Standard Companion Guide Transaction Information

Instructions related to transactions based on Accredited Standards Committee (ASC) X12 implementation guides (IGs), version 005010X216

December 2025 Edition

Humana®

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Change Log

Version	Release Date	Changes
12.1	December 2025	Published 5010 Implementation with minor changes

Preface

Companion guides (CGs) may contain 2 types of data: instructions for electronic communications with the publishing entity (communications/connectivity instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (transaction instructions). Either the communications/connectivity component or the transaction instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The communications/connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain a communication exchange.

1. Introduction

Scope

This document is to be used when submitting authorization notifications electronically for the implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Health Care Services Review — Notification and Acknowledgement (278) (referred to as "Health Care Services Review Notification" in the rest of this document). This companion guide is not intended to replace Technical Reports (TR3).

Overview

This companion guide is intended to assist you in implementing electronic Health Care Services Review Notification transactions that meet Humana processing standards by identifying pertinent structural and data-related requirements and recommendations.

Reference

For more information regarding the ASC X12 Standards for Electronic Data Interchange 278 Health Care Services Review — Notification and Acknowledgement (005010X216) and to purchase copies of the TR3 documents, go to the ASC X12 store website at store.x12.org/store/.

Additional information

The American National Standards Institute (ANSI) is the coordinator and clearinghouse for information on national and international standards related to electronic data interchanges. In 1979, ANSI chartered ASC X12 to develop uniform standards for electronic interchange of business transactions and to eliminate nonstandard electronic data communication. The objective of ASC X12 is to develop standards that facilitate electronic interchange relating to all types of business transactions. The ASC X12 standards are recognized by the United States as the electronic data exchange standard for North America. Electronic data interchange (EDI) adoption has been proven to reduce the administrative burden on healthcare providers.

2. Getting started

Working with Humana

Humana currently uses Availity Essentials™ as its exclusive clearinghouse for managing 278 EDI transactions.

This guide includes the instructions you need to connect and start sending/receiving standard 278 transactions with Availity Essentials. Please read the entire guide so you can take advantage of the system's full functionality.

Clearinghouse connection

Delegated entities and hospital systems should contact their current clearinghouse vendor to discuss its ability to support the Health Care Services Review Notification transaction, as well as associated time frames for implementation, costs, etc.

Trading partner registration

Before submitting or receiving a 278 transaction, you must register as a trading partner with Availity Essentials. For registration instructions, see:

- Availity® Health Information Network Batch Electronic Data Interchange (EDI) Standard Companion Guide: Batch Electronic Data Interchange (EDI) Standard Companion Guide

- Availity.com Specification & Design Document: Vendor Business-to-Business Specifications — Basic: Batch Electronic Data Interchange (EDI) Standard Companion Guide

If you have questions not answered in the guides, please visit www.availity.com or call **800-282-4548**.

Certification and testing overview

Availity Essentials requires all vendors and high-volume senders pass HIPAA compliance and integration testing before submitting transactions to Availity Essentials. This testing ensures that your translated HIPAA ASC X12 transactions can pass HIPAA standards validation and any applicable payer-specific edits that Availity Essentials performs on the payer's behalf. This testing is coordinated through the Availity Essentials Client Services department (**800-282-4548**).

3. Testing with the payer

All testing with Humana is completed via our clearinghouse, Availity Essentials.

File submission methods

Availity Essentials offers 2 methods for you to send and receive transactions: Web upload and secure file transfer protocol (SFTP). If you want to use SFTP, you will need to obtain a user ID and password from the Availity Essentials implementation analyst who is assisting with testing.

- SFTP – This method involves logging in to the appropriate Availity Essentials file transfer protocol (FTP) site using an SFTP client. SFTP allows you to send and receive files securely using port 9922. You do not need to log in to Availity Essentials to use SFTP. For more details on sending and receiving files using this method, please review this document: Availity® Health Information Network Batch Electronic Data Interchange (EDI) Standard Companion Guide: Batch Electronic Data Interchange (EDI) Standard Companion Guide

- FTP + PGP – For FTP, you must use the PGP encryption method to ensure security, provide a PGP key to Availity Essentials for decryption purposes and send the encrypted file to the appropriate Availity Essentials FTP site using an FTP application. For more details, please review this document: Availity® Health Information Network Batch Electronic Data Interchange (EDI) Standard Companion Guide: Batch Electronic Data Interchange (EDI) Standard Companion Guide

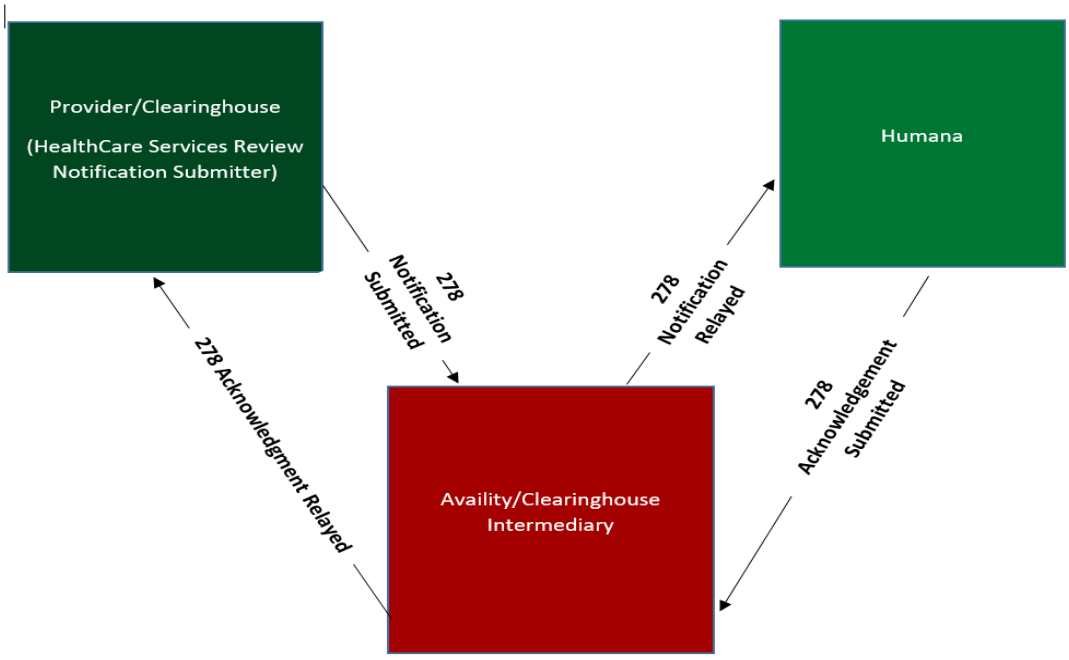
- Web upload – This method allows you to send files and receive reports, acknowledgments and transactions from Availity Essentials without installing additional software. You must have internet access and an Availity Essentials user ID and password to use web upload.

It is strongly recommended that you check your transactions for compliance to 005010 standards using a compliance checker.

4. Connectivity with the payer/communications

Process flow

The process flow for the 278 transaction exchange will involve 3 separate entities: Humana, the healthcare entity or clearinghouse sending the transaction request and Availity Essentials. Availity Essentials will serve as an intermediary between the request source and Humana, exchanging the notification request and Humana's notification acknowledgement response through its secure connections with both entities.



Transmission administrative procedures

Humana will return a 278 acknowledgement within 20 seconds of receiving the 278 notification from Availity Essentials to provide as close to a real-time response as possible. This process runs 24 hours a day to process requests as they come in.

Retransmission procedure

Humana's real-time exchange services do not perform retransmissions. It is the trading partner's responsibility to resubmit requests.

Communication protocol specifications

Humana will assist in facilitating connectivity. For detailed information regarding Availity's Essentials security protocol, please review this document:

Availity® Health Information Network Batch Electronic Data Interchange (EDI) Standard Companion Guide: Batch Electronic Data Interchange (EDI) Standard Companion Guide

5. Contact information

Availity Client Services: **800-282-4548**

6. Control segments/envelopes

For the ISA, IEA, GS, ST, GE and SE segments, please review this document:
Availity ® Health Information Network Batch Electronic Data Interchange (EDI) Standard Companion Guide: Batch Electronic Data Interchange (EDI) Standard Companion Guide

7. Payer-specific business rules and limitations

Humana's trading partners must adhere to the following business rules and limitations for submitting transactions in real time:

- Only one patient's information should be submitted per transaction.
- Only one transaction should be submitted per functional group.
- Only one functional group should be submitted per interchange.

8. Acknowledgments and/or reports

As the 278 notification transaction is designed to be exchanged for a 278 notification response containing the authorization information sought in the 278 notification, Humana will send an acknowledgment that the 278 notification has been received, unless there is a problem processing the request.

9. Trading partner agreements

This section contains general information concerning trading partner agreements (TPA). An EDI trading partner is defined as any Humana customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits electronic data to or receives electronic data from Humana.

To ensure the integrity of the electronic transaction process, payers have EDI trading partner agreements that accompany the standard implementation guide. The TPA is related to the electronic exchange of information, whether the agreement is with an entity or part of a larger agreement. For example, a TPA may specify the roles and responsibilities of each party to the agreement in conducting standard transactions.

As Humana will be directly exchanging data only with Availity Essentials, the existing TPA between Humana and Availity Essentials will cover these transmissions. It may be necessary for those originating these transactions to complete similar documents with Availity Essentials. To complete the required documents, please review this document:

Availity ® Health Information Network Batch Electronic Data Interchange (EDI) Standard Companion Guide: Batch Electronic Data Interchange (EDI) Standard Companion Guide

10. Transaction-specific information

The table below contains a row for each segment that is specific to Humana. Due to this specificity, this information is not included in the implementation guides.

Unique ID	Name
005010X216	Health Care Services Review — Notification and Acknowledgement (278)

Instruction tables

ISA

005010X216 Health Care Services Review — Notification and Acknowledgment (278)

See Availity Essentials' companion guide for ISA requirements.

Loop ID	Reference	Name	Codes	Notes/comments
Interchange	ISA	**Interchange Control Header**		Humana requirements
	ISA05	Interchange ID Qualifier	14	"14" D-U-N-S® Number plus suffix
	ISA08	Interchange Receiver ID Name	0499441430000	

Interchange Control Header

Humana requires the use of the D-U-N-S Number, qualifier 14 for ISA05.

ISA Example: ISA*00* *00* *14*1234567890000 *14*0499441430000 *110111*1001*^*00501*000000905*0*P~

GS segment

005010X216 Health Care Services Review — Notification and Acknowledgment (278)

See Availity Essentials' companion guide for GS requirements.

Functional group header

Humana requires the use of the Humana payer ID in GS02 and the application receiver code in GS03. The intent is to identify what type of data is being sent, how the trading partner received the data and if there is a fee to be paid for these transactions.

005010X216 — Health Care Service Review- Notification and Acknowledgment (278)

Loop ID	Reference	Name	Codes	Notes/comments
Header	BHT	**Header**		Humana requirements

	BHT02	Transaction Set Purpose Code	22	Humana requires a value of 22 for Delegated Entity or Vendor
2010A	NM1	**Information Source Name**		Humana requirements. See NOTE.
	NM101	Entity Identifier Code	X3, 2B, FA	Humana only allows a value of X3, 2B and FA. Loop can be repeated if initial value is X3 or 2B.
	NM103	Last Name or Organization Name	Last Name or Org Name	Humana requires the name information to identify the information source.
	NM104	Name First	First Name	Humana requires the first name of the information source if it is a provider (atypical).
	NM108	Identification Code Qualifier	24	At this time, Humana requires a value of 24 (Tax ID) in this segment.
	NM109	Identification Code	See note	Provider's Tax ID
2010A	PER	**Information Source Contact Information**		Humana requirements
	PER01	Contact Function Code	IC	Information Contact
	PER02	Name	Name	Contact Name
	PER03	Communication Number Qualifier	TE, EM, FX	Humana requires a telephone number. Email or fax are optional.
	PER04	Communication Number		Communication number that corresponds with qualifier used in PER03. NOTE: up to three communication numbers can be sent.

Information Source Name

NM1 example: NM1*FA*1*HOSPITAL****XX*1234567890~
PER*IC**TE*5555555555~
OR
NM1*X3*2*DELEGATE*****24*123456789~
PER*IC**TE*5555555555~
NM1*FA*2*HOSPITAL*****XX*1234567890~

NOTE: The first occurrence of the NM1 loop is required and identifies the notification sender. The second NM1 loop may be used when the sender is not the same entity as the information source.

Information Source Supplemental Identification

REF example: REF*EI*123456789~

Information Source Contact Information

PER example: PER*IC*Name*TE*1234567890*FX*1234567890~

Loop ID	Reference	Name	Codes	Notes/comments
2010B	NM1	**Information Receiver Name**		Humana requirements
	NM101	Entity Identifier Code	PR	Humana only allows the use of PR
	NM102	Entity Type Qualifier	2	Humana is considered a "Non-Person Entity"
	NM103	Last Name or Organization Name	HUMANA or HUMANA,	Organization Name
	NM108	Identification Code Qualifier	PI	Payer Identification
	NM109	Identification Code	See note	Humana medical=61101 Humana Tax ID=610647538 Identifying name=HUMANA or HUMANA, INC

Information Receiver Name

NM1 example: NM1*X3*2*HUMANA*****24*610647538~

OR

NM1*X3*2*HUMANA*****PI*61101

Loop ID	Reference	Name	Codes	Notes/comments
2010C	NM1	**Subscriber Name**		Humana requirements
	NM108	Identification Code Qualifier	MI	Use code value MI to indicate member identification number in NM109.
	NM109	Identification Code	See note	Humana requires sending the full member ID number as shown on the Humana insurance ID card.
2010C	DMG	**Subscriber Demographic Information**		Humana requirements
	DMG02	Subscriber Date of Birth	See note	Required by Humana

NOTE: Humana requires the use of the member ID number as shown on the Humana insurance card.

Subscriber Name

NM1 Example: NM1*IL*1*SMITH*JOE****MI*123456789~

Subscriber Demographic Information

DMG Example: DMG*D8*19460117*M~

Loop ID	Reference	Name	Codes	Notes/comments
2010D	NM1	**Dependent Name**		Humana requirements
	NM103	Dependent Last Name or Organization Name	See note	Required by Humana if submitting a dependent loop
	NM104	First Name	See note	Required by Humana
2010D	REF	**Dependent Supplemental Identification**		Humana requirements
	REF01	Reference Identification Qualifier	EJ	If dependent loop is provided, EJ code must be used.
	REF02	Dependent Supplemental Identifier	Humana's ID number for dependent	Humana recommends entering the entire member ID number shown on the Humana insurance card.
2010D	INS	**Dependent Relationship**		Humana requirements
	INS02	Individual Relationship Code	01, 19, G8	Humana recommends sending relationship data, if known

Dependent Name

NM1 Example: NM1*QC*1*SMITH*JOE~

Dependent Supplemental Identification Information

REF Example: REF*EJ*123456789~

Dependent Demographic Information

DMG Example: DMG*D8*19930101*M~

Dependent Supplemental Identification Information

INS Example: INS*N*19~

Loop	Reference	Name	Codes	Notes/comments
2000E	UM	**Patient Event Level**		Humana requirements
	UM01	Request Category Code	AR, HS, SC	AR, HS, SC
	UM02	Certification Type code	I,3, 4, 5, S	Humana allows I, 3, 4, 5 or S.

	UM03	Service Type Code	See note	Humana does not allow electronic submission of the following: 63 Donor procedures AR Experimental drug therapy 54 Long-Term Care
	DTP	**Event Date**		Segment is required when UM01 = HS. "Service from" date is required and must be within one year of current date.
	DTP	**Admission Date**		Required when UM01 = AR.
	DTP	**Discharge Date**		If known, send discharge date when UM01=AR.
	HI	**Patient Diagnosis**		At least one and a maximum of twelve ICD-10 codes must be submitted.
	HI01-1	Code List Qualifier Code/Diagnosis Type Code	ABF, ABJ, ABK, APR	Humana only accepts ABF, ABJ, ABK and APR qualifiers for ICD-10 classifications.
2000E	HI02-1	Code List Qualifier Code/ Diagnosis Type Codes	ABF, ABJ, APR, BF, BJ, BK, DR or PR	Humana only accepts ABF, ABJ, ABK and APR qualifiers for ICD-10 classifications.
	HSD	**Health Care Services Delivery**		Required if UM01 = HS; do not submit if UM01 = AR.
	HSD01	Quantity Qualifier	VS	Must be visits (VS) when used
	HSD02	Quantity	See note	Must be > zero and < 9,999 when used
	CL1	**Institutional Claim Code**		Humana requirements
	CL101	Admission Type Code		Required if UM01=AR
	CL102	Admission Source Code		Required if UM01=AR
	CL103	Patient Status Code		Required if UM01=AR and discharge date is included

Health Care Services Review Information

UM example: UM*AR*I*1*11:A**03***Y**~

Event Date

DTP example: DTP*AAH*D8*20140101~

Admission Date

DTP example: DTP*435*D8*20140101~

Discharge Date

DTP example: DTP*096*D8*20140101~

Patient Diagnosis

HI example: HI*BF:41090:D8:20140101~

Health Care Services Delivery

HSD example: HSD*VS*1~

Institutional Claim Code

CL example: CL1*3*2~

Loop ID	Reference	Name	Codes	Notes/comments
2010EA	NM1	**Patient Event Provider Name**		Maximum of 2 NM1 segments allowed per 2000E loop.
	NM103	Last Name or Organization Name		Required by Humana
	NM104	First Name		Required by Humana when the service provider is a specific person (NM102 = 1), and NM103 is present. If not required by the implementation guide, do not send.
	NM108	Identification Code Qualifier	24 or XX	Humana will only accept 24 and XX. Atypical providers are the exception.
	NM109	Identification Code	See note	Provider's Tax ID or NPI
	REF	**Patient Event Provider Supplemental Identification**		Humana requirements
	REF01	Reference Identification Qualifier	EI	Use EI for Tax ID when NPI is listed.
	REF02	Reference Identification		Provider Tax ID
	PER	**Patient Event Provider Contact Information**		Humana Requirements
	PER02	Name	Patient Event Provider Contact Name	Humana requires that this be populated.
	PER03	Communication Number Qualifier	TE, EM, FX	If UM01 = AR or HS, provider and facility phone numbers are required; use code qualifier TE.

Patient Event Provider Name

NM1 example: NM1*SJ*1*LAST NAME*FIRST NAME****XX*1234657890~

Patient Event Provider Contact Information

PER example: PER*IC**TE*9999999999~

Loop ID	Reference	Name	Codes	Notes/comments
2000F	HL	**Service Level**		At least 1 service loop (2000F) must be present. If UM01 = AR, 1 service loop is allowed.
	UM01	**Health Care Services Review Information**		If UM01 = HS and there are multiple service types, UM01 is required.
	UM02	**Certification Type Code**	I, 4, 5, S	Humana allows I, 4, 5 or S.
2000F	UM03	**Service Type Code**	See implementation guide for permissible codes.	Humana does not allow electronic submission of the following: 63 Donor procedures AR Experimental drug therapy 54 Long-term care
	DTP	**Service Date**		If UM01 = HS, "service from" date and "service to" date are required. "Service from" date must equal value sent in 2000E event date segment.
	SV1	**Professional Service**		Humana allows 10 procedure codes per request.
	SV101-1	Product/Service ID Qualifier	HC	Humana requires HC.
	SV101-2	Product/Service ID	See note.	The following types of service require that a procedure code be entered: • Surgical • Diagnostic X-ray • Diagnostic lab • Anesthesia • Surgical assistance • Durable medical equipment (DME) – purchase • Home care renal supplies • Used DME • Chronic renal disease • Preadmission testing • DME – rental • Maxillofacial prosthetics • Oral surgery • Hospital – outpatient • Hospital – ambulatory surgical • In vitro fertilization • MRI/CT scan

				• Diagnostic medical • Prosthetic device • Infertility • Abortion • Podiatry • Invasive procedures If UM01 = HS, at least 1 procedure code is required. If UM01 = AR, procedure code(s) is/are required when the type of service is “surgical” or “oral surgery” and the place of service or facility type is inpatient hospital or inpatient hospital, Part A.
2000F	SV103	Unit or Basis for Measurement Code	UN	If entering visits for outpatient (HS), this field must have the value of UN.
	SV104	Quantity		For outpatient (HS) only, enter the number of visits associated with each procedure code (maximum of 99 visits per procedure code).
	SV2	**Institutional Service Line**		
	SV202-2	Product/Service ID	See note.	Humana allows ten procedure codes per request. If UM01, the following types of service require that a procedure be entered: • 2 Surgical • 4 Diagnostic X-ray • 5 Diagnostic lab • 7 Anesthesia • 8 Surgical assistance • 12 Durable medical equipment (DME) – purchase • 14 Home care renal supplies • 16 Chronic renal disease • 17 Preadmission testing • 18 DME – rental • 27 Maxillofacial prosthetics • 40 Oral surgery • 61 In vitro fertilization • 62 MRI/CT scan • 73 Diagnostic medical • 75 Prosthetic device • 83 Infertility • 84 Abortion • 93 Podiatry • BS Invasive procedures If UM01 = HS, at least 1 procedure code is required. If UM01 = AR, procedure code(s) is/are required when the type of

				service is “surgical” or “oral surgery” and the place of service or facility type is inpatient hospital or inpatient hospital, Part A.
	MSG	**Message Text**		This section is for clinical information notes.

Service Level
HL example: HL*6*5*SS*0~

Health Care Services Review Information
UM example: UM*HS*I*1~

Service Date
DTP example: DTP*472*RD8*20140101-20140101~

Professional Service
SV1 example: SV1*HC:99211:25*12.25*UN*1~

Institutional Service Line
SV2 example: SV2*300*HC:80019~

Message Text Example
MSG example: MSG*this is a free-form test message~

Loop ID	Reference	Name	Codes	Notes/comments
2010F	NM1	**Service Provider Name**		Humana requirements
	NM103	**Last Name or Organization Name**		Required by Humana
	NM104	**First Name**		Required by Humana when the entity is a specific service provider
	REF	**Service Provider Supplemental Identification**		Humana requirements
	REF01	**Reference Identification Qualifier**		Use EI for Tax ID when NPI is listed.
	REF02	**Reference Identification**		Enter provider Tax ID.
	PER	**Service Provider Contact Information**		If UM01=AR or HS, provider and facility phone number are required

	PER02	**Name**	Service Provider Contact Name	Humana requires that this be populated.

Service Provider Name

NM1 example: NM1*SJ*1*LAST NAME*FIRST NAME****XX*1234657890~

Patient Event Provider Contact Information

PER example: PER*IC**TE*9999999999~

Fields that may be updated for notifications

Type	Status	Section	Updateable Field Names
Inpatient	Pended only	Member Information	Admission Date, Discharge Date and Surgical Date
Outpatient	Pended only	Type Of Service	Type of Service
		Diagnosis/ Procedure Code	Diagnosis Code
Outpatient	Pended only	Member Information	Service Start Date and Service End Date
Inpatient/Outpatient	Pended only	Diagnosis/ Procedure Code	Procedure Code
Inpatient/Outpatient	Approved/Pended	Clinical Attachments	
Outpatient	Approved/Pended	Diagnosis/ Procedure Code	Number of Visits
		Provider Information	Tax ID, NPI, Name, City, Specialty, Street Address, State, ZIP, Phone

005010X216: Health Care Services Review — Notification and Acknowledgement (278) business scenarios

Information Copy (BHT02=22) for Delegated entity or vendor only

Initial Inpatient Hospital Notification, with multiple information sources

```
ISA*00*       *00*       *01*030240928     *ZZ*0499441430000  *210222*1211*^*00501*084876840*0*P*:
GS*HI*R030240928*0499441430000*20210222*121145*1*X*005010X216
ST*278*0001*005010X216
BHT*0007*22*41084876840*20210222*1211
HL*1**20*1
NM1*X3*2*VENDOR*****24*123456789
PER*IC**TE*5555555555
NM1*FA*2*MEDICAL CENTER*****XX*1234567891
HL*2*1*21*1
NM1*PR*2*HUMANA*****PI*61101
HL*3*2*22*1
NM1*IL*1******MI*H11111111
DMG*D8*20210101*M
HL*4*3*EV*0
UM*AR*I*1*21:B
HCR*A1*123456789
DTP*435*D8*20210222
HI*ABF:F3181:D8:20210202
CL1*1*0
NM1*SJ*1*LAST NAME*FIRST****XX*9876543212
N3*100 STREET NAME
N4*CITY*STATE*11111
PER*IC**TE*5555555555*FX*5554446666
NM1*FA*2*MEDICAL CENTER*****XX*1234567899
N3*11 STREET NAME
N4*CITY*STATE*22222
PER*IC**TE*5555555555
PRV*AT*PXC*2084P0800X
SE*27*0001
GE*1*1
IEA*1*084876840
```

Initial Outpatient Hospital Notification

```
ISA*00*       *00*       *01*030240928     *ZZ*0499441430000  *210222*1211*^*00501*084876840*0*P*:
GS*HI*R030240928*0499441430000*20210222*121145*1*X*005010X216
ST*278*0001*005010X216
BHT*0007*22*41084876840*20210222*1211
HL*1**20*1
NM1*2B*2*VENDOR*****XX*1123345566
REF*EI*980657312
HL*2*1*21*1
NM1*PR*2*HUMANA*****PI*61101
HL*3*2*22*1
NM1*IL*1******MI*H9876545
DMG*D8*19680102*M
```

HL*4*3*EV*1
UM*HS*I*1*21:B
HCR*A1*123456789
DTP*AAH*RD8*20210310-20210905
HI*ABK:F3181:D8:20210222
HSD*VS*2
NM1*SJ*1*LAST NAME*FIRST NAME***XX*1122334456
N3*601 STREET
N4*CITY*STATE*30103
PER*IC**TE*7777777777*FX*5555555555
NM1*FA*2*MEDICAL CENTER*****XX*1122111212
N3*01 STREE NAME
N4*CITY*STATE*33049
PER*IC**TE*4563569090
PRV*AT*PXC*2084P0800X
HL*5*4*SS*0
SV1*HC:45378**UN*1
HL*6*4*SS*0
SV1*HC:45380**UN*1
SE*30*0001
GE*1*1
IEA*1*084876840

NOTE: Humana is not accepting pends for delegated entities.

005010X216: Health Care Services Review — Notification and Acknowledgement
Response error codes

Message type	Message code	Loop	Element	Message	Resolution
AAA	AAA*N**15*C	2010C	67	UNABLE TO DETERMINE THE MEMBER CONSOL MARKET. PLEASE CONTACT THE CENTRALIZED REFERRAL UNIT AT 800-626-2698.	PLEASE CONTACT THE CENTRALIZED REFERRAL UNIT AT 800-626-2698.
AAA	AAA*N**15*C	2000E	1271	A DIAGNOSIS CODE IS REQUIRED. PLEASE CORRECT AND RESUBMIT.	AT LEAST 1 DIAGNOSIS CODE MUST BE ENTERED AND THEN RESUBMITTED IN THE HI01-2 PATIENT DIAGNOSIS.

AAA	AAA*N**15*C	2000E	306	AUTH STATUS IS MISSING IN HCR SEGMENT IN THE INPUT.	PLEASE CORRECT AND RESUBMIT THE AUTH STATUS IN THE HCR01 SEGMENT.
AAA	AAA*N**15*C	2000E	67	MEMBER INFORMATION BLOCKED AT MEMBER REQUEST. CONTACT HUMANA CUSTOMER SERVICE AT THE NUMBER ON THE BACK OF THE MEMBER ID CARD.	REFER TO THE CONTACT INFORMATION ON THE MEMBER'S ID CARD.
AAA	AAA*N**15*C	2010E	98	REFERRED TO PROVIDER ID IS MISSING. PLEASE ENTER THE REFERRED TO PROVIDER ID AND RESUBMIT.	CORRECT AND RESUBMIT THE ACCURATE ID IN THE NM109 SEGMENT OF THE 2010EA LOOP.
AAA	AAA*N**15*C	2010E	364	HUMANA REQUIRES A TELEPHONE NUMBER FOR THE REFERRED TO PROVIDER(S)/ FACILITY. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT A TELEPHONE CONTACT NUMBER IN THE PER06 SEGMENT FOR ALL PROVIDERS IN THE 2010EA LOOP.
AAA	AAA*N**15*C	2000F	67	FACILITY IS REQUIRED. PLEASE CORRECT AND RESUBMIT.	FACILITY ID OR PAYER ASSIGNED FACILITY ID IS REQUIRED. THE ID MUST BE ENTERED AND RESUBMITTED.
AAA	AAA*N**15*C	2000F	234	ICD 9 CM, ICD 10 CM, NDC AND NUBC PROCEDURE CODES ARE NOT ALLOWED. SELECT	CORRECT AND RESUBMIT A HCPCS OR CPT PROCEDURE CODE IN THE SV202-2 SEGMENT OF THE 2000F LOOP.

				A HCPCS/CPT PROCEDURE CODE. PLEASE CORRECT AND RESUBMIT.	
AAA	AAA*N**15*C	2000F	1525	IF OUTPATIENT SERVICE, CHANGE TYPE OF REQUEST TO SPECIALTY CARE REVIEW. IF INPATIENT, CHANGE EITHER THE PLACE OF SERVICE TO INPATIENT HOSPITAL OR SKILLED NURSING FACILITY (SNF) OR THE FACILITY TYPE TO HOSPITAL INPATIENT, PART A OR SNF PART A AND RESUBMIT.	IN UM01 IN THE 2000F LOOP CHANGE THE REQUEST CATEGORY CODE TO REFLECT THE TYPE OF REQUEST YOU ARE ATTEMPTING TO SUBMIT.
AAA	AAA*N**15*C	2000F	1271	MISSING DIAGNOSIS CODE(S). PLEASE ENTER AT LEAST 1 DIAGNOSIS CODE AND RESUBMIT.	AT LEAST 1 DIAGNOSIS CODE MUST BE ENTERED AND THEN RESUBMITTED IN THE HI01-2 PATIENT DIAGNOSIS.
AAA	AAA*N**15*C	2000F	380	SERVICE QUANTITY AND QUANTITY TYPE ARE REQUIRED. PLEASE CORRECT AND RESUBMIT.	THE SERVICE QUANTITY AND QUANTITY TYPE ARE REQUIRED. THE QUANTITY AND TYPE MUST BE ENTERED AND RESUBMITTED.
AAA	AAA*N**15*C	2000F	1365	THE TYPE OF SERVICE—SMOKING CESSATION—CANNOT BE SUBMITTED ELECTRONICALLY. PLEASE CONTACT CUSTOMER CARE	SMOKING CESSATION AUTHORIZATIONS REFER TO THE CONTACT INFORMATION ON THE MEMBER'S ID CARD.

				TO DETERMINE BENEFITS. RESUBMISSION NOT ALLOWED.	
AAA	AAA*N**15*N	2000F	1069	RELATIONSHIP TO SUBSCRIBER SELECTION IS NOT VALID. PLEASE MAKE ANOTHER SELECTION.	CORRECT AND RESUBMIT THE INS02 SEGMENT IN DEPENDENT RELATIONSHIP IN THE 2010D LOOP.
AAA	AAA*N**15*N	2000F	1365	THE TYPE OF SERVICE—VISION (OPTOMETRY)—CANNOT BE SUBMITTED ELECTRONICALLY. PLEASE CONTACT CUSTOMER CARE TO DETERMINE BENEFITS. RESUBMISSION NOT ALLOWED.	VISION/OPTOMETRY AUTHS REFER TO THE CONTACT INFORMATION ON THE MEMBER'S ID CARD.
AAA	AAA*N**15*N	2000F	1365	TYPE OF SERVICE IS REQUIRED. PLEASE CORRECT AND RESUBMIT.	THE TYPE OF SERVICE IS REQUIRED. THE SERVICE TYPE MUST BE ENTERED AND RESUBMITTED.
AAA	AAA*N**33*C	2000E	1251	DISCHARGE DATE CAN NOT BE LESS THAN ADMISSION DATE.	CORRECT AND RESUBMIT THE DTP03 IN THE DISCHARGE DATE SEGMENT OF THE 2000F LOOP.
AAA	AAA*N**33*C	2000E	67	YOU ARE NOT AUTHORIZED TO UPDATE THE REFERRAL FOR THIS MEMBER. PLEASE CONTACT THE MEMBER'S PCP.	MEMBER'S PCP MUST UPDATE THE TRANSACTION.
AAA	AAA*N**33*C	2000E	1251	HUMANA DOES NOT ACCEPT A DISCHARGE DATE	CORRECT AND RESUBMIT THE DTP03 IN THE DISCHARGE DATE

				GREATER THAN TODAY'S DATE. PLEASE CORRECT AND RESUBMIT.	SEGMENT OF THE 2000F LOOP.
AAA	AAA*N**33*C	2000E	1251	HUMANA DOES NOT ALLOW A DISCHARGE DATE FOR THE PLACE OF SERVICE/ FACILITY TYPE SELECTED. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE DTP03 IN THE DISCHARGE DATE SEGMENT OF THE 2000F LOOP.
AAA	AAA*N**33*C	2000E	1271	THERE IS A LIMIT OF 12 DIAGNOSIS CODES. PLEASE CORRECT AND RESUBMIT.	FOR THE PATIENT DIAGNOSIS IN THE HI01-2 SEGMENT, AT LEAST 1 DIAGNOSIS CODE, BUT NOT MORE THAN 12, MUST BE ENTERED AND THEN RESUBMITTED.
AAA	AAA*N**33*C	2010E	98	ANOTHER REFERRED TO FACILITY OR REFERRED TO PROVIDER IS REQUIRED. IF USING THE REFERRAL FORM, PLEASE SELECT AUTHORIZATIONS FROM THE MENU BAR AND A TRANSACTION TYPE OF OUTPATIENT TO CONTINUE.	
AAA	AAA*N**33*C	2000F	1251	ADMISSION DATE FROM MUST BE WITHIN 1 YEAR FROM TODAY'S DATE. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT. ADJUST THE ADMISSION FROM DATE IN THE DTP03 SEGMENT, LOOP 2000E TO BE LESS THAN THE DATE IT IS BEING SUBMITTED.

AAA	AAA*N**33*C	2000F	1251	ADMISSION DATE MUST BE GREATER THAN OR EQUAL TO DATE OF BIRTH. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT. THE DATE IN THE DTP03 SERVICE DATE SEGMENT OF LOOP 2000E.
AAA	AAA*N**33*C	2000F	1069	ADMISSION SOURCE OR NEWBORN ADMISSION SOURCE IS REQUIRED. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE CL102 IN LOOP 2000E IN THE INSTITUTIONAL CLAIMS CODE SEGMENT.
AAA	AAA*N**33*C	2000F	127	AN EXISTING AUTHORIZATION WAS FOUND THAT HAS BEEN AUTHORIZED BASED ON MEDICAL NECESSITY ONLY. PAYMENT IS NOT GUARANTEED. PAYMENT LEVEL, SERVICE COVERAGE AND MEMBERS ELIGIBILITY CANNOT BE DETERMINED AT THIS TIME. FOR SPECIFIC BENEFITS, CALL CUSTOMER SERVICE.	REFER TO THE CONTACT INFORMATION ON THE MEMBER'S ID CARD.
AAA	AAA*N**33*C	2000F	1322	AUTH CANNOT BE UPDATED AS IT HAS BEEN UPDATED IN CGX	TO DISCUSS THE UPDATES THAT HAVE OCCURRED, REFER TO THE CONTACT INFORMATION ON THE MEMBER'S ID CARD.
AAA	AAA*N**33*C	2000F	1322	CERTIFICATION TYPE CODE IS LIMITED TO AN	CORRECT AND RESUBMIT THE CR0608 SEGMENT IN THE 2000E LOOP. THE

				INITIAL REQUEST ONLY. PLEASE CORRECT AND RESUBMIT.	CODE IN CR0608 MUST HAVE THE SAME VALUE OF UM02.
AAA	AAA*N**33*C	2000F	234	DIAGNOSIS OR PROCEDURE CODE IS INVALID OR TERMINATED, PLEASE CORRECT AND RESUBMIT	CORRECT AND RESUBMIT THE DIAGNOSIS CODE IN THE HI01-3 SEGMENT OF THE 2000E LOOP OR THE PROCEDURE CODE IN THE SV101-2 SEGMENT OF THE 2000F LOOP.
AAA	AAA*N**33*C	2000F	1250	DISCHARGE DATE CAN NOT BE NULL WHEN DISCHARGE DISPOSITION IS PRESENT	CORRECT AND RESUBMIT THE DTP03 IN THE DISCHARGE DATE SEGMENT OF THE 2000F LOOP.
AAA	AAA*N**33*C	2000F	1365	HUMANA HAS IDENTIFIED THIS REQUEST AS A POSSIBLE DUPLICATE OF AN EXISTING HOME HEALTH AUTHORIZATION. PLEASE CONTACT A HUMANA REPRESENTATIVE AT 800-523-0023 TO REVIEW YOUR REQUEST	REFER TO THE CONTACT INFORMATION ON THE MEMBER'S ID CARD.
AAA	AAA*N**33*C	2000F	127	IF NEWBORN IS DISCHARGED WITH MOTHER, DO NOT CONTINUE, AUTHORIZATION IS NOT REQUIRED. OTHERWISE, FIRST NAME, LAST NAME AND GENDER REQUIRED. IF NAME UNKNOWN,	

				ENTER FIRST NAME, BABY BOY OR BABY GIRL. IF MULTIPLES ENTER BABY BOY A, BABY BOY B, ETC.	
AAA	AAA*N**33*C	2000F	1525	INPATIENT SERVICES ARE NOT ALLOWED FOR THE TYPE OF REQUEST SUBMITTED. INPATIENT SERVICES SHOULD BE SUBMITTED UNDER TYPE OF REQUEST AR, ADMISSION REVIEW. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT UM01 TO REFLECT “AR” IN THE 2000E LOOP.
AAA	AAA*N**33*C	2000F	1271	INVALID DIAGNOSIS CODE(S): ABZ.K, PLEASE SUBMIT VALID DIAGNOSIS CODE.	CORRECT AND RESUBMIT A VALID DIAGNOSIS CODE IN THE HI01-2 SEGMENT IN THE 2000E LOOP.
AAA	AAA*N**33*C	2000F	1331	INVALID FACILITY TYPE ENTERED. CHOOSE ONE OF THE FOLLOWING ONLY (1) HOSPITAL INPATIENT, PART A (2) HOSPITAL OUTPATIENT (CHOOSE FOR ANY OUTPATIENT SETTING) (3) SKILLED NURSING INPATIENT, PART A. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT A VALID FACILITY TYPE CODE IN THE UMO4-1 SEGMENT OF THE 2000E OR SOOF LOOPS.

AAA	AAA*N**33*C	2000F	1331	INVALID PLACE OF SERVICE ENTERED. CHOOSE ONE OF THE FOLLOWING: ONLY (1) INPATIENT HOSPITAL (2) OUTPATIENT HOSPITAL (CHOOSE FOR ANY OUTPATIENT SETTING) (3) SKILLED NURSING FACILITY. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT A VALID PLACE OF SERVICE IN THE UMO4 IN THE 2000E OR 2000F LOOP.
AAA	AAA*N**33*C	2000F	1365	THANK YOU FOR CONTACTING HUMANA ABOUT THIS MEMBER. IF THIS SERVICE IS TRANSPLANT, PLEASE CONTACT HUMANA AT 1-866-421-5663. OTHERWISE, TO COMPLETE THIS REQUEST, PLEASE CONTACT SILVERBACK, A SUB-DIVISION OF SOUTHWESTERN HEALTH RESOURCES AT 855-359-9999	REFER TO THE CONTACT INFORMATION ON THE MEMBER'S ID CARD.
AAA	AAA*N**33*C	2000F	1331	THE PLACE OF SERVICE SELECTED IS UNABLE TO BE PROCESSED ON THE WEB. PLEASE CONTACT THE HUMANAHEALTH CALL CENTER.	THE PLACE OF SERVICE CANNOT BE PROCESSED ON THE WEB. THIS TRANSACTION CAN NOT BE RESUBMITTED.

				RESUBMISSION NOT ALLOWED.	
AAA	AAA*N**33*C	2000F	234	THE PROCEDURE QUANTITY IS REQUIRED AND MUST BE GREATER THAN ZERO, PLEASE CORRECT AND RESUBMIT.	AT LEAST ONE 1PROCEDURE CODE MUST BE ENTERED AND THEN RESUBMITTED IN THE SV101-2 PROFESSIONAL SERVICE OR SV201-2 INSTITUTIONAL SERVICE.
AAA	AAA*N**33*C	2000F	234	THERE IS A LIMIT OF TEN PROCEDURE CODES. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT ALLOWING 10 OR FEWER PROCEDURE CODES IN THE SV101-2 SEGMENT OF THE 2000F LOOP.
AAA	AAA*N**33*C	2000F	67	THIS REQUEST CANNOT BE COMPLETED BECAUSE YOU ARE NOT THE VENDOR	ONLY THE VENDOR IS ALLOWED TO SUBMIT DELEGATED AUTH SUBMISSIONS.
AAA	AAA*N**33*C	2000F	1322	THIS REQUEST CANNOT BE UPDATED ELECTRONICALLY. IF YOU NEED TO UPDATE THIS TRANSACTION, PLEASE CONTACT HUMANA HOSPICE CENTRALIZED TEAM 800-950-1071	CALL HUMANA HOSPICE CENTRALIZED TEAM AT 800-950-1071 IF AN UPDATE TO THE ORIGINAL AUTHORIZATION IS NEEDED.
AAA	AAA*N**33*C	2000F	673	VISITS MUST BE CHOSEN AS THE QUANTITY TYPE. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT. THE HSD01 SEGMENT IN THE 2000E LOOP MUST BE UPDATED TO REFLECT VISITS.

AAA	AAA*N**33*C	2010F	234	THE PROCEDURE CODE CHOSEN REQUIRES CLINICAL REVIEW, NUMBER OF VISITS CANNOT BE UPDATED.	REFER TO THE CONTACT INFORMATION ON THE MEMBER'S ID CARD IF AN UPDATE TO THE ORIGINAL AUTHORIZATION IS NEEDED.
AAA	AAA*N**33*N	2000E	1271	YOUR REQUEST CANNOT BE PROCESSED USING THE DIAGNOSIS CODE ENTERED. PLEASE ENTER DIAGNOSIS CODE 650 FOR A MATERNITY ADMISSION. IF THE REQUEST IS NON-MATERNITY RELATED, CALL THE HUMANAHEALTH CALL CENTER AND SPEAK WITH AN OPERATOR.	CORRECT AND RESUBMIT A VALID DIAGNOSIS CODE IN THE HI01-2 SEGMENT IN THE 2000E LOOP. REFER TO THE CONTACT INFORMATION ON THE MEMBER'S ID CARD IF NEEDED.
AAA	AAA*N**33*N	2000E	1365	WHILE PRIOR AUTHORIZATION IS NORMALLY REQUIRED BY HUMANA FOR THE REQUESTED SERVICE, THE GROUP PLAN FOR THIS MEMBER DOES NOT REQUIRE PRIOR AUTHORIZATION FOR THIS SERVICE.	THE SERVICE TYPE IN THE UM03 SEGMENT OF THE 2000e LOOP FOR THIS MEMBER DOES NOT REQUIRE PRIOR AUTHORIZATION.
AAA	AAA*N**33*N	2000E	1365	THE TYPE OF SERVICE—DONOR PROCEDURES—CANNOT BE SUBMITTED ELECTRONICALLY. PLEASE CONTACT THE REFERRAL	REFER TO THE CONTACT INFORMATION ON THE MEMBER'S ID CARD TO GET INFORMATION ON HOW TO SUBMIT THIS TYPE OF AUTHOIZATION.

				SERVICES DEPTARMENT. RESUBMISSION NOT ALLOWED.	
AAA	AAA*N**33*N	2000E	901	TECHNICAL ISSUES ENCOUNTERED DURING AUTHORIZATION PROCESSING. PLEASE RESUBMIT.	HUMANA HAS EXPERIENCED AN UNEXPECTED OUTAGE. PLEASE ATTEMPT TO RESUBMIT.
AAA	AAA*N**33*N	2000E	673	NUMBER OF VISITS/UNITS CANNOT BE DECREASED FOR THE PROCEDURE CODE CHOSEN.	REFER TO THE CONTACT INFORMATION ON THE MEMBER'S ID CARD IF AN UPDATE TO THE ORIGINAL AUTHORIZATION IS NEEDED.
AAA	AAA*N**33*N	2000E	1322	THIS REQUEST CANNOT BE UPDATED ELECTRONICALLY. IF YOU NEED TO UPDATE THIS TRANSACTION, PLEASE CONTACT HUMANA CUSTOMER SERVICE AT 800-523-0023.	REFER TO THE CONTACT INFORMATION ON THE MEMBER'S ID CARD IF AN UPDATE TO THE ORIGINAL AUTHORIZATION IS NEEDED.
AAA	AAA*N**33*N	2000F	1365	MISSING SERVICE TYPE. PLEASE CONTACT THE CENTRALIZED REFERRAL UNIT AT 800-626-2698.	REFER TO THE CONTACT INFORMATION ON THE MEMBER'S ID CARD IF AN UPDATE TO THE ORIGINAL AUTHORIZATION IS NEEDED.
AAA	AAA*N**33*N	2000F	1331	PLACE OF SERVICE OR FACILITY TYPE IS REQUIRED. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE PLACE OF SERVICE TYPE IN UM04 OR FACILITY TYPE ON UM04-1 IN LOOP 2000F.

AAA	AAA*N**33*N	2000F	1365	POTENTIAL OBSERVATION NOTIFICATION.	CORRECT AND RESUBMIT UM01 AS HSD IN THE HEALTHCARE SERVICES REVIEW INFORMATION SEGMENT IN THE 2000E AND 2000F LOOP.
AAA	AAA*N**33*N	2000F	234	PROCEDURE CODE FROM DATE MUST BE WITHIN 1 YEAR FROM TODAY'S DATE. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE DTP03 IN THE PROCEDURE CODE DATE SEGMENT OF THE 2000F LOOP.
AAA	AAA*N**33*N	2000F	98	REFERRED TO PROVIDER CANNOT BE THE MEMBER PCP. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE REFERRED TO PROVIDER INFORMATION IN THE NM1 SEGMENT IN THE 2010EA LOOP TO REFLECT A PROVIDER OTHER THAN THE MEMBER PCP.
AAA	AAA*N**33*N	2000F	1365	THE TYPE OF SERVICE SELECTED IS UNABLE TO BE PROCESSED VIA THE WEB. PLEASE CONTACT THE HUMANAHEALTH CALL CENTER. RESUBMISSION NOT ALLOWED.	THE SERVICE TYPE IN UMO3 CANNOT BE PROCESSED VIA THE WEB. REFER TO THE CONTACT INFORMATION ON THE MEMBER'S ID CARD.
AAA	AAA*N**33*N	2000F	1365	THE TYPE OF SERVICE—EXPERIMENTAL DRUG THERAPY—CANNOT BE SUBMITTED ELECTRONICALLY. PLEASE CONTACT THE REFERRAL SERVICES DEPARTMENT.	THE SERVICE TYPE IN UMO3 CANNOT BE PROCESSED ELECTRONICALLY. REFER TO THE CONTACT INFORMATION ON THE MEMBER'S ID CARD

				RESUBMISSION NOT ALLOWED.	
AAA	AAA*N**33*N	2000F	1365	THE TYPE OF SERVICE— TRANSPLANT— CANNOT BE SUBMITTED ELECTRONICALLY. PLEASE CONTACT THE REFERRAL SERVICES DEPARTMENT. RESUBMISSION NOT ALLOWED.	THE SERVICE TYPE IN UMO3 CANNOT BE PROCESSED VIA THE WEB. REFER TO THE CONTACT INFORMATION ON THE MEMBER'S ID CARD.
AAA	AAA*N**33*N	2000F	1365	THERE IS A LIMIT OF 1 TYPE OF SERVICE. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE UM03 IN THE HEALTH CARE SERVICES REVIEW INFORMATION SEGMENT OF LOOP 2000E/ 2000F.
AAA	AAA*N**42*C	2010B	1035	WE ARE CURRENTLY UPDATING OUR SYSTEMS. PLEASE TRY AFTER THE SCHEDULED MAINTENANCE PERIOD.	ATTEMPT TO RESUBMIT IF SYSTEM ALLOWS.
AAA	AAA*N**42*P	2010B	67	PATIENT IS INVALID	CORRECT AND RESUBMIT. THE NM103 AND NM104 SEGMENTS IN SUBSCRIBER LOOP 2010C AND THE DEPENDANT LOOP 2010D WILL NEED TO BE REVIEWED.
AAA	AAA*N**43*C	2010A	67	REQUESTING PROVIDER NPI CANNOT BE ZERO. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE REQUESTING PROVIDER NPI IN THE NM109 SEGMENT IN LOOP 2010EA.

AAA	AAA*N**43*C	2010A	67	REQUESTING PROVIDER NPI MUST BE AT LEAST 10 DIGITS AND SHOULD BE ONLY NUMERIC. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE REQUESTING PROVIDER NPI IN THE NM109 SEGMENT IN LOOP 2010EA.
AAA	AAA*N**43*C	2010A	67	REQUESTING PROVIDER TAX ID CANNOT BE ALL NINES. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE REQUESTING PROVIDER TAX ID IN THE NM109 OR PER02 SEGMENT IN LOOP 2010EA.
AAA	AAA*N**43*C	2010A	67	REQUESTING PROVIDER TAX ID CANNOT BE ZERO. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE REQUESTING PROVIDER TAX ID IN THE NM109 OR PER02 SEGMENT IN LOOP 2010EA.
AAA	AAA*N**43*C	2010A	67	REQUESTING PROVIDER TAX ID MUST BE AT LEAST 9 DIGITS AND SHOULD BE ONLY NUMERIC. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE REQUESTING PROVIDER TAX ID IN THE NM109 OR PER02 SEGMENT IN LOOP 2010A.
AAA	AAA*N**43*C	2010E	67	YOU HAVE NOT BEEN GRANTED ACCESS TO PERFORM THIS TRANSACTION THROUGH HUMANA. PLEASE CONTACT AVAILITY ESSENTIALS.	ONLY THE VENDOR IS ALLOWED TO SUBMIT DELEGATED AUTHORIZATION SUBMISSIONS.
AAA	AAA*N**43*C	2010E	67	ATTENDING PROVIDER NPI CANNOT BE ZERO. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE ATTENDING PROVIDER NPI IN THE NM109 SEGMENT IN LOOP 2010EA.

AAA	AAA*N**43*C	2010E	67	ATTENDING PROVIDER NPI MUST BE AT LEAST 10 DIGITS AND SHOULD BE ONLY NUMERIC. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE ATTENDING PROVIDER NPI IN THE NM109 SEGMENT IN LOOP 2010EA.
AAA	AAA*N**43*C	2010E	67	ATTENDING PROVIDER TAX ID CANNOT BE ZERO. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE ATTENDING PROVIDER TAX ID IN THE NM109 OR PER02 SEGMENT IN LOOP 2010A.
AAA	AAA*N**43*C	2010E	67	ATTENDING PROVIDER TAX ID MUST BE AT LEAST 9 DIGITS AND SHOULD BE ONLY NUMERIC. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE ATTENDING PROVIDER TAX ID IN THE NM109 OR PER02 SEGMENT IN LOOP 2010EA.
AAA	AAA*N**43*C	2010E	67	FACILITY NPI CANNOT BE ZERO. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE FACILITY NPI IN THE NM109 SEGMENT IN LOOP 2010EA.
AAA	AAA*N**43*C	2010E	67	FACILITY NPI MUST BE AT LEAST 10 DIGITS AND SHOULD BE ONLY NUMERIC. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE FACILITY NPI IN THE NM109 SEGMENT IN LOOP 2010EA.
AAA	AAA*N**43*C	2010F	67	FACILITY TAX ID OR PAYER ASSIGNED FACILITY ID IS REQUIRED. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE FACILITY TAX ID IN THE NM109 OR PER02 SEGMENT IN LOOP 2010F.
AAA	AAA*N**43*C	2010E	67	FACILITY TAX ID CANNOT BE ZERO. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE FACILITY TAX ID IN THE NM109 OR PER02

					SEGMENT IN LOOP 2010EA.
AAA	AAA*N**43*C	2010E	67	FACILITY TAX ID MUST BE AT LEAST 9 DIGITS. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE FACILITY TAX ID IN THE NM109 OR PER02 SEGMENT IN LOOP 2010EA.
AAA	AAA*N**43*C	2010E	67	ONLY 1 REFERRED TO FACILITY IS ALLOWED PER REFERRAL. PLEASE CORRECT AND RESUBMIT.	REVIEW THE UM04-1 IN THE HEALTHCARE SERVICES REVIEW SEGMENT IN LOOP 2000EA FOR FREQUENCY. CORRECT AND RESUBMIT.
AAA	AAA*N**43*C	2010E	67	REFERRED TO FACILITY NPI CANNOT BE ZERO. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE REFERRED TO FACILITY NPI IN THE NM109 SEGMENT IN LOOP 2010EA.
AAA	AAA*N**43*C	2010E	67	REFERRED TO FACILITY NPI MUST BE AT LEAST 10 DIGITS AND SHOULD BE ONLY NUMERIC. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE REFERRED TO FACILITY NPI IN THE NM109 SEGMENT IN LOOP 2010EA.
AAA	AAA*N**43*C	2010E	67	REFERRED TO FACILITY TAX ID CANNOT BE ZERO. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE REFERRED TO FACILITY TAX ID IN THE NM109 OR PER02 SEGMENT IN LOOP 2010EA.
AAA	AAA*N**43*C	2010E	67	REFERRED TO FACILITY TAX ID MUST BE AT LEAST 9 DIGITS AND SHOULD BE ONLY NUMERIC. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE REFERRED TO FACILITY TAX ID IN THE NM109 OR PER02 SEGMENT IN LOOP 2010EA.
AAA	AAA*N**43*C	2010E	67	REFERRED TO PROVIDER NPI	CORRECT AND RESUBMIT THE REFERRED TO

				CANNOT BE ZERO. PLEASE CORRECT AND RESUBMIT.	PROVIDER NPI IN THE NM109 SEGMENT IN LOOP 2010EA.
AAA	AAA*N**43*C	2010E	67	REFERRED TO PROVIDER NPI MUST BE AT LEAST 10 DIGITS AND SHOULD BE ONLY NUMERIC. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE REFERRED TO PROVIDER NPI IN THE NM109 SEGMENT IN LOOP 2010EA.
AAA	AAA*N**43*C	2010E	67	REFERRED TO PROVIDER TAX ID CANNOT BE ZERO. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE REFERRED TO PROVIDER TAX ID IN THE NM109 OR PER02 SEGMENT IN LOOP 2010EA.
AAA	AAA*N**43*C	2010E	67	REFERRED TO PROVIDER TAX ID MUST BE AT LEAST 9 DIGITS AND SHOULD BE ONLY NUMERIC. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE REFERRED TO PROVIDER TAX ID IN THE NM109 OR PER02 SEGMENT IN LOOP 2010EA.
AAA	AAA*N**44*C	2010A	93	USER CONTACT NAME IS REQUIRED. PLEASE CORRECT AND RESUBMIT.	THE USER CONTACT NAME IS REQUIRED. NM103 IS REQUIRED, AND NM104 IS REQUIRED WHEN THE CONTACT IS A SPECIFIC PROVIDER; NM102=1. PLEASE CORRECT AND SUBMIT.
AAA	AAA*N**46*C	2010A	364	USER CONTACT TELEPHONE NUMBER IS REQUIRED. PLEASE CORRECT AND RESUBMIT.	THE INFORMATION SOURCE/PROVIDER CONTACT INFORMATION IN THE PER03 SEGMENT IS MISSING OR INVALID. PLEASE CORRECT AND RESUBMIT.
AAA	AAA*N**49*C	2010A	67	YOU ARE NOT AUTHORIZED TO SUBMIT A REFERRAL FOR	CONTACT THE MEMBER'S PCP FOR SUBMISSION. YOU MUST BE THE MEMBER'S PCP TO

				THIS MEMBER. PLEASE CONTACT THE MEMBER'S PCP.	SUBMIT THE REFERRAL. THE INDIVIDUAL OR ORGANIZATIONAL NAME IN THE NM103 AND NM104 IN THE PATIENT EVENT PROVIDER NAME WILL NEED TO BE REVIEWED.
AAA	AAA*N**49*C	2010E	67	THIS REQUEST CANNOT BE SUBMITTED ELECTRONICALLY. PLEASE CONTACT HUMANA CUSTOMER SERVICE AT 800-523-0023.	REFER TO THE CONTACT INFORMATION ON THE MEMBER'S ID CARD.
AAA	AAA*N**50*N	2010A	67	THIS REQUEST CANNOT BE COMPLETED BECAUSE YOU ARE NOT THE VENDOR/DELEGATE.	ONLY THE VENDOR IS ALLOWED TO SUBMIT DELEGATED AUTHORIZATION SUBMISSIONS.
AAA	AAA*N**51*C	2010A	67	THANK YOU FOR CONTACTING HUMANA ABOUT THIS MEMBER. UTILIZATION MANAGEMENT FOR THE GROUP PLAN SPECIFIC TO THIS MEMBER IS CONDUCTED BY A HUMANA PARTNER.	REFER TO THE CONTACT INFORMATION ON THE MEMBER'S ID CARD.
AAA	AAA*N**51*C	2010A	901	SERVICE DATE FROM AND ADMISSION DATE FROM MUST BE THE SAME DATE.	CORRECT AND RESUBMIT THE DTP03 IN THE SERVICE DATE SEGMENT OF THE 2000F LOOP.
AAA	AAA*N**51*C	2010A	67	REQUESTING PROVIDER IS NOT FOUND. PLEASE	REFER TO THE CONTACT INFORMATION ON THE MEMBER'S ID CARD.

				CONTACT HUMANA AT 800-523-0023 TO SUBMIT AUTHORIZATION.	
AAA	AAA*N**51*C	2010A	67	REFERRING PROVIDER IS NOT FOUND. PLEASE CONTACT HUMANA AT 800-523-0023 TO SUBMIT REFERRAL.	REFER TO THE CONTACT INFORMATION ON THE MEMBER'S ID CARD.
AAA	AAA*N**51*C	2010A	67	PROVIDER TAX ID OR PAYER ASSIGNED PROVIDER ID IS REQUIRED. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE PROVIDER TAX ID OR PAYER ASSIGNED ID IN THE NM109 OR REF02.
AAA	AAA*N**51*C	2010A	1338	DISCHARGE DISPOSITION CAN NOT BE NULL WHEN DISCHARGE DATE IS PRESENT.	THE DISCHARGE DISPOSITION MUST BE PRESENT IN THE UM06 SEGMENT IN THE 2000E LOOP WHEN THE DISCHARGE DATE IS PRESENT.
AAA	AAA*N**51*C	2010A	67	AUTHORIZATION IS NOT REQUIRED FOR THE REQUESTED SERVICE.	BASED UPON THE MEMBER'S PLAN, REVIEW THE CATEGORY CODE IN UM01 AND RESUBMIT.
AAA	AAA*N**56*C	2000E	1251	END SERVICE DATE CANNOT BE BEFORE START SERVICE DATE. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE DTP03 IN THE SERVICE DATE SEGMENT OF THE 2000E LOOP.
AAA	AAA*N**57*C	2000F	1251	INVALID SERVICE DATE. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE DTP03 IN THE SERVICE DATE SEGMENT OF THE 2000F LOOP.

AAA	AAA*N**62*C	2000F	1251	SERVICE DATE FROM MUST BE LESS THAN THE SERVICE DATE TO. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE DTP03 IN THE SERVICE DATE SEGMENT OF THE 2000F LOOP.
AAA	AAA*N**62*C	2000F	1251	SERVICE DATE FROM MUST BE WITHIN 1 YEAR FROM TODAY'S DATE. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE DTP03 IN THE SERVICE DATE SEGMENT OF THE 2000F LOOP.
AAA	AAA*N**62*C	2000F	1251	SERVICE DATE TO MUST BE WITHIN 1 YEAR AND 1 DAY FROM SERVICE DATE FROM. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE DTP03 IN THE SERVICE DATE SEGMENT OF THE 2000F LOOP.
AAA	AAA*N**62*C	2000F	1251	SERVICE DATE TO MUST BE WITHIN 1 YEAR FROM SERVICE FROM DATE. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE DTP03 IN THE SERVICE DATE SEGMENT OF THE 2000F LOOP.
AAA	AAA*N**62*C	2000F	1251	SERVICE DATE TO MUST BE WITHIN 1 YEAR FROM TODAY'S DATE. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE DTP03 IN THE SERVICE DATE SEGMENT OF THE 2000F LOOP.
AAA	AAA*N**62*C	2000E	1251	SERVICE END DATE CAN NOT BE LESS THAN SERVICE START DATE.	CORRECT AND RESUBMIT THE DTP03 IN THE SERVICE DATE SEGMENT OF THE 2000E LOOP.

AAA	AAA*N**65*C	2010C	1068	YOUR REQUEST FOR A MATERNITY ADMIT CAN NOT BE PROCESSED ON A MALE. VERIFY THAT YOU HAVE CHOSEN THE RIGHT MEMBER. I SEGMENT IF SO, REMOVE THE MATERNITY DIAGNOSIS CODE AND CHOOSE ANOTHER CODE.	CORRECT AND RESUBMIT THE DIAGNOSIS CODE IN THE HI01-2 SEGMENT IN LOOP 2000E.
AAA	AAA*N**67*C	2010C	67	MEMBER NOT IN CLAIMS SYSTEM. PLEASE CONTACT THE CENTRALIZED REFERRAL UNIT AT 800-626-2698.	REFER TO THE CONTACT INFORMATION ON THE MEMBER'S ID CARD.
AAA	AAA*N**67*C	2010C	67	PATIENT NOT FOUND.	CORRECT AND RESUBMIT. THE INDIVIDUAL DEPENDENT NAME IN THE NM103 AND NM104 SEGMENTS IN LOOPS 2010C AND 2010D WILL NEED TO BE REVIEWED.
AAA	AAA*N**67*C	2010C	1251	MULTIPLE MEMBERS FOUND WITH SAME DATE OF BIRTH. PLEASE ENTER PATIENT FIRST NAME AND RESUBMIT.	CORRECT AND RESUBMIT. ENTER THE MEMBER NAME IN NM104 AND NM105 IN THE 2010C. LOOP OR DEPENDANT NAME IN THE NM104 AND NM105 IN THE 2010D LOOP.
AAA	AAA*N**67*N	2010C	67	AUTHORIZATION CANNOT BE PROCESSED DUE TO MULTIPLE ACTIVE COVERAGES, PLEASE CONTACT HUMANA CUSTOMER	THE MEMBER HAS MULTIPLE COVERAGES AND THE TRANSACTION CANNOT BE PROCESSED. CALL HUMANA CUSTOMER CARE AT THE NUMBER ON THE BACK OF THE MEMBER ID CARD.

				SERVICE AT THE NUMBER ON THE BACK OF THE MEMBER ID CARD.	
AAA	AAA*N**67*N	2010C	67	OVERLAPPING COVERAGE FOUND	THE MEMBER HAS OVERLAPPING COVERAGES AND THE TRANSACTION CANNOT BE PROCESSED. CALL HUMANA CUSTOMER CARE THE NUMBER ON THE BACK OF THE MEMBER ID CARD.
AAA	AAA*N**67*N	2010C	67	THIS IS AN 'AUTHOR BY HUMANA' MEMBER. AUTHORIZATION CANNOT BE PROCESSED FOR THIS MEMBER.	CALL HUMANA CUSTOMER CARE AT THE NUMBER ON THE BACK OF THE MEMBER ID CARD.
AAA	AAA*N**67*N	2010C	67	THIS IS AN 'AUTHOR BY HUMANA' MEMBER. PLEASE RESUBMIT AND SELECT 'AUTHOR BY HUMANA' OR PAYER ID '61108' AS THE PAYER.	CORRECT AND RESUBMIT THE PAYER ID IN THE NM109 SEGMENT OF THE 2010B LOOP.
AAA	AAA*N**71*N	2010C	1251	PATIENT BIRTH DATE DOES NOT MATCH THAT FOR THE PATIENT IN HUMANA RECORDS.	CORRECT AND RESUBMIT THE SUBSCRIBER'S CORRECT DATE OF BIRTH IN DMG02 IN THE 2010C LOOP OR THE DEPENDANT DATE OF BIRTH IN THE DMG02 IN THE 2010D LOOP.
AAA	AAA*N**72*N	2010C	67	MEMBER ID INFORMATION IS MISSING OR INVALID, PLEASE RESUBMIT.	CORRECT AND RESUBMIT THE SUBSCRIBER MEMBER ID IN THE NM109 SEGMENT IN THE 2010C LOOP OR THE DEPENDANT MEMBER ID IN THE DMG02 SEGMENT IN THE 2010D LOOP.

AAA	AAA*N**75*N	2010C	67	MEMBER'S ELIGIBILITY HAS CHANGED. PLEASE CONTACT CLINICAL INTAKE AT 800-523-0023.	CALL HUMANA CUSTOMER CARE AT THE NUMBER ON THE BACK OF THE MEMBER ID CARD.
AAA	AAA*N**79*C	2010C	67	YOU ARE NOT AUTHORIZED TO ENTER A RETRO-ACTIVE REFERRAL.	BASED UPON THE MEMBER'S PLAN, THE MEMBER'S PCP MUST SUBMIT THE REFERRAL. PLEASE CONTACT THE MEMBER'S PCP.
AAA	AAA*N**79*C	2010C	67	BEHAVIORAL HEALTH BENEFITS ARE NOT MANAGED BY HUMANA FOR THIS MEMBER. PLEASE CALL THE NUMBER ON THE BACK OF THE MEMBER'S ID CARD	CALL HUMANA CUSTOMER CARE SERVICE AT THE NUMBER ON THE BACK OF THE MEMBER ID CARD.
AAA	AAA*N**79*C	2010C	67	THE TYPE OF SERVICE—SUBSTANCE ABUSE—CANNOT BE SUBMITTED ELECTRONICALLY. PLEASE CONTACT THE MENTAL HEALTH PROVIDER ON THE MEMBER'S ID CARD. RESUBMISSION NOT ALLOWED.	CALL HUMANA CUSTOMER CARE AT THE NUMBER ON THE BACK OF THE MEMBER ID CARD.
AAA	AAA*N**79*C	2010C	67	THIS MEMBER'S PLAN DOES NOT REQUIRE A REFERRAL. HOWEVER, AN AUTHORIZATION MAY BE REQUIRED.	BASED UPON THE MEMBER'S PLAN, REVIEW THE CATEGORY CODE IN UM01 AND RESUBMIT.

				PLEASE CORRECT TRANSACTION TYPE AND RESUBMIT.	
AAA	AAA*N**79*C	2010C	67	THE TYPE OF SERVICE—PSYCHOTHERAPY—CANNOT BE SUBMITTED ELECTRONICALLY. PLEASE CONTACT THE MENTAL HEALTH PROVIDER ON THE MEMBER'S ID CARD. RESUBMISSION NOT ALLOWED.	CALL HUMANA CUSTOMER CARE AT THE NUMBER ON THE BACK OF THE MEMBER ID CARD.
AAA	AAA*N**79*C	2010C	67	THE TYPE OF SERVICE—PSYCHIATRIC, MENTAL HEALTH OR RESIDENTIAL PSYCHIATRIC TREATMENT—CANNOT BE SUBMITTED ELECTRONICALLY. PLEASE CONTACT THE MENTAL HEALTH PROVIDER ON THE MEMBER'S ID CARD. RESUBMISSION NOT ALLOWED.	CALL HUMANA CUSTOMER CARE AT THE NUMBER ON THE BACK OF THE MEMBER ID CARD.
AAA	AAA*N**79*C	2010C	67	THE TYPE OF SERVICE—PARTIAL HOSPITALIZATION (PSYCHIATRIC)—CANNOT BE SUBMITTED ELECTRONICALLY. PLEASE CONTACT	CALL HUMANA CUSTOMER CARE AT THE NUMBER ON THE BACK OF THE MEMBER ID CARD.

				THE MENTAL HEALTH PROVIDER ON THE MEMBER'S ID CARD. RESUBMISSION NOT ALLOWED.	
AAA	AAA*N**79*C	2010C	67	THE TYPE OF SERVICE—ALCOHOLISM—CANNOT BE SUBMITTED ELECTRONICALLY. PLEASE CONTACT THE MENTAL HEALTH PROVIDER ON THE MEMBER'S ID CARD. RESUBMISSION NOT ALLOWED.	CALL HUMANA CUSTOMER CARE AT THE NUMBER ON THE BACK OF THE MEMBER ID CARD.
AAA	AAA*N**95*N	2010C	67	YOUR REQUEST FOR SERVICE CANNOT BE COMPLETED THROUGH THE PORTAL. PLEASE CALL THE NUMBER ON THE BACK OF THE MEMBER'S ID CARD.	REFER TO THE CONTACT INFORMATION ON THE MEMBER'S ID CARD.
AAA	AAA*N**95*N	2010C	67	THIS AUTHORIZATION REQUIRES FURTHER REVIEW. PLEASE CONTACT HUMANA CUSTOMER SERVICE AT THE NUMBER ON THE BACK OF THE MEMBER'S ID CARD.	REFER TO THE CONTACT INFORMATION ON THE MEMBER'S ID CARD.

AAA	AAA*N**95*N	2010C	67	PLEASE CONTACT THE MENTAL HEALTH PROVIDER AT THE NUMBER LISTED ON MEMBER'S CARD.	REFER TO THE CONTACT INFORMATION ON THE MEMBER'S ID CARD.
AAA	AAA*N**AA*C	2000E	127	NO CERTIFICATION INFORMATION FOUND	CORRECT AND RESUBMIT THE HCR02 SEGMENT OF THE 2000E LOOP.
AAA	AAA*N**AF*C	2000E	1271	THE DIAGNOSIS CODE(XYZ.123) IS INVALID, PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT A VALID DIAGNOSIS CODE IN THE HI01-2 SEGMENT.
AAA	AAA*N**T5*C	2000E	127	THIS CASE CANNOT BE UPDATED BECAUSE OF THE DISCREPANCY IN THE KEY FIELDS (AUTHORIZATION NO., MEMBER ID AND DATE OF BIRTH). IF YOU WISH TO UPDATE THE CASE, PLEASE CORRECT THE DATA AND RE-SUBMIT	THE TRANSACTION CANNOT BE UPDATED DUE TO INACCURATE SUBMISSION OF THE AUTHORIZATION NUMBER IN REF02 SEGMENT, MEMBER ID IN REF01 SEGMENT AND DATE OF BIRTH IN DMG02 SEGMENT. PLEASE CORRECT THE DATA AND RESUBMIT.
AAA	AAA*N**T5*C	2000E	127	AUTHID IS MISSING IN INBOUND MESSAGE.	THE AUTHID IS MISSING IN THE HCR02 SEGMENT. PLEASE CORRECT AND RSUBMIT.

11. Other resources

ACS X12 TR3 implementation guides: store.x12.org