How to know if a deductible or out of pocket max (MOOP) has been met

Deductible is a specified amount of money that the insured (client) must pay before an insurance company will pay a claim.

MOOP is Out-of-pocket maximum/limit is the insured has to pay for covered services in a plan year. After the client spends this amount on deductibles, copayments, and/or co-insurance for in-network care and services, the insurance pays 100% of the costs of covered benefits.

Tips:

Be sure to have an idea what the "allowed amount" (aka: Cost Estimated Amount or Contracted Rate) is for each insurance company's procedure codes. You can find this info on the Cost Estimation Chart that we use when collecting deductibles. In this example, we will use BCBS and a 90791 Procedure Code.

Cost Estimation Chart

REV 04/23/2020

Revised 2019	BCBC	H
90791 intake	$155.35	$

You should also familiarize yourself with your client's benefit information found on the Payee tab in ClinicSource.

The Co-pay amount is shown at the top of the page.

The info re: Deductibles, Co-insurance & MOOP are near the bottom of the page. (% covered after ded met is where to find the co-ins. In this case, the co-ins would be 20% as the ins co will cover 80% after the ded has been met).

MOOP has been met:
On the Billing tab, you will notice that after you submit an invoice (aka "claim") through the EDI (electronic data interchange) – by clicking the "Submit via EDI" button - that the invoice will first say "Pending" and then will eventually say "Submitted" and you will see an Ins Bal due. The Ins Bal just means that the claim has not processed through insurance yet. Claim processing can take a few days, up to 30 days. If you see claims unprocessed beyond 30 days, please promptly alert the admin team via the Original Intake Email.

Note: Copays will be the only Pat Bal shown due PRIOR to the insurance processing of the claim. After the claim processes, then the deductible and/or co-insurance amount will be shown (if there is a deductible and/or co-insurance due).

Here are 2 examples of what you might see right after you Submit via EDI:
With a copay not applied (shows that there is a Pat Bal of $20 due) either a payment has not yet been entered in the Payment tab or it has been entered and it has just not been applied to the visit:

Inv#	Inv. Date	Patient	Payee	Insurer#	Pat. Resp	Ins. Amt	Inv. Tot.	Pat. Paid	Ins. Paid	Pat. Bal	Ins. Bal	EDI Stat.	Sub. Date
265936	10/29/2019	Example, Client .	Example, Client .	BCBS	$20.00	$180.00	$200.00	$0.00	$0.00	$20.00	$180.00	Submitted	5/15/2020

With a copay applied (if the copay has been applied to the visit in the Payments tab, then it will show as Pat Paid instead of Pat Bal):

Inv#	Inv. Date	Patient	Payee	Insurer#	Pat. Resp	Ins. Amt	Inv. Tot.	Pat. Paid	Ins. Paid	Pat. Bal	Ins. Bal	EDI Stat.	Sub. Date
265936	10/29/2019	Example, Client .	Example, Client .	BCBS	$20.00	$135.35	$155.35	$20.00	$0.00	$0.00	$135.35	Submitted	5/15/2020

Once the claim has processed through the insurance, and the remit (payment) info is entered into CS (auto-posts or is entered by the admin team), then you will see a payment under the Ins Paid column and there will be $0 under the Ins Bal column. The Inv. Tot. should equal the allowed amount ($155.35, in this example).

If the client has a patient responsibility due after the claim processes, then you will see that under the Pat Resp. This shows that the ins paid $135.35 of the allowed amount, with a Pat Resp of $20.

Inv#	Inv. Date	Patient	Payee	Insurer#	Pat. Resp	Ins. Amt	Inv. Tot.	Pat. Paid	Ins. Paid	Pat. Bal	Ins. Bal	EDI Stat.	Sub. Date
265936	10/29/2019	Example, Client .	Example, Client .	BCBS	$20.00	$135.35	$155.35	$20.00	$135.35	$0.00	$0.00	Submitted	5/15/2020

If the client has meet the MOOP (in this example, as there is no deductible – only a copay), then you will see that the insurance paid the full allowed amount of $155.35, with $0 Pat Resp due. Since the client already paid the $20 copay, it will show up as a negative balance (a credit).

Inv#	Inv. Date	Patient	Payee	Insurer#	Pat. Resp	Ins. Amt	Inv. Tot.	Pat. Paid	Ins. Paid	Pat. Bal	Ins. Bal	EDI Stat.	Sub. Date
265936	10/29/2019	Example, Client .	Example, Client .	BCBS	$0.00	$155.35	$155.35	$20.00	$155.35	-$20.00	$0.00	Submitted	5/15/2020

Deductible has been met

Deductibles work very similarly. When you submit a claim and the client has a deductible, you will see $0 for Pat Bal and the full allowed amount as the Ins Bal.

Inv#	Inv. Date	Patient	Payee	Insurer#	Pat. Resp	Ins. Amt	Inv. Tot.	Pat. Paid	Ins. Paid	Pat. Bal	Ins. Bal	EDI Stat.	Sub. Date
265936	10/29/2019	Example, Client .	Example, Client .	BCBS	$0.00	$155.35	$155.35	$0.00	$0.00	$0.00	$155.35	Submitted	5/15/2020

If the deductible has NOT been met, then you will see that the Ins Bal is $0 (showing that the claim has processed), the Ins Paid $0 and the Pat Resp and Pat Bal equal the allowed amount of $155.35.

Inv#	Inv. Date	Patient	Payee	Insurer#	Pat. Resp	Ins. Amt	Inv. Tot.	Pat. Paid	Ins. Paid	Pat. Bal	Ins. Bal	EDI Stat.	Sub. Date
265936	10/29/2019	Example, Client .	Example, Client .	BCBS	$155.35	$0.00	$155.35	$0.00	$0.00	$155.35	$0.00	Submitted	5/15/2020

Most of the time, when there is a deductible to meet, there is a "co-insurance" that is due after the deductible is met (in this example, the co-ins is 20%). So, if the deductible has been met and the claim has processed, you will see an insurance payment that covers 80% of the allowed amount and a Pat Resp due of 20%. The Inv Tot should still equal the allowed amount.

Inv#	Inv. Date	Patient	Payee	Insurer#	Pat. Resp	Ins. Amt	Inv. Tot.	Pat. Paid	Ins. Paid	Pat. Bal	Ins. Bal	EDI Stat.	Sub. Date
265936	10/29/2019	Example, Client .	Example, Client .	BCBS	$31.07	$124.28	$155.35	$0.00	$124.28	$31.07	$0.00	Submitted	5/15/2020

If the deductible HAS been met and there is no co-insurance due OR if the MOOP has also been met, you will see that the Ins Paid the full allowed amount ($155.35, in this case) and that there is $0 Pat Resp due.

Inv#	Inv. Date	Patient	Payee	Insurer#	Pat. Resp	Ins. Amt	Inv. Tot.	Pat. Paid	Ins. Paid	Pat. Bal	Ins. Bal	EDI Stat.	Sub. Date
265936	10/29/2019	Example, Client .	Example, Client .	BCBS	$0.00	$155.35	$155.35	$0.00	$155.35	$0.00	$0.00	Submitted	5/15/2020

Credits

If you collected a copay or an estimated payment and now the deductible or the MOOP has been met, then you would see a payment sitting in the Payments tab that is unable to be applied/assigned to any balance due. This results in a Credit "Balance" that we would need to refund back to the client (if we are unable to use this credit in the near future).

Pmt#	Pmt. Date	Patient	Payee	Insurer	Pmt. Type	Check#	Amount	Assigned	Balance	Payer Claim Control #
406678	5/22/2020	Example, Client .	PATIENT	NONE	Credit Card		$155.35	$0.00	$155.35	
406677	5/22/2020	Example, Client .	PATIENT	NONE	Credit Card		$20.00	$0.00	$20.00	