



WHITE STOCK

TEST

11 Fairfield Boulevard, Wallingford, CT 06492

(203) 949-4000 Fax (203) 265-2970 www.chnct.org



**ENHANCEMENTS TO COMMUNITY HEALTH NETWORK OF CT'S**  
**EXPLANATION OF PAYMENT - MARCH 2010**

Community Health Network of CT (CHNCT) is pleased to present our newly enhanced Explanation of Payment -EOP. These enhancements and modifications were made based on solicited provider feedback. The newly designed EOP will provide you with more information in an easy to read format. Please take a moment to review the changes as listed below. This EOP is now in chronological order based on Member's last and first name, Member's CHNCT ID number and date of service. Additionally, claim adjustments will be posted by member's name and date of service including the original claim with the claim reversals information followed by the new claim(s) transaction(if applicable).

Below please find Claim Detail Fields with the new fields listed in **bold**:

1. Date(s) of Service
2. Service Code - Revenue/CPT/HCPCs billed by provider - used for UB or HCFA billing
3. Modifier Code - 2 digit modifier code billed by provider
4. **Additional Code** - this may be populated when billing for Rev Code-CPT/HCPCS combination billing on a UB
5. Units - Amount of times a service is performed and/or time billed
6. Billed Amount - amount billed by the Provider
7. Allowed Amount - amount allowed / payable by CHNCT
8. Non-Covered Amount
9. Provider Withhold - amount withheld per inpatient day
10. Deductible Amount - amount due the Member/ Member liability
11. CoPay Amount - amount due from the Member / Member liability
12. Coinsurance Amount - amount due from the Member / Member liability
13. COB Amount - amount paid by Member's primary insurance company
14. **Other Amount** - used for Vendor Adjustments, Interest & Refunds
15. Payment Amount - amount paid by CHNCT
16. Reason Code(s) - denial/payment reason code (the explanation of the reason code is found on the last page of the remittance)
17. **COB Code** - used to specify Other Insurance carrier - this is the National 3 digit Carrier code for all insurance companies.

①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	⑪	⑫	⑬	⑭	⑮	⑯	⑰
Dates of Service	Service Code	Mod Code	Addl Code	Units	Billed Amount	Allowed Amount	Non-Covered	Provider Withhold	Deduct Amount	CoPay Amount	Coins Amount	COB Amount	Other	Payment Amount	Reason Code	COB Code

**VOID**

If you have any questions on the new EOP please contact our dedicated Provider Call Center @ 1-800-440-5071.