

Guide to  
Commerce Benefits Group's  
**Explanation of Benefits**



Commerce Benefits Group

*Visit us on-line at [www.commercebenefitsgroup.com](http://www.commercebenefitsgroup.com)*

**Claims Account**

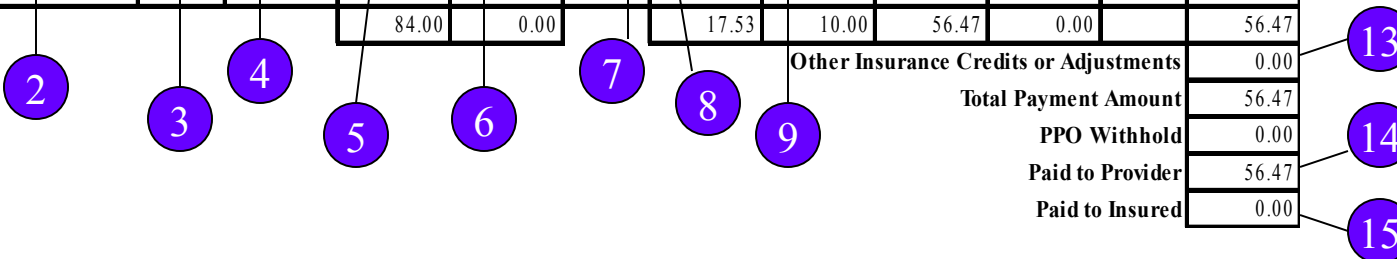
Commerce Benefits Group  
 P.O. Box 900  
 Elyria, OH 44036

**Return Service Requested**

**Questions? Contact Customer Service at  
 (800) 223-9941**

**Claim No:** 00260220917255600-MM  
**Group Name:**  
**Group No:** 002-000  
**Participant:** 1  
**Cert/ID#:**  
**Patient:**  
**Patient Acct#:** 39960605  
**Date:** 01/01/2009

Treatment Dates	Service Code	Proc. Code	Charge Amount	Not Covered	Reason Code	Provider Discount	Co-Pay Amount	Covered Amount	Deductible Amount	Paid At	Payment Amount
04/11-04/11/2009	200	99213	84.00	0.00	SC,CP	17.53	10.00	56.47	0.00	100%	56.47
			84.00	0.00		17.53	10.00	56.47	0.00		56.47
<b>Other Insurance Credits or Adjustments</b>											0.00
<b>Total Payment Amount</b>											56.47
<b>PPO Withhold</b>											0.00
<b>Paid to Provider</b>											56.47
<b>Paid to Insured</b>											0.00



**Patient Responsibility**

<b>Amount Not Covered:</b>	.00
<b>Co-Pay Amount:</b>	\$10.00
<b>Deductible:</b>	.00
<b>Co-Insurance:</b>	.00
<b>Patient's Total Responsibility:</b>	\$10.00
<b>Other Insurance Payment:</b>	.00

**You Have Satisfied:**

- 0.00 of Individual Network Deductible met for 2009 \$56.47
- 0.00 of Individual Non-Network Out of Pocket met for 2009

**Service Code**

200 OFFICE VISIT

**Payment To:** Dr. John Smith      **Check No**      **Amount**  
 13829

**Reason Code**

CP CO-PAY TAKEN FOR THIS PROCEDURE  
 SC PPO DISCOUNT, AMOUNT NOT DUE FROM INSURED

Email claims questions to: [customerservice@commercebenefitsgroup.com](mailto:customerservice@commercebenefitsgroup.com)

Visit us online at: [commercebenefitsgroup.com](http://commercebenefitsgroup.com)

You, your beneficiary or a duly authorized representative may appeal any denial of a claim for benefits by filing a written request for review to the Plan Administrator within 180 days after receipt of the written notice of denial of a claim.

PLEASE RETAIN FOR TAX PURPOSES. COPIES ARE NOT AVAILABLE.

## - Legend -

- 1 **Patient Data** - This field contains the claim number, group number, insured information, patient information, patient account number and date of EOB.
- 2 **Treatment Dates** – This Field is also known as Dates of Service.
- 3 **Service Code** – This is described in Field 19. This Field identifies the code number of the type of service performed such as office visit, laboratory services, surgery, etc.
- 4 **Procedure Code** – This Field identifies the specific service rendered. Due to HIPAA and privacy regulations, this code is not defined anywhere on the Explanation of Benefits.
- 5 **Charge Amount** – This Field indicates the amount billed by the provider.
- 6 **Not Covered** – This Field indicates amount being excluded.
- 7 **Reason Code** – This Field shows the reason for any excluded amount. This Reason Code is defined in Field 20.
- 8 **Provider Discount** – Amount claim is discounted for using the PPO network.
- 9 **Co-pay Amount** – This Field indicates the co-pay amount per service.
- 10 **Covered Amount** – This is the allowable amount after discounts, co-pays or non-covered amounts are deducted.
- 11 **Deductible Amount** – Amount applied to satisfy deductible.
- 12 **Paid At** – This Field indicates the percentage level of coinsurance.
- 13 **Other Insurance Credits or Adjustments** – This Field is where other insurance information is entered. (COB)
- 14 **Paid To Provider** - This Field indicates the amount paid to the provider.
- 15 **Paid To Insured** - This Field indicates the amount paid to the insured.
- 16 **Patient Responsibility** - This box contains all information such as co-pays, deductibles, co-insurance and COB (coordination of benefits).
- 17 **You Have Satisfied** - This Field indicates the amount applied to the deductible and to the out-of-pocket expenses.
- 18 **Payment To** - This Field indicates who received payment, check number and amount of check paid to the recipient.
- 19 **Service Code** - This Field is the explanation of the service code in field.
- 20 **Reason Code** - This Field is the explanation of the reason code in field.

## - Most Commonly Used Denied Reason Codes -

- 01** – Charges Over Usual, Customary and Reasonable (UCR)
- 02** – Charges Previously Considered
- 07** – Maximum Benefits Paid For This Service
- 09** – Submit Proof Of Financial Responsibility
- 12** – Assistant Surgeon Benefit
- 14** – Before Or After Plan Coverage Date
- 16** – Plan Limitation, Semi-Private Room Rate
- 18** – Pre-Existing Conditions, Refer To Plan
- 21** – Submit Charges to Primary Carrier
- 22** – Submit Proof Of Full-Time Student Status
- 23** – Charges Not Covered Under Plan
- 27** – Information Requested Was Never Received
- 54** – Timely Filing Requirement Exhausted
- 84** – Hospital Bill Financial Review; Patient Not Responsible
- 2A** – Information Requested Not Received From Enrollee
- AC** – Submit Claims To Auto Carrier First
- AP** – Past 180 Day Appeal Period
- BD** – Balance Due Statement Unacceptable; Submit Itemized Bill
- CA** – Conveyance Handling Fee Not Covered

- CF** – Claim Form Requested Not Received
- CP** – Co-pay Taken For This Procedure
- DE** – Previously Considered, Applied To Deductible
- EX** – This Is A Listed Exclusion Of Your Plan
- HP** – CPT/HCP Does Not Exist
- I9** – Incomplete/Unknown ICD9 Code
- IC** – ICU/CCU Paid To Plan Limitation
- IP** – Diagnosis Not Appropriate For Procedure
- IT** – Itemization Needed For Review Of Claim
- M2** – M-Audits Negotiated Reduction
- MO** – Inappropriate Modifier
- MR** – Medical Records Requested Not Received
- NU** – Incremental Nursing Not Covered Under Plan
- PC** – No Pre-Cert On File, Charges Reduced Per Plan
- PD** – Discount Negotiated Through Primary Carrier
- UL** – Unlisted Procedure Code
- UN** – Unbundled CPT Code
- WC** – Work Related Claim/Submit To Worker's Compensation
- YR** – Past 1 Year Submission Period