

**MEDICA** MEDICA  
 P.O. BOX 30990  
 SALT LAKE CITY  
 UTAH UT 84130

**PROVIDER  
 REMITTANCE  
 ADVICE**

**8** PAYEE HENRY GEORGE  
 MEDICAL CENTER  
 3256 EPIPHENOMENAL AVENUE  
 MINNEAPOLIS MN 55416

<b>2</b> CHECK/EFT DT 11/29/07	<b>3</b> REF # 8097 MSP DGY 001 999
<b>4</b> CHECK/EFT 55557319	<b>5</b> PAYMENT \$57.92
<b>6</b> PAYEE TAX ID 874875889	<b>7</b> PAYEE ID 8766629996

**9** Contact: MEDICA  
 Tele: 800-458-5512

**10** Prod Dt: 11/29/2007

**11** PROV NO. 01-00006 **12** NAME HENRY GEORGE **13** UPIN NO. PLZ SUBMIT

**14** PATIENT JOHN, DAVID **15** GRP-PATIENT ID 78000-777056135 **16** PAT CTRL # 6334790900

**17** CLM # 63347943-00 **18** CLAIM DT 10/02/07 10/05/07 DT RCVD 10/15/07 **19** ICD9 DIAG V70  
 REND PROV HENRY GEORGE REND PROV ID 8766629996 MED REC # MC04785774867787874569  
 DRG **21** **22** **23** **24** DRG **25** **26** **27** **28** AUTH # 000083470 **29** **30** **31** **32**

20 LINE CTRL #	DOS	#	REV	ADJ PROD SVC/MOD	SUB PROD SVC/MOD	CHG	ADJ INT CD	GRP CD	CLM ADJ RSN CD	REMARK CD	PAYMENT
000001	10/02/07	10/03/07	1	99202	20000	70.00	14.50 038	CO	041	N82	55.50
000002	10/04/07	10/05/07	1	81002	10000	10.00	7.90 032	CO	055		2.10
<b>33</b> CLM CHG						80.00	22.40			<b>34</b> CLM PAYMENT	57.60
<b>35</b> PAT RESP				.00						<b>36</b> REMARK	

	TOTAL CHARGE	TOTAL ADJUSTMENT	TOTAL PAYMENT
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PROVIDER TOTAL	<b>37</b> 80.00	<b>38</b> 22.40	<b>39</b> 57.60
PAYEE TOTAL	<b>40</b> 80.00	<b>41</b> 22.40	<b>42</b> 57.60

**43** PROV ADJ CD L6 **44** PROVIDER ADJ ID 20071002 6334790900 **45** PROV ADJ AMT .32-

## **Provider Remittance Advice (PRA): Explanation of information fields**

<b>PRA</b>	<b>Field Explanation</b>
1. PAGE XXX OF XXX	Identifies the page number and total number of pages.
2. CHECK/EFT DT	Date the check was issued.
3. REF #	Used internally to identify the site, schedule and system cycle number for the report.
4. CHECK/ EFT	Check, warrant, draft or electronic funds transfer number associated with the remittance advice report.
5. PAYMENT	Total amount of payment as it corresponds to the entire remittance advice.
6. PAYEE TAX ID	Provider's federal tax identification number.
7. PAYEE ID	National Provider Identifier or the payer assigned payee ID.
8. PAYEE	The name identifying the payee organization to whom payment is directed.
9. CONTACT	Payers contact name and phone number
10. PROD DT	Production end cycle date. The last date claims on the remittance advice was adjudicated.
11. PROV NO.	Seven-digit provider number used by the claim processing system.
12. NAME	Name of the provider who performed the service(s).
13. UP IN NO.	Provider's unique identification number.
14. PATIENT	Name of the member receiving service(s). The subscriber's address is printed below this field.
15. GRP-PATIENT	Assigned group number and policy number that uniquely distinguishes the patient's coverage in the payer's system.
16. PAT CTRL	Member's account number assigned by the provider.
17. CLAIM NO. REND PROV DRG	Identification number assigned by the payer to the claim. Name of the provider who performed the service. Diagnosis Related Group based on the patient's illness.
18. CLAIM DT REND PROV ID DRG WGHT	The date(s) pertaining to the entire claim Payer assigned provider number or the NPI number DRG weight for the claim.
19. ICD-9 DIAG MED REC # AUTH/REF #	Diagnosis code (up to four codes) indicated by the provider. Provider assigned medical record number Authorization or referral number
20. LINE CTRL #	Identifier assigned by the submitter/provider to identify a claim line.

21. DOS	Date of service for each line item.
22. #	Number of Units for each detail line.
23. REV	Revenue code identifies a specific accommodation and/ or ancillary service or billing calculation.
24. ADJ PROD SVC/MOD	Adjudicated Procedure Code identifying services provided Service modifier(s) identify special circumstances related to the service.
25. SUB PROD SVC/MOD	Submitted Product/ Service code/Modifiers as submitted by the payer.
26. CHG	Provider charge/ billed amount for each line as submitted
27. ADJ	The claim level adjusted amount for the associated reason code.
28. INT CD	Internal code used by Medica
29. GRP CD	Claim adjustment group code that identifies the general category of payment adjustment. <b>PR - Patient Responsibility.</b> <b>CO - Contractual Obligation.</b> <b>CR - Correction and Reversals.</b> <b>OA - Other Adjustment</b>
30. CLM ADJ RSN CD	Claim Adjustment Reason Code that explains the adjusted amount at the line level. ANSI codes link: <a href="http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-reason-codes/">http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-reason-codes/</a>
31. REMARK CD	Code used to relay informational messages that cannot be expressed with a claim adjustment reason code alone.
32. PAYMENT	Payment amount corresponding to the adjudicated service line.
33. CLM CHG	The monetary amount for the submitted charges for this claim.
34. CLM PAYMENT	Total payment amount corresponding to the charges adjudicated on a claim.
35. PAT RESP	Total patient responsibility
36. REMARK	Code used to relay informational messages that cannot be expressed with a claim adjustment reason code alone. <a href="http://www.wpc-edi.com/reference/codelists/healthcare/remittance-advice-remark-codes/">http://www.wpc-edi.com/reference/codelists/healthcare/remittance-advice-remark-codes/</a>
37. PROVIDER TOTAL CHARGES	Total charges billed on this claim
38. PROVIDER TOTAL ADJUSTMENT	Monetary amount of the provider adjustment.
39. PROVIDER TOTAL PAYMENT	Total payment amount as it corresponds to the charges adjudicated on the claim.

40. PAYEE TOTAL CHARGE	The reason for the provider adjustments that is not specific to a particular claim or service.
41. PAYEE TOTAL ADJUSTMENT	Payee ineligible amount
42. PAYEE TOTAL PAYMENT	Total amount paid
43. PROV ADJ CD	The reason for a provider adjustment not specific to a particular claim or service.
44. PROV ADJ ID	This number is the same as the Patient Control number that the provider assigns to their patients account.
45. PROV ADJ AMT	The monetary amount of the provider adjustment. <b>Note:</b> positive adjustment amounts decrease payment and a negative amount increases payment.