

## Online Provider Claim Detail Report FOR: KP AffiliateLink Users

**Kaiser Permanente is updating AffiliateLink with a new, updated Claim Detail Report.**

1. Login to your *AffiliateLink* account using existing login credentials, then proceed to *Claim Search*. (See Fig 1)
2. To bring up the report, click on the claim number you wish to see.

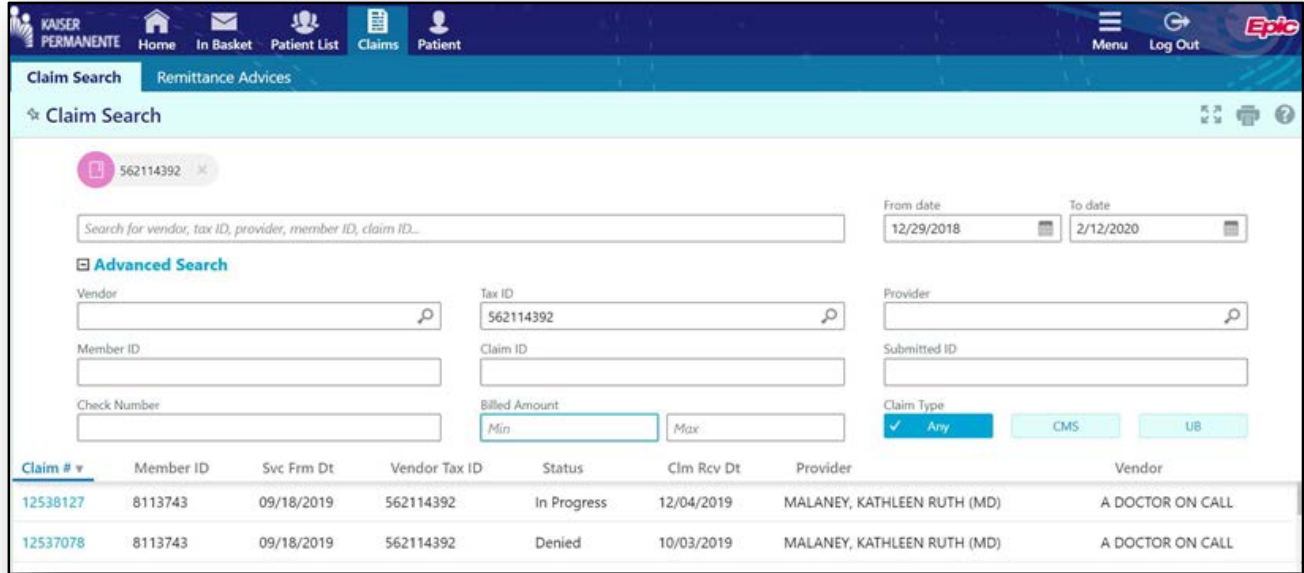


Figure 1

3. **EXISTING Claim Detail Report:** This report will be phased out by region starting in early August. (see Fig 2)

Claims Details												
Member Name:				Provider								
MRN:				Provider								
LOB: SRA - SENIOR ADVANTAGE				Vendor:								
Patient Account Number:				Vendor ID:								
Claim Number:												
Claim Received:												
Check Number:												
Check Date: 10												
Status: Processed												
Service Date	Procedure/DRG	Billed Amount	Allowed Amount	Not Cov/Exc Ben	Deduct	Coins	Copay	Patient Total	Adjust	Disallow/Dscnt	Net Payment	Code(s)
09/19/2019	91040	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	96, P
<b>Claim Total</b>		<b>\$68.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Code Description</b>												
[ 96] Non-covered charges, provide at least one Remark Code/NCPDP reject reason code												
[ P] Procedure Denied												
<b>Interest Amount</b>		\$0.00										

Figure 2

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4. **NEW Claim Detail Report** (see Fig 3): The new details/features in the report are highlighted on the following pages

**CMS Claim #8047025**

**Status**  
Denied

**Adjudication**  
Billed for \$1.00  
Allowed: \$0.00  
Patient Total: -\$0.00  
Net Payable: \$0.00  
Interest: -\$0.00  
Penalty: -\$0.00  
Total Payment: \$0.00

**Payment**  
Check/EFT  
Date: 05/07/2020  
Amount: \$0.00

**Coverage**  
35590-005 WALGREENS SILVER III DB/AC-Non-Medicare  
KAISER DHMO - 2872815  
Subscriber: Self  
Member: [REDACTED] Member ID: [REDACTED] Effective from: [REDACTED]  
Line of Business: POS - 2 TIER ADDED CHOICE - Primary Coverage  
Payment Method: KPIC  
Paid As: Primary

**Billing Info**  
Vendor: ASSOCIATES PC [16/79513196]  
Place of Service: CENTER IH-21  
Provider: [1831383173]  
PO BOX 223862  
PITTSBURGH PA 15251-2862  
200 EXEMPLA CIRCLE  
LAFAYETTE CO 80026-3370  
Specialty: Radiology, Diagnostic  
Submitted ID: 1278727

**Referrals**  
No referral information is available.

**Processing**  
Service Date: 7/21/2019  
Received: 5/6/2020

**Diagnoses**

#	Code	Diagnosis	Qualifier
1	Z01.818	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	

**Services**

#	Service	From	To	Modifiers	Quantity	Claim Codes	Billed	Allowed	Patient Total	Net Payable
1	70553 - MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL CPT(R)	7/21/2019	8/12/2019	26, 52	1	CD, CEI04, CLI70	1.00	0.00	0.00	0.00

Claim Code Description Table  
[CD] Claim Denied  
[CEI04] INFO, CODE EDIT NO RECOMMENDATION RETURNED  
[CLI70] INFO, TIMELY FILING REVIEW

**Claim Codes**

Claim Level	Code	Comment	Date	User	Service Level	Code
!	CLP94 - PEND, KPIC TIMELY FILING REVIEW	CER 1650091687 KPICO TIMELY FILING INFO	5/6/2020	Antony A. Maria Amirtharaj	!	CEI04 - INFO, CODE EDIT NO RECOMMENDATION RETURNED
!	PRP32 - PEND, KPIC 2T POS PRICING - T3 TO T1	CER 1650090974 VC 2T NP NCC/TIER 1 BENEFITS	5/6/2020	Antony A. Maria Amirtharaj	!	CLI70 - INFO, TIMELY FILING REVIEW
!	CLI41 - INFO, PERFORMANCE GUARANTEE GROUP CLAIM	CER 1650090836 KPICO PERFORMANCE GUARANTEE GROUPS	5/6/2020	Antony A. Maria Amirtharaj		
!	CED12 - DENY, DUPLICATE CLAIM	Auto-Denied	5/7/2020	Antony A. Maria		

Figure 3



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**5. REFERRALS:** You can now see referral(s) attached to the claim, the status, and count of claims/visits used (if applicable). See Fig 4.

Referrals		AP Claims Used	Visits Used
 <a href="#">145733660</a> Auth: 1/1/2017 - 12/31/2017 BALDWIN, DONNA M (DO) – University Of Colorado Hospital Authority CLOSED Outpatient Service		1	0

Figure 4

**6. VENDOR BILLING:** You can now also see the Vendor and Place of Service addresses the claim was processed with. See Fig 5.

Billing Info		
 Vendor MARCUS AUTISM CENTER, INC [1598928111]  PO BOX 116552 ATLANTA GA 30368-6552	 Place of Service MARCUS AUTISM CENTER, INC-30329  1920 BRIARCLIFF ROAD, NE ATLANTA GA 30329-4010	 Provider Md Helen C Panarites [1407999758]  Specialty Psychiatry, Child/Adolescent

Figure 5

**7. DIAGNOSES:** You can also now see Diagnoses code(s) provided with your claim. See Fig 6

Diagnoses			
#	Code	Diagnosis	Qualifier
1	Z01.818	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	

Figure 6



**Online Provider Claim Detail Report**  
**FOR: KP AffiliateLink Users**

**RESOURCES:** Who to contact with questions/issues regarding your AffiliateLink account/access

Member's Home Region	Technical Support	Registration help/Password reset	System training/Navigation help
<b>Southern California</b>	National HelpDesk 844-563-4357	<a href="mailto:KP-SCAL-OnlineAffiliate@kp.org">KP-SCAL-OnlineAffiliate@kp.org</a>	<a href="mailto:KP-SCAL-OnlineAffiliate@kp.org">KP-SCAL-OnlineAffiliate@kp.org</a>
<b>Northern California</b>	National HelpDesk 844-563-4357	<a href="mailto:KP-NCAL-OnlineAffiliate@kp.org">KP-NCAL-OnlineAffiliate@kp.org</a>	<a href="mailto:KP-NCAL-OnlineAffiliate@kp.org">KP-NCAL-OnlineAffiliate@kp.org</a>
<b>Colorado</b>	National HelpDesk 844-563-4357	<a href="mailto:KP-CO-OnlineAffiliate@kp.org">KP-CO-OnlineAffiliate@kp.org</a>	<a href="mailto:KP-CO-OnlineAffiliate@kp.org">KP-CO-OnlineAffiliate@kp.org</a>
<b>Georgia</b>	National HelpDesk 844-563-4357	<a href="mailto:KP-GA-OnlineAffiliate@kp.org">KP-GA-OnlineAffiliate@kp.org</a>	<a href="mailto:KP-GA-OnlineAffiliate@kp.org">KP-GA-OnlineAffiliate@kp.org</a>
<b>Hawaii</b>	National HelpDesk 844-563-4357	<a href="mailto:KP-HI-OnlineAffiliate@kp.org">KP-HI-OnlineAffiliate@kp.org</a>	<a href="mailto:KP-HI-OnlineAffiliate@kp.org">KP-HI-OnlineAffiliate@kp.org</a>
<b>Mid Atlantic</b>	National HelpDesk 844-563-4357	<a href="mailto:KP-MAS-OnlineAffiliate@kp.org">KP-MAS-OnlineAffiliate@kp.org</a>	<a href="mailto:KP-MAS-OnlineAffiliate@kp.org">KP-MAS-OnlineAffiliate@kp.org</a>
<b>Northwest</b>	National HelpDesk 844-563-4357	<a href="mailto:NW-Provider-Relations@kp.org">NW-Provider-Relations@kp.org</a>	<a href="mailto:NW-Provider-Relations@kp.org">NW-Provider-Relations@kp.org</a>