

Provider Remittance Advice (PRA) Guide for Medica2 Platform

PH0402001 8

MEDICA MEDICA
P.O Box 9310 Mail Stop CP565
Minneapolis, MN 55440-9310

1 Page 1

Return Service Requested

WHITE STOCK
DISTIBUANCE
TEST

PROVIDER
REMITTANCE
ADVICE

SINGLE PIECE

15 0.5486 SP 0.460

7 [REDACTED] COMMUNITY HOSP INC 1

2	CHECK/EFT DT	12/11/2013
3	CHECK/EFT #	145
4	PAYMENT	\$392.60
5	PAYEE TAX ID	[REDACTED]
6	PAYEE ID	[REDACTED]

IT IS A CRIME TO SUBMIT AN APPLICATION OR FILE A CLAIM WITH INTENT TO DEFRAUD OR TO HELP COMMIT FRAUD AGAINST AN INSURER.

9 Production Date: 12/05/2013

12 13 14

PATIENT: Jane Doe		GRP-PATIENT ID: 000011210301		PAT CTRL # 0	
CLM # 0000074033		CLAIM DT 11/03/2013		DT RCVD 12/05/2013	
REND PROV STEVEN [REDACTED]		REND PROV ID [REDACTED]			

LINE CTRL#	DOS	REV #	PROCEDURE CODE	MODIFIER 23	CHG 24	ADJ AMT	GRP CD	CLM ADJ RSN CD	REMARK CD	PAYMENT	
2508507.20131103.1	11/03/13	0250			28.02	5.88	CO	45		22.14	
2508976.20131103.2	11/03/13	0250			19.94	4.19	CO	45		15.75	
4500388.20131103.3	11/03/13		99282		449.00	94.29	CO	45		354.71	
CLM CHG	30				496.96	104.36			CLM PAYMENT	31	392.60
PAT RESP	32	0.00									

TOTAL CHARGE	TOTAL ADJUSTMENT	TOTAL PAYMENT
33 496.96	104.36	34 392.60

PROVIDER TOTAL 33 496.96 104.36 34 35 392.60

CODE DESCRIPTIONS 36

45 Charge exceeds fee schedule maximum allowable or contracted/legislated fee arrangement.

Go paperless with Electronic Funds Transfer (EFT)!
Sign up for free online electronic delivery of your claim payments by visiting <http://www.emdeon.com/ef/>

Provider Remittance Advice (PRA) Guide for Medica2 Platform — Explanation of Fields

PRA	Field Explanation
1. PAGE X OF X	Identifies the page and the total number of pages
2. CHECK/EFT DT	Date the check was issued
3. CHECK/EFT	Check, warrant, draft or electronic funds transfer number associated with the PRA
4. PAYMENT	Total amount of payments as it corresponds to the PRA
5. PAYEE TAX ID	Provider's Federal Tax Identification Number (TIN)
6. PAYEE ID	NPI or payer assigned ID
7. PAYEE	The name of the payee organization
8. PAYER ADDRESS	Payer's name and address
9. PROD DT	Production date; the last date claims on the PRA were adjudicated
10. REND PROV	Name of the provider who performed the service
11. REND PROV ID	Provider's unique identification number
12. PATIENT	Name of the member receiving services
13. GRP-PATIENT	Assigned group patient number and policy number that uniquely distinguishes the patient's coverage in the payer's system
14. PAT CTRL	Member's account number assigned by the provider
15. CLM #	Identification number assigned by the payer to the claim
16. CLAIM DT	The date(s) pertaining to the entire claim
17. DT RCVD	The date the claim was received by the payer
18. LINE CTRL #	Identifier assigned by the submitter/provider to identify a claim line
19. DOS	Date of service for each line item
20. #	Number of units for each detail
21. REV	Revenue code which identifies a specific accommodation and/or billing calculation
22. PROCEDURE CODE	Procedure code identifying services provided
23. MODIFIER	Service modifier(s) that identify special circumstances related to the service
24. CHG	Provider charge\billed amount for each line as submitted
25. ADJ AMT	The claim level amount adjusted for the associated reason code
26. GROUP CD	Claim adjustment group code that identifies the general category of payment adjustment PR= Patient Responsibility CO=Contractual Obligation CR= Correction and Reversals OA=Other Adjustments
27. CLM ADJ RSN CD	Claim adjustment reason codes that explain the adjusted amount at the line level

28. REMARK CD	Code used for informational messages that cannot be expressed with a claim adjustment reason code alone
29. PAYMENT	Payment amount corresponding to the adjudicated service line
30. CLAIM CHARGE	The monetary amount for the submitted charges for this claim
31. CLM PAYMENT	Total payment corresponding to the charges adjudicated on the claim
32. PAT RESP	Total patient responsibility
33. PROVIDER TOTAL CHARGES	Total charges billed on this claim
34. PROVIDER TOTAL ADJUSTMENT	Monetary amount of the provider adjustment
35. PROVIDER TOTAL PAYMENT	Total payment amount as it corresponds to the charges adjudicated on the claim
36. CODE DESCRIPTIONS	Written explanation of the codes used to relay informational messages

© 2014 Medica. Medica® is a registered service mark of Medica Health Plans. "Medica" refers to the family of health plan businesses that includes Medica Health Plans, Medica Health Plans of Wisconsin, Medica Insurance Company, Medica Self-Insured and Medica Health Management, LLC.