

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 Wellcare by Allwell 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

EOP Term	Definition
Serv	The service line/s on the claim.
Dates	Date/s of service.
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	Wellcare by Allwell explanation codes that indicate payment, reduction, or denial reason.
Payment/Withheld	Total amount paid or withheld for the procedure or service.

► Denial Code Explanations

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

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	011620	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	070219	F331	99213	1.00	100.00	43.23	.00 .00	.00	.00 .00	.00 .00	.00	100.00	EF eS eU	.00 .00

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 is indicated on service line ending “00.”
- 2 The adjusted line is the service line ending in odd number (“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 (“02”) at the end of the service line is the final adjudicated payment of the claim.

By subtracting the original payment amount (“01”) 1 from the final adjudicated payment (“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	pB 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:

- On the original claims (service line 0200), the provider was paid \$15.67.
- On 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 the provider 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. This means the original payment received was correct even after the adjustment was completed.

► Original Claim Payment

Serv	Date	Proc #	Modifiers	Days Ct/Qty	Charged/ Allowed	Deduct	CoPay	Coinsur	Discount/ Interest	Med Allow/ Med Paid	TPP	Denied	EXPL Codes	Payment/ Withheld
0101	10/28/2019	V5266	LT	30.00	\$-54.00 \$-53.70	\$0.00	\$.00	\$0.00	\$0.00	\$.00 .00	\$.00	\$0.00	JU	\$-53.70 \$0.00
0201	10/28/2019	V5266	RT	30.00	\$-54.00 \$-53.70	\$0.00	\$.00	\$0.00	\$0.00	\$.00 .00	\$.00	\$0.00	JU	\$-53.70 \$0.00
Sub-total					\$-108.00 \$-107.40	\$0.00	\$.00	\$0.00	\$0.00	\$.00 .00	\$.00	\$0.00		\$-107.40 \$0.00

► Final Adjusted Claim Payment

Serv	Date	Proc #	Modifiers	Days Ct/Qty	Charged/ Allowed	Deduct	CoPay	Coinsur	Discount/ Interest	Med Allow/ Med Paid	TPP	Denied	EXPL Codes	Payment/ Withheld
0102	10/28/2019	V5266	LT	30.00	\$54.00 \$53.70	\$0.00	\$.00	\$0.00	\$0.00	\$.00 .00	\$.00	\$0.00	92	\$53.70 \$0.00
0202	10/28/2019	V5266	RT	30.00	\$54.00 \$53.70	\$0.00	\$.00	\$0.00	\$0.00	\$.00 .00	\$.00	\$0.00	92	\$53.70 \$0.00
Sub-total					\$108.00 \$107.40	\$0.00	\$.00	\$0.00	\$0.00	\$.00 .00	\$.00	\$0.00		\$107.40 \$0.00

Explanation	Code Description
92	Paid in full
JU	Adjustment to previously submitted claim

Adjusted Claim Details: Zero B (OB) 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 OB.

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

In the example below:

- On the original claim “0100”, the provider was denied \$475.00 incorrectly.
- On the adjusted line “0101” for \$475.00 was subtracted in full with a JU explanation code.
- The final adjudicated claims “0102” was denied the \$475.00 with an OB explanation code.
- The new claim is the final adjudicated payment the provider would receive with the new claim number results being \$17.58.

Explanation code: **JU**

Explanation code: **OB**

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		.00	.00	.00 .00	.00	.00 .00	.00 .00	.00	.00		.00 .00
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	OB	.00 .00
			Sub-total		.00	.00	.00 .00	.00	.00 .00	.00 .00	.00	.00		.00 .00
0100	072619	R310	88112	1.00	475.00	17.58	.00 .00	.00	.00 .00	.00 .00	.00	.00	92	.00 .00
			Sub-total		475.00	17.58	.00 .00	.00	.00 .00	.00 .00	.00	.00		.00 .00

Explanation	Code Description
92	Paid in full
JU	Adjustment to previously submitted claim
lb	Deny referring provider npj/name is missing
Aa	Informational: Claim processed through coordination of benefits
OB	Adjust: Claim to be reprocessed corrected under new claim number