

Enhanced claim status responses

Get more details when you use Availity®

Save time and get the information you need

You asked. We delivered. We enhanced our claim status responses to give you information you've been asking for. Like the proprietary remarks from our Explanation of Benefits (EOBs). No more reading our claim status responses then reading our EOBs for more detail. Check out some of the other fields we'll display:

Patient information:

- Group number
- Funding arrangement (fully insured, self-insured)

Claim and payment information:

- Bill type and description
- Financial details; amounts for:
 - Health care account
 - Interest or penalty
 - Patient responsibility
 - Allowed
 - Coinsurance, copayment and deductible
 - Other insurance paid

Try it today

If you're not already using the Claim Status Inquiry transaction, ask your Availity Administrator to assign you the "Claim Status" role. Otherwise, there's nothing special you need to do to get our enhanced claim status responses. Just go to Claims & Payments > Claim Status. Enter the information and click "Submit." We've shared some sample responses below.

Patient and claim information

Customer ID Exchange Date
 Transaction ID

Export to CSV Print this Page Return to Results **New Search** Edit Search

aetna Verify Eligibility Remittance Viewer View EOB Dispute Claim Send Attachments

Patient Information

Patient
 DOB
 Member ID
 Patient Account Number
 Group Number

Gender
 Subscriber Relationship
 Subscriber
 Subscriber Member ID
 Funding Arrangement SelfFunded

Claim Information

Claim Number
 Effective Date 06/13/2022
 Received Date 04/08/2022
 Finalized Date 04/11/2022
 Service Dates 03/05/2022 - 03/06/2022
 Submitted DRG Code
 Bill Type
 Facility Type
 Frequency Type
 Adjusted N
 Status FINALIZED
 Diagnosis Codes

Billed Amount \$200.00
 Allowed Amount \$100.00
 Coinsurance Amount \$20.00
 Copayment Amount \$35.00
 Deductible Amount \$0.00
 Paid Amount \$0.00
 Health Care Account Amount \$0.00
 Interest or Penalty Amount \$0.00
 Other Insurance Paid Amount \$200.00
 Patient Paid Amount
 Patient Responsibility Amount \$55.00

View Patient and Subscriber information and specific claim information, like DRGs.

Payment and line-level information

Payment Information

Check Number
 Check Amount
 Check Date
 Check Cashed Date
 Payee Name
 Reason/Remark Codes

Billing Provider NPI
 Billing Provider Tax ID
 Billing Provider Address
 Billing Provider Name
 Billing Provider PAPI

O12

Rendering Provider NPI
 Rendering Provider Tax ID
 Rendering Provider Address
 Rendering Provider Name
 Rendering Provider PAPI

View Billing and Rendering Provider information.

Line Level Information

Service Dates	Rev	Procedure Code	DX Codes	Modifier	Quantity	Reason/Remark Codes	Billed Amount	Allowed Amount	Coinsurance Amount	Copay Amount	Deductible Amount	Paid Amount
03/05/2022		50200			1.000		\$100.00	\$100.00	\$20.00	\$35.00	\$0.00	\$45.00
03/05/2022												
03/06/2022		11000			1.000	065	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
03/06/2022												

Codes

Type	Code	Description
Category	F4	Finalized/Adjudication Complete - No payment forthcoming-The claim/encounter has been adjudicated and no further payment is forthcoming.
Remark	065	You agreed to accept the Medicare amount as payment in full. The member does not owe anything above that amount. [065]
Remark	O12	For administrative use only. [O12]
Status	107	Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services)

View proprietary remark codes from our EOBs.

Line-level information, expanded

Line Level Information													
Service Dates	Rev	Procedure Code	DX Codes	Modifier	Quantity	Reason/Remark Codes	Billed Amount	Allowed Amount	Coinsurance Amount	Copay Amount	Deductible Amount	Paid Amount	
03/05/2022 03/05/2022			R69 ILLNESS, UNSPECIFIED		1.000		\$100.00	\$100.00	\$20.00	\$35.00	\$0.00	\$45.00	-
Health Care Account Amount		Interest or Penalty Amount			Other Insurance Paid Amount			Patient Paid Amount					
Adjustments													
Amount	Type	Code	Quantity	Description									
\$20.00	Patient Responsibility	COIN											
\$35.00	Patient Responsibility	COPY											
<div style="border: 1px solid purple; padding: 5px; margin: 5px 0;">Hover over the diagnosis code to see the description.</div>													
03/06/2022 03/06/2022			R69		1.000	065	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Health Care Account Amount		Interest or Penalty Amount			Other Insurance Paid Amount \$100.00			Patient Paid Amount					
Adjustments													
Amount	Type	Code	Quantity	Description									
\$100.00	Other Obligations	065		You agreed to accept the Medicare amount as payment in full. The member does not owe anything above that amount. [065]									

Learn how to check claim status and more on a live webinar

Join us for a live webinar. We can teach you how to use the Claim Status Inquiry transaction and all our electronic transactions and tools on Availity®. Ask your questions and get answers on the spot.

Go to [AetnaWebinars.com](https://www.aetna.com/webinars) for a schedule and to register. You're free to register for any (or all) our webinars.

We suggest these:

- For an overview on how to use Availity to work with Aetna®, register for the [“Working with Aetna on Availity”](#) webinar.
- For information on claim management, register for our [“Claim management using Availity”](#) webinar.

We look forward to seeing you on a future webinar.



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