Dear Provider,

SummaCare is committed to providing you with the resources and information you need regarding how we process your claims. To enhance your experience and ensure transparency, claim edit details can be found in Plan Central.

Below are the steps to locate this information:

1. Log into the Plan Central portal. If you do not have access, please contact Provider Support Services or your Provider Engagement Specialist at 330.996.8400 to register.
2. Under Inquiries, click on the claims link.
3. Enter the claim or member number and date of service.
4. Double click on the claim number.
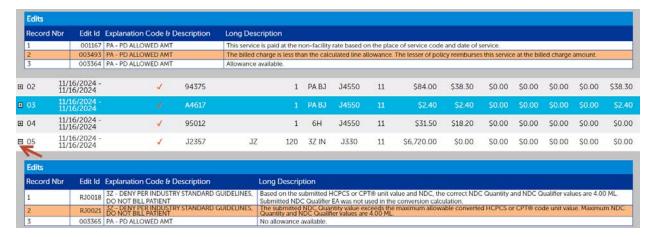5. The claim information will populate at the bottom of the screen.

Click on the **claim service tab** and each line of the claim will populate.

| | Claim Details | EOB | Claim Service | Auth Detail | Remittance | Mock claims |

Service Line Information   (Hover over code for description, when available)

Seq Nbr	Service Date	Claim Adj	Edit	Proc Code	Proc Code 2	Modifier	Unit Count	Explain Code	Diag Code	Location	Charge Amt	Allowed Amt	Co-pay Amt	Coins Amt	Other Amt	Other Amt	Payment
⊞ 01	11/16/2024 - 11/16/2024		✓	99213		25	1	PA TC BJ	J330	11	$84.00	$84.00	$25.00	$0.00	$0.00	$0.00	$59.00
⊞ 02	11/16/2024 - 11/16/2024		✓	94375			1	PA BJ	J4550	11	$84.00	$38.30	$0.00	$0.00	$0.00	$0.00	$38.30
⊞ 03	11/16/2024 - 11/16/2024		✓	A4617			1	PA BJ	J4550	11	$2.40	$2.40	$0.00	$0.00	$0.00	$0.00	$2.40
⊞ 04	11/16/2024 - 11/16/2024		✓	95012			1	6H	J4550	11	$31.50	$18.20	$0.00	$0.00	$0.00	$0.00	$0.00
⊞ 05	11/16/2024 - 11/16/2024		✓	J2357		JZ	120	3Z IN	J330	11	$6,720.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
⊞ 06	11/16/2024 - 11/16/2024		✓	96372			1	PA BJ	J330	11	$52.00	$14.26	$0.00	$0.00	$0.00	$0.00	$14.26
	TOTALS										$6973.90	$157.16	$25.00	$0.00	$0.00	$0.00	$113.96

Look for the EX code under **explain code column**. Denials are easily identified by zero dollars in the member liability columns and the payment column.

Seq Nbr	Service Date	Claim Adj	Edit	Proc Code	Proc Code 2	Modifier	Unit Count	Explain Code	Diag Code	Location	Charge Amt	Allowed Amt	Co-pay Amt	Coins Amt	Other Amt	Other Amt	Payment
⊞ 01	11/16/2024 - 11/16/2024		✓	99213		25	1	PA TC BJ	J330	11	$84.00	$84.00	$25.00	$0.00	$0.00	$0.00	$59.00
⊞ 02	11/16/2024 - 11/16/2024		✓	94375			1	PA BJ	J4550	11	$84.00	$38.30	$0.00	$0.00	$0.00	$0.00	$38.30
⊞ 03	11/16/2024 - 11/16/2024		✓	A4617			1	PA BJ	J4550	11	$2.40	$2.40	$0.00	$0.00	$0.00	$0.00	$2.40
⊞ 04	11/16/2024 - 11/16/2024		✓	95012			1	6H	J4550	11	$31.50	$18.20	$0.00	$0.00	$0.00	$0.00	$0.00
⊞ 05	11/16/2024 - 11/16/2024		✓	J2357		JZ	120	3Z IN	J330	11	$6,720.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
⊞ 06	11/16/2024 - 11/16/2024		✓	96372			1	PA BJ	J330	11	$52.00	$14.26	$0.00	$0.00	$0.00	$0.00	$14.26
	TOTALS										$6973.90	$157.16	$25.00	$0.00	$0.00	$0.00	$113.96

Detailed edit information noted below can be found by clicking on the (+) symbol next to the individual claim line. Services lines with edits have a red check mark next to the procedure code.

Edits

Record Nbr	Edit Id	Explanation Code & Description	Long Description
1	001167	PA - PD ALLOWED AMT	This service is paid at the non-facility rate based on the place of service code and date of service.
2	003493	PA - PD ALLOWED AMT	The billed charge is less than the calculated line allowance. The lesser of policy reimburses this service at the billed charge amount.
3	003364	PA - PD ALLOWED AMT	Allowance available.

⊞ 02	11/16/2024 - 11/16/2024		✓	94375		1	PA BJ	J4550	11	$84.00	$38.30	$0.00	$0.00	$0.00	$0.00	$38.30
⊞ 03	11/16/2024 - 11/16/2024		✓	A4617		1	PA BJ	J4550	11	$2.40	$2.40	$0.00	$0.00	$0.00	$0.00	$2.40
⊞ 04	11/16/2024 - 11/16/2024		✓	95012		1	6H	J4550	11	$31.50	$18.20	$0.00	$0.00	$0.00	$0.00	$0.00
⊟ 05	11/16/2024 - 11/16/2024		✓	J2357	JZ	120	3Z IN	J330	11	$6,720.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Edits

Record Nbr	Edit Id	Explanation Code & Description	Long Description
1	RJ0018	3Z - DENY PER INDUSTRY STANDARD GUIDELINES, DO NOT BILL PATIENT	Based on the submitted HCPCS or CPT® unit value and NDC, the correct NDC Quantity and NDC Qualifier values are 4.00 ML. Submitted NDC Qualifier EA was not used in the conversion calculation.
2	RJ0021	3Z - DENY PER INDUSTRY STANDARD GUIDELINES, DO NOT BILL PATIENT	The submitted NDC Quantity value exceeds the maximum allowable converted HCPCS or CPT® code unit value. Maximum NDC Quantity and NDC Qualifier values are 4.00 ML.
3	003365	PA - PD ALLOWED AMT	No allowance available.

If you have any issues accessing this information or have questions about specific claim edits, please contact Provider Support Services or your assigned Provider Engagement Specialist at 330.996.8400.

Sincerely,

Provider Support Services