

A Guide to Claim Vouchers

Claims for your patients enrolled on Regence medical and dental products, including Regence MedAdvantage, Regence Bridge Medigap and BlueCard® (out-of-area), are reported on a *Claim Voucher*. They are sorted by clinic, then alphabetically by provider. Vouchers for individual claims are organized by original claims and adjusted claims, followed by payment and pended claims summaries. Claims for your Federal Employee Program patients are reported on a separate voucher.

COMPANY LOGO, ADDRESS

Check out to: CLINIC NAME
1234 MAIN ST
HOMETOWN USA 12345

Provider ID: 1234567891011
NPI No: 1234567890
Check No: 0000000000

Date: MM/DD/YYYY
Voucher No: I1M00000000#####

A

CLAIM VOUCHER

B Product Name Plan 1 ORIGINAL CLAIMS Customer Service Phone No: 1 (800) 475-1149

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: TED JONES Insured Name: TED JONES Group No: 51235454 Claim No: E20515487622
Pat Acct No: 1111111111 Subscriber ID No: 91100000 Del Prov: JANE SMITH
Current Network ID: Network Name

07/06/11	07/06/11	99212	1	100.00	60.60	39.40				18.18		10.00	28.18	42.42	PXN
07/06/11	07/06/11	80050	1	99.00	61.97	37.03				18.59		15.00	23.59	33.48	PXN
07/06/11	07/06/11	80053	1	33.00											
07/06/11	07/06/11	84443	1	33.00											
07/06/11	07/06/11	85025	1	33.00											
Claim Total				199.00	122.57	76.43				36.77		25.00	51.77	75.80	

D Patient Name: TED JONES Insured Name: TED JONES Group No: 51235454 Claim No: E20515487700
Pat Acct No: 1111111111 Subscriber ID No: 91100000 Del Prov: JANE SMITH
Current Network ID: Network Name

07/15/11	07/15/11	28534	1	2000.00	1422.01	577.99				45.95			45.95	1376.08	PXN
Claim Total				2000.00	1422.01	577.99								1376.08	PXN

E CLAIM INTEREST 10.00

Total Product Name Plan 1 CLAIMS

Billed Amount	Allowed Amount	Contractual Adjustment	Paid By Others	Risk Withhold	Amount Paid	Interest Paid	Amount(-) Previously Paid
2099.00	1544.58	654.42			1451.88	10.00	

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/Claim type
- Customer Service phone number

Section C

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

Section D

- First and last dates of service
- CDT, 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)
- The message code/explanation indicating how the claim was processed

Section E

- Claim voucher totals



Regence BlueCross (BlueShield of Utah) is an Independent Licensee of the Blue Cross and Blue Shield Association

Adjusted claims information

When an adjustment is made to a claim, 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. To request a deduction to a future voucher you may complete our online *Overpayment/Voucher Deduction Request* form, available on our *Provider Web Site*, www.ut.regence.com/physician, in the Library section, under Forms.

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.

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NPI No: 1234567890
Check No: 0000000000

Date: MM/DD/YYYY
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	08/04/2011

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
1234567891011	111111111111	E20000054640	50.00	0.00	50.00	0.00	04/07/2011	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.

Payment Summary information

In addition to the voucher total, check amount and date, this section reflects any payments made on a previous voucher and recovered on the current voucher. The Summary of Payment Reductions section includes the claim number, original refund amount, amount recovered on this voucher and the original voucher date.

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Date: MM/DD/YYYY
Voucher No: I1M00000000#####

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 Customer Service Phone No: 1 (888) 526-5321

Date of Service		Proc. Code Modifier	Units	Billed Amount	Allowed Amount	Contractual Adjustment	Paid By Others	Risk Withhold	Patient Responsibility				Total	Amount Paid	Msg Code	
From	Through								Deductible	Copay	Coinsurance	Non Covered				COB Amount
Patient Name: SUE SMITH Insured Name: SUE SMITH Group No: 11111110 Claim No: 40005000																
Pat Acct No: 222222222 Subscriber ID No: LSB0546541544 Del Prov: SAM WILLIAMS																
Previous Voucher Date: 05/18/11 Network ID: Network Name																
03/08/11	03/08/11	99212	1	-100.00	-60.60	-39.40						-18.18		-18.18	-42.43	
03/08/11	03/08/11	80050	1	-90.00	-61.97	-37.03						-18.59		-18.59	-43.38	
Previous Claim Total				-190.00	-122.57	-76.43						-36.77		-36.77	-85.80	6.2N
REFUND DUE														43.48		

Patient Name: SUE SMITH Insured Name: SUE SMITH Group No: 71600125 Claim No: 2040005001

Pat Acct No: 222222222 Subscriber ID No: LSB0546541544 Del Prov: SAM WILLIAMS

Current Network ID: Network Name

Date of Service		Proc. Code Modifier	Units	Billed Amount	Allowed Amount	Contractual Adjustment	Paid By Others	Risk Withhold	Patient Responsibility				Total	Amount Paid	Msg Code	
From	Through								Deductible	Copay	Coinsurance	Non Covered				COB Amount
03/08/11	03/08/11	99212	1	100.00	60.60	39.40						18.18		18.18	42.42	PXN
03/08/11	03/08/11	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 Withhold	Amount Paid	Interest Paid	Refund Due	Amount(-) Prev. Paid
199.00	60.60	39.40			42.42		43.48	42.42

Pended Claims Summary information

This summary provides information about claims we have received but have not processed because additional information or further review is required. You can check the status of pended claims for your patients on the Provider Center.

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Date: MM/DD/YYYY
Voucher No: I1M00000000#####

PENDED CLAIMS SUMMARY

Network Name Customer Service Phone No: 1 (800) 475-1149

Date of Service		Proc. Code Modifier	Units	Billed Amount	Pend Code	Claim Pend Reason
From	Through					
Patient Name: JUNE SMITH Insured Name: JUNE SMITH Group No: 123456 Claim No: E20058884400						
Pat Acct No: 55555555 Subscriber ID No: 999999999 Del Prov: SAM WILLIAMS						
07/12/11	07/12/11	99212	1	100.00		
Claim Total				100.00	PEND	Possible pre-existing condition. We will request additional information from originating or other provider is needed.
Patient Name: JOHN DOE Insured Name: JOHN DOE Group No: 77777777 Claim No: E20455580000						
Pat Acct No: 666666666 Subscriber ID No: 555555555 Del Prov: SAM WILLIAMS						
07/22/11	07/22/11	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*, www.ut.regence.com/physician, includes several claims and payment-related resources.

Claims & Billing

View information and tools you need for submitting claims and receiving payment:

- ICD-10
- Using modifiers
- Electronic transactions
- Claim form requirements
- Voucher message codes
- Timely filing requirements
- Submitting a corrected claim
- Other dental billing information
- Overpayment recovery process
- Coordinating benefits with other health plans
- Reimbursement and our claim system editing rules
- Submitting an appeal for a claim denial due to a billing or coding edit dispute

Administrative Manual

The Payment section of this manual includes helpful information about claims processing and payment. The manual is available in the Provider Library section, under Manuals.

Contact Us

Please contact your provider consultant for assistance with voucher issues or questions. The phone number for your provider consultant is available in the Contact Us section of our website.