



# SUMMARY OF PROVIDER PORTAL ENHANCEMENTS

July 30, 2015  
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## ACCESSING THE PROVIDER PORTAL

- Go to [mvphealthcare.com](http://mvphealthcare.com)
  - Click on “PROVIDERS” at the top of the web page
  - Enter your current username and password
- OR
- Click the link that says “Register” for instructions on obtaining a username and password.

Once logged in, click on one of the search functions listed below in red:

**BENEFITS, ELIGIBILITY, CLAIMS, AND OUTPATIENT SERVICES  
(REQUIRES LOG IN)**

Eligibility Search

Claim Search

Additional Provider Self-Service Options

## PORTAL FUNCTIONALITY

Easy member eligibility and benefits look up

View important patient details such as COB information and member cost share

Claim look up that allows a variety of search criteria

Detailed claim information including the ability to view adjustments chronologically with an adjustment rational as well as access to clinical claim explanations



# MEMBER ELIGIBILITY LOOK-UP

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# ELIGIBILITY AND BENEFITS



Provider Snapshot | Eligibility Search | Claim Search | Medical Management | Enter Authorizations | McKesson InterQual

**Eligibility Search** [Print this Page](#)

\* Required Field

As of Date: 09/14/2015 Product: Medical

Search must include at least two of the following:

Member ID  Date of Birth  Last Name  SSN

Advanced Search

**SEARCH** **CLEAR**

Patient: **JOHN DOE** Eligible As Of: 09/14/2015 [View Patient Claims](#)

**PATIENT INFORMATION**

Member ID: 81234567800  
 Medicare ID: N/A  
 Medicaid CIN: N/A  
 Member Name: JOHN DOE  
 Address: 1 YELLOW LN  
 City / State / Zip: SCHENECTADY, NY 12309  
 County: SCHENECTADY  
 Phone: N/A  
 Date of Birth: 10/31/1949  
 Relationship: Subscriber  
 Gender: Male  
 PCP: JANE DOE  
 PCP Practice: N/A  
 NPI: 1234567890

**ELIGIBILITY HISTORY** **PCP HISTORY**

**POLICY DETAILS**

Subscriber Name: JOHN DOE  
 Subscriber ID: 81234567800  
 Group: 214444 - FEDERAL GOVERNMENT  
 Product Name: Federal Government  
 Coverage Type: Family  
 Product ID: H250DACH  
 Line of Business: HMO  
 CHP Recertification Date: N/A  
 Other Insurance Carrier: INPATIENT ONLY  
 Effective: 10/01/2014 - 12/31/9999  
 Order Applied: Primary

**COB DETAILS**

**Medical Plan Coverage Details For Contract Year 01/01/2015-12/31/2015**

**PATIENT BENEFITS**

Click on benefit below to view patient benefits

- [Allergy Services](#)
- [Alternative Services](#)
- [Anesthesia](#)
- [Behavioral Health](#)
- [Cancer Services \(Outpatient\)](#)
- [DME/Prosthetics/Orthotics](#)
- [Dental Services](#)
- [Diabetes](#)
- [Dialysis](#)
- [Emergency Care/Urgent Care/Ambulance Services](#)
- [Eyewear/Eyeglasses](#)
- [Health/Dollars & Wellness Rewards](#)
- [Hearing Services](#)
- [Home Health Care](#)
- [Hospice Care](#)
- [Inpatient Hospital Service \(not including Behavioral Health\)](#)
- [Laboratory Services](#)
- [Maintenance](#)
- [Maternity Care and Family Planning Services](#)
- [Medical Diagnostic Testing](#)
- [Medicare Travel Benefit / Point of Service](#)
- [Other](#)
- [Outpatient Ambulatory Procedures \(Hospital and Free-standing Facilities\)](#)
- [Pharmacy](#)
- [Preventive Services](#)
- [Provider Office Services](#)
- [Radiology Services](#)
- [Rehabilitation Therapy](#)
- [Skilled Nursing Facility Services](#)

**PATIENT COST SHARE AND LIMITS**

**NO IN-NETWORK DEDUCTIBLES FOUND FOR THIS PLAN**

**YEARLY FAMILY IN NETWORK OUT OF POCKET**

Level	Out-of-Pocket Limit	Out-of-Pocket Paid	Out-of-Pocket Remaining
Member	\$6,600.00	\$0.00	\$6,600.00
Family	\$13,200.00	\$0.20	

**YEARLY SPEECH THERAPY VISIT MAXIMUM**

Level	Total Visits Allowed	Total Visits Used	Total Visits Remaining
Member	60	0	60

**IN-NETWORK COPAY / COINSURANCE**

Benefit	Copay	Coinsurance
Physician Visit - Office - Primary Care Physician	\$25.00	0%
Physician Visit - Office	\$25.00	0%
Hospital Emergency Medical	\$50.00	0%
Urgent Care	\$25.00	0%
Hospital Inpatient - Facility	\$500.00	0%

**OUT-OF-NETWORK COST SHARE** **ALL COPAY / COINSURANCE**

The Patient Cost Share and Limits displayed reflect claims processed TO DATE. Any services that are not yet billed, are not yet completely processed, or are pending adjustments to paid claims have not been included in the totals. Note- Adjustments to paid claims may result in a change in the number of visits used or the total dollar amounts.



## HOW TO CHECK A MEMBER'S ELIGIBILITY

The basic search requires the as of date and product, which will auto populate or can be entered as well as at least two pieces of patient data - ID, Date of Birth, Last Name or SSN to uniquely identify the member.


### Eligibility Search


 [Print this Page](#)

**\* Required Field**

As of Date\* 01/01/2015  Product\* Medical 

Search must include at least two of the following:

Member ID  Date of Birth   Last Name  SSN

Advanced Search 



**SEARCH** **CLEAR**

More search capabilities are available by clicking on the  next to Advanced Search


### Eligibility Search


 [Print this Page](#)

**\* Required Field**


As of Date\* 01/01/2015  Product\* Medical 

Search must include at least two of the following:

Member ID  Date of Birth   Last Name  SSN

City  State All  Zip

Medicare ID / Medicaid CIN  Group #  First Name

Close Advanced Search 

**SEARCH** **CLEAR**



# ELIGIBILITY

Patient Information- View patient demographic information such as the ID number, Medicare ID, Medicaid CIN, address , phone number, date of birth and current PCP.

Patient: JOHN DOE Eligible As Of: 09/12/2015  View Patient Claims

## PATIENT INFORMATION

Member ID:	81234567800
Medicare ID:	123456789A
Medicaid CIN:	N/A
Member Name:	JOHN DOE
Address:	123 YELLOW RD
City / State / Zip:	SCHENECTADY, NY 12309
County:	SCHENECTADY
Phone:	N/A
Date of Birth:	10/31/1949
Relationship:	Subscriber
Gender:	Male
PCP:	Doe, Jane
PCP Practice:	Doe Family Med
NPI:	1234567890

[ELIGIBILITY HISTORY](#)

[PCP HISTORY](#)

A patient's MVP policy that is no longer active will display the following message:

Patient: Jane Doe **Ineligible for Medical Benefits As of: 3/15/2015**

Click on

[ELIGIBILITY HISTORY](#)

[PCP HISTORY](#)

to view plans and primary care physicians the patient has had in the past.

or



## ELIGIBILITY HISTORY


View a complete coverage history that includes all plans the patient has been active on with MVP.

Medical Eligibility History						
Group #	Group Name	Product Name	Benefit Type	Coverage Type	Effective Date	Term Date
214444	FEDERAL GOVERNMENT	Federal Government	Medical	Family	1/1/2015	
214444	FEDERAL GOVERNMENT	HMO	Medical	Family	1/1/2014	12/31/2014
214444	FEDERAL GOVERNMENT	HMO	Medical	Family	1/1/2013	12/31/2013
214444	FEDERAL GOVERNMENT	Standard HMO	Medical	Family	1/1/2011	12/31/2012
214444	FEDERAL GOVERNMENT	HMO	Medical	Family	1/1/2010	12/31/2010
214444	FEDERAL GOVERNMENT	HMO	Medical	Family	1/1/2007	12/31/2009



## PCP HISTORY

View the patients primary care physicians past and present, including details such as the PCP's effective and term date, practice name and phone number.

PCP History <span style="float: right;">✕</span>						
Member ID: 81234567800		Member Name: JOHN DOE			 Print this Page	
PCP	Practice Name	NPI	Specialty	Phone Number	Effective Date	Term Date
YEE, BONG K., MD	YEE MD BONG K	1000000000	Internal Medicine	5183700010	8/1/2011	
MIRZA, ALI Y., MD	NOTT STREET MEDICAL PLLC	2000000000	Internal Medicine	5183741655	11/8/2005	7/31/2011
ZOBAL, ZDENEK F., MD			Family Medicine	5183934961	1/13/2001	11/6/2005

## POLICY DETAILS

View product and coverage information as well as any coordination of benefits details that are available.

POLICY DETAILS		COB Details	
<b>Subscriber Name:</b>	John Doe	<b>Member ID:</b> 12345678901	<b>Member Name:</b> Jane Doe
<b>Subscriber ID:</b>	12345678900	<b>Other Insurance Carrier:</b>	EPIC
<b>Group:</b>	123456-Town of Penfield	<b>Type:</b>	Medical
<b>Product Name:</b>	HMO-POS	<b>Effective:</b>	3/01/2010-12/31/2015
<b>Coverage Type:</b>	Family	<b>Carrier ID:</b>	
<b>Product ID:</b>	H11111	<b>Order Applied:</b>	
<b>Line of Business:</b>	HMO	<b>Policy Number:</b>	
<b>CHP Recertification Date:</b>	N/A		
<b>Other Insurance Carrier:</b>	EPIC (3/01/2010-12/31/2015)		
<b>Order Applied:</b>	Secondary		

**Click on the COB Details button to view policy info for additional plans the patient may have.**

**COB DETAILS**

# BENEFITS LOOK-UP



## HOW TO LOOK UP MEMBER BENEFITS

Patient Benefits- Plan benefits and coverage will be listed, to view detailed information click on the desired benefit category.

PATIENT BENEFITS
<b>Click on benefit below to view patient benefits</b>
<a href="#">Allergy Services</a>
<a href="#">Alternative Services</a>
<a href="#">Anesthesia</a>
<a href="#">Behavioral Health</a>
<a href="#">Cancer Services (Outpatient)</a>
<a href="#">DME/Prosthetics/Orthotics</a>
<a href="#">Dental Services</a>
<a href="#">Diabetes</a>
<a href="#">Dialysis</a>
<a href="#">Emergency Care/Urgent Care/Ambulance Services</a>
<a href="#">Eyewear/Eyecare</a>
<a href="#">HealthDollars &amp; Wellness Rewards</a>
<a href="#">Hearing Services</a>
<a href="#">Home Health Care</a>
<a href="#">Hospice Care</a>
<a href="#">Inpatient Hospital Service (not including Behavioral Health)</a>
<a href="#">Laboratory Services</a>

# BENEFITS LOOK-UP

## Patient Benefits

Print this Page Close



Member ID: 81212121200 Member Name: JOHN DOE

Click to toggle between in-network benefits and out-of-network benefits

In-Network Benefits Summary  Out-of-Network Benefits Summary  Copayments/Coinsurance

[View Out-of-Network Benefits](#)

Plan Name: HMO Last Routine Eye Exam Claim: None found  
As Of Date: 08/18/2015 Last Routine Eye Wear Claim: None found  
LIS Level: None

### Filter Benefit List

Category: Eyewear/Eyecare  
Benefit: Please Select One  
Reset Filters

The selected benefit category will appear with an additional drop down menu for a specific benefit to be selected. If a specific benefit is not selected all the benefits in the category will display.


*Riders may change your base health care benefits. In these cases, the rider benefits will appear directly below the base benefit that is impacted.*

Benefit Name	Type	Benefit Limitations	Authorization Required	Coverage Criteria	Member Responsibility
Eye Exams - Medically Necessary (Eyewear/Eyecare)	Base Benefit				\$25 PCP \$40 Specialist
Glasses after Eye Surgery (Eyewear/Eyecare)	Base Benefit			MVP will cover the cost of contact lenses or eyeglass lenses for a diagnosis of cataracts, aphakia, keratoconus, congenitally absent lens, bullous keratopathy or corneal erosions/ulcers only.	No copay applies to the lenses. The member may be responsible for the office visit copay per contract.



## BENEFITS LOOK-UP

Benefit limits, coverage criteria and member responsibility will display with the selected benefit. For some benefits additional information such as usage will be displayed.



**Member ID: 81212121200    Member Name: JOHN DOE**

In-Network Benefits Summary
Out-of-Network Benefits Summary
Copayments/Coinsurance

[View Out-of-Network Benefits](#)

Plan Name: HMO  
As Of Date: 08/18/2015  
LIS Level: None

Last Routine Eye Exam Claim: 07/15/2015  
Last Routine Eye Wear Claim: None found

**Benefits usage for routine eye services**

**Filter Benefit List**

Category:

Benefit:

**i** Riders may change your base health care benefits. In these cases, the rider benefits will appear directly below the base benefit that is impacted.

Benefit Name	Type	Benefit Limitations	Authorization Required	Coverage Criteria	Member Responsibility
Routine Refraction (Eyewear/Eyecare)	Base Benefit	Limited to one vision exam every two (2) Calendar Years.		A vision exam means an eye care exam for prescribing, fitting or determining your need for eyeglasses or contact lenses. The examination must be provided by a Participating optometrist or ophthalmologist.	\$25 per visit

## DETERMINE IF THE DEDUCTIBLE AND OOP MAX IS MET

Patient Cost Share and Limits -All copay and coinsurance information is available by clicking the **ALL COPAY / COINSURANCE** . Scroll within the box to view additional benefits, toggle between in and out of network benefits by selecting the view at the top of the [All Copay/Coinsurance box](#).



### PATIENT COST SHARE AND LIMITS

**NO IN-NETWORK DEDUCTIBLES FOUND FOR THIS PLAN**

**YEARLY FAMILY IN NETWORK OUT OF POCKET**

Level	Out-of-Pocket Limit	Out-of-Pocket Paid	Out-of-Pocket Remaining
Member	\$6,600.00	\$0.00	\$6,600.00
Family	\$13,200.00	\$35.00	

**YEARLY SPEECH THERAPY VISIT MAXIMUM**

Level	Total Visits Allowed	Total Visits Used	Total Visits Remaining
Member	60	0	60

**IN-NETWORK COPAY / COINSURANCE**

Benefit	Copay	Coinsurance
Physician Visit - Office - Primary Care Physician	\$25.00	0%
Physician Visit - Office	\$25.00	0%
Hospital Emergency Medical	\$50.00	0%
Urgent Care	\$25.00	0%
Hospital Inpatient - Facility	\$500.00	0%

Cost share for most common benefits.

OUT-OF-NETWORK COST SHARE
ALL COPAY / COINSURANCE

### ALL COPAY / COINSURANCE

View Out-of-Network Copay/Coinsurance

**IN-NETWORK COPAY/COINSURANCE**


Benefit	Copay	Coinsurance
Ambulatory Service Center Facility	\$75.00	0%
Anesthesia - Physician Inpatient	\$0.00	0%
Cardiac Rehabilitation	\$25.00	0%
Chemotherapy	\$25.00	0%
Chiropractic - Therapy	\$25.00	0%
Diagnostic Lab - Physician Office	\$0.00	0%
Diagnostic Lab - Physician Office - Primary Care Physician	\$0.00	0%
Diagnostic Medical - Physician Office	\$25.00	0%

## OUT OF NETWORK BENEFITS

### Out of Network Cost Share

Displays the patient responsibility for the most common out of network services.

**OUT-OF-NETWORK COST SHARE** ✕

Member ID: 81234567800    Member Name: JOHN DOE     [Print this Page](#)

**MEDICAL Plan Coverage Details For Contract Year 01/01/2015-12/31/2015**

**NO OUT-OF-NETWORK DEDUCTIBLES AND LIMITS FOUND FOR THIS PLAN**


**OUT-OF-NETWORK COPAY / COINSURANCE**

Benefit	Copay	Coinsurance
Physician Visit - Office - Primary Care Physician	N/A	N/A
Physician Visit - Office	N/A	N/A
Hospital Emergency Medical	N/A	N/A
Urgent Care	\$25.00	0%
Hospital Inpatient - Facility	N/A	N/A

The Out-Of-Network Cost share displayed reflects claims processed TO DATE. Any services that are not yet billed, are not yet completely processed are pending adjustments to paid claims have not been included in the totals. Note Adjustments to paid claims may result in a change in the number of visits used or total dollar amounts.



## TIPS FOR NAVIGATING

- From the eligibility search screen there is a link to view claims, click on  [View Patient Claims](#)  
-Using this option will allow the fields in the claims search to be populated with the member's data.

- Any screen in the portal where the  [Print this Page](#) message is displayed, can be easily printed in a printer friendly format

- Breadcrumbs, located at the top of each claims screen, will allow you to quickly navigate back to previous screens you have visited.

Breadcrumbs :    [Search Results](#) > [Claim Details](#) > [Claim Adjustment History](#)

For example, by clicking on the Claim Details breadcrumb, you can quickly get back to the Claims Details screen.

# CLAIMS



## SEARCHING FOR CLAIMS

Search for claims with member information, date of service or claim number. When searching by claim number there is an additional search capability that allows any adjustment history to be viewed.

By Member | By Dates of Service | By Claim ID

Claim Type: All

Claim Status: All

Member ID:

Date of Birth:

or

Last Name:

Advanced Member Search

Service Dates: Past 60 Days

By Member | By Dates of Service | By Claim ID

Claim Type: All

Claim Status: All

Service Dates: Past 30 Days

Provider NPI:   
(Optional)

Patient Number:   
(Optional)

By Member | By Dates of Service | By Claim ID

Claim ID:

If a search returns multiple claims, click on the claim number

[E01234567800](#)

to view additional detail.

After entering search criteria, click search to return results or clear to delete all information entered.



# CLAIM DETAIL

## Claim Detail

Claim Number: E00685039000 for **SAMMY SUNSHINE** for service dates of 08/16/2004

[ADJUSTMENT HISTORY](#)

### Patient Information

**Patient:** SAMMY SUNSHINE [COB INFORMATION](#)  
**MVP ID:** 812345678900  
**Plan Name:** Golub Corporation - Option 2 POS full time employees (SGOL1B)  
**Patient Account:** 01203654.V12208 [MEMBER COST SHARE](#)  
**Date of Birth:** 02/25/1986  
**Gender:** Male

### Claim Information

**Claim Number:** E00685039000  
**Receipt Date:** 08/18/2004  
**Date(s) of Service:** 08/16/2004  
**Provider:** DOE, JANE F.  
**NPI:**  
**Diagnosis:** 3814-Nonsuppurative Otitis Media, Not Specified As Acute Or Chronic  
**DRG:**  
**Status:** Finalized/Payment-The claim/line has been paid.  
**Status Reason:** For more detailed information, see remittance advice.  
**Explanation:** Ref/Pre Authorization Denied or Not obtained from PCP

### Claim Financial Summary

<b>Charges:</b>	\$108.50
<b>Discount:</b>	\$0.00
<b>Allowed:</b>	\$0.00
<b>COB:</b>	\$0.00
<b>Copay:</b>	\$0.00
<b>Deductible:</b>	\$0.00
<b>Coinsurance:</b>	\$0.00
<b>Withhold:</b>	\$0.00
<b>Net Paid:</b>	\$0.00
<b>Check Number:</b>	603951
<b>Check Ref ID:</b>	2004092110200325
<b>Check Date:</b>	09/21/2004
<b>Check Amount:</b>	\$202.04
<b>Check Cashed:</b>	NO
<b>Payee Name:</b>	ABC NEW YORK LLP
<b>Payee Address:</b>	140 MAIN ST BLUE FALLS, NEW YORK 12345

## Claim Procedures

Claim Procedures													Expand All
Proc	CPT	Rev Code	Svc. Dates	POS	Units	Charge	Allowed	COB	Withhold	Deductible	Copay	Coinsurance	Paid
▶ 1	99213		08/16/2004 - 08/16/2004	11	1	\$70.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>Est Output L3 Exp Prob H and E Low Complx Med</i>													



## CLAIM DETAIL

The Claim Detail screen provides patient demographic information along with some basic benefits by clicking on the **MEMBER COST SHARE** button. Claim specific information such as diagnosis, DRG, the status with an explanation and member responsibility are available in one easy view.

### Claim Detail

Claim Number: E00685039000 for **SAMMY SUNSHINE** for service dates of 08/16/2004

**ADJUSTMENT HISTORY**

Patient Information	
Patient:	<b>SAMMY SUNSHINE</b>
MVP ID:	812345678900
Plan Name:	Golub Corporation - Option 2 POS full time employees (SGOL1B)
Patient Account:	01203654.V12208
Date of Birth:	02/25/1986
Gender:	Male

**COB INFORMATION**

**MEMBER COST SHARE**

Claim Information	
Claim Number:	E00685039000
Receipt Date:	08/18/2004
Date(s) of Service:	08/16/2004
Provider:	DOE, JANE F.
NPI:	
Diagnosis:	3814-Nonsuppurative Otitis Media, Not Specified As Acute Or Chronic
DRG:	
Status:	Finalized/Payment-The claim/line has been paid.
Status Reason:	For more detailed information, see remittance advice.
Explanation:	Ref/Pre Authorization Denied or Not obtained from PDP

Claim Financial Summary	
Charges:	\$108.50
Discount:	\$0.00
Allowed:	\$0.00
COB:	\$0.00
Copay:	\$0.00
Deductible:	\$0.00
Coinsurance:	\$0.00
Withhold:	\$0.00
Net Paid:	\$0.00
Check Number:	603951
Check Ref ID:	2004092110200325
Check Date:	09/21/2004
Check Amount:	\$202.04
Check Cashed:	NO
Payee Name:	ABC NEW YORK LLP
Payee Address:	140 MAIN ST BLUE FALLS, NEW YORK 12345



## CLAIM DETAIL

### Claim Procedures

Claim Procedures													Expand All
Proc	CPT	Rev Code	Svc. Dates	POS	Units	Charge	Allowed	COB	Withhold	Deductible	Copay	Coinsurance	Paid
▶ 1	99213		08/16/2004 - 08/16/2004	11	1	\$70.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>Est Outpt L3 Exp Prob H and E Low Complx Med</i>													
Explanation: Ref/Pre Authorization Denied or Not obtained from PCP													

Presents both **CPT** and **Revenue Code** along with a description; if there is no CPT code the Revenue Code description will be available

Any **Modifiers** billed will be on the end of the CPT code

The **Service Date** will be on each line of service

The **Place of Service** and **Units** have been added for each service line

View **COB, Withhold, Deductible, Coinsurance** and **Copay amounts** for each line

Explanations such as **line item status /denial notes** are listed as they would appear on the provider remittance


## CLAIM DETAIL

Clinical Edits- View details about the clinical edits used to process the claim, including the edit type, what lines of service and claims the edit is against as well as the edit description.

Claim Procedures						Expand All			
Proc	CPT	Rev Code	Svc. Dates			eductible	Copay	Coinsurance	Paid
▶ 1	36415	0300	03/04/2014 - 03/04/2014			\$0.00	\$0.00	\$0.00	\$0.00
<b>Integral -- Venipuncture</b> Explanation: Contract Pricing Update - Retrospect				Edit Type: Invalid Modifier Edited Against Proc: 2 Edited Against Claim: Edit Description: 36415 is disallowed because it is incidental to procedure 81342 on the current claim.					
Submitted procedure is disallowed, incidental to other procedures. <a href="#">Edit Clarification</a>									

## CLAIM DETAIL

Claim Procedures Expanded

Claim Procedures												Expand All	
Proc	CPT	Rev Code	Svc. Dates	POS	Units	Charge	Allowed	COB	Withhold	Deductible	Copay	Coinsurance	Paid
▼ 1	99213		08/16/2004 - 08/16/2004	11	1	\$70.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>Est Outpt L3 Exp Prob H and E Low Complx Med</i>													
Explanation:		Ref/Pre Authorization Denied or Not obtained from PCP											
Diagnosis Code:		3814 Nonsuppurative Otitis Media, Not Specified As Acute Or Chronic						Place of Service:				Office	
								Authorization Number:					
								Discount:				\$0.00	
								Capitated:				N	
 <a href="#">Print Procedure Details</a>													

The expanded view shows multiple diagnosis codes with descriptions, a place of service description , authorization number as well as any discounts and capitation that apply.



## CLAIM DETAIL

### Claim Adjustment History

If the claim has been adjusted, more information is available by clicking on [ADJUSTMENT DETAILS](#). By Clicking on the **Adjustment Details** button, view the original and adjusted claim numbers, processed date, the net effect of the adjustment and an explanation.

Adjustment Details ✕

Print this Page

### Claim Information

**Claim Number:** E00685039001  
**Receipt Date:** 11/05/2004  
**Date(s) of Service:** 08/16/2004  
**Provider:** DOE, JANE F.  
**NPI:** 1598721078  
**Diagnosis:** 3814-Nonsuppurative Otitis Media, Not Specified As Acute Or Chronic  
**DRG:**  
**Status:** Finalized/Payment-The claim/line has been paid.  
**Status Reason:** For more detailed information, see remittance advice.  
**Explanation:** Claim Adjusted - PCP now assigned/updated

#### Adjustment Details for Claim Number E00685039001

**Member:** SAMMY SUNSHINE      **Date(s) of Service:** 8/16/2004-8/16/2004

**09/21/2004 Remittance : Original Claim Processed**  
 Original Claim #: E00685039000 Processed and paid      \$ 0.00  
**11/07/2004 Remittance - Adjustment processed**  
 Original Claim#: E00685039000 processed and voided      \$ 0.00  
 This Claim #: E00685039001 processed and paid      \$ 64.23  
**Net effect of adjustment reflected in 11/07/2004 remittance**      \$ 64.23

**Explanation(s):**

- Claim Adjusted - PCP now assigned/updated

This is an ADJUSTED Claim

[ADJUSTMENT DETAILS](#)

Original Claim # : **E00685039000** finalized 09/21/2004 and paid \$0.00

# ADJUSTMENTS

## Claim Adjustment History

Click the **ADJUSTMENT HISTORY** button to view the details of each claim adjustment.

The original claim will display with an explanation of the adjustment. The retraction of the original claim is also displayed along with the new processed amount. The **Net Adjustment** row helps to determine the current financial impact of the adjustment.

Search Results > Claim Details

Print this Page

**Claim Adjustment History** (Claims: E00685039000 - E00685039001)

**← Range of adjusted claim numbers being presented.**

**SERVICE LINE ADJUSTMENT HISTORY**

Claim Adjustment History											
Claim	Provider	Member	Svc. Dates	Charge	Allowed	COB	Withhold	Deductible	Copay	Coinsurance	Paid
09/21/2004 Initial Claim Paid											
E00685039000	DOE, JANE F.	SAMMY SUNSHINE	08/16/2004 - 08/16/2004	\$108.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Explanation(s):		Ref/Pre Authorization Denied or Not obtained from PCP									
11/07/2004 Adjustment Processed											
E00685039000	DOE, JANE F.	SAMMY SUNSHINE	08/16/2004 - 08/16/2004	-\$108.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E00685039001	DOE, JANE F.	SAMMY SUNSHINE	08/16/2004 - 08/16/2004	\$108.50	\$94.87	\$0.00	\$0.00	\$0.00	\$15.00	\$15.64	\$64.23
<b>Net Adjustment</b>				<b>\$0.00</b>	<b>\$94.87</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$15.00</b>	<b>\$15.64</b>	<b>\$64.23</b>
Explanation(s):		Claim Adjusted - PCP now assigned/updated									

## ADJUSTMENTS

Claim Adjustment History by Line of Service

Click on the **SERVICE LINE ADJUSTMENT HISTORY** button to access specific reimbursement changes to be isolated by line of service.

Search Results > Claim Details > Claim Adjustment History

 Print this Page

### Claim Service Line Adjustment History (Claims: E00685039000 - E00685039001)

Viewing Service Line Claim Numbers: 1 to 2

[Previous](#) | [Next](#)

Jump to Service Line

**GO**

Show only Service Lines where reimbursement changed

Claim Service Line Adjustment History												
Results of Service Line : 01		Line of service and date of service being viewed.										
Remit Date	Claim	POS	CPT	Units	Charge	Allowed	COB	Withhold	Deductible	Copay	Coinsurance	Paid
09/21/2004	E00685039000	11	99213	1	\$70.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Explanation(s):		Ref/Pre Authorization Denied or Not obtained from PCP										
11/07/2004	E00685039000	11	99213	1	-\$70.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	E00685039001	11	99213	1	\$70.00	\$63.60	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00	\$48.60
<b>Net Adjustment</b>					<b>\$0.00</b>	<b>\$63.60</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$15.00</b>	<b>\$0.00</b>	<b>\$48.60</b>
Explanation(s):		Claim Adjusted - PCP now assigned/updated										

## CONTACT

For [Technical Questions](#) – ie. login issues, error messages and broken links

Call: E-Support at 1-888-656-5695

For [All Other Questions or Feedback](#)

Call: Amber Gross at 1-518-388-2604

