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Humana Making It Easier

Dental Claim Explanation of Remittance (EOR)





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Overview

- This presentation provides guidance on how to access and interpret the information provided on remittances.
- This information pertains to dental claims submitted for patients with Humana dental policies.



What is an explanation of remittance (EOR)?

- Describes action(s) taken on a claim
- May contain information on one or more claims, for one or more Humana-covered patients and dates of services
- Can be electronic or traditional (paper)

Electronic remittance advice can be viewed online using the Remittance Inquiry (Humana) tool on [Availity.com](https://www.availity.com).

Understanding HIPAA reason codes

- CARC – Claim adjustment reason code
 - Industry-standard code that describes how a claim line was processed
 - Appears on all remittances—electronic and paper
- RARC – Remittance advice remark code
 - Industry-standard code that provides additional information beyond the CARC
 - Appears only on electronic remittances

Understanding Humana explanation codes

- Humana's explanation codes and descriptions of these codes:
 - Are proprietary explanations of actions taken on a claim line
 - Appear on traditional and online remittances
- Explanation codes on an EOR can be either pay or deny codes
 - Pay codes:
 - Represent the amount allowed for each service on a claim
 - Can reflect the contracted amount for participating providers, or the maximum allowable fee for non-participating providers
 - Deny codes:
 - Represent the portion of a charge not allowed and the reason why
 - Provide guidance for any next steps that can be taken

Key information found on dental remittances

Humana
500 West Main Street
Louisville, KY 40202-4268

Humana.

Billing Provider
 DR GREAT DENTIST
 123 MAIN STREET
 ANYWHERE, TX 75267

Provider Name: GREAT DENTIST

Insured Name: FIRST AND LAST NAME
Patient Name: FIRST AND LAST NAME
Member ID: 123456789
Claim #: 2021012345678910
Claim Receive Date: 04/07/2021

Patient Acct #: 12345
Group: 123456

Check/Remit #: 0000123456
Check Amount: \$1,896.93
Check Date: 04/23/2021
Federal Tax ID: XXXXX1234
Payee ID: 1123456789
Service Provider ID: 1123456789

Explanation Codes


Dates of Service	Service Code	Billed Amount	Provider Discount	Allowed Amount	Deductible	Copay	Coins	Other Insurance	Sequestration Amount	Paid Amount	Explanation Codes
04/05/2021	D8090	\$1,507.00	\$226.05	\$1,280.95	\$0.00	\$0.00	\$640.48	\$0.00	\$0.00	\$640.47	HIPAA Codes 2 / 45
Totals		\$1,507.00	\$226.05	\$1,280.95	\$0.00	\$0.00	\$640.48	\$0.00	\$0.00	\$640.47	

Estimated Member Responsibility \$640.48 **Total Paid** \$640.47

- The location of information may vary between an electronic and a paper remittance, but the basic information remains the same.
- Provider information is displayed in the green boxes, while member information appears in the plum boxes.
- The bottom chart shows information such as the date of service, services rendered and allowed and paid amounts.
- Outlined in black are explanation codes, which describe actions taken on the claim.

Electronic remittance example

Humana
500 West Main Street
Louisville, KY 40202-4268



Billing Provider
DR GREAT DENTIST
123 MAIN STREET
ANYWHERE, TX 75267

Check/Remit #: 0000123456

Check Amount: \$1,896.93

Check Date: 04/23/2021

Federal Tax ID: XXXXX1234

Payee ID: 1123456789

Service Provider ID: 1123456789

Provider Name: GREAT DENTIST

Insured Name: FIRST AND LAST NAME

Patient Name: FIRST AND LAST NAME

Member ID: 123456789

Claim #: 2021012345678910

Claim Receive Date: 04/07/2021

Patient Acct #: 12345

Group: 123456

Dates of Service	Service Code	Billed Amount	Provider Discount	Allowed Amount	Deductible	Copay	Coins	Other Insurance	Sequestration Amount	Paid Amount	HIPAA Codes
04/05/2021	D8090	\$1,507.00	\$226.05	\$1,280.95	\$0.00	\$0.00	\$640.48	\$0.00	\$0.00	\$640.47	2 / 45
Totals		\$1,507.00	\$226.05	\$1,280.95	\$0.00	\$0.00	\$640.48	\$0.00	\$0.00	\$640.47	
Estimated Member Responsibility \$640.48				Total Paid \$640.47							

CARC's & RARC's ←

- The green box shows provider and patient information, the check remittance number and check amounts.
- The plum box depicts information about the services rendered; the reimbursement for those services, including patient responsibility; the total paid; and CARCs and RARCs.
- Each claim line will contain up to two CARCs and two RARCs, as shown in the black box.

Electronic remittance example (cont.)

Humana
500 West Main Street
Louisville, KY 40202-4268



Claim Adjustment Reason Codes Description

- 2: Coinsurance Amount
- 23: The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)
- 45: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

Remittance Advice Remark Codes Description

- N129 Not eligible due to the patient's age.
- N130 Consult plan benefit documents/guidelines for information about restrictions for this service.

Reconsideration/Appeal Rights

<http://apps.humana.com/marketing/documents.asp?file=2859948>

Descriptions of the CARCs and RARCs are found at the end of the remittance.

Traditional remittance example

HUMANADENTAL INSURANCE COMPANY
P.O. BOX 14611
LEXINGTON, KY 40512-4611

Humana.

PAGE 1 OF 3
DATE 03/12/2021

TEORMTEOR121W0313202123570063862 -MTV
GREAT DENTIST DDS
123 MAIN STREET
ANYWHERE, TX 75267

PROVIDER ID: 112345678910
FEDERAL TAX ID: XXXXX1234
REMITTANCE ID: 202103123456789
CHECK NUMBER: 0123456789
BANK CODE: 1H

Provider Info →

This payment reduced for claim overpayments.
Please see overpayment section for details.

HUMANADENTAL AUTOMATED REMITTANCE ADVICE

DATE OF SERVICE	SERVICE CODE	CHARGE	ALLOWED AMOUNT	DEDUCTIBLE	COPAY	COINSUR	PROVIDER DISCOUNT	EXCLUDED AMOUNT	TOOTH NUMBER	HUMANA/ ANSI (HIPAA) CODE	BENEFIT AMOUNT
BILLING NPI NUMBER: 1123456789 PROVIDER NAME: GREAT DENTIST PATIENT NAME: LAST, FIRST NAME SUBSCRIBER NAME: LAST, FIRST NAME PLAN TYPE: DTP - DENTAL TRADITIONAL PREFERRED			RENDERING NPI NUMBER: 1123456789 MBR ID: 001234567 04 PAT DOB: 11/05/2010 REL CD: DEPENDENT			CLAIM NUMBER: 202103123456789 PAT ACCT: GROUP: 512345					
03/03/2021	D0272	59.00	56.05	0.00	0.00	0.00	2.95	0.00		69D/45	56.05
03/03/2021	D0120	68.00	64.60	0.00	0.00	0.00	3.40	0.00		69D/45	64.60
03/03/2021	D0603	0.01	0.00	0.00	0.00	0.00	0.00	0.01		7DG/96	0.00
03/03/2021	D1999	20.00	0.00	0.00	0.00	0.00	0.00	20.00		FNN/96	0.00
03/03/2021	D1208	42.00	39.90	0.00	0.00	0.00	2.10	0.00		69D/45	39.90
03/03/2021	D1120	92.00	87.40	0.00	0.00	0.00	4.60	0.00		69D/45	87.40
CLAIM TOTALS		281.01	247.95	0.00	0.00	0.00	13.05	20.01			247.95
EST MBR RESPONSIBILITY 20.01						TOTAL PAID 247.95					

- A traditional remittance displays much of the same information as the electronic remittance.
- Provider, patient and check information is shown in the green boxes.

Traditional remittance example (cont.)

HUMANADENTAL INSURANCE COMPANY
P.O. BOX 14611
LEXINGTON, KY 40512-4611



PAGE 1 OF 3
DATE 03/12/2021

TEORMTEOR121W0313202123570063862 -MTV|
GREAT DENTIST DDS
123 MAIN STREET
ANYWHERE, TX 75267

PROVIDER ID: 112345678910
FEDERAL TAX ID: XXXXX1234
REMITTANCE ID: 202103123456789
CHECK NUMBER: 0123456789
BANK CODE: 1H

This payment reduced for claim overpayments.
Please see overpayment section for details.

Claim Information

HUMANADENTAL AUTOMATED REMITTANCE ADVICE

DATE OF SERVICE	SERVICE CODE	CHARGE	ALLOWED AMOUNT	DEDUCTIBLE	COPAY	COINSUR	PROVIDER DISCOUNT	EXCLUDED AMOUNT	TOOTH NUMBER	HUMANA/ ANSI (HIPAA) CODE	BENEFIT AMOUNT
BILLING NPI NUMBER: 1123456789			RENDERING NPI NUMBER: 1123456789								
PROVIDER NAME: GREAT DENTIST			MBR ID: 001234567 04			CLAIM NUMBER: 202103123456789					
PATIENT NAME: LAST, FIRST NAME			PAT DOB: 11/05/2010			PAT ACCT: 512345					
SUBSCRIBER NAME: LAST, FIRST NAME			REL CD: DEPENDENT			GROUP: 512345					
PLAN TYPE: DTP - DENTAL TRADITIONAL PREFERRED											
03/03/2021	D0272	59.00	56.05	0.00	0.00	0.00	2.95	0.00		69D/45	56.05
03/03/2021	D0120	68.00	64.60	0.00	0.00	0.00	3.40	0.00		69D/45	64.60
03/03/2021	D0603	0.01	0.00	0.00	0.00	0.00	0.00	0.01		7DG/96	0.00
03/03/2021	D1999	20.00	0.00	0.00	0.00	0.00	0.00	20.00		FNN/96	0.00
03/03/2021	D1208	42.00	39.90	0.00	0.00	0.00	2.10	0.00		69D/45	39.90
03/03/2021	D1120	92.00	87.40	0.00	0.00	0.00	4.60	0.00		69D/45	87.40
CLAIM TOTALS		281.01	247.95	0.00	0.00	0.00	13.05	20.01			247.95
EST MBR RESPONSIBILITY 20.01						TOTAL PAID 247.95					

- This example contains information related to the services rendered and reimbursement for those services.
- Displayed are service codes billed on the claim, allowed amounts, patient responsibility, total paid amount and explanation codes.

Traditional remittance example (cont.)

HUMANADENTAL AUTOMATED REMITTANCE ADVICE

DATE OF SERVICE	SERVICE CODE	CHARGE	ALLOWED AMOUNT	DEDUCTIBLE	COPAY	COINSUR	PROVIDER DISCOUNT	EXCLUDED AMOUNT	TOOTH NUMBER	HUMANA/ ANSI (HIPAA) CODE	BENEFIT AMOUNT
BILLING NPI NUMBER: 1123456789 PROVIDER NAME: GREAT DENTIST PATIENT NAME: LAST, FIRST NAME SUBSCRIBER NAME: LAST, FIRST NAME PLAN TYPE: DTP - DENTAL TRADITIONAL PREFERRED			RENDERING NPI NUMBER: 1123456789 MBR ID: 001234567 04 PAT DOB: 11/05/2010 REL CD: DEPENDENT			CLAIM NUMBER: 202103123456789 PAT ACCT: _____ GROUP: 512345					
03/03/2021	D0603	00.01	0.00	0.00	0.00	0.00	2.95	0.01		7DG/96	0.00
03/03/2021	D1999	20.00	0.00	0.00	0.00	0.00	0.00	20.00		FNN/96	0.00
EST MBR RESPONSIBILITY 20.01											TOTAL PAID 0.00

HUMANA CODES/DESCRIPTIONS

7DG THIS SERVICE IS NOT A COVERED EXPENSE UNDER YOUR DENTAL PLAN.
 FNN THIS SERVICE IS NOT A COVERED EXPENSE UNDER YOUR PLAN.

ANSI (HIPAA) CODES/DESCRIPTIONS

45 CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.
 96 NON-COVERED CHARGE(S).

SERVICE CODES/TREATMENT TYPES/DESCRIPTIONS

D0603 LT CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF HIGH RISK.
 D1999 MV UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT

Call 1-800-833-2223 or visit HUMANA.COM GCHH4EIHH

- Humana explanation codes do not appear on an electronic remittance, but they do appear on traditional and online remittances, as indicated by the plum box.
- RARCs do not appear on a traditional remittance. CARCs do appear, as indicated in the ANSI (HIPAA) Codes/Descriptions.
- Service Codes and Treatment Types/Descriptions appear on the traditional remittance.

How overpayment affects a remittance

- When Humana identifies an overpayment, it sends the dentist a written explanation of the overpayment and requests a refund.
- Dentists have the option to refund the overpaid amount. If Humana receives the refund within 45 days, no deductions or offsets are made on any subsequent claim(s).
- If the overpayment is not refunded within 45 days, the amount is recovered using the next available claim(s) until the full payment has been recovered.

Overpayment Request Letter – Single overpaid claim

Humana.

Attn: Provider Payment Integrity
P.O. Box 14601
Lexington, KY 40512-4601

July 22, 2022

John Johnson DDS INC
123 Main Street, Building 1
Dental Town, Wisconsin 54302

Refund request — see enclosed chart

Dear Dr. Johnson:

Humana strives to offer its members high-quality healthcare at affordable rates. To facilitate this objective, we review our payments for accuracy. While it is certainly our desire to pay all claims accurately the first time, occasionally we find that claims have been paid incorrectly. As part of a recent review, we determined the claims referenced on the enclosed chart to be overpaid by **\$34.85**. The reasons for the overpayment(s) are listed on the chart.

- This is an example of an Overpayment Request Letter for a single overpaid claim.
- The letter details an overpayment of \$34.85.

Overpayment Request Letter – Multiple overpaid claims

Humana
Attn: Provider Payment Integrity Department
P.O. BOX 14601
Lexington, KY 40512-4601



September 24, 2021

RVMOFRL0066A0124202107310001031|
PAUL B JOHNSON JR DDS INC
123 Main Street Bldg. 1
Green Bay, WI 54302

REFUND REQUEST SEE ENCLOSED CHART

Dear Patient Account Manager:

Humana strives to offer our members high-quality health care at affordable rates. To facilitate this objective, we review our payments for accuracy. While it is certainly our desire to pay all claims accurately the first time, occasionally we find that claims have been paid incorrectly. As part of a recent review, we determined the claim(s) referenced on the enclosed chart to be overpaid by \$2,436.80. The reason(s) for the overpayment(s) is/are on the overpayment chart enclosed.

Please review your files with the enclosed chart. If you confirm our findings, please send a refund, along with a copy of the enclosed chart, to the address below within 45 days from the date of this letter. If you do not agree with these findings, wish to dispute this notice or have questions regarding an overpayment, you can manage Humana overpayments electronically with the online overpayment application on the Availity Portal, at www.availity.com. You can find the application on the Portal under "Claims & Payments." To learn more about getting started with Availity, please visit Humana.com/ProviderSelfService.

If you prefer, you may contact us by phone at 1-800-438-7885 (TTY: 711). Representatives are available from 8 a.m. to 8 p.m. Eastern time, Monday through Friday. You also can send an email to contactPPI@humana.com. If you contact us, please provide the following information:

- Healthcare professional's name, Tax Identification Number (TIN), phone and fax numbers
- Patient's name, Humana member ID and member date of birth
- Claim number and date of service for the claim
- Brief description of request

To submit a refund for this overpayment amount, please direct your refund check to the address below:

Humana Health Care Plans
P.O. Box 931655
Atlanta, GA 31193-1655

This is an example of an Overpayment Request Letter for multiple overpaid claims. It includes a chart that details the overpayments.

Overpayment Request Letter - Enclosed chart

PPI Overpayment Chart: Provider Audits

Sorted by Provider Number: 115147000294

Created 2021-01-24-07.30.58
 L1 Action From 2021-01-23
 Control Number P02101240000123
 Page 1

PAUL B JOHNSON JR

Anticipated Remit Deduct Date: 2021-03-09

	SUF	REL	Claim Number	Date of Service	Overpaid Amount	Recovery Item Number	Reason	Source	LOB	MKT	PLT CD
Patient: ALAN JOHNSON											
Patient ID Number:	00	CH	202006306112345	2020-06-29	\$19.00	846101222	029	DN	43070	DE	
Patient Acct. Number: 9091-9000123456789											
Payment Type: CHK											
Check Date: 2020-07-03											
Check Number: 692745											
Original Paid Amount: \$78.00											
Legal Entity: HUMANADENTAL INSURANCE CO.											
Note: CLAIM PROCESSED OUT OF NETWORK WHEN IN NETWORK PLAN BENEFITS APPLY. HUMANA SHOULD HAVE PAID \$59.00. MEMBER RESP IS \$111.00.											
Patient: EVA JOHNSON											
Patient ID Number:	00	CH	202007226482919	2020-07-21	\$42.75	505128807	029	DN	43070	FF	
Patient Acct. Number: 9091-9000001234567											
Payment Type: CHK											
Check Date: 2020-07-28											
Check Number: 104765530											
Original Paid Amount: \$137.75											
Legal Entity: HUMANA INSURANCE COMPANY											
Note: CLAIM PROCESSED OUT OF NETWORK WHEN IN NETWORK PLAN BENEFITS APPLY. HUMANA SHOULD HAVE PAID \$95.00. MEMBER RESP IS \$52.00.											
Patient: IDA WOLFE											
Patient ID Number:	00	CH	202007226482919	2020-07-21	\$60.90	266936226	029	DN	43070	DE	
Patient Acct. Number: 9091-9000001231234											
Payment Type: CHK											
Check Date: 2020-07-28											
Check Number: 104765530											
Original Paid Amount: \$191.90											
Legal Entity: HUMANA INSURANCE COMPANY											
Note: CLAIM PROCESSED OUT OF NETWORK WHEN IN NETWORK PLAN BENEFITS APPLY. HUMANA SHOULD HAVE PAID \$131.00. MEMBER RESP IS \$52.00.											

This is an example of the chart that is included in the Overpayment Request letter.

Overpayment recovery on a paper remittance

HUMANADENTAL INSURANCE COMPANY
 P.O. BOX 14611
 LEXINGTON, KY 40512-4611

PROVIDER ID: 756324123456
 FEDERAL TAX ID: XXXXX9876
 REMITTANCE ID: 202103130123456
 CHECK NUMBER: 0107854321
 BANK CODE: 1H

JOHN JOHNSON DDS INC
 123 MAIN STREET BLDG 1
 DENTAL TOWN, WI 54302

HUMANADENTAL AUTOMATED REMITTANCE ADVICE


OVERPAYMENTS - THE FOLLOWING IS A DETAILED LIST OF OVERPAYMENTS USED TO REDUCE THE PAID AMOUNT FOR THIS CHECK

PATIENT NAME: GRACE JOHNSON		MBR ID: 123456789-03		OVERPAID CLAIM NUMBER: 202010061234567	
SUBSCRIBER NAME: JOHN JOHNSON		PAT DOB: 07/11/2007		PAT ACCT:	
REL CD: DEPENDENT		OVERPAID REASON CODE: 029		CHECK/REMIT NUMBER: 202010101237654	
PLAN TYPE: DIP - DENTAL HUMANAONE				FR#: 000123456789	
THIS REDUCED PAYMENT OF CLAIM ID: 202103012345678					
10/05/2020	D1120	-34.85	-34.85		-34.85
OVERPAID CLAIM		-34.85	-34.85		-34.85

- Overpayment amounts may be recouped in multiple payments, depending on the amount of the overpayment and the amount due to providers on remittances.
- Partial recoupments may be applied to more than one remittance.
- This example shows a recoupment in the amount of \$34.85, representing a full recoupment.

Overpayment recovery on an electronic remittance

Humana
500 West Main Street
Louisville, KY 40202-4268



Overpayment Recovery:	\$516.00	P9091-9000000312345 /202006246049012-00
Overpayment Recovery:	\$705.60	P9091-9000000243678 /202006056977234-00
Overpayment Recovery:	\$1,236.00	P9091-9000000621123 /202009146791456-00
Overpayment Recovery:	\$2,378.40	P9091-9000000443456 /202007316908078-00

Claim Adjustment Reason Codes Description

- 1: Deductible Amount
- 119: Benefit maximum for this time period or occurrence has been reached.
- 150: Payer deems the information submitted does not support this level of service.
- 189: 'Not otherwise classified' or 'unlisted' procedure code (CPT/HCPCS) was billed when there is a specific procedure code for this procedure/service
- 2: Coinsurance Amount

Remittance Advice Remark Codes Description

- N129 Not eligible due to the patient's age.
- N130 Consult plan benefit documents/guidelines for information about restrictions for this service.

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- This example shows several recoveries on multiple claims processed for this provider.
- Information needed to reconcile recoupments, including the patient account number and claim number, is provided on the remittance for which the payment is being withheld.
- In the example, this information appears in the plum box to the right of the overpayment recovery amount.

Reconciling check amount example

Humana
500 West Main Street
Louisville, KY 40202-4268

Billing Provider
DR GREAT DENTIST
123 MAIN STREET
ANYWHERE, TX 75267

Provider Name: GREAT DENTIST
Insured Name: FIRST AND LAST NAME
Patient Name: FIRST AND LAST NAME
Member ID: 123456789
Claim #: 2021012345678910
Claim Receive Date: 04/07/2021
Patient Acct #: 12345
Group: 123456



Check/Remit #: 0000123456

Check Amount: \$ 540.00

Check Date: 04/23/2021


Federal Tax ID: XXXXX1234
Payee ID: 1123456789
Service Provider ID: 1123456789

Dates of Service	Service Code	Billed Amount	Provider Discount	Allowed Amount	Deductible	Copay	Coins	Other Insurance	Sequestration Amount	Paid Amount	HIPAA Codes
04/05/2021	D8090	\$1,507.00	\$226.05	\$1,280.95	\$0.00	\$0.00	\$640.95	\$0.00	\$0.00	\$640.00	2 / 45
Totals		\$1,507.00	\$226.05	\$1,280.95	\$0.00	\$0.00	\$640.95	\$0.00	\$0.00	\$640.00	

Estimated Member Responsibility \$640.48 **Total Paid** \$640.00

EOR Page 1

Humana
500 West Main Street
Louisville, KY 40202-4268



Overpayment Recovery:	\$25.00	P9091-9000000312345 /202006246049012-00
Overpayment Recovery:	\$25.00	P9091-9000000243678 /202006056977234-00
Overpayment Recovery:	\$25.00	P9091-9000000621123 /202009146791456-00
Overpayment Recovery:	\$25.00	P9091-9000000443456 /202007316908078-00

Claim Adjustment Reason Codes Description

- 1: Deductible Amount
- 119: Benefit maximum for this time period or occurrence has been reached.
- 150: Payer deems the information submitted does not support this level of service.
- 189: 'Not otherwise classified' or 'unlisted' procedure code (CPT/HCPCS) was billed when there is a specific procedure code for this procedure/service
- 2: Coinsurance Amount

Remittance Advice Remark Codes Description

- N129 Not eligible due to the patient's age.
- N130 Consult plan benefit documents/guidelines for information about restrictions for this service.

EOR Page 2

- In this example, the Check Amount claim is \$540.
- There is only one Total Paid amount – \$640.
- Overpayment recoveries amount to \$100.
- Calculation: \$640 - \$100 = \$540

Please note: Some remittances may have more than one Total Paid claim. Others may not have more than one overpayment recovery.



Thank you!
