



NaviNet Enhancements Training Guide Keystone VIP Choice



**Plan Central
Enhancements**

**Eligibility & Benefits
Enhancements**

**Claim Status Inquiry
Enhancements**



Transaction Enhancements



Plan Central Enhancements

Plan Central Old vs New



Workflows for this Plan

- Eligibility and Benefits Inquiry
- Claim Status Inquiry
- Claim Submission
- Provider Directory
- Referral Inquiry
- Pre-Authorization Management



Use the Plan Central menu at the top left of the screen to switch between Keystone VIP Choice and your other health plans.

News & Updates

Switch to EFT today and enjoy many benefits including ease of receipt of payments!

Benefits of Electronic Funds Transfer (EFT):

- EFT payments are directly deposited into your bank account
- The enrollment process is easy
- Payment is received 72 hours after check run
- Uncertainty about status or location of paper checks will no longer
- Updates for banking information can be done directly with Emdeon

Enroll today at: <http://www.emdeon.com/epayment/enrollment>

Important error notice for providers.

Are you using the Medicare HICN number to search for a member? HICN is 11 digits long, you will receive an error.

What to do: Enter the member's identification number or social security number and will alert providers when this function is working again. If you have questions, please call Provider Services or your local account executive.

Model of Care

Keystone VIP Choice (HMO SNP)'s Model of Care is an Integrated Care Management Approach to health care delivery and coordination for dual eligible (Medicare and Medicaid) members. The Model of Care is a program that involves multiple disciplines input and expertise for a member's individualized plan of care to maintain the members' health and encourage members' involvement in their health care. Providers are required to participate in Model of Care training annually. Providers may find information on the Model of Care requirement in the [2015 provider manual](#).

- Welcome to Keystone VIP Choice and thank for your commitment to our Medicare members.
- The correct Payer ID number when submitting claims electronically. Please validate with billing departments and clearinghouses that it is correct.
- Please visit our website at www.keystonevipchoice.com to keep up to date on the latest provider newsletter "The Advantage".
- Reminder: Do not balance bill the member.

Transaction Availability

Keystone VIP Choice is currently working with NaviNet to give participating providers access to the Keystone VIP Choice system. We are both committed to accomplishing this process as quickly as possible. At this time, your office can utilize the

Workflows for this Plan

- Eligibility and Benefits Inquiry
- Claim Status Inquiry
- Claim Submission
- Provider Directory
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- Pre-Authorization Management



FAQS

- ▶ How do I change my password?
- ▶ I cannot remember my password.
- ▶ How do I set up additional Health Plans?
- ▶ What are the roles and responsibilities of a Security Officer?
- ▶ How do I enable or disable permissions for users in my office?

More ▾



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- Welcome to Keystone VIP Choice and thank for your commitment to providing quality

Hours of Availability

Mon-Fri: 8:00am-6:00pm ET
Sat-Sun: 9:00am-5:00pm ET

Provider Tools

- Provider Directory
- Pharmacy Directory
- Searchable Formulary

Contact Us

Keystone VIP Choice
200 Stevens Drive
Philadelphia, PA 19113

1-800-521-6007

VIPProviderComm@amerihea..



Keystone VIP Choice Plan Central

Workflows for this Plan

Eligibility and Benefits Inquiry
Claim Status Inquiry
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✉ VIPProviderComm@amerihea...

Provider Resources

Payer Contact Information

Enhancement Userguide



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- ▶ How do I change my password?
- ▶ I cannot remember my password.
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- ▶ What are the roles and responsibilities of a Security Officer?
- ▶ How do I enable or disable permissions for users in my office?

More ▼



Eligibility and Benefits

Eligibility & Benefits Search Screen

Member Eligibility and Benefits Inquiry

Instructions

Select the type of search you would like to perform, enter your search criteria, and click "Search".
If more than one member is found, the records will appear in the table below.

* Required Fields

Collapse Search Criteria Collapse Search Criteria After Search

Search Type

* Search Type:

Member Information

* Member ID:

Service Information

* Date of Service:



Eligibility and Benefits: Patient Search

Medicaid is the payer of last resort. Please submit to other carrier as appropriate. A valid EOB and or evidence of non coverage of services from primary carriers must be submitted with the claim submission to be considered for payment.

You may enter the member ID #, contract #, social security #, Medicaid ID #, Medicare ID # or HICN # in the Member ID field.

Search by Member ID

Member ID

OR

Search by Name

Last Name First Name

Date of Birth

Date Of Service

Search

E&B Search Screen

Eligibility and Benefits: Patient Search

Medicaid is the payer of last resort. Please submit to other carrier as appropriate. A valid EOB and or evidence of non coverage of services from primary carriers must be submitted with the claim submission to be considered for payment.

You may enter the member ID #, contract #, social security #, Medicaid ID #, Medicare ID # or HICN # in the Member ID field.

Search by Member ID

Member ID

OR

Search by Name

Last Name

First Name

Date of Birth

mm/dd/yyyy

Date Of Service

02/01/2016



Search

Search by:

- Member ID
- OR**

Search by:

- Member Last Name
- Member First Name
- Member Date of Birth

Eligibility & Benefits Results Screen



Eligibility Details
As of 03/04/2016

Member Information

| | | | |
|---------------------|-----------------|---------------|-------------------------|
| Member ID: | 50022334 | Group Number: | 389034589 |
| Member Name: | DOE, JOHN | Group Name: | CENTRAL SCHOOL DISTRICT |
| Product: | | | |
| Eligibility Status: | Active Coverage | | |

Provider Information

| | |
|---------------|--|
| Current PCP: | GREEN, MARK |
| Address: | 901 WASHLAND AVENUE PHILADELPHIA, PA, 19135 |
| Phone Number: | 215-555-2121 |

Other Coverage Information

| | |
|-----------|---|
| Plan Name | COMMERCIAL INSURANCE (NOT OTHERWISE LISTED) - MEDICARE SUPPLEMENT PART A (MED |
|-----------|---|

Eligibility and Benefits for JOHN WALKER
Male born on 10/10/2004

Keystone VIP Choice

Active from 01/06/2015 to 12/31/2199

Patient Details

JOHN WALKER
Male born on 10/10/2004
464 DREAM STREET
DREAMLAND, NJ 02020

First Name: JOHN
Last Name: WALKER

Member ID: 0080038-0036
Group: DREAMLAND TOWNSHIP BOE

Subscriber: CHRIS WALKER
(Parent/Guardian)

ERIC - BASIC MEDICAL Service Date: 03/03/2016

PRIMARY CARE PROVIDER
NO PCP SELECTED
Phone:

Detailed Benefits for Date of Service: 03/04/2016

Health Benefit Plan Coverage

| | |
|-----------------|-----------------|
| Status: | Active Coverage |
| Coverage Level: | Individual |

Hospital - Emergency Medical

| | |
|-------------------------------------|-----------------|
| Status: | Active Coverage |
| Co-Insurance (Plan Responsibility): | None |
| Co-Payment: | \$0 |
| Coverage Level: | Individual |
| Deductible: | \$0 |

Eligibility History

| | |
|----------------------|------------|
| Effective Start Date | 07/28/2013 |
|----------------------|------------|



Benefits

- Health Benefit Plan Coverage
- Brand Name Prescription Drug
- Chiropractic
- Dental Care
- Emergency Services
- Generic Prescription Drug
- Hospital
- Hospital - Emergency Medical
- Hospital - Inpatient
- Hospital - Outpatient
- Medical Care
- Mental Health
- Pharmacy
- Professional (Physician) Visit - Office**

Professional (Physician) Visit - Office ★ Set as default benefit view

| | |
|----------------------|---|
| Co-Pay: | \$0 Authorization : Not Required |
| Co-Insurance: | 0% Authorization : Not Required |
| Deductible: | \$0 per Calendar Year Individual Authorization : Not Required |
| | \$0 Remaining Individual Authorization : Not Required |

Benefit Begin Date: 01/01/2015

E&B Result Details

The screenshot displays the 'Eligibility and Benefits for JOHN WALKER' page. Annotations in red boxes identify key components: 'Screen Header' (patient name and birth date), 'View Patient Details' (button), 'Print' (button), 'Eligibility Status Bar' (Active status and dates), 'Details Section' (insurance and provider info), and 'Services Menu' (left sidebar). The main content area shows 'Professional (Physician) Visit - Office' with a table of financial details.

| Category | Value | Authorization |
|---------------|-----------------------|---------------|
| Co-Pay: | \$0 | Not Required |
| Co-Insurance: | 0% | Not Required |
| Deductible: | \$0 per Calendar Year | Not Required |
| | Individual | Not Required |
| | \$0 Remaining | Not Required |
| | Individual | Not Required |

Benefit Begin Date: 01/01/2015

E&B Result Details

Eligibility and Benefits for JOHN WALKER

Male born on 10/10/2004

[View Patient Details](#)

Keystone VIP Choice

Screen Header

View Patient Details

Active from 01/06/2015 to 12/31/2199

Patient Details

JOHN WALKER

Male born on 10/10/2004

464 DREAM STREET
DREAMLAND, NJ 02020

First Name: JOHN
Last Name: WALKER

Member ID:
Group: 0080038-0036
DREAMLAND TOWNSHIP BOE

Subscriber: CHRIS WALKER
(Parent/Guardian)

Screen Header

The screen header shows the patient's name, gender, and date of birth. This information is displayed prominently to help users confirm they are looking at details for the correct patient.

Patient Details Window

The user can view more details for the patient by choosing View Patient Details at the top of the screen. This link opens the Patient Details window, which displays patient demographic information and subscriber details.

E&B Result Details

Eligibility and Benefits for JOHN WALKER
Male born on 10/10/2004

Keystone VIP Choice

Active from 01/06/2015 to 12/31/2199

Eligibility Status Bar

The **Eligibility Status Bar** prominently displays the most valuable information to the user. The overall coverage status of the patient appears in large font to allow the user to find status quickly. In the following example, the user has an active status. The eligibility date (start date or range) is shown to the right of the eligibility status.

E&B Result Details

Services Menu

Details Section

Professional (Physician) Visit - Office ★ Set as default benefit view

Co-Pay: \$0
Authorization : Not Required

Co-Insurance: 0%
Authorization : Not Required

Deductible: \$0 per Calendar Year
Individual
Authorization : Not Required

\$0 Remaining
Individual
Authorization : Not Required

Benefit Begin Date: 01/01/2015

- The purpose of this feature is to immediately show the benefit details used the most. Users can set a different default for each health plan.
- Each user in the office can set their own default. This selection is at the user level, not the office level.

- **The Details Section** shows all benefit details for the currently selected service type. The header displays the name of the service selected in the Services menu.
- **The Services Menu** displays a list of services supported by the health plan. Choosing any other service on the list displays benefit details for the patient for that service in the Details section to the right of the menu. After the Health Benefit Plan Coverage option, the rest of the services are displayed in alphabetical order from top to bottom, and the currently selected service is always highlighted in the Services menu.

Alerts and Alert Attestation

Eligibility and Benefits for **Joe Jones**

[View Patient Details](#)

Male born on 01/01/2000

PATIENT ALERT DETAILS

- ▲ Member Lockin for Jones, Joe
- ▲ Care Gap for Jones, Joe

Active from 01/06/2015 to 12/31/2199

Member ID:

Group: 789AD GENERIC - BASIC MEDICAL Service Date: 03/15/2016

Attest to Member Clinical Summary

Clicking **Attest** will give you access to reports with sensitive clinical data. If you are not positive that you should have access to this information, do not click **Attest**.

If you click **Attest** the system will record your answer and you will be asked this question again after 60 days.

Clicking **Cancel** will restrict you from viewing reports with sensitive clinical data. If you click **Cancel** you will be returned to the Details screen.

When you click **Cancel**, the system will not record your answer so if you try to access clinical information in the future you will again receive this notice.

[Cancel](#)

[Attest](#)

Benefits

Search ...

- Health Benefit Plan Coverage
- Brand Name Prescription Drug
- Chiropractic
- Dental Care
- Emergency Services
- Generic Prescription Drug
- Hospital
- Hospital - Emergency Medical
- Hospital - Inpatient
- Hospital - Outpatient
- Medical Care
- Mental Health

Professional

Co-Pay:

Co-Insur

Deductible:

Authorization : Not Required

\$0 per Calendar Year

Individual

Authorization : Not Required

\$0 Remaining

Individual

Authorization : Not Required

Benefit Begin Date: 01/01/2015



Claim Status Inquiry Enhancements

Claim Status Inquiry Search Screen

Claim Status Inquiry

Select the type of search you would like to perform, enter your search criteria, and click "Search".
Claim records will appear in the table below.

* Required Fields

Collapse Search Criteria Collapse Search Criteria After Search

Search Type

* Search Type:

Provider Information

* Group Name:

Provider Name:

Member Information

* Member ID:

Claim Information

* Service Start Date: * Serv

Claim Number:

Claim Status: Search

Billing Entity

Select Billing Entity...

Patient Details

Last Name

First Name

Optional

Member ID

Date of Birth

Claim Status Details

Service Start



Service End



Claim ID

Optional



Claim Status Inquiry Search

Claim Status: Search

Billing Entity

Select Billing Entity...

Patient Details

Last Name

First Name

Optional

Member ID

Date of Birth

mm/dd/yyyy

Claim Status Details

Service Start

11/03/2015



Service End

02/01/2016



Claim ID

Optional

Required Search Fields

- Billing Entity
- Patient Last Name
- Member ID
- Date of Birth
- Claim Service start date
- Claim Service End Date

Optional Search Fields

- Patient First Name
- Claim ID

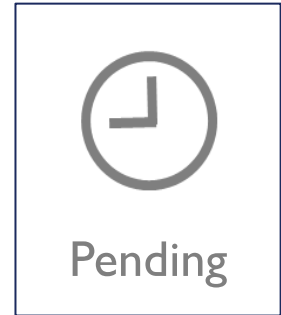
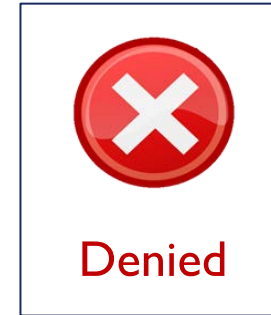
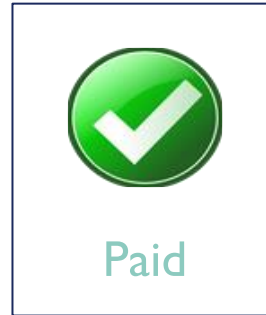
CSI Search Results Screen

Multiple Claims

If multiple claims are returned in the health plan response, the user can select the appropriate claim on the Claims Search Results screen.

Single Claim

If only one claim is returned in the response, the user is taken directly to the Claim Details screen.



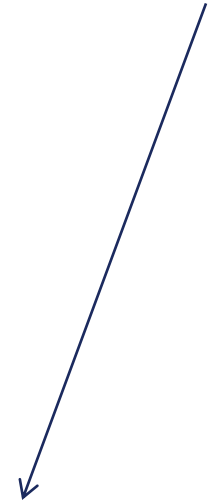
NaviNet Home | Help Welcome, Jen ▾

Workflows ▾ |

◀ Back to Claim Search |

Claims: Search Results

| Claim ID | Patient | Service Date(s) ▾ | Charge Amount | Payment Number | Payment Date | Paid Amount | Status |
|----------|----------------|-------------------|---------------|----------------|--------------|-------------|-----------|
| | Jones, Richard | 01/15/2014 | \$479.00 | | 01/22/2013 | \$69.34 | ⌚ Pending |
| | Jones, Richard | 01/02/2014 | \$182.01 | | 01/16/2013 | \$120.09 | ✓ Paid |
| | Jones, Jane | 01/02/2014 | \$342.00 | | -- | -- | ⌚ Pending |
| | Jones, Daryl | 01/02/2014 | \$2,668.49 | -- | -- | \$0.00 | ✗ Denied |



Claim Status Inquiry Results Screen

Claim Detail As of 03/04/2016



Member Information

Member Name: DOE, JOHN Date Of Birth: 01/01/1960
 Member ID: 2211334455 Gender: MALE

Provider Information

Servicing Provider ID: 226365443

Claim Detail

Claim Number: 103344228822
 Service Date Range: 11/04/2015 - 11/04/2015

Total Amount Billed: \$766.66
 Total Amount Paid: \$500.00
 Paid Date: 12/04/2015
 Check Number: 00010006
 Medical Record Number: M112233445

| | Date From Charged Amt | Date To Paid Amt | Procedure Cd | Modifiers | Units | Claim S |
|----|-----------------------|------------------|--------------|-----------|---------|---------|
| | | | Allowed Amt | Copay Amt | COB Amt | Deduct |
| 1. | 11/04/2015 | 11/04/2015 | 73110 | | 1 | 107 |
| | \$383.33 | \$35.00 | 73130 | TC | 1 | 107 |
| 2. | 11/04/2015 | 11/04/2015 | 73130 | | 1 | 107 |
| | \$383.33 | \$35.00 | 73130 | TC | 1 | 107 |

Claim Status Details for JOHN WALKER

Male born on 10/10/2004

Finalized (Claim Status as of 11/23/2015)

Claim ID: Service Dates: 11/11/2015 to 11/14/2015

The claim/line has been paid. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).
 For questions about this claim, call **Provider Services** at 1-844-411-0579.

Provider(s)

Billing Entity:

NPI:
 Tax ID:
 Provider ID:

Total Billed: **\$1,200.00**

Total Paid: **\$1,200.00**

Payment Number: 2
 (Paid on 11/23/2015)

Additional Payment Details

| Service | Modifier | Cat Cd | CAP | DRG Cd | NDC Units | NDC UM | Allowed Amt | Copay Amt | COB Amt | Deduct Amt | WithHold Amt | Remark Cd | Diag Cd | POS | DX Pointers |
|---------|----------|--------|-----|--------|-----------|--------|-------------|-----------|---------|------------|--------------|-----------|----------|-----|-------------|
| 1 | 73130 | LT | F1 | N | | | \$1000.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | 560.512A | | 1 |
| 2 | 73130 | LT | F1 | N | | | \$200.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | 450.1 | | 1 |

Patient's Insurance

(Member ID: 2211334455)

Additional Details

Bill Type:
 131

| Code | Description |
|------|---|
| F1 | Finalized/Payment-The claim/line has been paid. |

Claim and Service Line Details:

Additional Payment Details

| Service | Units | Date(s) | Revenue Code | Status | Billed Amount | Paid Amount |
|---|-------|--------------------------|--------------|-----------|---------------|-------------|
| 1 73130-LT | 1.0 | 11/11/2015 to 11/14/2015 | 0636 | Finalized | \$1,000.00 | \$1,000.00 |
| The claim/line has been paid. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services). | | | | | | |
| 2 73130-LT | 1.0 | 11/11/2015 to 11/12/2015 | 0450 | Finalized | \$200.00 | \$200.00 |
| The claim/line has been paid. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services). | | | | | | |



CSI Result Details

Claim Status Details for **Mary Jane Test** Female born on 10/14/1950

Screen Header

Claim Status Bar

Finalized (Claim Status as of 11/23/2015) **Claim ID:** **Service Dates:** 11/11/2015 to 11/14/2015

The claim/line has been paid. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).
For questions about this claim, call **Provider Services** at 1-844-411-0579.

Claim Summary Section

Provider(s)

Billing Entity:

NPI:

Tax ID:

Provider ID:

Total Billed:

\$1,200.00

Total Paid:

\$1,200.00

Payment Number: 2
(Paid on 11/23/2015)

Patient's Insurance
(Member ID:)

Additional Details

Bill Type:
131

Additional Payment Details

Claim and Service Line Details:

Additional Payment Details

| Service | Units | Date(s) | Revenue Code | Status | Billed Amount | Paid Amount |
|---|-------|--------------------------|--------------|-----------|---------------|-------------|
| 1 73130-LT | 1.0 | 11/11/2015 to 11/14/2015 | 0636 | Finalized | \$1,000.00 | \$1,000.00 |
| The claim/line has been paid. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services). | | | | | | |
| 2 73130-LT | 1.0 | 11/11/2015 to 11/12/2015 | 0450 | Finalized | \$200.00 | \$200.00 |
| The claim/line has been paid. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services). | | | | | | |

Service Line Details Section

CSI Result Details

Claim Status Details for **Mary Jane Test**
Female born on 10/14/1950

Finalized (Claim Status as of 11/23/2015) Claim ID: Service Dates: 11/11/2015 to 11/14/2015

The claim/line has been paid. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).
For questions about this claim, call **Provider Services** at 1-844-411-0579.

| | | |
|--|----------------------|----------------------|
| Provider(s) | Total Billed: | \$1,200.00 |
| Billing Entity: | Total Paid: | \$1,200.00 |
| NPI: | | Payment Number: 2 |
| Tax ID: | | (Paid on 11/23/2015) |
| Provider ID: | | |
| Patient's Insurance (Member ID:) | | |
| Additional Details | | |
| Bill Type: 131 | | |

Claim and Service Line Details:

Claim Summary Section

Screen header - The Screen header shows the Patient's name and date of birth for the claim. This key information is displayed prominently at the top of the application to help users confirm that they are looking at details for the correct patient.

Claim Status Bar - Displays current claim status. Users look for the overall claim status and status details as the first and most important information on the page.

Claims Summary Section- Displays the most important details of the claim, including the total charge from the provider and the amount paid by the health plan. The NaviNet Claims Status application presents this information to users in a prominent and highly visible way.

CSI Result Details

Additional Payment Details ✕

| Service | Modifier | Cat Cd | CAP | DRG | NDC Cd | NDC Units | NDC UM | Allowed Amt | Copay Amt | COB Amt | Deduct Amt | WithHold Amt | Remark Cd | Diag Cd | POS | DX Pointers |
|---------|----------|--------|-----|-----|--------|-----------|--------|-------------|-----------|---------|------------|--------------|-----------|----------|-----|-------------|
| 1 | 73130 | LT | F1 | N | | | | \$1000.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | S60.512A | | 1 |
| 2 | 73130 | LT | F1 | N | | | | \$200.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | A50.1 | | 1 |

| Code | Description |
|------|---|
| F1 | Finalized/Payment-The claim/line has been paid. |

Additional Payment Details

Additional Payment Details

| Service | Units | Date(s) | Revenue Code | Status | Billed Amount | Paid Amount |
|---|----------|------------------------------|--------------|-----------|---------------|-------------|
| 1 | 73130-LT | 1.0 11/11/2015 to 11/14/2015 | 0636 | Finalized | \$1,000.00 | \$1,000.00 |
| The claim/line has been paid. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services). | | | | | | |
| 2 | 73130-LT | 1.0 11/11/2015 to 11/12/2015 | 0450 | Finalized | \$200.00 | \$200.00 |
| The claim/line has been paid. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services). | | | | | | |

Service Line Details Section

Service Line Details section - Displays the details of the individual claim service line. Users look for the overall claim status and status details as the first and most important information on the page.

Additional Payment Details- Displays the allowed amount, amount applied to member responsibility and explanation of benefits description according to each line item.

