



Release II:  
835 and EOP Enhancements

Effective October 1, 2008

# Table of Contents

Table of Contents .....	2
I. Reversals and Corrections .....	3
A. 835 Enhancements .....	3
B. EOP Enhancements .....	3
1. Figure 1: Processed (no adjustment) Claim EOP .....	4
2. Figure 2: Reversal Claim EOP .....	4
3. Figure 3: Correction Claim EOP .....	5
II. Overpayments and Recoveries.....	6
A. 835 Enhancement .....	6
B. EOP Enhancements .....	6
1. Figure 3: Beginning Balance and Ending Balance EOP .....	7
2. Figure 4: Adjusted Claim: Reversal/Non-Financial Adjustment EOP .....	7
3. Figure 5: Pending Recovery “PR” EOP.....	8
III. Interest and Prompt Payment Discount.....	9
A. 835 Enhancements .....	9
B. EOP Enhancements .....	9
IV. Medicare and Medicaid EOP Field Enhancements .....	10
A. 835 Enhancement .....	10
B. EOP Enhancement.....	10
1. Figure 6: Medicare EOP Coinsurance and Copay field .....	11
2. Figure 7: Medicaid EOP State/Alt Member ID field.....	11
V. Zero Check Payment Trace Number.....	12
VI. General Notes and Information .....	12
VII. EOP Streamlining .....	12

## **I. Reversals and Corrections**

Reversal transactions occur when a claim is adjusted resulting in more or less funds paid. Reversal transactions will deduct funds paid for the original claim, using the reversal reason code and corresponding HIPAA explanation codes. Correction transactions will generate to pay the appropriate funds for the new adjusted claim.

There are some scenarios when a provider may only have a reversal transaction or a corrective transaction. This may be because the correction transaction was not payable to the same provider. For example, a claim paid to the wrong provider would result in a reversal transaction for the “wrong” provider and correction transaction for the “right” provider.

### **A. 835 Enhancements**

Reversal Transactions will have:

- Claims status code (CLP02) of “22” for reversal
- Negated monetary values at the claim level in: total claim charge amount (CLP03), claim payment amount (CLP04), patient responsibility (CLP05).
- Negated monetary values at the service level in: line item charge amount (SVC02), line item provider payment amount (SVC03) and units of service paid (SVC05)
- Corrective transaction following it when applicable

Correction Transactions will have:

- Reversal transaction prior to it when the reversal is applicable
- Claims status code (CLP02) of: 1 (processed as primary), 2 (processed as secondary) or 4 (denied)

### **B. EOP Enhancements**

Reversal Transactions:

- Reversal claims will be presented on the EOP page for adjustments with the heading “Adjusted Claim/Reversals.”
- Reversal claims will also display the original date of the claim that is being reversed. (Figure 1)
- Reversal claim monetary values will be negated.

Correction Transactions:

Correction claims will be presented on the EOP page for adjustments with the heading “Adjusted Claim/Correction.” (Figure 2)

1. Figure 1: Processed (no adjustment) Claim EOP

**AMERIGROUP**  
*Community Care*

**AMERIGROUP Virginia, Inc**  
EXPLANATION OF PAYMENT

Run Date: 05/23/08

ABC Wellness  
123 Healthy Rd  
Virginia Beach, VA 23452

PIN: 12345678      TIN: 123456789      NPI: 123456789

Check/ACH Number: 55544433322      LOB: Virginia Medicaid

---

**Processed Claim**

Patient Name: Doe Jane      AGP Member ID: 76543210      Acct: 123AB456-7      Auth#: 0987654  
 Claim Number: 123456789      Servicing Provider: Jones Sam      DRG#:      TOB:  
 State Member ID: 9876543210      Servicing NPI: 54762311

Serv	Dates	LC	Diag.#	Rev	Proc/Mod	Day/Cnt	Charge	Allowed	Disallowed	Co-Pay	TPP	Payment	Explain Codes
1	03/31/08 - 03/31/08	21				1	\$842.00	\$0.00	\$842.00	\$0.00	\$0.00	\$0.00	Y41
Service Line(s) Sub-Total(s):							\$842.00	\$0.00	\$842.00	\$0.00	\$0.00	\$0.00	
							Service Line(s) Sub-Total-Interest: \$0.00						
							Service Line(s) Sub-Total-Prompt Pay Discount: \$0.00						
							Claim Sub-Total: \$0.00						

[Link to Full Service Adjustment Code Definitions](#) Page: 1

2. Figure 2: Reversal Claim EOP

**AMERIGROUP**  
*Community Care*

**AMERIGROUP Virginia, Inc**  
EXPLANATION OF PAYMENT

Run Date: 05/23/08

ABC Wellness  
123 Healthy Rd  
Virginia Beach, VA 23452

PIN: 12345678      TIN: 123456789      NPI: 123456789

Check/ACH Number: 55544433322      LOB: Virginia Medicaid

---

**Adjusted Claim : Reversal**

Patient Name: Doe Jane      AGP Member ID:      Acct: 123AB456-7      Auth#: 0987654  
 Claim Number: 123456789      ADJUSTMENT Servicing Provider: Jones Sam      DRG#:      TOB:  
 State Member ID: 9876543210      Servicing NPI: 54762311

**Original Paid Date: 04/12/2008**

Serv	Dates	LC	Diag.#	Rev	Proc/Mod	Day/Cnt	Charge	Allowed	Disallowed	Co-Pay	TPP	Payment	Explain Codes
1	03/31/08 - 03/31/08	21				1	-\$157.00	\$0.00	-\$157.00	\$0.00	\$0.00	\$0.00	N58
Service Line(s) Sub-Total(s):							-\$157.00	\$0.00	-\$157.00	\$0.00	\$0.00	\$0.00	
							Service Line(s) Sub-Total-Interest: \$0.00						
							Service Line(s) Sub-Total-Prompt Pay Discount: \$0.00						
							Claim Sub-Total: \$0.00						

[Link to Full Service Adjustment Code Definitions](#) Page: 61

3. Figure 3: Correction Claim EOP



**AMERIGROUP Virginia, Inc**  
EXPLANATION OF PAYMENT

Run Date: 05/23/08

ABC Wellness  
123 Healthy Rd  
Virginia Beach, VA 23452

PIN: 12345678      TIN: 123456789      NPI: 123456789

Check/ACH Number: 55544433322      LOB: Virginia Medicaid

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**Adjusted Claim /Correction**

Patient Name: Doe Jane      AGP Member ID:      Acct: 123AB456-7      Auth: 0987654

Claim Number: 123456789      ADJUSTMENT      Servicing Provider: Jones Sam      DRG#:      TOB:

State Member ID: 9876543210      Servicing NPI: 54762311

Serv	Dates	LC	Diag #	Rev	Proc/Mod	Dev/Cnt	Charge	Allowed	Disallowed	Co-Pay	TPP	Payment	Explain Codes
1	03/31/08	03/31/08	21			1	\$157.00	\$100.00	\$57.00	\$0.00	\$0.00	\$100.00	
<b>Service Line(s) Sub-Total(s):</b>							\$157.00	\$100.00	\$57.00	\$0.00	\$0.00	\$100.00	
Service Line(s) Sub-Total-Interest: \$0.00													
Service Line(s) Sub-Total-Prompt Pay Discount: \$0.00													
Claim Sub-Total: \$100.00													

Link to Full Service Adjustment Code Definitions Page: 61

## II. Overpayments and Recoveries

Overpayment transactions occur when a claim is adjusted and the total amount payable is less than the amount that was previously paid. Recovery transactions occur as a result of an overpayment and are reflective of the amount due from the provider. Recovery transactions may be deducted from future payments until the balance is resolved.

### A. 835 Enhancement

Overpayments transactions resulting in a Non-Financial Adjustment will not be presented on the 835.

Overpayment Recovery transactions will have:

- Provider adjustment reason code (PLB03) “FB” (forwarding balance) for both beginning and ending balances and will occur if the impact of the Reversal claims exceed the Processed or Correction claims.
- Monetary amount (PLB04) for beginning balances will be positive. It will reflect the amount due before any of the claims in the payment were paid.
- Monetary amount (PLB04) for ending balance will be negated. It will reflect the amount due after all of the claims in the payment were paid.

### B. EOP Enhancements

Overpayment Recovery transactions (recoupment): (Figure 3)

- The total amount of the recovery claims before deduction will be included in the *Payment Recap* section under “Beginning Balance.”
- The total amount of the previously reported recovery claims will be included in the Prior Reduction Balance in the Payment Recap section.
- The total amount of the recovery claims deducted will be included in the *Payment Recap* section under “Claims paid this Run.”
- The total amount of recovery claims outstanding after payment will be included in the *Payment Recap* section under “Ending Balance.”

Overpayment Recovery transactions (bypassed):


- Recovery claims, adjusted because of a refund from the provider or a returned AMERIGROUP Community Care\* (AMERIGROUP) claim check, will be presented in the *Adjusted Claims* section with the heading “Adjusted claim: Reversal/Non-Financial Adjustment.” (Figure 4) The Reversal impact of these claims will not be included in the Payment Recap section.

Overpayment Recovery transactions (pending):

- Recovery claims not yet deducted will be presented in the *Payment Reduction* section of the EOP with an adjustment reason code of “PR”, indicating pending recovery. (Figure 5)
- The total amount of the recovery claims pending will be included in the *Payment Reduction* section under “Beginning Balance.” (Figure 5)

\* Including AMERIGROUP Community Care of New Mexico, Inc. and AMERIGROUP Community Care of South Carolina, Inc.

1. Figure 3: Beginning Balance and Ending Balance EOP



**AMERIGROUP Virginia, Inc**  
EXPLANATION OF PAYMENT

Run Date: 05/23/08

ABC Wellness  
123 Healthy Rd  
Virginia Beach, VA 23452

PIN: 12345678      TIN: 123456789      NPI: 123456789

Check/ACH Number: 55544433322      LOB: Virginia Medicaid

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**Payment Recap Section**

Prior Reduction Balance:	\$0.00
New Payment Reduction Recoveries:	-\$74.22
<b>Beginning Reduction Balance:</b>	<b>-\$74.22</b>
Claims Paid This Run:	\$2,695.21
<b>Ending Reduction Balance:</b>	<b>\$0.00</b>
Total Check Amount:	\$2,610.79

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General Information

**Payment Disputes**—If you disagree with a claim determination, you may file a payment dispute in writing within the prescribed period mandated by the state in which you do business. Your payment disputes should be directed to AMERIGROUP's Payment Dispute Unit at P.O. Box 61599, Virginia Beach, VA 23466

**Balances Forward:** Ending Reduction Balances—Amounts will be carried over to the next remittance

**For Assistance On Registering With Amerigroup for ERA or EFT Services,** please call PaySpan Health at 1-877-331-7154 or Email [ProviderSupport@PaySpanHealth.com](mailto:ProviderSupport@PaySpanHealth.com) <mailto:ProviderSupport@PaySpanHealth.com>

For additional information on the new EOP report format, go to [www.amerigroupcorp.com/providers](http://www.amerigroupcorp.com/providers) <http://www.amerigroupcorp.com/providers>.

[Link to Full Service Adjustment Code Definitions](#)

Page: 63

2. Figure 4: Adjusted Claim: Reversal/Non-Financial Adjustment EOP



**AMERIGROUP Virginia, Inc**  
EXPLANATION OF PAYMENT

Run Date: 05/23/08

ABC Wellness  
123 Healthy Rd  
Virginia Beach, VA 23452

PIN: 12345678      TIN: 123456789      NPI: 123456789

Check/ACH Number: 55544433322      LOB: Virginia Medicaid

---

**Adjusted Claim : Reversal/ Non-Financial Adjustment**

Patient Name: Doe, Jane      AGP Member ID:      Acct: 123AB456-7      Auth: 0987654

Claim Number: 123456789      ADJUSTMENT      Servicing Provider: Jones, Sam      DRG#:      TOB:

State Member ID: 6676543210      Servicing NPI: 54762311

**Original Paid Date: 04/12/2008**

Serv	Dates	LC	Diag #	Rev	Proc/Mod	Day/Cnt	Charge	Allowed	Disallowed	Co-Pay	TPP	Payment	Explain Codes
1	03/31/08 - 03/31/08	21				1	-\$157.00	\$0.00	-\$157.00	\$0.00	\$0.00	\$0.00	N58
<b>Service Line(s) Sub-Total(s):</b>							-\$157.00	\$0.00	-\$157.00	\$0.00	\$0.00	\$0.00	
Service Line(s) Sub-Total-Interest:							\$0.00						
Service Line(s) Sub-Total-Prompt Pay Discount:							\$0.00						
Claim Sub-Total:							\$0.00						

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[Link to Full Service Adjustment Code Definitions](#)

Page: 61

3. Figure 5: Pending Recovery “PR” EOP



**AMERIGROUP Virginia, Inc**  
**EXPLANATION OF PAYMENT**

Run Date: 05/23/08

[ABC Wellness](#)  
[123 Healthy Rd](#)  
[Virginia Beach, VA 23452](#)

PIN: [12345678](#)      TIN: [123456789](#)      NPI: [123456789](#)  
 Check/AACH Number: [55544433322](#)      LOB: [Virginia Medicaid](#)

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**Payment Reduction Section**

Claim Number	Member ID	Patient Acct	Last Name	Paid Date	Claim Overpayment Code	Amount	Prior Reduction Amt	Prior Reduction Bal	Beginning Balance	Current Reduction	Ending Balance
<a href="#">123456789</a>	<a href="#">123AB456-7</a>		<a href="#">Doe</a>	<a href="#">04/12/2008</a>	<a href="#">PR</a>	<a href="#">\$74.22</a>	<a href="#">\$0.00</a>	<a href="#">\$0.00</a>	<a href="#">\$74.22</a>	<a href="#">\$0.00</a>	<a href="#">\$74.22</a>
<b>Totals:</b>						<b><a href="#">\$74.22</a></b>	<b><a href="#">\$0.00</a></b>	<b><a href="#">\$0.00</a></b>	<b><a href="#">\$74.22</a></b>	<b><a href="#">\$0.00</a></b>	<b><a href="#">\$74.22</a></b>

Information on this report reflects recovery activities on prior claim payments. The data elements listed above will provide the needed information to determine the original posting/EOP. Please refer to your current and prior EOPs as needed to determine specific claim data elements, i.e. Claim Overpayment Amount and Prior Reduction Amt. Overpayment code descriptions - WP = Claim overpayment to wrong provider - ADJ = Claim line details in Claim Adjustment Section - NEG = A negative balance has been transferred from Amisys to FACETS - ADVR = Claim advance payment recovery PR=Pending Recovery

[Link to Full Service Adjustment Code Definitions](#) Page: 62



### **III. Interest and Prompt Payment Discount**

Interest amounts are accrued when a claim is paid beyond the time stipulated by contract. The interest amount is applied at the claim level. AMERIGROUP will now present a total (sum of all claims applicable) interest amount at the payment level.

Prompt Pay Discounts are applied for claims that are paid within the time specified stipulated by contract. The prompt pay amount is applied at the claim level. AMERIGROUP will now present a total (sum of all claims applicable) prompt payment discount amount at the payment level.

#### **A. 835 Enhancements**

Interest Amounts will have:

- Provider adjustment reason code (PLB03) of “L6” for interest owed

Prompt Pay Discounts will have:

- Provider adjustment reason code (PLB03) of “90” for early payment allowance

#### **B. EOP Enhancements**

There are no changes to the EOP regarding interest and prompt payment discount. However, these amounts can be found in the following places on the EOP:

Interest and Prompt Payment Discount:

- Claim subtotals will display interest and prompt payment discounts on the *Processed and Adjusted Claim* sections of the EOP.
- “Claims paid this Run” will display total interest and prompt payment discounts in the *Payment Recap* section of the EOP.

## **IV. Medicare and Medicaid EOP Field Enhancements**

The Medicare EOPs will now contain coinsurance and copay amounts. The sum of the coinsurance and copay will be presented on the claim level in the EOP under the field “Coinsurance/Copay.” These values will still be reported separately on the 835.

Medicaid EOPs will contain State Member ID or Alternate Member ID. These values will be presented in field “State/Alt. Member ID.” The patient will still only have one value in this field.

### **A. 835 Enhancement**

There are no changes to the 835 regarding Medicare coinsurance and copay. However, these amounts can be found in the following places on the 835:

- Claims payment patient responsibility monetary amount (CLP05)
- Claims adjustment reason code (CAS02) 2, for coinsurance (where applicable)
- Claims adjustment reason code (CAS02) 3, for copay amount (where applicable)

### **B. EOP Enhancement**


Medicare:

- Coinsurance and copay (combined) will display on the claim level. (Figure 6)

Medicaid:

- State/Alt Member ID will display in the member information. (Figure 7)

1. Figure 6: Medicare EOP Coinsurance and Copay field



**AMERIGROUP Maryland, Inc**  
MEDICARE EXPLANATION OF PAYMENT

Run Date: 07/16/08

ABC Wellness  
123 Healthy Rd.  
Virginia Beach, VA 23452

PIN: 12345678      TIN: 123456789      NPI: 123456789

Check/ACH Number: 55544433322      LOB: Maryland Medicare

---

**Adjusted Claim: Reversal**

Patient Name: Doe      James      AGP Member ID: 60018072      Acct: 1234      Auth#:  
 Claim Number: 12345678901      ADJUSTMENT      Servicing Provider: Jones      Sam      DRG#:  
 Medicare ID: 987654321      Servicing NPI: 54763211      TOB:

Original Paid Date: 04/25/2007

Serv	Dates	LC	Diag #	Rev	Proc/Mod	Day/Cnt	Charge	Allowed	Disallowed	Co-insurance/ Co-pay	Deductible	Payment	Explain Codes	
1	04/10/07	04/10/07	11		79093		99204	1	-\$220.00	\$0.00	-\$220.00	\$0.00	\$0.00	CDD
<b>Service Line(s) Sub-Total(s):</b>							-\$220.00	\$0.00	-\$220.00	\$0.00	\$0.00	\$0.00		
Service Line(s) Sub-Total-Interest: \$0.00														
Service Line(s) Sub-Total-Prompt Pay Discount: \$0.00														
Claim Sub-Total: \$0.00														

2. Figure 7: Medicaid EOP State/Alt Member ID field



**AMERIGROUP Virginia, Inc**  
EXPLANATION OF PAYMENT

Run Date: 05/23/08

ABC Wellness  
123 Healthy Rd  
Virginia Beach, VA 23452

PIN: 12345678      TIN: 123456789      NPI: 123456789

Check/ACH Number: 55544433322      LOB: Virginia Medicaid

---

**Adjusted Claim**

Patient Name: Doe      Jane      AGP Member ID:      Acct: 123AB456-7      Auth#: 0987654  
 Claim Number: 123456789      ADJUSTMENT      Servicing Provider: Jones      Sam      DRG#:  
 State/Alt member ID: 9876543210      Servicing NPI: 54762311      TOB:

Serv	Dates	LC	Diag #	Rev	Proc/Mod	Day/Cnt	Charge	Allowed	Disallowed	Co-Pay	TPP	Payment	Explain Codes
1	03/31/08	03/31/08	21			1	\$157.00	\$100.00	\$57.00	\$0.00	\$0.00	\$100.00	
<b>Service Line(s) Sub-Total(s):</b>							\$157.00	\$100.00	\$57.00	\$0.00	\$0.00	\$100.00	
Service Line(s) Sub-Total-Interest: \$0.00													
Service Line(s) Sub-Total-Prompt Pay Discount: \$0.00													
Claim Sub-Total: \$100.00													

[Link to Full Service Adjustment Code Definitions](#)

Page: 61

## V. Zero Check Payment Trace Number

All transmittals resulting in a zero dollar payment will be assigned a unique number for tracking in the AMERIGROUP payment system. This trace number will appear on the EOP in the Check/ACH number field.

## VI. General Notes and Information

There are new information messages that will appear on the EOP. The messages direct you to information regarding: claims disputes, balances forward, EFT and ERA, as well as 835 and EOP enhancements. The information below will appear in the footer section of the Payment Recap section of the EOP:

- Claims Disputes: Payment Disputes – If you disagree with a claim determination, you may file a payment dispute in writing within the prescribed period mandated by the state in which you do business. Your payment dispute should be directed to AMERIGROUP’s Payment Dispute Unit at P.O. Box 61599, Virginia Beach, VA. 23466.
- Balances Forward: Ending Reduction Balances-Amounts will be carried over to the next remittance.
- EFT and ERA: For assistance with registering with AMERIGROUP for ERA or EFT Services, please call PaySpan Health at 1-877-331-7154 or Email [ProviderSupport@PaySpanHealth.com](mailto:ProviderSupport@PaySpanHealth.com).
- 835 and EOP Enhancements: For additional information on the new EOP report format, go to [www.amerigroupcorp.com/providers](http://www.amerigroupcorp.com/providers), select your market and view “New EOP” details.

## VII. EOP Streamlining

AMERIGROUP will be streamlining the EOP to eliminate white space. Streamlining will include consolidating lines of data and reducing white space on the EOP. Details by EOP sections are as follows:

- All sections will have the same heading detailed in a single line.
- *Processed* and *Adjusted* claim sections layouts will be identical with the exception of subheadings.
- *Payment Reduction* body layout will remain the same.
- *Payment Recap* body layout will remain the same.