Remittance Advice/Explanation of Payment (EOP) Guide

Use this guide to understand the information provided on a Remittance Advice/EOP in a simple-to-read format. Please contact your Iowa Total Care Provider Relations Specialist with any questions or concerns.

Definitions of Service Detail Columns

Serv	Dates	Proc #	Modifiers	Days Ct/Qty	Charged/ Allowed	Deduct	CoPay	Coinsur	Discount/ Interest	Med Allow/ Med Paid	TPP	Denied	EXPL Codes	Payment/ Withheld
0100	011620	T1019		312.00	1092.00 1092.00	.00	.00	.00	.00	.00 .00	.00	.00	92	1092.00 .00

ITC EOP Term	Definition
Serv	The service line/s on the claim.
Dates	Date/s of Service.
Diag #/Drug #	The diagnosis code or drug code submitted on the claim.
Proc #	CPT, HCPCS or revenue codes billed.
Modifiers	Modifier billed.
Days/Ct/Qty	Total number of days, count or quantity being billed.
Charged/Allowed	Charged: The amount billed for the procedure or service. Allowed: The contracted amount allowed for the procedure or service.
Deduct	The amount of the member's deductible that has been applied to the procedure or service.
CoPay	The amount of the member's copay that has been applied to the procedure or service.
Coinsur	The amount of a member's client participation deducted from the allowed amount.
Discount/Interest	Discount or interest to be applied to claim.
Med Allowed/Med Paid	The amount allowed and paid by Medicare.
TPP	The amount paid by a third party payer.
Denied	Total amount denied on claim.
EXPL Codes	Iowa Total Care explanation codes that indicate payment, reduction or denial reason.
Payment/Withheld	Total amount paid or withheld for the procedure or service.

Denial Code Explanations

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Explanation   Code Description
   92         PAID IN FULL
   JU         ADJUSTMENT TO PREVIOUSLY SUBMITTED CLAIM
   Sr         PAY: SERVICES REIMBURSED ACCORDING TO MULTIPLE SURGERY GUIDELINES
   bt          INFO - POSSIBLE TPL
   pB         REIMBURSEMENT REDUCTION BASED ON PAYMENT POLICY SEE PLAN WEBSITE
   v2         REVIEWED BY CODING EDITING SOFTWARE-HCI-PCI
   wB         REIMBURSEMENT REDUCTION BASED ON PAYMENT POLICY SEE PLAN WEBSITE
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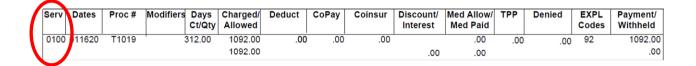
IowaTotalCare.com

How to Read the Claim Details

Understanding the codes used on the claim details is key to knowing whether a claim was processed.

Clean Paid Claim
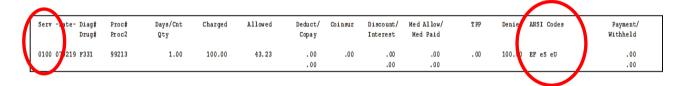
The Serv line 0100 indicates this is an original first time claim.

Serv	Dates	Proc #	Modifiers	Days Ct/Qty	Charged/ Allowed	Deduct	CoPay	Coinsur	Discount/ Interest	Med Allow/ Med Paid	TPP	Denied	EXPL Codes	Payment/ Withheld
0100	11620	T1019		312.00	1092.00 1092.00	.00	.00	.00	.00	.00 .00	.00	.00	92	1092.00 .00

Clean Denied Claim

The Serv line 0100 indicates this is an original first time claim. If there is an amount in the Denied column, the denial codes will be listed. In the example below, denial codes are EF, eS, and eU. Explanations for these codes are provided on the EOP.

Serv	Date- Diag# Drug#	Proc# Proc2	Days/Cnt Qty	Charged	Allowed	Deduct/ Copay	Coinsur	Discount/ Interest	Med Allow/ Med Paid	TPP	Denied	ANSI Codes	Payment/ Withheld
0100	07219 F331	99213	1.00	100.00	43.23	.00 .00	.00	.00 .00	.00 .00	.00	100.00	EF eS eU	.00 .00

QUESTIONS? Contact Your Provider Relations Specialist.

Adjusted Claim Details: Positive Payment

An example of an EOP related to the reprocessing of claims, which results in a positive net payment, is shown below.

1 The original claim indicated on service line ending "00"

2 The adjusted line is the service line ending in odd number (e.g. "01"). This is not a recoupment, but rather a financial adjustment to allow for the fully adjusted payment amount.

3 The payment indicated by an even number (e.g."02") at the end of the service line is the final adjudicated payment of the claim.

By subtracting the original payment amount (e.g. "01") **1** from the final adjudicated payment (e.g. "02") **3** provides the net amount that you will receive in addition to the original payment. In this example, a positive net payment resulted.

Serv	-Date-	Diag# Drug#	Proc# Proc2	Days/Cnt Qty	Charged	Allowed	Deduct/ Copay	Coinsur	Discount/ Interest	Med Allow/ Med Paid	TPP	Denied	ANSI Codes	Payment/ Withheld
0100	**1**	J351	31575	1.00	339.00	49.01	.00 .00	.00	.00 .00	.00 .00	.00	.00	Sr	49.01 .00
0200	**1**	J351	99202	1.00	179.00	15.67	.00 .00	.00	.00 .00	.00 .00	.00	.00	pD 92 v2	15.67 .00
		Sub-total			518.00	64.68	.00 .00	.00	.00 .00	.00 .00	.00	.00		64.68 .00
		TOTAL			1058.00	155.71	.00 .00	.00	.00 .00	.00 .00	419.04	.00		64.68 .00

Serv	-Date-	Diag# Drug#	Proc# Proc2	Days/Cnt Qty	Charged	Allowed	Deduct/ Copay	Coinsur	Discount/ Interest	Med Allow/ Med Paid	TPP	Denied	ANSI Codes	Payment/ Withheld
0101	**2**	J351	31575	- 1.00	-339.00	-49.01	.00 .00	.00	.00 .00	.00 .00	.00	.00	JU	-49.01 .00
0102	**3**	J351	31575	1.00	339.00	49.01	.00 .00	.00	.00 .00	.00 .00	.00	.00	Sr	49.01 .00
0201	**2**	J351	99202	- 1.00	-179.00	-15.67	.00 .00	.00	.00 .00	.00 .00	.00	.00	JU 92 v2	-15.67 .00
0202	**3**	J351	99202	1.00	179.00	15.67	.00 .00	.00	.00 .00	.00 .00	.00	.00	pB 92 v2	31.34 .00
		Sub-total			.00	.00	.00 .00	.00	.00 .00	.00 .00	.00	.00		15.67 .00
		TOTAL			2547.00	266.45	.00 .00	.00	.00 .00	.00 .00	.00	.00		282.12 .00

Note:
- The original claims (service line 0200), the provider was paid $15.67.
- The adjusted service line 0201, $15.67 was subtracted in full.
- The final adjudicated claim was paid out (on service line 0202) at the rate of $31.34.
- The net payment you would receive with this remit is $15.67.

Adjusted Claim Details: Zero Payment

In some cases, when claims were reprocessed the original claim payment was the same as the reprocessed payment. To determine the net amount you will receive in addition to the original payment, subtract the original claim payment (service line ending in odd number, "01") from the final adjudicated payment amount (service line ending in even number, "02").

In this example, the net payment result is $0 dollars. This means the original payment received was correct even after the adjustment project was completed.

Original Claim Payment

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged/ Allowed	Deduct	CoPay	Coinsur	Discount/ Interest	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0101	10/28/2019	V5266	LT	30.00	$-54.00 $-53.70	$0.00	$0.00	$0.00	$0.00 $0.00	$0.00 $0.00	$0.00	$0.00	JU	$-53.70 $0.00
0201	10/28/2019	V5266	RT	30.00	$-54.00 $-53.70	$0.00	$0.00	$0.00	$0.00 $0.00	$0.00 $0.00	$0.00	$0.00	JU	$-53.70 $0.00
		Sub-total			$-108.00 $-107.40	$0.00	$0.00	$0.00	$0.00 $0.00	$0.00 $0.00	$0.00	$0.00		$-107.40 $0.00

Final Adjudicated Claim Payment

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged/ Allowed	Deduct	CoPay	Coinsur	Discount/ Interest	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0102	10/28/2019	V5266	LT	30.00	$54.00 $53.70	$0.00	$0.00	$0.00	$0.00 $0.00	$0.00 $0.00	$0.00	$0.00	92	$53.70 $0.00
0202	10/28/2019	V5266	RT	30.00	$54.00 $53.70	$0.00	$0.00	$0.00	$0.00 $0.00	$0.00 $0.00	$0.00	$0.00	92	$53.70 $0.00
		Sub-total			$108.00 $107.40	$0.00	$0.00	$0.00	$0.00 $0.00	$0.00 $0.00	$0.00	$0.00		$107.40 $0.00

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Explanation Code Description
92        PAID IN FULL
JU        ADJUSTMENT TO PREVIOUSLY SUBMITTED CLAIM
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Adjusted Claim Details:
Zero B (0B) Adjustments

In some cases, a claim may need to be readjusted under a new claim number due to provider system configuration changes. When this happens, the negative adjustment will process with an explanation code of JU to indicate an adjustment, and the positive adjustment will indicate Explanation code 0B.

If you have 0B adjustments and would like your detailed crosswalk report listing the old and the new claim number, please reach out to your Provider Relations Specialist.

In the example below:

- The original claim (e.g. 0100), the provider was denied $475.00 incorrectly.
- The adjusted line (e.g. 0101) for $475.00 was subtracted in full with a JU explanation code.
- The final adjudicated claims (e.g. 0102) was denied the $475.00 with an 0B explanation code.
- The new claim is the final adjudicated payment you would receive with the new claim number results in $17.58.

Explanation code: **JU** Explanation code: **0B**

Serv	-Date-	Diag# Drug#	Proc# Proc2	Days/Cnt Qty	Charged	Allowed	Deduct/ Copay	Coinsur	Discount/ Interest	Med Allow/ Med Paid	TPP	Denied	ANSI Codes	Payment/ Withheld
0100	072619	R310	88112	1.00	475.00	17.58	.00 .00	.00	.00 .00	.00 .00	.00	475.00	1b Aa	.00 .00
		Sub-total			475.00	17.58	.00 .00	.00	.00 .00	.00 .00	.00	475.00		.00 .00

Serv	-Date-	Diag# Drug#	Proc# Proc2	Days/Cnt Qty	Charged	Allowed	Deduct/ Copay	Coinsur	Discount/ Interest	Med Allow/ Med Paid	TPP	Denied	ANSI Codes	Payment/ Withheld
0101	072619	R310	88112	- 1.00	-475.00	-17.58	.00 .00	.00	.00 .00	.00 .00	.00	-475.00	JU Aa	.00 .00
0102	072619	R310	88112	1.00	475.00	17.58	.00 .00	.00	.00 .00	.00 .00	.00	475.00	0B	.00 .00
		Sub-total			.00	.00	.00 .00	.00	.00 .00	.00 .00	.00	.00		.00 .00

Serv	-Date-	Diag# Drug#	Proc# Proc2	Days/Cnt Qty	Charged	Allowed	Deduct/ Copay	Coinsur	Discount/ Interest	Med Allow/ Med Paid	TPP	Denied	ANSI Codes	Payment/ Withheld
0100	072619	R310	88112	1.00	475.00	17.58	.00 .00	.00	.00 .00	.00 .00	.00	.00	92	17.58 .00
		Sub-total			475.00	17.58	.00 .00	.00	.00 .00	.00 .00	.00	.00		17.58 .00

Explanation Code Description
92   PAID IN FULL
JU   ADJUSTMENT TO PREVIOUSLY SUBMITTED CLAIM
1b   DENY REFERRING PROVIDER NPI/NAME IS MISSING
Aa   INFORMATIONAL: CLAIM PROCESSED THROUGH COORDINATION OF BENEFITS
0b   Adjust: Claim to be re-processed corrected under new claim number