiry transaction on Independence NaviNet Open Plan Central. These claims are sent directly to Highmark for processing; therefore, you will need to submit a Claim Investigation through Highmark NaviNet Open Plan Central or call their customer service team at 1-866-975-7290.

To access the Claim Status Inquiry transaction from the Workflows menu, select Claim Inquiry and Maintenance and then select Claim Status Inquiry.

The Claim Status Search screen will display.
Entering search criteria to find a claim

NaviNet Open allows you to locate a claim by using the following data combinations:

- Billing Entity, Member ID or Patient Name and Date of Birth, Service Start/Service End date
  OR
- Billing Entity, Member ID, Service Start/Service End date and Claim ID
  OR
- Billing Entity, Service Start/Service End Date and Claim ID
- Search by billing entity (this is a required field):
  - Select the Billing Entity field to display the list of provider groups or use the type-ahead feature and type one of the following: the billing entity group name, NPI, provider ID, or address.
  
  Note: If the number of provider groups associated with your NaviNet Open office is too large, you will see the following 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.

- Search by Member ID or Patient Name and Date of Birth:
  - For a Member ID search, enter the 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 all records found.
You will then need to select the appropriate record to view the list of associated claims.

- **Service Start/End** (these are required fields):
  - Enter a claim start date (mm/dd/yyyy) or select the calendar icon to choose 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, in the interim, you will only be able to access claims processed on our new platform. You cannot search for claims processed on our legacy platform.

- **Claim ID:**
  - This is an optional field and is used to filter your search. *Note:* You now have the ability to perform a search by entering only the Billing Entity, Service Start/End dates and the claim ID without entering Patient Details.

After entering all claim search criteria, select **Search**.

*Note:* When you navigate back and forth via the Wayfinder or Workflows bar, the search criteria you enter are preserved. To clear the data you entered previously, select **Reset Search Fields**.

**Selecting a claim search result**

If only one claim is found, you will be presented with the Claim Status Details screen for the claim. If more than one claim is found, you will be presented with a Search Results screen.

The Search Results screen provides the following information:

- claim identification number
- member name and member identification number
- claim service dates
- billed amount
- payment date
- paid amount
- status
  - **Pending:** Claim is in our claim adjudication system and is in process.
  - **Finalized:** Claim has completed processing.

- Claim Investigation link
  - Allows you to request a claim review for claims in a finalized status. See the *Claim Investigation Submission Guide* for more information on how to submit an investigation.

From the Search Results screen, select the **Claim ID** link to view the Claim Status Details screen.
Viewing claim status details

The Claim Status Details screen presents member, provider, claim-level, and service-level details. The information and presentation of the data will vary for professional and facility claims.

On the Claim Status Details screen, view the detailed claim information for your patient.

A. **View Eligibility and Benefits.** A link to the Eligibility and Benefits transaction allows direct access to the member’s eligibility and benefits. The Eligibility and Benefits Details screen is presented in a separate window. *Note:* The link is only available for local members and when viewing detail for a claim with a date of service that is less than two years from the current date. The link will not display when viewing claims for FEP or out-of-area (BlueCard®) members, or if the claim date of service is greater than two years from the current date.

B. **View/Print.** This link allows you to view and print the contents of the screen.

C. **Claim Investigation.** You can launch a claim investigation request for claims in a finalized status.

D. **Claim Status Bar.** Displays the status of the claim, claim ID, and claim dates of service on the color-coded bar. Additional information about the status is displayed in the message below the status and in the claim- and line-level detail. The status for each claim will be one of the following:
   - **Pending:** Claim is in our claim adjudication system and is in process.
   - **Finalized:** Claim has completed processing.

E. **Insurance Details and Billing Entity.** View claim-specific insurance and billing entity details.
F. **Claim Summary.** View the Total Billed and Total Paid amounts for the claim. The payment number and “paid on” date represent the most recent payment. For adjusted claims, the “paid on” date is the adjusted date.

G. **Claim Editor.** This link will only display when one or more service lines are rejected with a code message beginning with E8. Select the link to view additional detail surrounding the rejection.

H. **Claim Details (Professional and Facility).** View claim-level detail for the selected claim. The claim-level detail includes items such as allowed amount, contractual adjustment, and patient liability (copayment, deductible).

I. **Service Line Details (Professional and Facility).** View service line-level claim detail to see services, the billed amount, and paid amounts for each line item. View the message under “status” for adjudication results specific to this line item.

If you hover your cursor over the Service Line, a View Additional Detail link displays.

Select **View Additional Detail** to view more details about the specific service line.
Facility claim detail screen

The screen for facility claims includes an additional section with hyperlinks to more claim detail. You can select the arrows to expand or collapse a specific section.

If you wish to inquire about another claim for the same member, select *Back to Claim Status Search Results* in the upper left section of the screen.

To search for a claim status for a different member, select *Back to Claim Status Search Results* in the upper left section of the screen, and then *Back to Claim Status Search*.

If you have questions about the Claim Status Inquiry transaction, contact our Provider eBusiness team through our online [Provider eBusiness Inquiry form](#).

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