

## Provider Remittance Advice Quick Reference Guide

Providers receive Payment Remittance Advice (PRA) documents through PaySpan with their weekly payment. The PRA breaks down, line by line, claims that were submitted and adjudicated on the corresponding payment. Both approved and denied claims appear on the PRA.

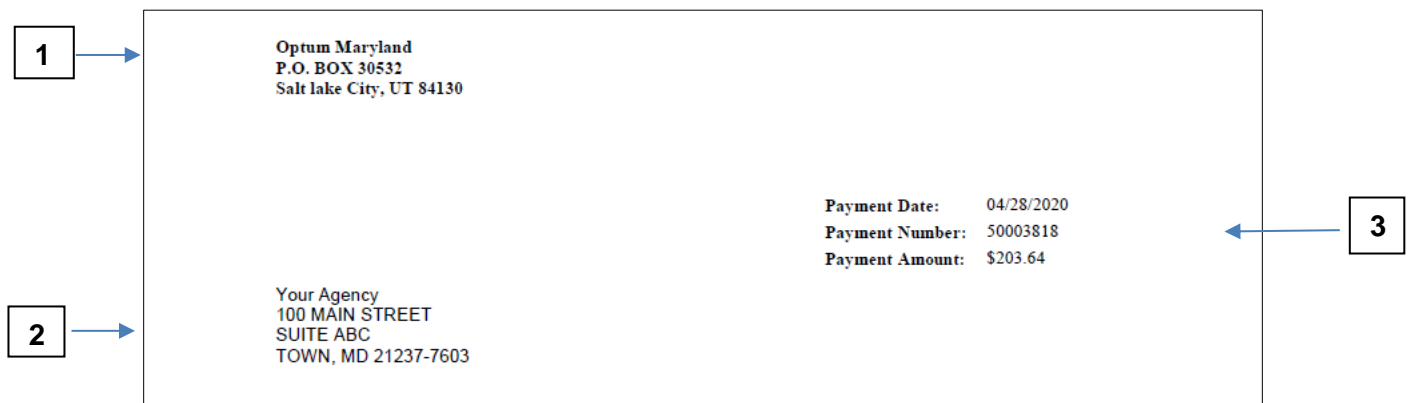
The PRA is broken out by **funding stream, provider TIN, provider NPI number, and provider type**. It contains the final adjudication status for the claims submitted by your organization. The PRA includes any applicable claims explanation reason codes.

### Provider Remittance Advice (PRA) – Reading the Document

A sample PRA is shown below. You will receive a separate PRA like this for each combination of TIN, provider type, NPI number and Funding stream (Medicaid vs State funding). An explanation of each page of the document is shown below.

#### Provider Remittance Advice: Section 1

The example below represents section 1 of a PRA.



1: Optum Maryland Claims address

2: Name and address for the **organization receiving the PRA**

3: **Payment / PRA date**, any applicable **check number (Payment Number)** and **check dollar amount (Payment Amount)**

## Provider Remittance Advice: Section 2

Section 2 of the PRA contains **detailed claims information** for each claim.

|    |               |                         |                          |                       |       |          |                  |                 |           |        |         |                  |
|----|---------------|-------------------------|--------------------------|-----------------------|-------|----------|------------------|-----------------|-----------|--------|---------|------------------|
| 1A | Patient Name: | PATIENT A               | Patient Control No.:     | 01 201811210405507900 | 1D    | 1        |                  |                 |           |        |         |                  |
| 1B | Medicaid ID:  | 30099123456             |                          |                       |       |          |                  |                 |           |        |         |                  |
| 1C | Claim No.:    | 20123456789             | Rendering Provider Name: | YOUR AGENCY           | 1E    |          |                  |                 |           |        |         |                  |
| 2  | Serv          | Services Dates          | Service Code             | Mod Code              | Units | Charged  | Fee Schedule Amt | Allowed Denied  | Other Ins | RSA    | Payment | Explain Codes    |
|    | 100           | 07/08/2019 - 07/08/2019 | 90834                    |                       | 1     | (\$4.82) | \$0.00           | \$0.00 (\$4.82) | \$0.00    | \$0.00 | \$0.00  | CO16<br>358 MA63 |
|    | Subtotal:     |                         |                          |                       |       | (\$4.82) | \$0.00           | \$0.00 (\$4.82) | \$0.00    | \$0.00 | \$0.00  |                  |
|    | Serv          | Services Dates          | Service Code             | Mod Code              | Units | Charged  | Fee Schedule Amt | Allowed Denied  | Other Ins | RSA    | Payment | Explain Codes    |
|    | 100           | 07/08/2019 - 07/08/2019 | 90834                    |                       | 1     | \$4.82   | \$0.00           | \$0.00 \$4.82   | \$0.00    | \$0.00 | \$0.00  | CO18<br>94       |
|    | Subtotal:     |                         |                          |                       |       | \$4.82   | \$0.00           | \$0.00 \$4.82   | \$0.00    | \$0.00 | \$0.00  |                  |
| 2A | 2B            | 2C                      | 2D                       | 2E                    | 2F    | 2G       | 2H               | 2I              | 2J        | 2K     | 2L      |                  |

1: Participant information and claims header details:

- 1A: Patient Name – Name of the participant for who the claim was submitted
- 1B: Medicaid ID – Participant’s Medicaid ID number
- 1C: Claim Number – Claim number assigned by Incedo
- 1D: Patient Control Number
- 1E: Rendering Provider Name

2: Claim detail information as submitted by the provider:

- 2A: Service – Incedo assigned grouping number
- 2B: Service Dates – Date that service was rendered to the participant
- 2C: Service Code – Procedure codes submitted on claim
- 2D: Modifier code – Modifier codes submitted on claim
- 2E: Units – The number of times a service was performed
- 2F: Charged/Contract Amount – Dollar amount billed by provider
- 2G: Fee Schedule Amount – Dollar amount allowed per fee schedule
- 2H: Allowed/Denied – Dollar amount allowed/ Dollar amount not approved for payment
- 2I: Other Insurance – Contributions from other insurance streams toward billed amount
- 2J: RSA – Resource Shared Amount used toward billed amount
- 2K: Payment – Dollar amount paid for the service code on claim

- 2L: Explain Codes – Details of Incedo, CARC and RARC adjustment codes applied to a claim line. Full descriptions are given at the end of the PRA document (see below)

**3:** The final totals for the PRA are listed

|              | Charged | Fee Schedule Amt | Allowed Denied   | Other Ins | RSA    | Withhold Amount | Withhold Code | Payment Offset Total Details | Offset Reference | Payment |
|--------------|---------|------------------|------------------|-----------|--------|-----------------|---------------|------------------------------|------------------|---------|
| <b>Total</b> | \$0.00  | \$0.00           | \$0.00<br>\$0.00 | \$0.00    | \$0.00 | \$0.00          |               | \$0.00<br>\$0.00             |                  | \$0.00  |

## Provider Remittance Advice: Section 3

| Explanation Code | Description  |
|------------------|--|
| 358              | Diagnosis Code Pointer is Missing or Invalid   |
| 94               | Duplicate Claim  |
| CO16             | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |
| CO18             | Exact duplicate claim/service  |
| MA63             | Missing/incomplete/invalid principal diagnosis.  |

Explain codes used on claim lines throughout the PRA are detailed. These include the Incedo code, with the corresponding CARC code and RARC code.

A crosswalk of Incedo and CARC codes is posted on the Optum Maryland website, [here](#).

Based on the examples above:

Example 1:

- “358” is the Incedo denial code for the reason; “*Diagnosis Code Pointer is Missing or Invalid.*”
- “16” is the CARC code that corresponds to Incedo code “358.”
- “MA63” is the corresponding RARC code which provides further detail about the denial reason; “*Missing/incomplete/invalid principal diagnosis.*”

Example 2:

- “94” is the Incedo denial code for the reason “*Duplicate claim.*”
- “18” is the CARC code that corresponds to Incedo code “94.”
- No RARC code is associated to this denial reason.

### Important Reminders:

- PRAs are created at Tax Identification Number (TIN), National Identification Number (NPI) and Funding Stream (Medicaid vs State Dollars)