

[illegible]

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Notes

ECBS ACTIVE
CPT CODE 91476
DIAG CODE: R19.3
PROCEDURE NAME: CT ABD PELVIS W/O CONTRAST
BENEFITS
DED \$400.00 REM
OOP \$200.00 \$10.00 REM
CO-INS 10%
CO-SH 0.00% NONE
NO AUTH REQ
CHECKED CABELON WEBSITE NO AUTH REQ

ACR BLUE CHOICE TX PPO POS NON TDI

Coverage Information	Payment Due to Subscriber	Member ID
Subscriber Name		
Group Name	Group Name	Verification Status
000330	---	Verified by Website

No benefits have been collected for this coverage.

E-BCBS/BLUE CHOICE TX PPO POS NON TDI

View Response History

General Benefits

Estimate needed

Checked by user

Checked on date

Checked with

Copy Amount

Coinsurance percentage

Coinsurance amount

Annual benefits max amount

Annual benefits remaining amt

Lifetime benefits max amount

Checked with contact

Annual benefit period start date

Individual

Family

Deductible Amount

400.00

Deductible Amount Met

Deductible Remaining

86.00

Out-of-pocket max amount

2,000.00

Out-of-pocket remaining amount

1,510.00

Out-of-pocket met?

No

Out-of-pocket exceeds deduct?

Yes

Benefits Per Service Type

uAdd a Service Type

+Add Service

PRIMARY CARE

HOSPITAL - OUTPATIENT

Copy

Coinsurance percentage

1

Coinsurance amount

Out-of-pocket max

Out-of-pocket remaining

Tracking code

← Preadmission Benefit Collection

Benefit Collection

[Encounter Information](#)

Notes

E-SWHP/ESWHP H...

Payments

Encounter Information

Patient Name [REDACTED]

Estimate Status

Create Estimate

Estimate Lookup

Microgen

[2017 Home > Patients > Micro Gen > Estimate](#)

Service Area

MHS Service AREA

basic info

Warrant

Insurance

Contact Name

Organization

BCBS - BLUE CHOICE TX PPO POS NON TDI

Demographics

Legal Sex
444

Address

Date of Birth

State

Alternate Phone

Home

Registration
Referral Collection
13 - 566319

Estimate

CT Abdomen Pelvis WO Contrast on 3/22/2024 [566338]

Report: GUARD, ROBERT [1001106470]
Referring: GUARD, ROBERT [1001106470]

Guarantor: Primary Coverage
Ref: Blue Cross TX 000 BCL-NO-30

Search Templates=
Add
Add SB Case
Add HB Procedure
Add External Service



Add a template, case, or procedure to start

Pending on 3/19/2024 by Gina M. Phillips
View history

Benefits
Related information

Last updated 3/19/2024 1:38 PM via Manual Update

Query Benefits
Update Benefits
Calculate Self-Pay

Patient Responsibility

Total	0.00
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Benefit Details

by Dina M. Phillips

View History

Benefits

Related Information

Procedures

CPT # 74176, CT ABDOMEN PELVIS WO CONTRAST (IMG6784)

BCBS ACTIVE

CPT CODE: 74176

DIAG CODE: R10.9

PROCEDURE NAME: CT ABD PELVIS WO CONTRAST

BENEFITS

PLAN: ADVANTAGE PLUS

Estimate

CT Abdomen Pelvis WO Contrast on 3/22/2024 [566351]

Patient Guarantor Primary Coverage

  Add HB Case  Add HB Procedure  Add External Service

Methodist Mansfield Parent Location

Base Class

Outpatient

Account Class

Outpatient

Provider

Department

Methodist Mansfield ...

Cost Center

Service Type

«Automatically calculated»

Methodist Mansfield Parent Location

HODIST MANAGER PARENT LOCATION ✓

	Hospital Internal Procedures	Mod	Qty	Charge	Allowed	Patient Pays
#1 Class Descr	MTH #1419-1HC COT ADD PRNRS WOC [100741000]		1	6,750.00	1,593.99	1,510.00
Incent						
*Add Mansfield Mtn						
# Type (F)	Charge:			6,750.00	MHS DEDUPLY FEE SCHEDULE	
ALTY CARE	Allowed:			1,593.99	MHS HB ICES PPO MMAC	✓
A Patient Pays:	Deductible:		84.00	Towards remaining \$6,666 General Individual deductible		
	Copay:		\$6.00	Towards 10,000.00 Special Individual deductible		
			1,310.00	Based on 1,593.99 allowed amount and collected benefits		
				Towards 1,510.00 remaining on 2,000.00 individual MDOP		
				Individual MDOP met after this procedure		

☒ Accept |
 ☐ Cancel

The screenshot shows the 'Payments' tab in the Epic EHR interface. The 'Prepay due' field is highlighted with a red box and contains the value '236.80'. Below it, a summary box shows 'TOTAL COST OF PROCEDURE \$678500', 'ADJ AMOUNT \$', 'AMOUNT DUE \$', and 'Epic EST'. The 'Prepay due' field is also highlighted with a red box. The 'Comments' tab is visible at the top.

Registration
Benefit Collection
Est - 566353

CT Abdomen Pelvis WVO Contrast on 3/22/2024 [566353]

Pending on 3/19/2024 by Dina M. Philips
View History

Patient
Generator
Primary Coverage

Search Templates
Add
Add IIS Case
Add HB Procedure
Add External Service

METHODIST MANSFIELD PARENT LOCATION

Account Class
Outpatient
Department
Methodist Mansfield M...
Service Type (Q)
General

Hospital/Primary Procedures
CPT 8 74176 - HC CT ABD PELVIS WLOC [50747600]

Mod
Qty
Charge
Allowed
Patient Pays

6,785.00
1,593.99
236.80

New hospital procedure
Add

Totals

Charge
6,785.00
Allowed
1,593.99
Patient Pays
236.80

Benefits
Related Information

Checkmark
Update 3/19/2024 1:45 PM via Manual Update

Query Benefits
Update Benefits
Calculate Self-Pay

Patient Responsibility

Deductible (General)
86.00

Coinsurance (100% General)
150.80

Total
236.80

\$0.00 Out-of-Pocket Max

86.00 remaining (14.00 already used)

86.00 applied to estimate

0.00 remaining after estimate

\$2,000.00 Out-of-Pocket Max

1,510.00 remaining (490.00 already used)

236.80 applied to estimate

1,273.20 remaining after estimate

Benefit Details

Comments

Prepay due will be calculated when this estimate is finalized.

Patient responsibility
236.80

Finalize & Share

Estimate Summary

Patient responsibility:	236.00
Physician due:	236.00

MyChart

This estimate will be available to view in MyChart.

NigelBarnes@willbros.com [\[Redacted\]](#)

Letter

☒ **Send letter** **MHS HB PRICE ESTIMATE LETTER** [\[Link\]](#) [\[Edit\]](#)

[Print Paper Copy](#) [MyChart Only](#)

Letter available only in MyChart

Finalize **Cancel**