Overview of Magellan's Explanation of Payment

For Idaho Behavioral Health Plan (IBHP)

Objective

This guide provides an overview of how to read Magellan's Explanation of Payment (EOP) from ECHO. It reviews the EOP starting with the top and working down through the page(s), focusing on the areas that generate the most questions. Please note, if you use a clearinghouse other than ECHO, you will need to look into how they display their EOP.

Differentiations and key fields

Different companies will ask about different key fields when you contact them. Magellan uses the check number. However, ECHO uses the EPC draft number.

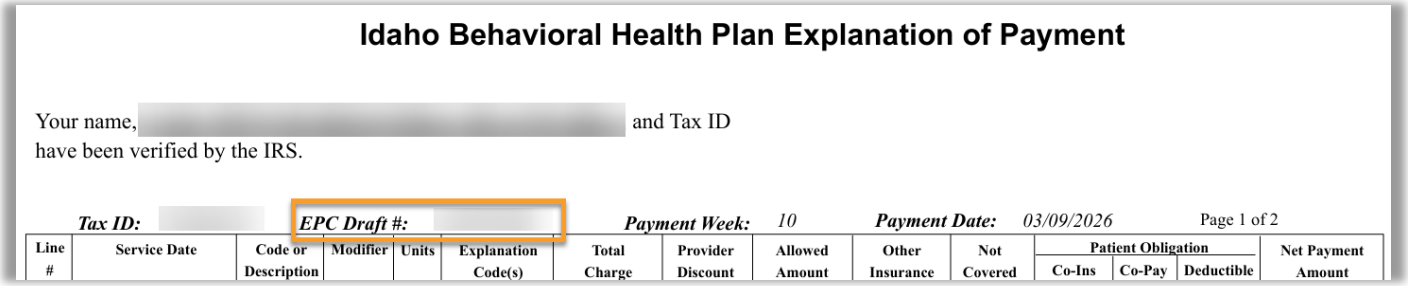
If you notice an ECHO service fee showing on the EOP, this indicates you are signed up for the ECHO all-payer program. To eliminate the service fee, call ECHO to request a direct connection to Magellan.

You may also receive multiple EOPs depending on the funding source. Medicaid claims are on a different EOP than alternate state funding. The EOP is broken out by funding. Therefore, if the member has both Medicaid and alternate state funding, you will receive two different EOPs.

Reading an ECHO EOP

ECHO draft number

If you contact ECHO with questions about your EOP, ECHO will ask for the EPC Draft #.



Idaho Behavioral Health Plan Explanation of Payment

Your name, [redacted] and Tax ID have been verified by the IRS.

Tax ID: [redacted] *EPC Draft #:* [redacted] *Payment Week:* 10 *Payment Date:* 03/09/2026 Page 1 of 2

Line #	Service Date	Code or Description	Modifier	Units	Explanation Code(s)	Total Charge	Provider Discount	Allowed Amount	Other Insurance	Not Covered	Patient Obligation			Net Payment Amount
											Co-Ins	Co-Pay	Deductible	

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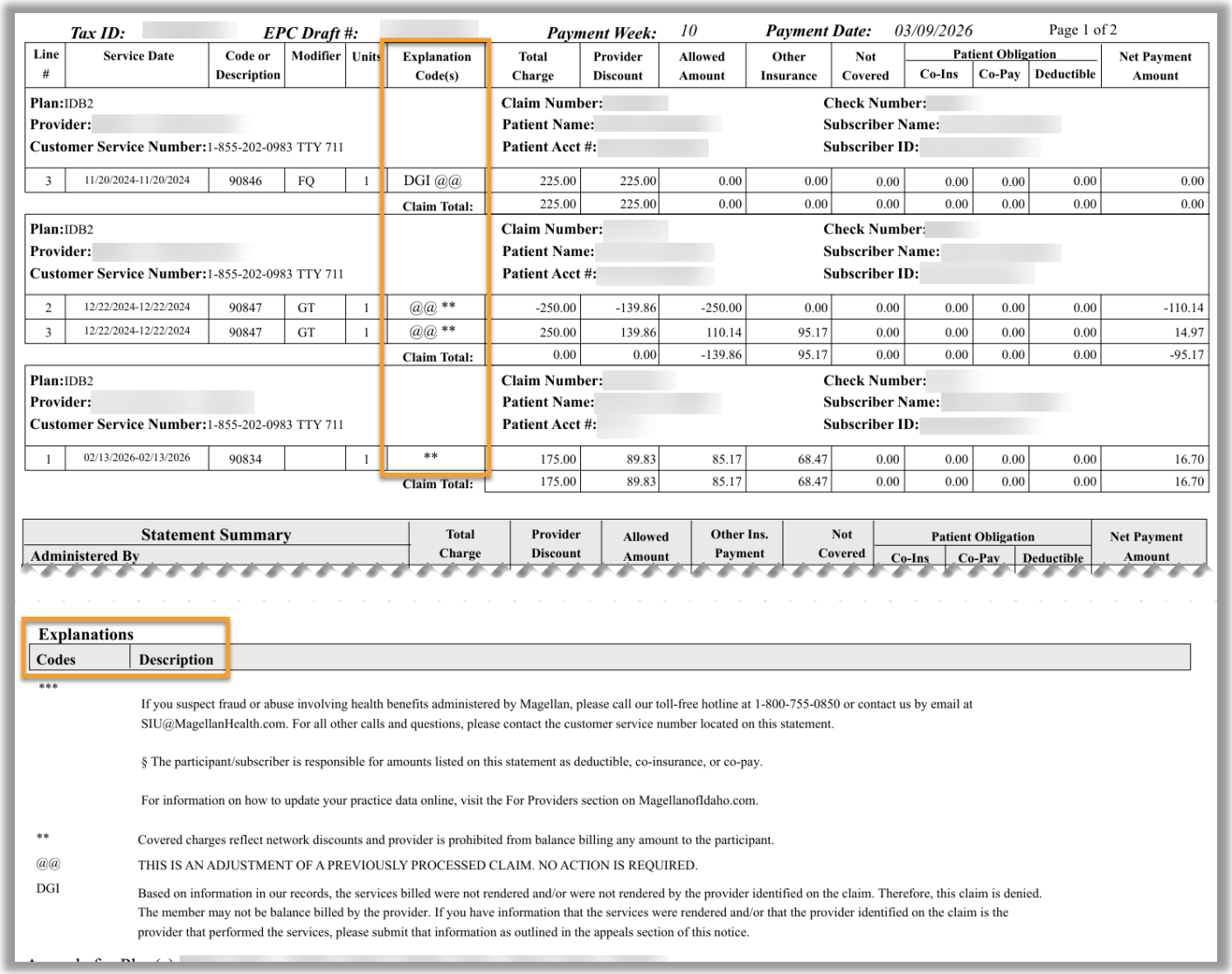
Explanation code(s)

If a claim is denied, it will be listed under Explanation Code(s), and the description is at the bottom. This explanation is from Magellan on why the claim was denied.



Tax ID: *EPC Draft #:* *Payment Week:* 10 *Payment Date:* 03/09/2026 Page 1 of 2

Line #	Service Date	Code or Description	Modifier	Units	Explanation Code(s)	Total Charge	Provider Discount	Allowed Amount	Other Insurance	Not Covered	Patient Obligation Co-Ins	Patient Obligation Co-Pay	Patient Obligation Deductible	Net Payment Amount
Plan: IDB2 **Provider:** **Customer Service Number:** 1-855-202-0983 TTY 711						**Claim Number:** **Patient Name:** **Patient Acct #:**					**Check Number:** **Subscriber Name:** **Subscriber ID:**			
3	11/20/2024-11/20/2024	90846	FQ	1	DGI @@	225.00	225.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
					Claim Total:	225.00	225.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Plan: IDB2 **Provider:** **Customer Service Number:** 1-855-202-0983 TTY 711						**Claim Number:** **Patient Name:** **Patient Acct #:**					**Check Number:** **Subscriber Name:** **Subscriber ID:**			
2	12/22/2024-12/22/2024	90847	GT	1	@@ **	-250.00	-139.86	-250.00	0.00	0.00	0.00	0.00	0.00	-110.14
3	12/22/2024-12/22/2024	90847	GT	1	@@ **	250.00	139.86	110.14	95.17	0.00	0.00	0.00	0.00	14.97
					Claim Total:	0.00	0.00	-139.86	95.17	0.00	0.00	0.00	0.00	-95.17
Plan: IDB2 **Provider:** **Customer Service Number:** 1-855-202-0983 TTY 711						**Claim Number:** **Patient Name:** **Patient Acct #:**					**Check Number:** **Subscriber Name:** **Subscriber ID:**			
1	02/13/2026-02/13/2026	90834		1	**	175.00	89.83	85.17	68.47	0.00	0.00	0.00	0.00	16.70
					Claim Total:	175.00	89.83	85.17	68.47	0.00	0.00	0.00	0.00	16.70

Statement Summary Administered By	Total Charge	Provider Discount	Allowed Amount	Other Ins. Payment	Not Covered	Patient Obligation Co-Ins	Patient Obligation Co-Pay	Patient Obligation Deductible	Net Payment Amount

Explanations

Codes	Description
***	If you suspect fraud or abuse involving health benefits administered by Magellan, please call our toll-free hotline at 1-800-755-0850 or contact us by email at SIU@MagellanHealth.com. For all other calls and questions, please contact the customer service number located on this statement.
	§ The participant/subscriber is responsible for amounts listed on this statement as deductible, co-insurance, or co-pay.
	For information on how to update your practice data online, visit the For Providers section on MagellanofIdaho.com.
**	Covered charges reflect network discounts and provider is prohibited from balance billing any amount to the participant.
@@	THIS IS AN ADJUSTMENT OF A PREVIOUSLY PROCESSED CLAIM. NO ACTION IS REQUIRED.
DGI	Based on information in our records, the services billed were not rendered and/or were not rendered by the provider identified on the claim. Therefore, this claim is denied. The member may not be balance billed by the provider. If you have information that the services were rendered and/or that the provider identified on the claim is the provider that performed the services, please submit that information as outlined in the appeals section of this notice.

Negative charges or amounts

If you see a negative number, that indicates the claim has been adjusted. Magellan is not taking back the money at this time. Payment adjustment means there is a negative balance, however, Magellan is only providing information at this stage, not recouping the money yet.

If there is a negative balance, this indicates you owe Magellan money, and the Refund Recovery team will send you a letter explaining your options: sending Magellan a check or allowing Magellan to recoup the amount.

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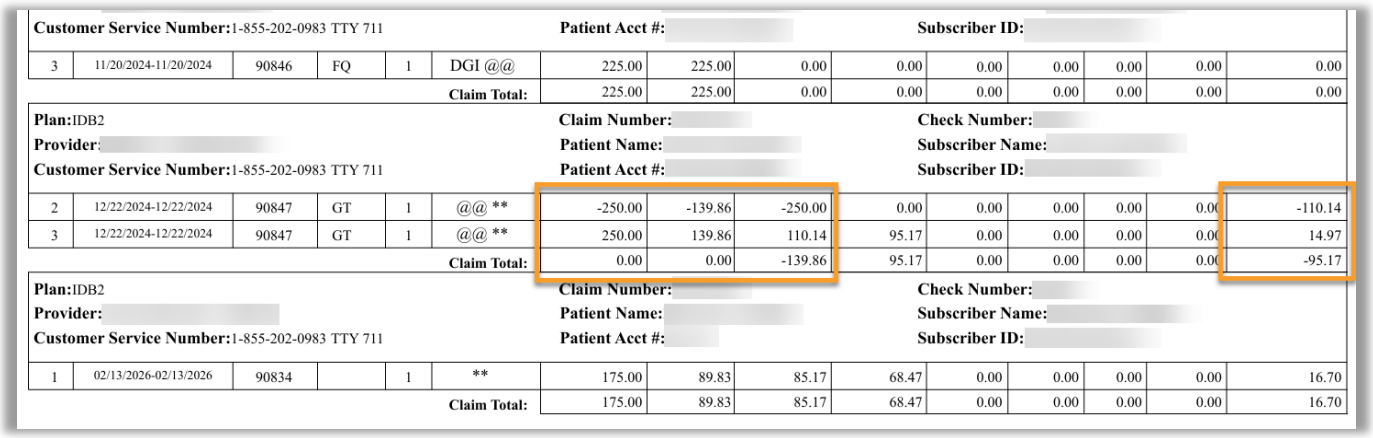
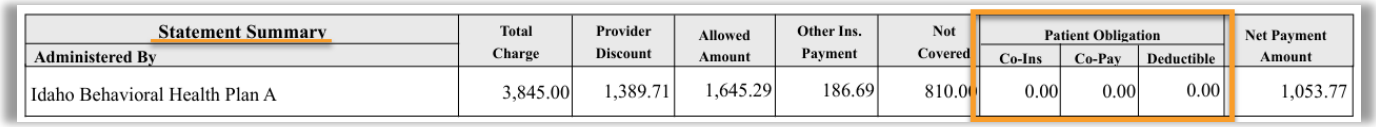
NOTE: The claim will show on an EOP again when the funds are recouped.



Customer Service Number: 1-855-202-0983 TTY 711						**Patient Acct #:**				**Subscriber ID:**				
3	11/20/2024-11/20/2024	90846	FQ	1	DGI @@	225.00	225.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
					Claim Total:	225.00	225.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Plan: IDB2						**Claim Number:**				**Check Number:**				
Provider:						**Patient Name:**				**Subscriber Name:**				
Customer Service Number: 1-855-202-0983 TTY 711						**Patient Acct #:**				**Subscriber ID:**				
2	12/22/2024-12/22/2024	90847	GT	1	@@ **	-250.00	-139.86	-250.00	0.00	0.00	0.00	0.00	0.00	-110.14
3	12/22/2024-12/22/2024	90847	GT	1	@@ **	250.00	139.86	110.14	95.17	0.00	0.00	0.00	0.00	14.97
					Claim Total:	0.00	0.00	-139.86	95.17	0.00	0.00	0.00	0.00	-95.17
Plan: IDB2						**Claim Number:**				**Check Number:**				
Provider:						**Patient Name:**				**Subscriber Name:**				
Customer Service Number: 1-855-202-0983 TTY 711						**Patient Acct #:**				**Subscriber ID:**				
1	02/13/2026-02/13/2026	90834		1	**	175.00	89.83	85.17	68.47	0.00	0.00	0.00	0.00	16.70
					Claim Total:	175.00	89.83	85.17	68.47	0.00	0.00	0.00	0.00	16.70

Statement Summary section

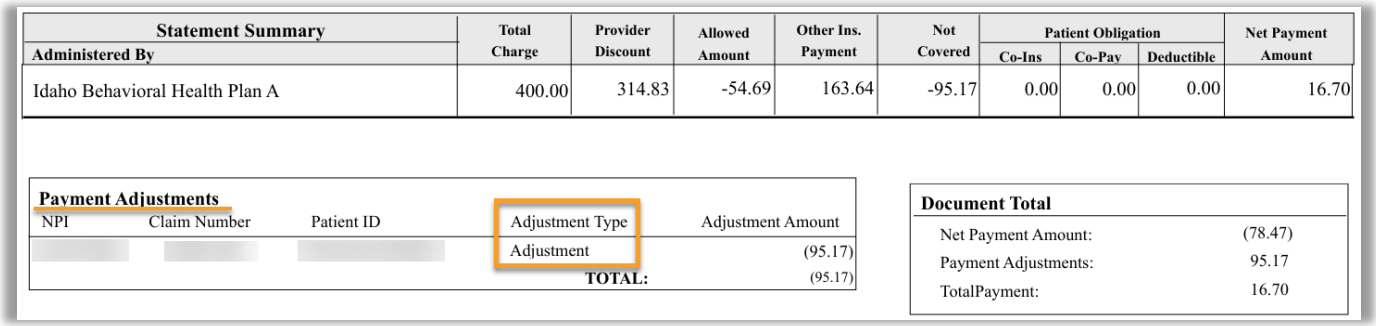
The Statement Summary section under Patient Obligation should always show zero, as IBHP does not have patient obligations.



Statement Summary Administered By	Total Charge	Provider Discount	Allowed Amount	Other Ins. Payment	Not Covered	Patient Obligation Co-Ins	Co-Pay	Deductible	Net Payment Amount
Idaho Behavioral Health Plan A	3,845.00	1,389.71	1,645.29	186.69	810.00	0.00	0.00	0.00	1,053.77

Payment Adjustments section

In the Payment Adjustments section, if you see “Adjustment” or “CS Adjustment” under Adjustment Type, Magellan is not taking money at this time. This is a notification that you have a future balance.



Statement Summary Administered By	Total Charge	Provider Discount	Allowed Amount	Other Ins. Payment	Not Covered	Patient Obligation Co-Ins	Co-Pay	Deductible	Net Payment Amount
Idaho Behavioral Health Plan A	400.00	314.83	-54.69	163.64	-95.17	0.00	0.00	0.00	16.70

Payment Adjustments

NPI	Claim Number	Patient ID	Adjustment Type	Adjustment Amount
			Adjustment	(95.17)
			TOTAL:	(95.17)

Document Total

Net Payment Amount:	(78.47)
Payment Adjustments:	95.17
TotalPayment:	16.70

However, if you see “Overpayment” under Adjustment Type, this indicates Magellan is recouping the amount. This is called an overpayment recovery. The explanation code you will see is IPW. (See screenshot below).

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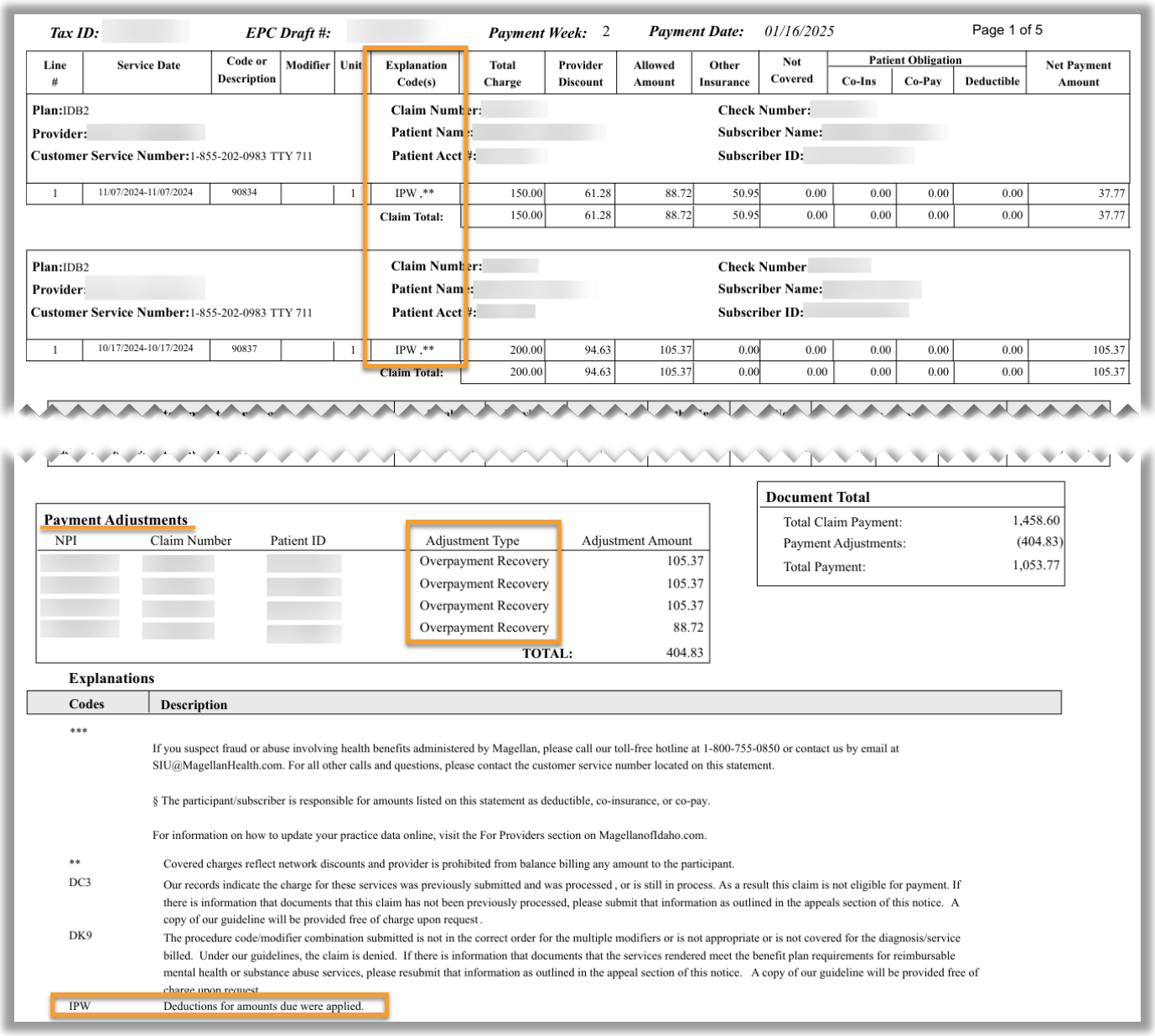

Tax ID: *EPC Draft #:* *Payment Week:* 2 *Payment Date:* 01/16/2025 Page 1 of 5

Line #	Service Date	Code or Description	Modifier	Unit	Explanation Code(s)	Total Charge	Provider Discount	Allowed Amount	Other Insurance	Not Covered	Patient Obligation			Net Payment Amount
											Co-Ins	Co-Pay	Deductible	
Plan: IDB2 **Provider:** **Customer Service Number:** 1-855-202-0983 TTY 711					**Claim Number:** **Patient Name:** **Patient Acct #:**				**Check Number:** **Subscriber Name:** **Subscriber ID:**					
1	11/07/2024-11/07/2024	90834		1	IPW ,**	150.00	61.28	88.72	50.95	0.00	0.00	0.00	0.00	37.77
					Claim Total:	150.00	61.28	88.72	50.95	0.00	0.00	0.00	0.00	37.77
Plan: IDB2 **Provider:** **Customer Service Number:** 1-855-202-0983 TTY 711					**Claim Number:** **Patient Name:** **Patient Acct #:**				**Check Number** **Subscriber Name:** **Subscriber ID:**					
1	10/17/2024-10/17/2024	90837		1	IPW ,**	200.00	94.63	105.37	0.00	0.00	0.00	0.00	0.00	105.37
					Claim Total:	200.00	94.63	105.37	0.00	0.00	0.00	0.00	0.00	105.37

Payment Adjustments

NPI	Claim Number	Patient ID	Adjustment Type	Adjustment Amount
			Overpayment Recovery	105.37
			Overpayment Recovery	105.37
			Overpayment Recovery	105.37
			Overpayment Recovery	88.72
			TOTAL:	404.83

Document Total

Total Claim Payment:	1,458.60
Payment Adjustments:	(404.83)
Total Payment:	1,053.77

Explanations

Codes	Description
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	§ The participant/subscriber is responsible for amounts listed on this statement as deductible, co-insurance, or co-pay.
	For information on how to update your practice data online, visit the For Providers section on MagellanofIdaho.com.
**	Covered charges reflect network discounts and provider is prohibited from balance billing any amount to the participant.
DC3	Our records indicate the charge for these services was previously submitted and was processed , or is still in process. As a result this claim is not eligible for payment. If there is information that documents that this claim has not been previously processed, please submit that information as outlined in the appeals section of this notice. A copy of our guideline will be provided free of charge upon request .
DK9	The procedure code/modifier combination submitted is not in the correct order for the multiple modifiers or is not appropriate or is not covered for the diagnosis/service billed. Under our guidelines, the claim is denied. If there is information that documents that the services rendered meet the benefit plan requirements for reimbursable mental health or substance abuse services, please resubmit that information as outlined in the appeal section of this notice. A copy of our guideline will be provided free of charge upon request.
IPW	Deductions for amounts due were applied.

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