

A Guide to Claim Vouchers

for Regence InnoVa®, Engage®, ActivateSM,
HSA Healthplan 2.0SM and BlueCard®

Claims for your InnoVa, Engage, Activate, HSA Healthplan 2.0 and BlueCard (out-of-area) patients are reported on a *Claim Voucher* and mailed weekly. They are sorted by clinic, then alphabetically by provider. Each claims section is sorted by product, then claim type (original or adjusted). Within each section, claims are sorted by network, patient name and claim number. The main pages include original claims and adjusted claims that do not have an amount to be recovered. **Claims for your patients on other Regence products are reported on separate vouchers.**

COMPANY LOGO, ADDRESS

Customer Service Phone No: 1 (XXX) XXX-XXXX

Check out to: MEDICAL CLINIC
1234 MAIN ST
HOMETOWN, USA 12345

Provider ID: 100100100
NPI No: 0101010101
Check No: 000000000

Date: MM/DD/CCYY
Voucher No: R1M0000000###

B CLAIM VOUCHER

Product Name: Medical Plan 1 ORIGINAL CLAIMS

Date of Service		Proc Code Modifier	Units	Billed Amount	Allowed Amount	Contractual Adjustment	Paid By Others	Risk Withhold	Patient Responsibility					Amount Paid	Msg Code
From	Through								Deductible	Copay	Coinsurance	Non Covered	COB Amount		

C
Patient Name: JOHN DOE Insured Name: JOHN DOE Group No: 88888888 Claim No: X20000000002
Pat Acct No: 0123456789 Subscriber ID No: 11100000 Del Prov: JANE SMITH
Current Network ID: Network Name

07/15/09	07/15/09	99212	1	100.00	60.60	39.40				18.18		10.00	28.18	42.42	PKN
07/15/09	07/15/09	80050	1	99.00	61.97	37.03				18.59		15.00	23.59	33.48	PKN
07/15/09	07/15/09	80053	1	33.00											
07/15/09	07/15/09	84443	1	33.00											
07/15/09	07/15/09	85025	1	33.00											
Claim Total				199.00	122.57	76.43				36.77		25.00	51.77	75.80	

Patient Name: SALLY DOE Insured Name: SALLY DOE Group No: 88888888 Claim No: X20000000003
Pat Acct No: 1234567890 Subscriber ID No: 99999999 Del Prov: JANE SMITH
Current Network ID: Network Name

07/15/09	07/15/09	29534	1	2000.00	1422.01	577.99				45.95			45.95	1376.08	PKN
Claim Total				2000.00	1422.01	577.99								1376.08	PKN
CLAIM INTEREST															10.00

Total Product Name: Medical Plan 1 CLAIMS

Billed Amount	Allowed Amount	Contractual Adjustment	Paid By Others	Risk Withhold	Amount Paid	Interest Paid	Amount(-) Previously Paid
2099.00	1544.98	654.42			1451.88	10.00	

Product Name: Medical Plan 1 CLAIMS

E
Patient Name: MARY DOE Insured Name: MARY DOE Group No: 11111111 Claim No: X20000000004
Pat Acct No: 9876543210 Subscriber ID No: 22222222 Del Prov: JOHN SMITH
Current Network ID: Network Name Reference Claim No: 20000000001

01/10/09	01/10/09	99212	1	150.00	150.00									150.00	ZM8
Claim Total				150.00	150.00									150.00	

Total Product Name: Medical Plan 1 CLAIMS

Billed Amount	Allowed Amount	Contractual Adjustment	Paid By Others	Risk Withhold	Amount Paid	Interest Paid	Amount(-) Previously Paid
150.00					150.00		

Claim Voucher sections and fields

Section A

- Provider's name and address
- Regence provider identification number
- National Provider Identifier (NPI)
- Date of check that accompanies this voucher
- Voucher number
- Voucher page number

Section B

- Product name

Section C

- Patient name
- Patient account number (if submitted on the claim)
- Member number (including the alpha prefix for BlueCard members)
- Insured name
- Provider network
- Member's group number
- Rendering provider's name
- Claim number

Section D

- First and last dates of service
- CPT or HCPCS codes billed
- Total billed amount for the service
- Amount allowed by member's plan
- Contractual adjustment
- Amount paid by another health plan (e.g., coordination of benefits or third party)
- Risk withhold (if applicable)
- Amount paid by Regence
- Amount of patient responsibility (includes deductible, copayment, coinsurance or any non-covered services)
- Claim interest paid
- The message code/explanation indicating how the claim was processed

Section E

- Claim totals by product



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Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

September 2009

Payment Summary information

In addition to the voucher total, check amount and date, this section reflects total interest paid and any payments made on a previous voucher and recovered on the current voucher.

Summary of Payment Reductions

This section lists claims payments that are being recovered on the voucher. The following information is displayed for each claim:

- The original refund amount
- The amount previously recovered
- The amount recovered on this voucher
- The balance remaining
- The original voucher date
- Applicable message code(s)

COMPANY LOGO, ADDRESS

Customer Service Phone No: 1 (XXX) XXX-XXXX

Check cut to: MEDICAL CLINIC
1234 MAIN ST
HOMETOWN, USA 12345

Provider ID: 100100100
NPI No: 0101010101
Check No: 0000000000

Date: MM/DD/CCYY
Voucher No: 11M00000000#####

PAYMENT SUMMARY

VOUCHER TOTAL	AMOUNT PREVIOUSLY PAID	AMOUNT RECOVERED THIS VOUCHER	TOTAL INTEREST	CHECK AMOUNT	CHECK DATE
1642.01	64.00	50.00	10.00	1538.01	02/04/2009

SUMMARY OF PAYMENT REDUCTIONS

Provider No.	Patient Account No.	Claim No.	Original Refund Amount	Amount Previously Recovered	Amount Recovered this Voucher	Balance Remaining	Original Voucher Date	Message Code
1001001001111	1231231231	E20000000010	50.00	0.00	50.00	0.00	08/07/2009	PSS

Total Amount Recovered This Voucher	Total Overpayment Balance Remaining
50.00	0.00

ITS Processed to preferred provider plan benefits.

PXN Pricing is based on maximum allowance for the service billed by this provider.

E20 An additional or corrected claim has been received. The original claim will be adjusted/reprocessed according to the member's benefit plan.

PSS Pricing is based on maximum allowance for the service billed by this provider.



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Summary of Adjusted Claims to be Recovered

When an adjustment is made to a claim for an Innova, Engage, Activate, HSA Healthplan 2.0 or BlueCard patient, it will show as a negative payment on the voucher and include the previous voucher date. The negative amount is not actually subtracted from our payment at that time. If applicable, a refund request will be sent under separate cover. The refund request will offer you the option of having an adjustment made on a future voucher or to dispute or delay the refund.

Adjustments may take up to 60 days to complete. Depending on your office processes or practice management system, you may choose to pend, post or hold payment until the adjustment is taken on a future voucher. If a payment amount is recovered on the voucher, it is reflected in the Summary of Payment Reductions section.

COMPANY LOGO, ADDRESS										Customer Service Phone No: 1 (XXX) XXX-XXXX							
Check out to: MEDICAL CLINIC 1234 MAIN ST HOMETOWN, USA 12345					Provider ID: 100100100 NPI No: 0101010101 Check No: 000000000					Date: MM/DD/CCYY Voucher No: R1M00000000####							
SUMMARY OF ADJUSTED CLAIMS TO BE RECOVERED																	
These adjusted claims were not deducted from this voucher. A future voucher may reflect the take back of dollars.																	
Product Name ADJUSTMENTS																	
Date of Service		Proc. Code Modifier	Units	Billed Amount	Allowed Amount	Contractual Adjustment	Paid By Others	Risk Withheld	Patient Responsibility						Amount Paid	Msg Code	
From	Through								Deductible	Copy	Coinsurance	Non Covered	COB Amount	Total			
Patient Name: JOANNE DOE Pat Acct No: 1111111111 Previous Voucher Date: 08/18/09			Insured Name: JOANNE DOE Subscriber ID No: XXX111111111 Network ID:			Group No: 7777777 Del Prov: JOHN SMITH			Claim No: X20000000007								
07/05/09	07/05/09	99212	1	-100.00	-60.60	-39.40					-18.18				-18.18	-42.43	
07/05/09	07/05/09	80050	1	-30.00	-31.57	-37.03					-18.59				-18.59	-43.38	
Previous Claim Total				-190.00	-122.57	-76.43					-36.77				-36.77	-85.80	62N
REFUND DUE																	43.48
Patient Name: JOANNE DOE Pat Acct No: 1111111111 Current			Insured Name: JOANNE DOE Subscriber ID No: XXX111111111 Network ID:			Group No: 7777777 Del Prov: JOHN SMITH			Claim No: X20000000008								
07/05/09	07/05/09	99212	1	100.00	60.60	39.40					18.18				18.18	42.42	PXN
07/05/09	07/05/09	80050	1	99.00												0.00	G94
Adjusted Claim Total				199.00	60.60	39.40					18.18				18.18	42.42	
INTEREST																	
Total Product Name ADJUSTED CLAIMS																	
				Billed Amount	Allowed Amount	Contractual Adjustment	Paid By Others	Risk Withheld	Amount Paid	Interest Paid	Refund Due	Amount(-) Prev Paid					
				199.00	60.60	39.40			42.42		43.48	42.42					

Pended Claims Summary

This section provides information about claims we have received but have not processed because additional information or further review is required (e.g., coordination of benefits information, an accident report or medical records). You can check the status of pended claims for your patients on Provider Center.

COMPANY LOGO, ADDRESS										Customer Service Phone No: 1 (XXX) XXX-XXXX							
Check out to: MEDICAL CLINIC 1234 MAIN ST HOMETOWN, USA 12345					Provider ID: 100100100 NPI No: 0101010101 Check No: 000000000					Date: MM/DD/CCYY Voucher No: R1M00000000####							
PENDED CLAIMS SUMMARY																	
Network Name																	
Date of Service		Proc. Code Modifier	Units	Billed Amount	Pend Code	Claim Pend Reason											
From	Through																
Patient Name: JUNE DOE Pat Acct No: 122222222			Insured Name: JUNE DOE Subscriber ID No: 123123123			Group No: 0123456 Del Prov: JANE SMITH			Claim No: X200000000012								
08/25/09	08/25/09	99212	1	100.00													
Claim Total				100.00	PEND	Possible pre-existing condition. We will request additional information from originating or other provider if needed.											
Patient Name: JACK DOE Pat Acct No: 122222222			Insured Name: JACK DOE Subscriber ID No: 321321321			Group No: 1234567 Del Prov: JANE SMITH			Claim No: X200000000013								
08/25/09	08/25/09	84443	1	25.00													
Claim Total				25.00	CA14	This claim has been forwarded to a designated claims analyst for COB investigation.											



Additional resources

Our *Provider Web Site* includes several claims and payment-related resources.

Claims & Billing:

- Claim Form Instructions for *UB-04* and *CMS-1500* (08/05)
- Coding Toolkit
- CP-SS Message Codes lists of the codes that appear on claim vouchers
- Electronic Transactions

Administrative Manual

The Filing Claims and Payment sections of this manual include helpful information about the submission and processing of claims. The manual is available in the Provider Library section, under Manuals.

Contact Us

Please contact your provider consultant or Provider Customer Service at 1 (800) 452-6333 for assistance with voucher issues or questions.

