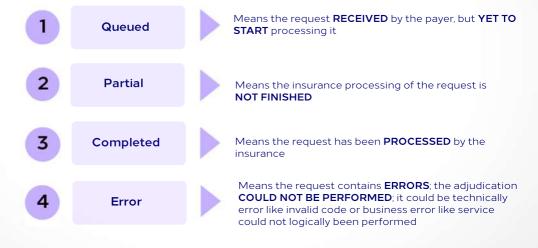# nphies terminology
System Outcomes

Pre-Authorization and Claim
Technical Request Statuses

When the health care provider **SUBMIT** a pre-authorization request or a claim to the health insurance company or the TPA through nphies, they should get one of the four values in below that indicates the request status in the system as below:

1 **Queued** ▶ Means the request **RECEIVED** by the payer, but **YET TO START** processing it

2 **Partial** ▶ Means the insurance processing of the request is **NOT FINISHED**

3 **Completed** ▶ Means the request has been **PROCESSED** by the insurance

4 **Error** ▶ Means the request contains **ERRORS**; the adjudication **COULD NOT BE PERFORMED**; it could be technically error like invalid code or business error like service could not logically been performed

nphies terminology

Pre-Authorization and Claim
Adjudication Result

When the health care provider **RECEIVES** a response for a pre-authorization or a claim from the health insurance company or the TPA through nphies, they will get one of the five values in below that indicates the outcome of the request adjudication as below

1	**Approved**	Means the request has been **APPROVED**
2	**Partially Approved**	Means **SOME** Items been **APPROVED**, and **SOME REJECTED**
3	**Rejected**	Means the request has been **REJECTED**
4	**Pended**	The request processing is **ON HOLD**
5	**Not Required***	Means the services do **NOT REQUIRE** pre-auth as per the patient table of benefit *This is only applicable on pre-auth not claim

#نفيس_سهلها_عليك