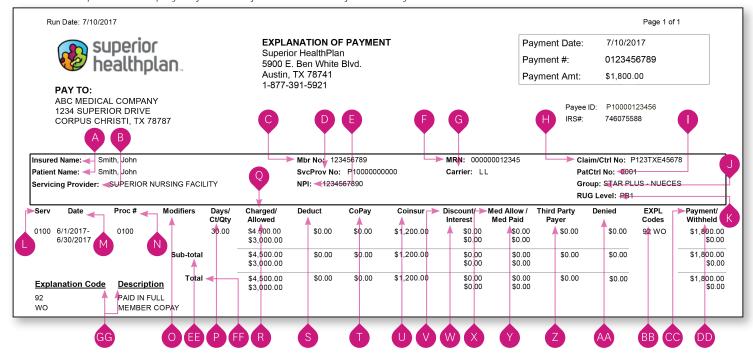
Explanation of Payment

Nursing Facility Explanation of Payment (EOP) Guide



The EOP example below displays information for educational reference only.



	Field	Description
А	Insured Name / Patient Name	Superior HealthPlan member name
В	Servicing Provider	Superior Nursing Facility that performed the service
С	Mbr No	Member's Texas Medicaid identification number
D	SvcProv No	Provider's identification number
Е	NPI	National Provider Identifier (NPI) Number
F	MRN	Member's medical record number from the provider
G	Carrier	Member's program code (LL= STAR+PLUS, MM= STAR+PLUS Medicare-Medicaid Plan [MMP])
Н	Claim/Ctrl No	Superior HealthPlan claim number
-1	PatCtrl No	Provider medical record number for member
J	Group	HHS program and service area
K	RUG Level	Member's Resource Utilization Group (RUG) level on the first date of service
L	Serv	Claim detail/service line number
М	Date	Service date(s) range
Ν	Proc #	Service description code
О	Modifiers	Service description of modifiers
Р	Days/Ct/Qty	Days/units of service
Q	Charged	Provider's billed charges

	Field	Description
R	Allowed	Superior fee schedule allowed amount
S	Deduct	Member deductible*
Т	CoPay	Member co-payment*
U	Coinsur	Member co-insurance*
V	Discount	Discount applied*
W	Interest	Interest amount*
Χ	MedAllow	Medicare allowable*
Υ	Med Paid	Medicare payment*
Z	Third Party Payer	Amount paid by a primary insurance carrier
AA	Denied	Superior disallowed/denied amount
ВВ	EXPL Codes	Denial or payment explanation code (reference 835 Claim Adjustment Reason Codes Crosswalk to EX Codes on Superior's <u>Provider Forms</u> web page)
СС	Payment	Payment for claim detail line
DD	Withheld	Withheld amount*
EE	Sub-total	Claim totals
FF	Total	Net total amount for all claims processed on EOP
GG	Explanation Code/ Description	Code/description for each claim/detail link (reference 835 Claim Adjustment Reason Codes Crosswalk to EX Codes on Superior's Provider Forms web page)