

# 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.

November 2013

*\*As previously communicated, Independence Blue Cross (IBC) is in the process of transitioning to a new claims processing platform. During this transition, we will be working with you in a dual claims-processing environment until all of our membership is migrated to the new platform. In other words, as members are migrated, their claims will be processed on the new platform; however, we will continue to process claims on the current IBC platform for members who have not yet been migrated. As such, you will receive the new Provider EOB for members who have been migrated to the new platform. Once all members are migrated in 2015, you will only receive the new Provider EOB.*

*For more information, please visit our Business Transformation page at [www.ibx.com/pnc/businesstransformation](http://www.ibx.com/pnc/businesstransformation). On this site, you will find a communication archive and Frequently Asked Questions document.*



**Independence**

EXPLANATION OF BENEFITS NOV 01, 2013  
CHECK IS ENCLOSED

**PROVIDER SUMMARY**

1 Provider: ABC FAMILY PRACTICE  
Provider Number: 1234567890

2 PROVIDER CHECK NUMBER . . . . .  
3 TOTAL PROVIDER PAYMENTS . . . . .  
4 TOTAL INTEREST CALCULATED . . . . .  
5 TOTAL MEMBER PAYMENTS . . . . .

**Independence**

EXPLANATION OF BENEFITS NOV 01, 2013  
DEPOSIT NOTICE ONLY

**PROVIDER SUMMARY**

Provider: ABC FAMILY PRACTICE  
Provider Number: 1234567890

**DIRECT DEPOSIT SUMMARY**

FUNDS AVAILABLE DATE	11/05/2013	EFT PAYMENT NUMBER	0123456
ACCOUNT TYPE	CHECKING		
6 TOTAL EFT PROVIDER DEPOSIT . . . . .			\$57.80
TOTAL INTEREST CALCULATED . . . . .			\$0.00
7 INCENTIVE POOL ACCRUAL . . . . .			\$0.72
TOTAL MEMBER PAYMENTS . . . . .			\$0.00

**Independence**

Independence Medicare is an Equal Opportunity Provider of the Blue Cross of the United Kingdom.  
Provider No. 1234567890

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

## 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

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Provider Number: 1234567890  
Provider Name: ABC FAMILY PRACTICE  
NOVEMBER 1, 2013

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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
PATIENT # 10: 123456 MEMBER ID: 123123123123												
PATIENT: 15: JOHN DOE MEMBER: JOHN DOE												
											CLAIM NUMBER: 20: 101010101 MESSAGE CODES: 21: J0053	
05/01/13	1	99213-00	026	165.00	72.80	91.48	25	15.00	D1		57.80	J0053
CLAIM TOTALS						92.20		15.00			57.80	

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MESSAGE(S):  
J0053 If you have any questions, call 1-800-ASK-BLUE.

PAYMENT CODES: 026 = Contracted Allowance  
NON-CHARGEABLE AMOUNT CODES: 25 = Differential, 34 = Incentive Pool Accrual  
MEMBER LIABILITY CODES: D1 = Copay

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PATIENT ACCT #:		PATIENT:		CLAIM NUMBER:						
123456		JOHN DOE		101010101						
MEMBER ID: 123123123123		MEMBER: JOHN DOE								
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	35.00	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	10.00   29	25.00	D1			E5967, J0053
CLAIM TOTALS						60.00		115.00		

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.

## How to read your professional Provider EOB

Provider Number: 1234567890		Provider Name: ABC FAMILY PRACTICE		NOVEMBER 1, 2013					
<b>FUTURE OFFSET DETAIL</b>									
Provider Number: 1234567890		Provider Name: ABC FAMILY PRACTICE		NOVEMBER 1, 2013					
<b>PROVIDER OFFSET SUMMARY</b>									
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
<b>TOTALS</b>						168.42	.00	168.42	.00

**Independence** 

### 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.