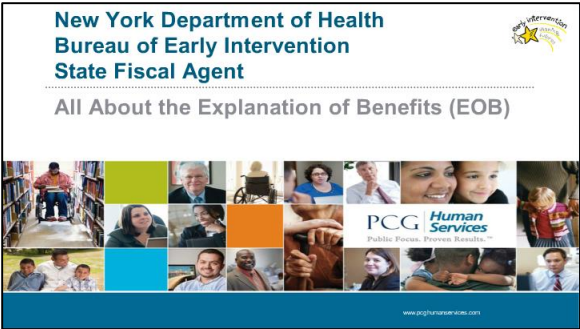


All About the Explanation of Benefits



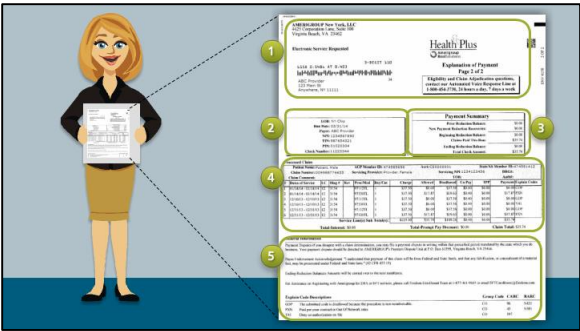
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## All About the Explanation of Benefits



1 LOB: NY Chip  
Run Date: 03/31/14 2  
3 Payee: ABC Provider  
NPI: 1234567890 4  
5 TIN: 987654321  
PIN: 01020304 6  
7 Check Number: 11223344

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Payment Summary 1	
Prior Reduction Balance:	\$0.00
New Payment Reduction Recoveries:	\$0.00
Beginning Reduction Balance:	\$0.00
Claims Paid This Run:	\$35.74
Ending Reduction Balance:	\$0.00
Total Check Amount:	\$35.74

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All About the Explanation of Benefits

Unprocessed Claim											
Patient Name: Patient, Male			ACP Member ID: 474585696			Acute Care Member ID: 474201412			State/Alt Member ID: 474581412		
Claim Number: 00988877645			Serving Provider: Provider, Female			Serving NPI: 1234123456			DRG Code: 000000		
Claim Comment:											
TDR:											
1	2	3	4	5	6	7	8	9	10	11	12
Date of Service	LOC	Diag #	Rev	Proc/Mod	Day/Cat	Charge	Allowed	Disallowed	Co Pay	TPP	Payment/Explanation Codes
01/04/14 - 01/04/14	12	3154		97112TL	1	\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00 (Y)
01/04/14 - 01/04/14	12	3154		97530TL	1	\$37.50	\$17.87	\$19.63	\$0.00	\$0.00	\$17.87 (P)
12/10/13 - 12/10/13	12	3154		97112TL	1	\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00 (G)
12/10/13 - 12/10/13	12	3154		97530TL	1	\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00 (Y)
12/11/13 - 12/11/13	12	3154		97112TL	1	\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00 (G)
12/11/13 - 12/11/13	12	3154		97530TL	1	\$37.50	\$17.87	\$19.63	\$0.00	\$0.00	\$17.87 (P)
Line(s) Sub Totals:						\$225.00	\$37.87	\$187.13	\$0.00	\$0.00	\$37.87
Total Interest: \$0.00						Total-Prompt Pay Discount: \$0.00				Chain Total: \$37.87	
11											

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## All About the Explanation of Benefits

**1**

**General Information**

Payment Disputes: If you disagree with a claim determination, you may file a payment dispute in writing, within that prescribed period mandated by the state which you do business. Your payment dispute should be directed to AMERIGROUP's Payment Dispute Unit at P.O. Box 61599, Virginia Beach, VA 23466.

Payment Enforcement Acknowledgment: "I understand that payment of this claim will be from Federal and State funds, and that any falsification, or concealment of a material fact, may be prosecuted under Federal and State laws." (42 CFR 455.19)

Ending Reduction Balances: Amounts will be carried over to the next remittance.

For Assistance on Registering with Amerigroup for ERA or EFT services, please call Endom Enrollment Team at 1-877-461-9605 or email EFTenrollment@Endom.com.

**2**

**Explain Code Descriptions**

Group Code	CARC	RARC
QDP	CO	96
PNX	CO	45
Y41	CO	197

**3**

**4**

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**Processed Claim**

Patient Name: Patient, Male  
Chain Number: 009988776655  
ACIP Member ID: 474585696  
Serving Provider: Provider, Female  
Acct: CS00000001  
Serving NPI: 1234123456  
State/Alt Member ID: 474581412  
DBGL: Auth:

Line	Date of Service	IC	Diag #	Rev	Proc/Mod	Day/Cat	Charge	Allowed	Disallowed	Co Pay	TPP	Payment/Explain Codes	
1	01/14/14 - 01/14/14	12	1154		97112TL	I	\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00/GDP	
2	01/14/14 - 01/14/14	12	1154		97330TL	I	\$37.50	\$17.87	\$19.63	\$0.00	\$0.00	\$17.87/PDN	
3	12/10/13 - 12/10/13	12	1154		97112TL	I	\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00/GDP	
4	12/10/13 - 12/10/13	12	1154		97330TL	I	\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00/Y41	
5	12/31/13 - 12/31/13	12	1154		97112TL	I	\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00/GDP	
6	12/31/13 - 12/31/13	12	1154		97330TL	I	\$37.50	\$17.87	\$19.63	\$0.00	\$0.00	\$17.87/PDN	
<b>Service Line(s) Sub Totals:</b>							\$225.00	\$35.74	\$189.26	\$0.00	\$0.00	\$35.74	
<b>Total-Interest:</b>							\$0.00	<b>Total-Prompt Pay Discount:</b>		\$0.00	<b>Chain Total:</b>		\$35.74

**Explain Code Descriptions**

Group Code	CARC	RARC
QDP	CO	96
PNX	CO	45
Y41	CO	197

**Processed Claim**

Patient Name: Patient, Male  
Chain Number: 009988776655  
ACIP Member ID: 474585696  
Serving Provider: Provider, Female  
Acct: CS00000001  
Serving NPI: 1234123456  
State/Alt Member ID: 474581412  
DBGL: Auth:

Line	Date of Service	IC	Diag #	Rev	Proc/Mod	Day/Cat	Charge	Allowed	Disallowed	Co Pay	TPP	Payment/Explain Codes	
1	01/14/14 - 01/14/14	12	1154		97112TL	I	\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00/GDP	
2	01/14/14 - 01/14/14	12	1154		97330TL	I	\$37.50	\$17.87	\$19.63	\$0.00	\$0.00	\$17.87/PDN	
3	12/10/13 - 12/10/13	12	1154		97112TL	I	\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00/GDP	
4	12/10/13 - 12/10/13	12	1154		97330TL	I	\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00/Y41	
5	12/31/13 - 12/31/13	12	1154		97112TL	I	\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00/GDP	
6	12/31/13 - 12/31/13	12	1154		97330TL	I	\$37.50	\$17.87	\$19.63	\$0.00	\$0.00	\$17.87/PDN	
<b>Service Line(s) Sub Totals:</b>							\$225.00	\$35.74	\$189.26	\$0.00	\$0.00	\$35.74	
<b>Total-Interest:</b>							\$0.00	<b>Total-Prompt Pay Discount:</b>		\$0.00	<b>Chain Total:</b>		\$35.74

**Explain Code Descriptions**

Group Code	CARC	RARC
QDP	CO	96
PNX	CO	45
Y41	CO	197

**Processed Claim**

Patient Name: Patient, Male  
Chain Number: 009988776655  
ACIP Member ID: 474585696  
Serving Provider: Provider, Female  
Acct: CS00000001  
Serving NPI: 1234123456  
State/Alt Member ID: 474581412  
DBGL: Auth:

Line	Date of Service	IC	Diag #	Rev	Proc/Mod	Day/Cat	Charge	Allowed	Disallowed	Co Pay	TPP	Payment/Explain Codes	
1	01/14/14 - 01/14/14	12	1154		97112TL	I	\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00/GDP	
2	01/14/14 - 01/14/14	12	1154		97330TL	I	\$37.50	\$17.87	\$19.63	\$0.00	\$0.00	\$17.87/PDN	
3	12/10/13 - 12/10/13	12	1154		97112TL	I	\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00/GDP	
4	12/10/13 - 12/10/13	12	1154		97330TL	I	\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00/Y41	
5	12/31/13 - 12/31/13	12	1154		97112TL	I	\$37.50	\$0.00	\$37.50	\$0.00	\$0.00	\$0.00/GDP	
6	12/31/13 - 12/31/13	12	1154		97330TL	I	\$37.50	\$17.87	\$19.63	\$0.00	\$0.00	\$17.87/PDN	
<b>Service Line(s) Sub Totals:</b>							\$225.00	\$35.74	\$189.26	\$0.00	\$0.00	\$35.74	
<b>Total-Interest:</b>							\$0.00	<b>Total-Prompt Pay Discount:</b>		\$0.00	<b>Chain Total:</b>		\$35.74

**Explain Code Descriptions**

Group Code	CARC	RARC
QDP	CO	96
PNX	CO	45
Y41	CO	197

## All About the Explanation of Benefits

[illegible]

The diagram illustrates the layout of a claim form, divided into two main columns. The left column contains four sections: 'Name & Address of Provider receiving the EOB', 'Section where Provider ID #s can be found', 'Claim Adjustment Reason & Remittance Advice Remark', and 'Section containing Patient, Claim, and Provider information'. The right column contains three sections: 'Insurance Plan Name', 'Explain Code Descriptions', and 'Section containing Customer Service phone number'. A callout box, representing a 'Provider Information' pop-up, is shown above the first section on the left. It contains the following text: 'EOB: IV Chg', 'Ref Num: 00331114', 'Firm: ABC Provider', 'NPI: 1234567890', 'TIN: 9876543210', 'PIN: 01230204', and 'Check Number: 11020204'.

<b>Name &amp; Address of Provider receiving the EOB</b>	<b>Insurance Plan Name</b>
<b>Section where Provider ID #s can be found</b>	<b>Explain Code Descriptions</b>
<b>Claim Adjustment Reason &amp; Remittance Advice Remark</b>	<b>Section containing Customer Service phone number</b>
<b>Section containing Patient, Claim, and Provider information</b>	<b>Section containing DOS, CPT &amp; ICD-9 codes, payment, and CAR &amp; RAR codes</b>

**Provider Information (Callout Box):**

- EOB: IV Chg
- Ref Num: 00331114
- Firm: ABC Provider
- NPI: 1234567890
- TIN: 9876543210
- PIN: 01230204
- Check Number: 11020204

[illegible]

Click on the 2 Adjunct Codes (Adj Code) you see on this EOB.  
Then click 'Submit'.

ABC Provider Payment Details

Service Date	Service	Amount Billed	Allowed Amount	Member Portion	Payment	Notes
Female Patient						
ID # 998877665	02/07/14	PHYSIOTHERAPY	\$75.00	\$26.00	\$0.00	\$26.00
Claim # EMC1112233	02/07/14	PHYSIOTHERAPY	\$0.00	\$0.00	\$0.00	\$0.00
Auth # SBA33221144						1

click here to enlarge picture

Note(s) Definition

1. The allowance for this procedure includes procedures performed by the provider on the same day. No payment will be made.

Select the 2 correct answers that pertain to this GHI EOB.

☐ According to this insurance they paid their Allowed Amount, therefore they consider this claim to be paid in full

☐ They did not process the whole claim

☐ There was no Authorization on file

☐ The same service was provided on the same day, therefore no payment will be made for the second occurrence of that service

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Contact

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Customer Service Center

Monday-Friday, 7a-7p

1-866-315-3747

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1-866-315-3747



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