

REAL-TIME CLAIM ADJUDICATION RESPONSES

RESPONSE	ACTION
<p>Claim went to Payable status: We have received the claim.</p>	<ul style="list-style-type: none"> Humana has received and fully adjudicated the claim. A “payable” status is returned which includes the following claim level information (if applicable): <i>Charges, Allowed Amount, NON-Covered Amount, Deductible Amount, Co-payment Amount, Coinsurance Amount, Withhold Amount, Estimated Payment Amount, Patient Liability Amount.</i>
<p>Claim went to Denied status: We have received the claim.</p>	<ul style="list-style-type: none"> Humana has received and fully adjudicated your claim. A “denied” status is returned which includes the following claim level information (if applicable): <i>Charges, Allowed Amount, NON-Covered Amount, Deductible Amount, Co-payment Amount, Coinsurance Amount, Withhold Amount, Estimated Payment Amount, Patient Liability Amount.</i> Please use the claim status inquiry function available on Humana’s secured website or Med AIL telephonic system (1-800-448-6262) and follow up within 48 - 72 hrs. of the transmission to determine the reason for the denial.
<p>Claim went to Pended status: We have received the claim.</p>	<ul style="list-style-type: none"> Humana has received your claim; however, our adjudication system pended it for further review before making a final benefit determination. Please use the claim status inquiry function available on Humana’s secured website or Med AIL telephonic system (1-800-448-6262) and follow up within 48 - 72 hours of the transmission to determine the reason of the pended status.

REAL-TIME CLAIM ADJUDICATION RESPONSES

RESPONSE	ACTION
<p>Claim rejections – Examples:</p> <ul style="list-style-type: none"> - Claim Level Error – Duplicate Claim - Claim Level Error – ELIGIBILITY – - Member or Member Coverage Not Found - Invalid member: Member not found - Last name entered does not match the member - More than 1 member matches selection criteria. 	<ul style="list-style-type: none"> • Verify that the claim has not been previously submitted. • Confirm subscriber/patient demographic information submitted on the claim with information received on the eligibility verification data received from Humana. • If subscriber/patient information differs, data enter the correct information and resubmit the claim.
<p>For any other responses not previously listed, including but not limited to:</p> <ul style="list-style-type: none"> - HIPAA Validation Errors - Connection and security issues - Claim parsing issues 	<ul style="list-style-type: none"> • Please contact your vendor or clearinghouse, and be sure to specify that you are a “<i>Real-time Claims Adjudication</i>” submitter. • Contact Availity @ 1-800-282-4548; select option 3 for EDI claims.