



# SYSTEMS 4PT<sup>®</sup>

## PET User Guide

### PET: Patient Eligibility Technology

**Jonathan Doe**  
Spoke with: 68549411 01/02/2020 JPS  
Eff. Coverage date: 5/1/2015  
Termination Date: 12/31/2020  
Copay: \$0.00  
Out of Pocket: \$0.00  
General Benefits Unlimited: Yes  
Consec. Days: 0  
Combined Visits: 30  
Benefits Used: 10  
How do we obtain more visits: Call for More Visits  
Auth Visits: 10  
Ins. Co. Claims: Power Additions  
Name: JCS PA - Moham  
Address: PO Box 890062  
State: PA  
Comments: Verified: 3/2/2020

Account# 1-3102  
Phone: 8557318980  
Current: Yes  
Deductible: \$300.00  
Not Met: \$200.00 Remaining  
Paid By Ins: 100  
Refresh Coverage  
Fax No: (614) 854-2383  
Fax No: (614) 854-2383

**Active Coverage**  
Trace Nbr: 08655ae2984517a6bd9a178a84cb97  
Payer Name: BCBS OF PENNSYLVANIA  
Payer ID: 10046  
Date: 2020-03-05 00:00

Individual Eligibility Response for  
**Jonathan Doe**  
DOB: 19670617 Relationship: Self  
Address: 123 Main St Anytown, USA 12345  
Insured ID: YYM123456789  
Coverage Date: 12/31/2020

**Active Coverage**

Coverage Level	Service	Insurance Type	Coverage	Message
Individual	Health Benefit Plan Coverage	Preferred Provider Organization (PPO)	PPO BLUE MEDICAL/SURGICAL	FUNDING TYPE = FULLY INSURED
Individual	Health Benefit Plan Coverage	Preferred Provider Organization (PPO)	PPO BLUE MEDICAL/SURGICAL	
Individual	Hospitalization	Preferred Provider Organization (PPO)	PPO BLUE MEDICAL/SURGICAL	AUTHORIZATION INPATIENT FACILITY ONLY
Individual	Hospitalization	Preferred Provider Organization (PPO)	PPO BLUE MEDICAL/SURGICAL	In Plan-Network
Individual	Chiropractic			
Individual	Hospital-Inpatient			
Individual	Hospital (Outpatient)			
Individual	Hospital (Emergency Accident)			
Individual	Emergency Services	Preferred Provider Organization (PPO)	PPO BLUE MEDICAL/SURGICAL	AUTHORIZATION INPATIENT FACILITY ONLY
Individual	Professional (Physician) Office			
Individual	Physician Visit/Well			
Individual	Urgent Care			
Individual	Medical Care			
Individual	Chiropractic			
Individual	Hospital-Inpatient			
Individual	Hospital (Outpatient)			
Individual	Hospital (Emergency Accident)			
Individual	Emergency Services	Preferred Provider Organization (PPO)	PPO BLUE MEDICAL/SURGICAL	In Plan-Network
Individual	Professional (Physician) Office			

## PET Authenticates:

- Patient name and DOB
- Payer name
- Payer ID#
- Coverage active Y/N
- Copay
- Coinsurance
- Deductible
- Remaining Deductible

## How does PET help our practice?

PET eliminates the #1 reason for denied claims: Incorrect Registration Data.

- Resulting in higher reimbursements for your practice.

## What PET does:

PET verifies that the following registration fields are correct:

- Patient name and DOB, payer name, ID#, responsible party.
- You'll know if these registration fields don't match what's in the payer's database, because PET won't launch.
  - Correcting the issue, gets you paid.

PET communicates:

- The patient's home address (you should still verify it in case they moved)
- Whether coverage is active
- Copay
- Co-insurance
- Deductible and remaining deductible
- Out of pocket status

## What PET Does NOT Do:

PET does NOT verify the number of visits authorized. Payers do not communicate this via EDI.

- You must contact the payer to obtain authorized patient visits!

## The #1 Frequently Asked Question about PET:

If we still need to call the payer to obtain visit authorization, what's the point of using PET?

- PET eliminates the #1 cause of payer rejections, enabling you to submit clean claims that get paid.

PET enables you to take pride in KNOWING that you're creating clean claims that will be paid.

How to Launch PET:

For Medicare Patients

- Click “View Coverage” on the bottom of the registration screen.

Name: [ ] Comments: [ ]  
DOB: 2/6/1936 [15] 84  
Reg date: 1/10/2020 [15]  
Acct #: A 1 3186 Flag: None [ ]

**Contact Information**  
Patient Address: [ ]  
Patient City: [ ]  
Patient State: [ ]  
Patient Zip: [ ]  
Patient Phone, home: [ ]  
Patient Phone, cell: [ ]  
Patient Phone, work: ( ) - [ ]  
Patient Email: [ ]  
Mail To: Y [ ]  
Reminder Msg. Type: [ ]  
Emergency Contact: [ ]  
Emergency Phone: ( ) - [ ]

**Vitals**  
Gender: Male [ ]  
Marital Status: [ ]  
Student?: False [ ]  
SSN: 111223333 [ ]  
Height (Ft): 5 [ ]  
Height (In): 11 [ ]  
Weight: 129 [ ]

**Injury Details**  
Body part: Lymphedema [ ]  
Injury Onset Date: 1/10/2020 [15]  
Condition Related To: [ ]  
Surgery Date: [15]  
Injury Related to Fall: False [ ]  
Auto Ins Has Medica: False [ ]

**Referral Source**  
Referring MD: Frederick Tomasi [ ]  
Referring MD NPI: 1063404937 [ ]  
Referring MD Phone: (814) 864-2360 [ ]  
Referring MD Fax: (814) 864-2383 [ ]  
PCP Name: Dr John Jageman [ ]  
PCP NPI: 1598753220 [ ]  
PCP Phone: (814) 877-8600 [ ]  
PCP Fax: (814) 877-8602 [ ]  
Referred By: [ ]  
Referred By Phone: ( ) - [ ]  
Referral Source: Doctor [ ]

Date Signed: 1/27/2020 [15] Signed By: SSnider [ ]

**Buttons:** Unsign Registration [ ], View Coverage [ ], Secondary Benefits [ ], Tertiary Benefits [ ], Exit [ ], Print [ ]

For Commercial Patients

- Click “Refresh Coverage” on the top right of the V&A screen.
- This button may say “View Coverage.”

**Commercial Verification Authorization**  
Jane Smith - Account# 1-3245 Seq# 1  
Spoke with: 15104444360 02/14/2020 sANDY Phone: 8886323862 Ext: [ ]  
Eff. Coverage date: 1/1/2017 [15] Current: Yes [ ] No [ ]  
Termination Date: [15]  
Copay: \$5.00 [ ] Per visit [ ] Deductible: \$0.00 [ ] Not Met [ ] Remaining [ ]  
Out of Pocket: \$8,150.00 [ ] %paid By Ins: 100 [ ] Met [ ]  
General Benefits Unlimited: Yes [ ] No [ ]  
Consec Days: 0 [ ]  
Combined Visits: 60 [ ]  
Benefits Used: 0 [ ]  
Per Cal year [ ] Per Contract year [ ]  
Call for More Visits [ ]  
Fax PN for more Visits [ ]  
SICC Required [ ]  
Auth Visits: 60 [ ] From: 1/1/2020 [15] To: 12/31/2020 [15] Auth #: [ ]  
Auth Visits: 0 [ ] From: [15] To: [15] Auth #: [ ]  
Auth Visits: 0 [ ] From: [15] To: [15] Auth #: [ ]  
Auth Visits: 0 [ ] From: [15] To: [15] Auth #: [ ]  
Auth Visits: 0 [ ] From: [15] To: [15] Auth #: [ ]  
Auth Visits: 0 [ ] From: [15] To: [15] Auth #: [ ]  
Auth Visits: 0 [ ] From: [15] To: [15] Auth #: [ ]  
Auth Visits: 0 [ ] From: [15] To: [15] Auth #: [ ]

**Buttons:** Refresh Coverage [ ]

If the “Refresh Coverage” button is greyed-out:

**Commercial Verification Authorization**  
Jonathan Doe - Account# 1-2929 Seq# 1  
Spoke with: [ ] Phone: [ ] Ext: [ ]  
Eff. Coverage date: [15] Current: Yes [ ] No [ ]  
Termination Date: [15]  
Copay: \$0.00 [ ] Per visit [ ] Deductible: \$0.00 [ ] Not Met [ ] Remaining [ ]  
Out of Pocket: \$0.00 [ ] %paid By Ins: 100 [ ] Met [ ]  
General Benefits Unlimited: Yes [ ] No [ ]

**Buttons:** Refresh Coverage [ ]

This payer is not activated for PET

- Note the section: “Adding More Payers to PET” on page 8.



When the PET Report Runs:

The patient's name, DOB and home address are listed. This address should be in the registration screen.

\* Note: If the "Cardholder" is different than the patient, then the patient's home address may not be listed by PET

The patient has an active insurance policy

- This DOES NOT mean that visits are automatically authorized

**Commercial Verification Authorization**

**Jane Smith** Account# **1-3102** Seq# 1

Spoke with:  Phone:  Ext.

Eff. Coverage date:  Current: ☒ Yes ☐ No

Termination Date:

Copay:  Per visit: ☒ Initial eval only: ☐ Deductible:  Not Met:  Remaining:

Out of Pocket:  %paid By Ins:

General Benefits Unlimited: ☐ Yes ☒ No

Consec Days:  Combined Visits:  Benefits Used:

☒ Per Cal year ☐ Per Contract year

☐ Call for More Visits ☐ Fax PN for more Visits ☐ STCC Required

Auth Visits:  From:  To:  Auth #:

Phone:  Fax No:

**Active Coverage**

Trace Nbr: 08655ae2984517a6bd9a178a84cb97

Payer Name: BCBS OF PENNSYLVANIA Payer name

Payer Id: 10046

Date: 2020-03-05 00:00 Report "Run Date"

Individual Eligibility Response for

**Jane Smith**

DOB: 19670517

Address: 123 Main St  
Anytown, USA  
12345

Relationship: Self

Insured Id: 123456789

Coverage Date: 1/1/2020/12/31/2020

**Active Coverage**

Coverage Level	Service	Insurance Type	Coverage	Message
Individual	Health Benefit Plan Coverage	Preferred Provider Organization (PPO)	PPO BLUE MEDICAL/SURGICAL	FUNDING TYPE = FULLY INSURED
Individual	Health Benefit Plan Coverage	Preferred Provider Organization (PPO)	PPO BLUE MEDICAL/SURGICAL	

When the PET report runs, it means that the information in the green fields, shown below, is accurate.

Name:  Comments:

DOB:

Reg date:

Acct #    Flag

**Contact Information**

Patient Address

Patient City

Patient State

Patient Zip

Patient Phone, home

Patient Phone, cell

Patient Phone, work

Patient Email

Mail To ☒

Reminder Msg. Type

Emergency Contact

Emergency Phone

**Vitals**

Gender

Marital Status

Student?

SSN

Height (ft)

Height (in)

Weight

**Injury Details**

Body part

Injury Onset Date

Condition Related To

Surgery Date

Injury Related to Fall

Auto Ins Has Medics

**Referral Source**

Referring MD

Referring MD NPI

Referring MD Phone

Referring MD Fax

PCP Name

PCP NPI

PCP Phone

PCP Fax

Referred By

Referred By Phone

Referral Source

**Primary Insurance**

Payor Name

Payor Role

ID # / Claim #

Phone

Group #

Caseworker

Caseworker Phone

Letter of Protection?

Employer

**Cardholder**

First Name

Middle Initial

Last Name

Date of Birth

Gender

Relation

Address

City

State

Zip

**Secondary Insurance**

**Tertiary Insurance**

Date Signed  Signed By

## When the PET Report Does Not Run:

The image shows two side-by-side screenshots. The left screenshot is the 'Commercial Verification Authorization' form. It contains fields for 'Spoke with' (120062610653 3/2/20 Amanda), 'Phone' (8665886967), 'Ext.' (1-3292), 'Eff. Coverage date' (1/1/2007), 'Termination Date', 'Copay' (\$40.00), 'Deductible' (\$0.00), 'Not Met' (\$0.00), 'Remaining', 'Out of Pocket' (\$5,500.00), '%paid By Ins' (100), 'View Coverage' button, 'General Benefits Unlimited' (Yes/No), 'Consec Days' (0), 'Combined Visits' (0), 'Benefits Used' (0), 'Per Cal year' (selected), 'Call for More Visits' (checked), 'Fax PN for more Visits' (checked), 'Phone' (714-459-5992), and 'Fax No' (714-459-5992). The right screenshot is the 'Active Coverage' report. It shows 'Trace Nbr: a3ae460fb4b02b385eb3f7e5aa40a', 'Payer Name: BCBS OF PENNSYLVANIA', 'Payer Id: 10046', and 'Date: 2020-03-09 00:00'. A red dashed arrow points from the 'Active Coverage' report to the text 'The payer coverage report may be blank'.

The payer coverage report may be blank

The image shows a blue-bordered error message box with a yellow background. It has a blue header with the text 'Invalid entry'. Below the header is a blue circle with a white 'i' icon. To the right of the icon is the text 'An error occurred while contacting the payer. Please try again later.' At the bottom right is a blue button with the text 'OK'.

The image shows a white-bordered error message box with a green header. The header has a green 'S' icon and the text 'Communication Failure'. Below the header is the text 'The Payer did not respond to our request.' followed by a paragraph: 'The Payer may be undergoing routine maintenance or may be having connectivity problems. You may be able to verify eligibility with this payer later. Otherwise, you need to call the payer (use the phone number on the back of the insurance card) to verify eligibility.' At the bottom is a blue button with the text 'ESC'.

Or you will see one of these error messages

## The Problem is caused by One of These Issues:

- The data entered in the registration is incorrect
- The patient does not have active coverage with this payer
- Or the payer's communication link is down

## Resolution:

- Launch PET for this patient at some other time. The payer's communication link may be corrected
- Otherwise, you need to call the payer (use the number on the back of the insurance card)
- Carefully verify the patient name, address, payer name and ID#
- Ask if coverage is active


# Defining Terminology: “Refresh” Coverage vs. “View” Coverage

## Refresh Coverage

- PET is available for this patient.
- PET has not been run for this patient in the past 15 days.
- When “Refresh Coverage” is clicked, updated information will replace any previously reported eligibility data.

## View Coverage

- PET is available for this patient
- PET has been run for this patient in the past 15 days.
- When “View Coverage” is clicked, PET will display the archived results that were obtained the last time that PET was run.
- The date when PET was last run is listed in the report header. Information is “as of this date.”
- PET data can be updated (refreshed) every 15 days.

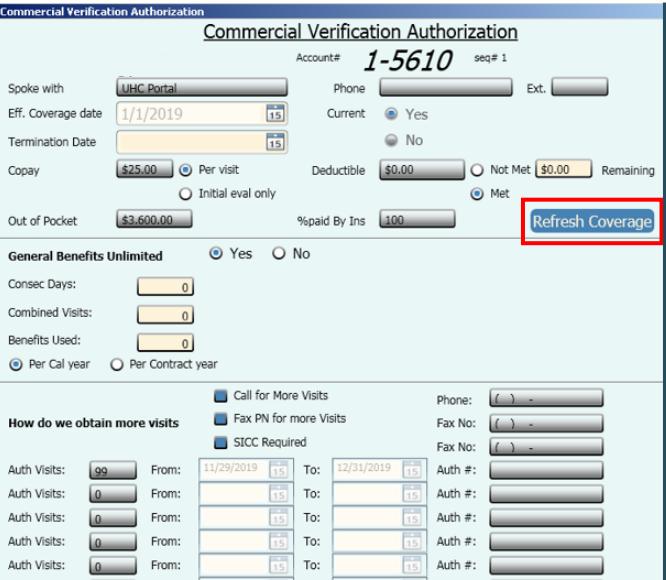


**Active Coverage**

Trace Nbr: 08655ae2984517a6bd9a178a84cb97  
Payer Name: BCBS OF PENNSYLVANIA  
Payer Id: 10046  
Date: 2020-03-05 00:00 ← Report "Run Date"

Individual Eligibility Response for  
**Jane Smith**  
DOB: 19670517 Relationship: Spouse  
Address: 123 Main St Insured Id: 123456789  
Anytown, USA Coverage Date: 1/1/2020/12/31/2020  
12345

Coverage Level	Service	Insurance Type	Coverage	Message
Individual	Health Benefit Plan Coverage	Preferred Provider Organization (PPO) BLUE MEDICAL/SURGICAL	FUNDING TYPE = FULLY INSURED	
Individual	Health Benefit Plan Coverage	Preferred Provider Organization (PPO) BLUE MEDICAL/SURGICAL		



**Commercial Verification Authorization**

Account# 1-5610 seq# 1

Spoke with: UHC Portal Phone: Ext:

Eff. Coverage date: 1/1/2019 Current: ☒ Yes ☐ No

Termination Date: 1/1/2019

Copay: \$25.00 ☒ Per visit ☐ Initial eval only Deductible: \$0.00 ☐ Not Met ☒ Met \$0.00 Remaining

Out of Pocket: \$3,600.00 %paid By Ins: 100

**General Benefits Unlimited** ☒ Yes ☐ No

Consec Days: 0

Combined Visits: 0

Benefits Used: 0

☒ Per Cal year ☐ Per Contract year

**How do we obtain more visits**

☒ Call for More Visits ☐ Fax PN for more Visits ☐ SICC Required

Phone: ( ) - ( ) - ( )

Fax No: ( ) - ( ) - ( )

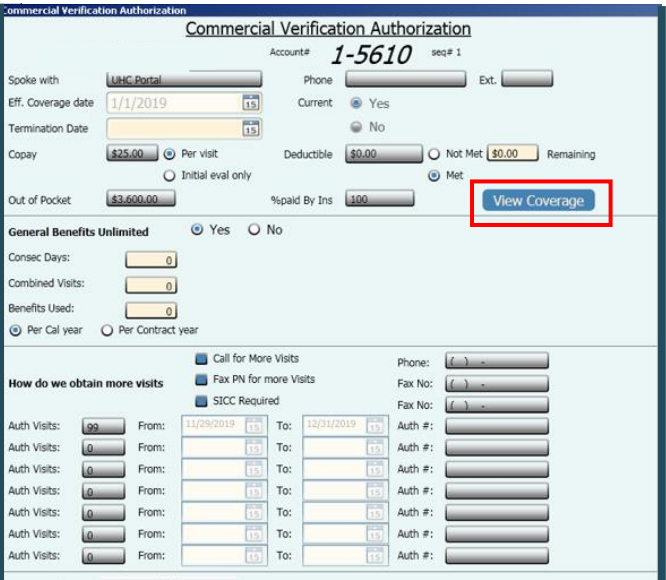
Auth Visits: 0 From: 11/29/2019 To: 12/31/2019 Auth #:

Auth Visits: 0 From: 12/31/2019 To: 1/1/2020 Auth #:

Auth Visits: 0 From: 1/1/2020 To: 1/1/2020 Auth #:

Auth Visits: 0 From: 1/1/2020 To: 1/1/2020 Auth #:

Auth Visits: 0 From: 1/1/2020 To: 1/1/2020 Auth #:



**Commercial Verification Authorization**

Account# 1-5610 seq# 1

Spoke with: UHC Portal Phone: Ext:

Eff. Coverage date: 1/1/2019 Current: ☒ Yes ☐ No

Termination Date: 1/1/2019

Copay: \$25.00 ☒ Per visit ☐ Initial eval only Deductible: \$0.00 ☐ Not Met ☒ Met \$0.00 Remaining

Out of Pocket: \$3,600.00 %paid By Ins: 100

**General Benefits Unlimited** ☒ Yes ☐ No

Consec Days: 0

Combined Visits: 0

Benefits Used: 0

☒ Per Cal year ☐ Per Contract year

**How do we obtain more visits**

☒ Call for More Visits ☐ Fax PN for more Visits ☐ SICC Required

Phone: ( ) - ( ) - ( )

Fax No: ( ) - ( ) - ( )

Auth Visits: 0 From: 11/29/2019 To: 12/31/2019 Auth #:

Auth Visits: 0 From: 12/31/2019 To: 1/1/2020 Auth #:

Auth Visits: 0 From: 1/1/2020 To: 1/1/2020 Auth #:

Auth Visits: 0 From: 1/1/2020 To: 1/1/2020 Auth #:

Auth Visits: 0 From: 1/1/2020 To: 1/1/2020 Auth #:

**Why can't PET information be updated more frequently than every 15 days per patient?**

In testing, practice admin staff often clicked the “Refresh Coverage” button with every patient visit. Why not... it's good to know the data's clean, right?

Systems 4PT pays our clearinghouse every time PET is run. We don't want to charge extra for this feature, so we limited the frequency to once per 15 days, per patient.

## **Frequently Asked Questions:**

### **If we still need to call the payer to obtain visit authorization, what's the point of using PET?**

PET eliminates the #1 reason for denied claims: Incorrect Registration Data.

- This results in higher reimbursements for your practice.

### **Can PET be used for all payers?**

Initially, PET will be installed for the top 5 volume payers in each state.

- Systems 4PT may be able to add other payers to your PET network,
- But not all payers have the necessary EDI infrastructure needed by PET.

### **Can PET be used for workers comp and motor vehicle payers?**

No. WC L&I, MV and no fault payers do not support PET

### **How can we add new payers to PET?**

Send an email to [Support@MySystems4pt.com](mailto:Support@MySystems4pt.com) listing the payer name(s) you want to add.

- Use the same payer name(s) that is listed in the registration screen.
- If the requested payers have the necessary EDI, we will add them to your PET functionality.

### **Does PET cover dependents on the insurance policy?**

Yes, IF the dependent is included in the cardholder's policy.

- If "Spouse," "Parent," or "Other" are included in the cardholder's policy, PET will verify eligibility for them.

### **Will PET work for out-of-state payers?**

Yes. Pet will be installed for the top 5 volume payers in each state

- Example: The practice is in Florida and submits to BCBS Florida
- The patient lives in Ohio and has insurance from BCBS Ohio
- The practice entered "BCBS Florida" as the payer name. Claims are submitted to this payer
- PET will function normally for the patient with BCBS Ohio insurance



## **Frequently Asked Questions:**

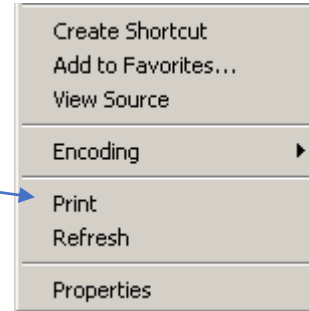
### **Does PET verify eligibility for discharged patients?**

No. PET is available for active accounts only.

- PET will display the message “Unable to verify insurance coverage” for inactive accounts.

### **How do you print the PET report?**

- Right click anywhere on the PET report.
- Left click “Print” on the dropdown list.
- The report will print on the default printer.



### **Will PET work when the payer is a secondary?**

Yes. PET follows all the same rules when the payer is a secondary payer.

### **If PET could not verify eligibility, can it be run a second time?**

Yes. After registration data is corrected, click “Refresh Coverage” and PET will run again.

- The “15-day rule” only applies after PET successfully verifies eligibility for the patient.

### **Does PET display the remaining Medicare Cap dollars?**

No. You must contact Medicare to identify remaining Medicare Cap dollars.

- Because no other medical disciplines have a Medicare Cap, clearinghouses do not communicate this data.
- The Medicare Cap is unique to PT/OT/SLP.





## Interpreting PET Data:

### **Why does PET display data in so many different formats? Why isn't there more consistency?**

Each individual payer determines what data they will make available and in what format.

- PET displays the information that the payers make available. PET does not format anything.

### **Can Systems 4PT's Support Department help me understand the PET format?**

No. Our practices work with thousands of different payers; there's no way we can be expert on each of their different eligibility formats.

- Don't call Systems 4PT Support for help interpreting your PET report format.
- Follow the steps below and make a "cheat sheet" binder for the payers you work with.

### **How are we supposed to translate "payer hieroglyphics" into useful information?**

Payers use the same terminology in PET as they use on their eligibility websites.

- If you've used the payer's website, you will recognize PET terminology.

## **How to Make a PET "Cheat Sheet" Binder**

If you can't decipher the PET screen, follow these steps:

- Print the full PET report that has you stumped. Right click over the PET report, then left click "Print."
- Verify insurance eligibility the same way you've always done it, via phone or online.
- As you verify co-insurance, deductible, and copay, with your usual approach, search the printed PET report and find the same answers.
- Circle each answer on the printed report. Jot down any thoughts you have. The more notes, the better.
- Save this PET report to use as "a cheat sheet" in the future.
- Keep all your PET "cheat sheets" together in one binder.

Interpreting PET Data: The Main Components of the PET Report are Shown Below.

Report Header with Run Date

Coverage Overview for the Insured

Copay Details


Coinurance Details

Deductible Details

These topics will list information for both in network plans and out of network plans.

Before analyzing PET, you must know if your practice is in network or out of network for the payer.

### Active Coverage



**Trace Nbr:** 08655ae2984517a6bd9a178a84cb97  
**Payer Name:** BCBS OF PENNSYLVANIA  
**Payer Id:** 10046  
**Date:** 2020-03-05 00:00

Individual Eligibility Response for

**Jane Smith**

**Dob:** 19670517  
**Address:** 123 Main St  
Anytown, USA  
12345

**Relationship:** Self  
**Insured Id:** 123456789  
**Coverage Date:** 1/1/2020/12/31/2020

#### Copay

coverage level	Service Type	Plan network indicator	amount	message
Individual	▪ Hospital-Inpatient (48)	In Plan-Network	\$295	INPATIENT HOSPITAL
Individual	▪ Hospital-Inpatient (48)	In Plan-Network	\$0	INPATIENT HOSPITAL
Individual	▪ Urgent Care (UC)	In Plan-Network	\$25	URGENT CARE
Individual	▪ Chiropractic (33)	In Plan-Network	\$20	CHIROPRACTIC
Individual	▪ Emergency Services (86)	In Plan-Network	\$90	EMERGENCY CARE
Individual	▪ Adjustment to dentures/repairs to complete dentures, denture rebase procedures, and denture reline procedures (96)	In Plan-Network	\$25	OFFICE VISIT SPECIALIST
Individual	▪ Hospital (Outpatient) (50)	In Plan-Network	\$295	OUTPATIENT HOSPITAL
Individual	▪ Physical Therapy (PT)	In Plan-Network	\$25	PHYSICAL THERAPY
Individual	▪ Prescription Drug (98)	In Plan-Network	\$5	OFFICE VISIT PCP
Individual	▪ Hospital (Outpatient) (50)	In Plan-Network	\$295	OUTPATIENT SURGERY

#### Co-Insurance

coverage level	service type	network indicator	amount	message
Individual	▪ Hospital-Inpatient (48)	In Plan-Network	0%	INPATIENT HOSPITAL
Individual	▪ Hospital-Inpatient (48)	In Plan-Network	0%	INPATIENT HOSPITAL
Individual	▪ Chiropractic (33)	In Plan-Network	0%	CHIROPRACTIC
Individual	▪ Emergency Services (86)	In Plan-Network	0%	EMERGENCY CARE
Individual	▪ Physical Therapy (PT)	In Plan-Network	0%	PHYSICAL THERAPY
Individual	▪ Hospital (Outpatient) (50)	In Plan-Network	0%	OUTPATIENT HOSPITAL
Individual	▪ Hospital (Outpatient) (50)	In Plan-Network	0%	OUTPATIENT SURGERY
Individual	▪ Adjustment to dentures/repairs to complete dentures, denture rebase procedures, and denture reline procedures (96)	In Plan-Network	0%	OFFICE VISIT SPECIALIST
Individual	▪ Urgent Care (UC)	In Plan-Network	0%	URGENT CARE
Individual	▪ Prescription Drug (98)	In Plan-Network	0%	OFFICE VISIT PCP

#### Deductible

coverage level	service type	Period	amount	Plan network	message
Family	▪ Health Benefit Plan Coverage (30)	Service Year	\$0		
Individual	▪ Health Benefit Plan Coverage (30)	Service Year	\$0		
Family	▪ Health Benefit Plan Coverage (30)	Year to Date	\$0		
Individual	▪ Health Benefit Plan Coverage (30)	Year to Date	\$0		
Family	▪ Health Benefit Plan Coverage (30)	Remaining	\$0		

Examples Interpreting PET Data:

Sometimes it's easy because the payer lists "Physical Therapy, PT/ OT" as a category.

Systems4PT-31 - Citrix Receiver

Commercial Verification Authorization

Account# 1-5610 seq# 1

Spoke with UHC Portal Phone Ext.

Eff. Coverage date 1/1/2019 15

Termination Date 15

Copay \$20.00 Per visit Deductible \$0.00 Not Met \$0.00 Remaining

Out of Pocket \$3,600.00 %paid By Ins 100 View Coverage

General Benefits Unlimited Yes No

Consec Days 0

Combined Visits 0

Benefits Used 0

Per Cal year Per Contract year

How do we obtain more visits

Auth Visits 99 From 11/29/2019 15 To 12/31/2019 15

Auth Visits 0 From 15 To 15

Auth Visits 0 From 15 To 15

Auth Visits 0 From 15 To 15

Auth Visits 0 From 15 To 15

Auth Visits 0 From 15 To 15

Auth Visits 0 From 15 To 15

Ins. Co. Claims: Payer Addresses

Visit Used 0 Authorized 0

Copay

coverage level	Service Type	Plan network indicator	amount	message
Individual	Hospital-Inpatient (48)	In Plan-Network	\$295	INPATIENT HOSPITAL
Individual	Hospital-Inpatient (48)	In Plan-Network	\$0	INPATIENT HOSPITAL
Individual	Urgent Care (UC)	In Plan-Network	\$25	URGENT CARE
Individual	Physical Therapy (PT)	In Plan-Network	\$20	CHIROPRACTIC
Individual	Prescription Drug (98)	In Plan-Network	\$90	EMERGENCY CARE

Co-Insurance

coverage level	service type	network indicator	amount	message
Individual	Hospital-Inpatient (48)	In Plan-Network	0%	INPATIENT HOSPITAL
Individual	Hospital-Inpatient (48)	In Plan-Network	0%	INPATIENT HOSPITAL
Individual	Chiropractic (33)	In Plan-Network	0%	CHIROPRACTIC
Individual	Emergency Services (96)	In Plan-Network	0%	EMERGENCY CARE
Individual	Physical Therapy (PT)	In Plan-Network	0%	PHYSICAL THERAPY
Individual	Hospital (Outpatient) (50)	In Plan-Network	0%	OUTPATIENT HOSPITAL
Individual	Hospital (Outpatient) (50)	In Plan-Network	0%	OUTPATIENT SURGERY
Individual	Adjustment to dentures/repairs to complete dentures, denture rebase procedures, and denture reline procedures (96)	In Plan-Network	0%	OFFICE VISIT SPECIALIST

If the payer doesn't specify "PT/OT," look for "Outpatient."

# Examples Interpreting PET Data: Terminology Used with “Deductibles”

Systems4PT-31 - Citrix Receiver

Commercial Verification Authorization

Account# 1-5610 seq# 1

Spoke with UHC Portal

Eff. Coverage date 1/1/2019

Termination Date

Copay \$25.00

Out of Pocket \$3,600.00

General Benefits Unlimited

Consec Days: 0

Combined Visits: 0

Benefits Used: 0

How do we obtain more visits

Auth Visits: 0

Ins. Co. Claims: Payor Addresses

Visit Used: 9

Name: UHC Medicare Comm. Plan

Address: P.O. Box 31350

State: UT

Comments:

Validate

Esc

Phone

Ext.

Current Yes

Deductible \$2,000.00

%paid By Ins 100

View Coverage

Call for More Visits

Fax PN for more Visits

SICC Required

From: 11/29/2019

To: 12/31/2019

Auth #:

Attn To: Claims

City: Salt Lake City

Zip: 84131-0350

Verified: 12/5/2019

Individual

Hospital (Outpatient) (50)

In Plan-Network

\$295

OUTPATIENT SURGERY

Deductible

coverage level	service type	Period	amount
Family	Health Benefit Plan Coverage (30)	Service Year	\$2,000
Individual	Health Benefit Plan Coverage (30)	Service Year	\$0
Family	Health Benefit Plan Coverage (30)	Year to Date	\$0
Individual	Health Benefit Plan Coverage (30)	Year to Date	\$0
Family	Health Benefit Plan Coverage (30)	Remaining	\$875
Individual	Health Benefit Plan Coverage (30)	Remaining	\$0
Individual	Health Benefit Plan Coverage (30)	Calendar Year	\$0
Family	Health Benefit Plan Coverage (30)	Calendar Year	\$0

Deductibles are tracked by - Service Year  
- Year to Date  
- Calendar Year

The most important topic is “Remaining.”

Service Type (30)

We’ve noticed that “Service Type (30)” often relates to outpatient rehab.

See if you find the same correlation.

# Examples Interpreting PET Data: Terminology Used with “Deductibles”

When interpreting deductible information, you are focused on both the (Individual / Family) column **AND** the Plan Network (In Plan/Out of Plan) column.

<u>Deductible</u>					
coveragelevel	servicetype	Period	amount	Plan network	message
Individual	▪ Health Benefit Plan Coverage (30)	Calendar Year	\$300	Out of Plan-Network	AGGREGATE
Individual	▪ Health Benefit Plan Coverage (30)	Remaining	\$300	Out of Plan-Network	AGGREGATE
Family	▪ Health Benefit Plan Coverage (30)	Calendar Year	\$900	Out of Plan-Network	AGGREGATE
Family	▪ Health Benefit Plan Coverage (30)	Remaining	\$900	Out of Plan-Network	AGGREGATE
Individual	▪ Health Benefit Plan Coverage (30)	Calendar Year	\$100	In Plan-Network	AGGREGATE
Individual	▪ Health Benefit Plan Coverage (30)	Remaining	\$0	In Plan-Network	AGGREGATE
Family	▪ Health Benefit Plan Coverage (30)	Calendar Year	\$300	In Plan-Network	AGGREGATE
Family	▪ Health Benefit Plan Coverage (30)	Remaining	\$100	In Plan-Network	AGGREGATE
Individual	▪ Prescription Drug (98) ▪ Physician Visit - Well (BZ)	<u>add time period qualifier</u>	\$0	In Plan-Network	SPECIALIST
Individual	▪ Prescription Drug (98) ▪ Physician Visit - Well (BZ) ▪ Urgent Care (UC)	<u>add time period qualifier</u>	\$0	In Plan-Network	<u>add message</u>

Examples Interpreting PET Data:

Systems4PT-31 - Citrix Receiver

Commercial Verification Authorization

Commercial Verification Authorization

Account# 1-5635 seq# 1

Spoke with Availity

Phone

Ext.

Eff. Coverage date 7/1/2017

Current Yes

Termination Date

No

Copay \$0.00

Per visit

Deductible \$250.00

Not Met \$0.00

Remaining

Out of Pocket \$0.00

%paid By Ins 80

Refresh Coverage

General Benefits Unlimited Yes

Consec Days 0

Combined Visits 25

Benefits Used 0

How do we obtain more visits

Auth Visits 25

From 12/11/2019

To 6/30/2020

Ins. Co. Claims Payor Addresses

Name BCBS OH

Address P.O. Box 105187

State GA

Comments

Benefit Period: 7/1/19-6/30/20; \$250 Ded (MET); \$1500 MaxOOP (MET); 25 Visits /condition/benefit period (0 used)- if we use all 25 Visits, call 866-643-7087 for the pre-determination line to make sure visits 26+ will be paid

Copay

coverage level	Service Type	Plan network indicator	amount	message
Individual	Hospital (Emergency Accident) (51)		\$100	WAIVED IF ADMITTED
Individual	Emergency Services (86)		\$100	WAIVED IF ADMITTED
Individual	Prescription Drug (98)	In Plan-Network	\$20	Â
Individual	Prescription Drug (98)	Out of Plan-Network	\$30	Â
Individual	Hospital (Outpatient) (50)	In Plan-Network	\$ 0	SPECIALIST
Individual	Prescription Drug (98)	Out of Plan-Network	\$30	SPECIALIST
Individual	Urgent Care (UC)	In Plan-Network	\$30	Â
Individual	Urgent Care (UC)	In Plan-Network	\$30	Â
Individual	Urgent Care (UC)	In Plan-Network	\$30	Â
Individual	Urgent Care (UC)	Out of Plan-Network	\$35	Â
Individual	Urgent Care (UC)	Out of Plan-Network	\$35	Â
Individual	Urgent Care (UC)	Out of Plan-Network	\$35	Â

Co-Insurance

coverage level	service type	network indicator	amount	message
Individual	Chiropractic (33)	In Plan-Network	20%	
Individual	Hospitalization (47)	In Plan-Network	20%	
Individual	Hospital-Inpatient (48)	In Plan-Network	20%	
Individual	Hospital (Outpatient) (50)	In Plan-Network	20%	
Individual	Chiropractic (33)	Out of Plan-Network	40%	
Individual	Hospitalization (47)	Out of Plan-Network	40%	
Individual	Hospital-Inpatient (48)	Out of Plan-Network	40%	
Individual	Hospital (Outpatient) (50)	Out of Plan-Network	40%	
Individual	Hospitalization (47)	In Plan-Network	20%	TRANSPLANT
Individual	Hospital-Inpatient (48)	In Plan-Network	20%	TRANSPLANT
Individual	Hospital (Outpatient) (50)	In Plan-Network	20%	TRANSPLANT
Individual	Hospital (Emergency Accident) (51)		20%	IN NETWORK GENERAL DEDUCTIBLE APPLIES
Individual	Emergency Services (86)		20%	IN NETWORK GENERAL DEDUCTIBLE APPLIES
Individual	Prescription Drug (98)	Out of Plan-Network	40%	
Individual	Urgent Care (UC)	Out of Plan-Network	40%	

[illegible]



Examples Interpreting PET Data:

Systems4PT-31 - Citrix Receiver

Commercial Verification Authorization

Account# 1-5894 seq# 1

Spoke with aetna Phone Ext.

Eff. Coverage date 10/1/2018

Termination Date

Copay \$0.00 Per visit

Deductible \$2,500.00

Out of Pocket \$3,675.00

General Benefits Unlimited Yes

Consec Days: 0

Combined Visits: 30

Benefits Used: 0

How do we obtain more visits

Auth Visits: 30 From: 12/30/2019 To: 1/1/2020

Auth Visits: 0 From: To:

Auth Visits: 0 From: To:

Auth Visits: 0 From: To:

Auth Visits: 0 From: To:

Auth Visits: 0 From: To:

Auth Visits: 0 From: To:

Auth Visits: 0 From: To:

Ins. Co. Claims: Payor Addresses

Visit Used: 0 Authorized: 30

Name: Aetna Attn To: CLAIMS

Address: PO BOX 981109 City: EL PASO

State: TX Zip: 79998-1106

Comments:

Verified: 12/27/2019

Validate Esc

Commercial Verification Authorization

Co-Insurance

coverage level	service type	network indicator	amount	message
Employee Only	Chiropractic (33)	In Plan-Network	10%	All Other In-Network ProvidersChiropractor Visit or Evaluation,COINS APPLIES TO OUT OF POCKETLab Performed by Chiropractor,COINS APPLIES TO OUT OF POCKETXray by Chiropractor,COINS APPLIES TO OUT OF POCKETManipulation by Chiropractor,COINS APPLIES TO OUT OF POCKET
Employee Only	Hospital-Inpatient (48)	In Plan-Network	10%	All Other In-Network ProvidersMedical Ancillary,COINS APPLIES TO OUT OF POCKETSemi Private Room and Board,COINS APPLIES TO OUT OF POCKETIntensive Care,COINS APPLIES TO OUT OF POCKET
Employee Only	Hospital (Outpatient) (50)	In Plan-Network	10%	All Other In-Network ProvidersFacility,COINS APPLIES TO OUT OF POCKET
Employee Only	Emergency Services (66) Urgent Care (UC)	In Plan-Network	10%	All Other In-Network ProvidersUrgent Care,COINS APPLIES TO OUT OF POCKET
Employee Only	Prescription Drug (98)	In Plan-Network	10%	All Other In-Network ProvidersGYN Visit,COINS APPLIES TO OUT OF POCKETSpecialist Visit or Evaluation,COINS APPLIES TO OUT OF POCKETPrimary Care Visit or Evaluation,COINS APPLIES TO OUT OF POCKET
Employee Only	Prescription Drug (98)	In Plan-Network	10%	All Other In-Network ProvidersWalk In Clinic Visit,COINS APPLIES TO OUT OF POCKET
Employee Only	Emergency Services (66)		10%	Emergency Room Physician,COINS APPLIES TO OUT OF POCKETEmergency use of Emergency Room,COINS APPLIES TO OUT OF POCKET
Employee Only	Chiropractic (33)	Out of Plan-Network	50%	Chiropractor Visit or Evaluation,COINS APPLIES TO OUT OF POCKETLab Performed by Chiropractor,COINS APPLIES TO OUT OF POCKETXray by Chiropractor,COINS APPLIES TO OUT OF POCKETManipulation by Chiropractor,COINS APPLIES TO OUT OF POCKET
Employee Only	Hospital-Inpatient (48)	Out of Plan-Network	50%	Semi Private Room and Board,COINS APPLIES TO OUT OF POCKETIntensive Care,COINS APPLIES TO OUT OF POCKET
Employee Only	Hospital-Inpatient (48)	Out of Plan-Network	50%	Facility,COINS APPLIES TO OUT OF POCKET
Employee Only	Hospital (Outpatient) (50)	Out of Plan-Network	50%	Facility,COINS APPLIES TO OUT OF POCKET
Employee Only	Emergency Services (66) Urgent Care (UC)	Out of Plan-Network	50%	Urgent Care,COINS APPLIES TO OUT OF POCKET
Employee Only	Prescription Drug (98)	Out of Plan-Network	50%	GYN Visit,COINS APPLIES TO OUT OF POCKETSpecialist Visit or Evaluation,COINS APPLIES TO OUT OF POCKETPrimary Care Visit or Evaluation,COINS APPLIES TO OUT OF POCKET
Employee Only	Prescription Drug (98)	Out of Plan-Network	50%	Walk In Clinic Visit,COINS APPLIES TO OUT OF POCKET

Deductible



# Examples Interpreting PET Data:

## The “Limitations” Section

Sometimes “Visits” are listed in the “Limitations” section.

- These are **NOT** authorized visits!
- PET will **NOT** provide authorized visits.
- The payer **MUST** be called to obtain authorized visits.

### Limitations

Coverage level	Service type	Period	Amount	Visits	Plan network	Message
Individual	■ Physician Visit-Well (BZ)	Service Year		2	In Plan-Network	
Individual	■ Physician Visit-Well (BZ)	Remaining		2	In Plan-Network	
Individual	■ Physician Visit-Well (BZ)	Service Year	\$150		Out of Plan-Network	AGE 40 THROUGH 59 YEARS
Individual	■ Physician Visit-Well (BZ)	Service Year	\$150	60	Out of Plan-Network	

## PET does not list remaining Medicare Cap dollars.

PET will display remaining deductible dollars for Medicare patients.

### Deductible

- These are **NOT** remaining Cap dollars!
- PET does **NOT** list remaining Cap dollars.
- Remaining Cap dollars **CAN ONLY** be obtained online or by calling Medicare.

Coverage Level	Service Type	Period	Amount	Plan network	Message
Individual	■ Health Benefit Plan Coverage (30)	Episode	\$1408	Medicare Part A	
Individual	■ Health Benefit Plan Coverage (30)	Remaining	\$1408	Medicare Part A	
Individual	■ Home Health Care (42) ■ Hospice (45)	Episode	\$0	Medicare Part A	
Individual	■ Health Benefit Plan Coverage (30)	Calendar Year	\$198	Medicare Part B	
Individual	■ Health Benefit Plan Coverage (30)	Remaining	\$135.42	Medicare Part B	
Individual	■ Home Health Care (42) ■ Smoking Cessation (67) ■ Alcoholism Treatment (AJ)	Calendar Year	\$0	Medicare Part B	

**Interpreting PET Data:**

**When there is a mix of in-network and out-of-network therapists in the same clinic:**

*Benefit Coordinators must know which therapists are in-network and which therapists are out of network, by payer.*

- PET coverage is generated using the therapist that the patient is scheduled with today, or the therapist who is scheduled for the next appointment with the patient.

In the example below: DPT Bill is OON, and DPT Sandra is in network.


- The patient is scheduled with DPT Bill and this payer reports, “The therapist is OON.”

- Two days later, the patient is scheduled with DPT Sandra (in network).

Note that if “view coverage” is clicked, the PET report will show that the therapist is OON, because PET shows an archive of the earlier report.

Always refer to the report date.

The report date is when the PET Information was generated.



**Active Coverage**

Trace Nbr: 08655ae2984517a6bd9a178a84cb97  
Payer Name: BCBS OF PENNSYLVANIA  
Payer Id: 10046  
Date: 2020-03-05 00:00

Individual Eligibility Response for

Dob: 19610814      Relationship: Spouse  
Address:      Insured Id:  
Coverage Date: 20200101

**Active Coverage**

Coverage Level	Service	Insurance Type	Coverage	Message
Individual	Health Benefit Plan Coverage	Health Maintenance Organization (HMO)	HMO	

**Limitations**

Coverage level	Service type	Period	Amount	Plan network	Message
Family	<ul style="list-style-type: none"><li>Medical Care (1)</li><li>Chiropractic (33)</li><li>Dental Care (35)</li><li>Hospitalization (47)</li><li>Hospital-Inpatient (48)</li><li>Hospital (Outpatient) (50)</li><li>Emergency Services (86)</li><li>Retail/Independent Pharmacy (88)</li></ul>				Our records indicate the Provider ID you entered is not participating in this patient's network. Services rendered by providers that are not part of the patient's network are not covered.

Examples Interpreting PET Data: The patient was not recognized because:

- Either the registration data is incorrect,
- Or this patient's coverage is not active.

Systems4PT-31 - Citrix Receiver

Commercial Verification Authorization

Commercial Verification Authorization

Account# 1-5901 seq# 1

Spoke with navinet Phone Ext.

Eff. Coverage date 1/1/2019 15 Current Yes No

Termination Date 15

Copay \$0.00 Per visit Deductible \$0.00 Not Met \$0.00 Remaining Initial eval only Met

Out of Pocket \$0.00 %paid By Ins 100 View Coverage

General Benefits Unlimited Yes No

Consec Days 0

Combined Visits 365

Benefits Used: 0

Per Cal year Per Contract year

Call for More Visits Fax PN for more Visits SICC Required

Phone: Fax No: Fax No:

Auth Visits: 365 From: 12/30/2019 15 To: 12/31/2019 15 Auth #:

Auth Visits: 0 From: 15 To: 15 Auth #:

Auth Visits: 0 From: 15 To: 15 Auth #:

Auth Visits: 0 From: 15 To: 15 Auth #:

Auth Visits: 0 From: 15 To: 15 Auth #:

Auth Visits: 0 From: 15 To: 15 Auth #:

Auth Visits: 0 From: 15 To: 15 Auth #:

Auth Visits: 0 From: 15 To: 15 Auth #:

Ins. Co. Claims: Payor Addresses

Visit Used: 1 Authorized: 365

Name: BCBS PA - Highmark Attn To: CLAIMS

Address: PO BOX 890062 City: CAMP HILL

State: PA Zip: 17089-0062

Comments:

Verified: 12/30/2019 15

Validate Esc

Active Coverage

SYSTEMS 4PT

Trace Nbr: 945ea87c7f4dcaa1ddac8f0ead9225

Payer Name: BCBS OF PENNSYLVANIA

Payer Id: 10046

Date: 20191231

Individual Eligibility Response for

Dob: Relationship:

Address: Insured Id:

Coverage Date:

Active Coverage

Coverage Level Service Insurace Type Coverage message

Copay

coverage level Service Type Plan network indicator amount message

Co-Insurance

coverage level service type network indicator amount message

Deductible

coverage level service type Period amount Plan network message

**This is giving me a headache!**

Why doesn't Systems 4PT list PET data in more a consistent (logical) format?

- Systems 4PT doesn't create the data or create the data format.
- We forward the data, in the format that each payer provides.
- As such, PET will often contain the same "gobbledygook" that is often listed on payer coverage websites.
- Be diligent about creating payer cheat sheets.
- Deciphering payer terminology will soon become second nature.
- This is another of many examples why your skill and experience are so valuable to your practice!

<b>Deductible</b>					
Coverage Level	Service Type	Period	Amount	Plan network	Message
Individual	■ Hospital (Outpatient) (50)		\$180	In Plan-Network	Seq#001SURGE
Individual	■ Hospital (Outpatient) (50)		\$180	Out of Plan-Network	Seq#001SURGE
Individual	■ Hospital (Outpatient) (50)		\$180	In Plan-Network	Seq#001ANESTH
Individual	■ Hospital (Outpatient) (50)		\$180	Out of Plan-Network	Seq#001ANESTH
Individual	■ Hospital (Outpatient) (50)		\$180	In Plan-Network	Seq#001MRI SC
Individual	■ Hospital (Outpatient) (50)		\$180	Out of Plan-Network	Seq#001MRI SC
Individual	■ Hospital (Outpatient) (50)		\$180	In Plan-Network	Seq#001CAT SC
Individual	■ Hospital (Outpatient) (50)		\$180	Out of Plan-Network	Seq#001CAT SC

One Last Reminder

**The Patient Eligibility Tool:**

DOES NOT report authorized payer visits.

No payers authorize visits via remote EDI.

Your staff will continue to contact the payer  
by phone or on their website  
for visit authorization.

Systems4PT-31 - Citrix Receiver

Commercial Verification Authorization

Account# 1-5901 seq# 1

Spoke with navinet Phone Ext.

Eff. Coverage date 1/1/2019 15 Current ☒ Yes ☐ No

Termination Date 15

Copay \$0.00 ☒ Per visit ☐ Initial eval only Deductible \$0.00 ☐ Not Met \$0.00 Remaining ☒ Met

Out of Pocket \$0.00 %paid By Ins 100 View Coverage

BCBS of Pennsylvania

General Benefits Unlimited ☒ Yes ☐ No

Consec Days: 0

Combined Visits: 365

Benefits Used: 0

☒ Per Cal year ☐ Per Contract year

How do we obtain more visits ☒ Call for More Visits ☒ Fax PN for more Visits ☒ SICC Required

Phone: ( ) - Fax No: ( ) - Fax No: ( ) -

Auth Visits: 365 From: 12/30/2019 15 To: 12/31/2019 15 Auth #:

Auth Visits: 0 From: 15 To: 15 Auth #:

Auth Visits: 0 From: 15 To: 15 Auth #:

Auth Visits: 0 From: 15 To: 15 Auth #:

Auth Visits: 0 From: 15 To: 15 Auth #:

Auth Visits: 0 From: 15 To: 15 Auth #:

Auth Visits: 0 From: 15 To: 15 Auth #:

Ins. Co. Claims: Payor Addresses

Visit Used: 1 Authorized: 365

Name: BCBS PA - Highmark Attn To: CLAIMS

Address: PO BOX 890062 City: CAMP HILL

State: PA Zip: 17089-0062

Comments:

Verified: 12/30/2019 15

Validate Esc