

How to read your professional Provider EOB

Ancillary providers:

Refer to this guide only when working with professional providers.

This guide provides an overview and detailed information for the new* Provider Explanation of Benefits (EOB) for professional providers. It includes the definitions for headers, numbers, and remarks used in the new Provider EOB.


Use this guide as a reference tool for office staff to understand and interpret remittances. *Note:* This guide was current at the time of publication but is subject to change.

January 2014

**As previously communicated, we are in the process of transitioning AmeriHealth Pennsylvania members to a new claims processing platform. During this transition, we will be working with you in a dual claims-processing environment. In other words, as AmeriHealth Pennsylvania members are migrated, their claims will be processed on the new platform; however, we will continue to process claims on the current platform for AmeriHealth New Jersey and Delaware members and for AmeriHealth Pennsylvania members who have not yet been migrated. As such, you will begin to receive the new Provider EOB for AmeriHealth Pennsylvania members who have been migrated to the new platform. Once all AmeriHealth Pennsylvania members are migrated in 2015, you will only receive the new Provider EOB for these members. For more information, please visit our Upcoming System and Process Changes page at www.amerhealth.com/pnc/upcomingchanges. On this site, you will find a communication archive and Frequently Asked Questions document.*



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JAN 01, 2014

EXPLANATION OF BENEFITS

CHECK IS ENCLOSED



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JAN 01, 2014

EXPLANATION OF BENEFITS

DEPOSIT NOTICE ONLY

1 Provider: ABC FAMILY PRACTICE

Provider Number: 1234567890

PROVIDER SUMMARY

Provider: ABC FAMILY PRACTICE

Provider Number: 1234567890

2 PROVIDER CHECK NUMBER


3 TOTAL PROVIDER PAYMENTS ...

4 TOTAL INTEREST CALCULATED ..

5 TOTAL MEMBER PAYMENTS

DIRECT DEPOSIT SUMMARY

FUNDS AVAILABLE DATE	EFT PAYMENT NUMBER
ACCOUNT TYPE CHECKING	000123456
6 TOTAL EFT PROVIDER DEPOSIT	\$57.80
TOTAL INTEREST CALCULATED	\$0.00
7 INCENTIVE POOL ACCRUAL	\$0.72
TOTAL MEMBER PAYMENTS	\$0.00



Provider No. 1234567890

TO THE ORDER OF
ABC FAMILY PRACTICE
123 ANY STREET
ANYWHERE, PA 19999

DIRECT DEPOSIT SUMMARY

FUNDS AVAILABLE DATE	EFT PAYMENT NUMBER
ACCOUNT TYPE CHECKING	000123456
6 TOTAL EFT PROVIDER DEPOSIT	\$57.80
TOTAL INTEREST CALCULATED	\$0.00
7 INCENTIVE POOL ACCRUAL	\$0.72
TOTAL MEMBER PAYMENTS	\$0.00

Provider Summary

The first page of each Explanation of Benefits (EOB) is a Provider Summary. This page displays addresses, financial totals, and payment information for a paper check or Electronic Funds Transfer (EFT).

1. **Provider Number:** The Billing Provider’s National Provider Identifier (NPI).
2. **Provider Check Number:** Identifies the check number of the payment.
3. **Total Provider Payments:** Total amount paid to the provider.
4. **Total Interest Calculated:** Total interest amount, if due. This amount is included in your total payment.
5. **Total Member Payments:** Payments made to the member by the Plan.
6. **Total EFT Provider Deposit:** If you receive an EFT payment, this field displays the amount deposited.
7. **Incentive Pool Accrual (formerly named “Withhold”):** The incentive pool accrued for provider performance programs.

How to read your professional Provider EOB

8 Provider Number: 1234567890
 Provider Name: ABC FAMILY PRACTICE
 JANUARY 1, 2014

DATE(S) OF SVC	NUM OF SVCS	REVENUE/PROCEDURE CODE	PAYMENT CODE	PROVIDER CHARGE	OUR ALLOWANCE	NON-CHARGEABLE AMOUNT	NON-CHG CODE	MEMBER LIABILITY AMOUNT	MEM LIAB CODE	OTHER AMOUNT	AMOUNT(S) PAID (* = MEMBER)	MESSAGE CODES
05/01/13	1	99213-00	026	145.00	72.80	91.48	25	15.00	D1		57.80	J0053
CLAIM TOTALS						92.20		15.00			57.80	

PATIENT # 123456
 MEMBER ID: 123123123123
 PATIENT MEMBER: JOHN DOE
 CLAIM NUMBER: 10101010101

9 DATE(S) OF SVC
10 NUM OF SVCS
11 REVENUE/PROCEDURE CODE
12 PAYMENT CODE
13 PROVIDER CHARGE
14 OUR ALLOWANCE
15 NON-CHARGEABLE AMOUNT
16 NON-CHG CODE
17 MEMBER LIABILITY AMOUNT
18 MEM LIAB CODE
19 OTHER AMOUNT
20 AMOUNT(S) PAID (* = MEMBER)
21 MESSAGE CODES

22 MESSAGE(S):
 J0053 If you have any questions, call 1-800-275-2583.

22 PAYMENT CODES: 026 = Contracted Allowance
 NON-CHARGEABLE AMOUNT CODES: 25 = Differential
 MEMBER LIABILITY CODES: D1 = Copay

DATE(S) OF SVC	NUM OF SVCS	REVENUE/PROCEDURE CODE	PAYMENT CODE	PROVIDER CHARGE	OUR ALLOWANCE	NON-CHARGEABLE AMOUNT	NON-CHG CODE	MEMBER LIABILITY AMOUNT	MEM LIAB CODE	OTHER AMOUNT	AMOUNT(S) PAID (* = MEMBER)	MESSAGE CODES
05/02/13	1	97022-00	026	25.00		10.00	29	15.00	D1			E5967, J0053
05/03/13	1	97022-00	026	25.00		10.00	29	15.00	D1			E5967, J0053
05/04/13	1	97022-00	026	25.00		10.00	29	15.00	D1			E5967, J0053
05/15/13	1	97022-00	026	25.00		10.00	29	15.00	D1			E5967, J0053
05/16/13	1	97022-00	026	25.00		10.00	29	15.00	D1			E5967, J0053
05/17/13	1	97022-00	026	25.00		10.00	29	15.00	D1			E5967, J0053
05/18/13	1	97022-00	026	25.00		25.00			F1			X5140A, J0053
CLAIM TOTALS						60.00		115.00				

PATIENT ACCT #: 123456
 MEMBER ID: 123123123123
 PATIENT: JOHN DOE
 MEMBER: JOHN DOE
 CLAIM NUMBER: 10101010101

23 CLAIM SPECIFIC MESSAGE(S):
 X5140A We have paid for the maximum number of Physical Medicine sessions available under the patient's coverage. Therefore, no payment can be made for this service.


Detail Page

This detail page, which can be several hundred pages in length, displays information regarding your remittances.

8. **Provider Number:** The Billing Provider's National Provider Identifier (NPI).
9. **Date(s) of Svc:** The date(s) that the member received health care services.
10. **Num of Svcs:** The number of units for each service.
11. **Revenue/Procedure Code:** The procedure or revenue code for each service.
12. **Payment Code:** Lists the codes that describe the type of pricing on the claim.
13. **Provider Charge:** The dollar amount charged by the provider for the services rendered.
14. **Our Allowance:** The amount allowed (i.e., contract rate) for each covered service.
15. **Non-Chargeable Amount:** The amount not billable to the member.
16. **Non-Chg Code:** Non-chargeable code for why the provider cannot charge the member the amount in the Non-Chargeable Amount field.
17. **Member Liability Amount:** The amount owed by the member to the provider.
18. **Mem Liab Code:** Member liability code for why the member is liable for the amount in the Member Liability Amount field.
19. **Other Amount:** The other payment amount (e.g., other insurance payments).
20. **Amount(s) Paid:** The amount paid to the provider, unless payment is made to the member. Payments made to the member are denoted by an asterisk (*).
21. **Message Codes:** Codes that correspond to the messages at the bottom of the Detail pages.
22. **Message(s):** Claim messages.
23. **Claim-Specific Message(s):** Additional claim messages.

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Provider Number: 1234567890 Provider Name: ABC FAMILY PRACTICE		JANUARY 1, 2014							
FUTURE OFFSET DETAIL									
Provider Number: 1234567890 Provider Name: ABC FAMILY PRACTICE		JANUARY 1, 2014							
PROVIDER OFFSET SUMMARY									
PAT ACCOUNT NUMBER	MEMBER ID	PATIENT FNAME PATIENT LNAME	BEGIN DOS END DOS	CLAIM NUMBER	EOB DATE FOR REFUND CLAIM DETAIL	TOTAL CREDIT AMOUNT	CREDIT APPLIED TO A PREVIOUS EOB	CREDIT APPLIED TO THIS EOB	REMAINING CREDIT BALANCE
	123123123123	JOHN DOE	01-26-13 01-26-13	10101010101	00-00-00	84.21	.00	84.21	.00
	123123123123	JOHN DOE	01-26-13 01-26-13	10101010101	05-02-13	84.21	.00	84.21	.00
TOTALS						168.42	.00	168.42	.00

 **AmeriHealth.**

Provider Offset Summary and Future Offset Detail

The Offset Summary pages summarize the dollar amount(s) applied to outstanding overpayment balances.

- 24. **Future Offset Detail:** This page, if applicable, summarizes a listing of claims that we have identified as overpayments.
- 25. **EOB Date for Refund Claim Detail:** The date of the original refund adjustment.
- 26. **Total Credit Amount:** The original adjustment amount that was applied to the outstanding overpayment balances.
- 27. **Credit Applied to a Previous EOB:** The amount taken from a previous EOB.
- 28. **Credit Applied to this EOB:** The dollar amount taken on this EOB towards the overpayment.
- 29. **Remaining Credit Balance:** The outstanding amount eligible for offset of future claim payments.