

Understanding remittance advice and Explanation of Payment

This update aims to enhance understanding of the remittance advice (RA) and Explanation of Payment (EOP), providing definitions of service detail columns, explaining codes not eligible for reimbursement, and guiding how to read claim details. This information helps care providers interpret payment information accurately and address claim issues effectively. These updates have no impact on member services or experiences, ensuring seamless continuity of care. Contact your provider relationship management representative with any questions.

Terms

The following are terms that appear on RAs/EOPs.

Term	Definition
Service date(s)	Date(s) of the service
Service/revenue code(s)	CPT®, HCPCS, or revenue codes billed, may include modifiers
Count/days	Total number of days, count, or quantity being billed
POS	Place of service
Charge	Amount billed for the service
Allowed	Contracted amount allowed for the service
Deductible	Amount of the member's deductible that has been applied to the service
Coinsurance/copayment	Coinsurance: amount of a member's participation deducted from the allowed amount Copayment: amount of the member's copay that has been applied to the service
Contractual difference	Difference between the charge amount and the allowed amount for the service
TPP	Amount paid by a third-party payer
Provider responsible amount	Amount provider is responsible for paying for the service
EXPL code	Explanation codes that indicate payment, reduction, or denial reason
Insured's responsible amount	Amount the member is responsible for paying for the service
Net paid	Total amount paid for the service


Denial codes

The EXPL code is another term for a denial code on an RA/EOP. Some care providers use denial codes, while others use claim adjustment reason codes (CARC). Denial codes are always listed at the bottom of an RA/EOP, along with the code(s) explanation.

Below is an example of an RA/EOP with denials listed.

EXPL CODES	EXPLANATION	GROUP CODE	CARC	RARC
GEH	This was billed for less than the allowable amount. It was processed in excess of the billed charges for reconciliation.	OA	94	
G22	This was paid in accordance with your contracted or out of network rates. For additional information related to this amount, consult your contract.	CO	45	N381
h72	Unbundled procedure based on CMS NCCI for facility claims	CO	97	N19
k41	Non-covered procedure for diagnosis.	CO	96	N569
F64	Adjustment-Member has OHI as primary	OA	23	
EXW	This claim/service was denied because NDC and modifier are required when the provider is 3408 for the date of service. If you disagree with our decision, and have documents to support the claim, the fastest and easiest way to dispute a claim is through Availity.com. Log onto Availity.com and use the Claims & Payments tab to access Claims Status. Find the claim, select the Dispute button, and attach	CO	16	N822

Header information




SUMMIT COMMUNITY CARE
PO BOX 7368 / GA081W-0014
COLUMBUS, GA 31908-7368

Provider ID →

TAX ID NO

DATE **04/01/25**

Remit address →


#BWNQXF
#40/395692///DF1#

JACKSONVILLE AR 72076-4214

PAY EXACTLY
*******2796** DOLLARS AND **95** CENTS

DEPOSITED TO:

ABA #
ACC #
EFT #
ON **04/02/25**

Bank deposit information

Payment made by EFT

ACH DEPOSIT MADE - THIS IS NOT A CHECK

Payment summary

ACH DEPOSIT MADE - THIS IS NOT A CHECK

SUMMIT COMMUNITY CARE

DATE **04/01/25**

Provider information

PROVIDER NAME
ADDRESS

PROVIDER-NPI IDS
TAX ID NO
CHECK NUMBER:

Payment details

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	2,796.95	IRS WITHHELD	0.00
INTEREST	0.00	STATE WITHHELD	0.00
PENALTY	0.00	AMOUNT PREVIOUSLY OVERPAID	0.00
LEVY/GARNISHMENT	0.00	AMOUNT DISBURSED	2,796.95
NET AMOUNT DUE	2,796.95	RECOUPMENT BALANCE	0.00

SERVICE DATE(S)	SERVICE/ REVENUE CODE(S)	COUNT/ DAYS	POS	CHARGE	ALLOWED	DEDUCTIBLE	CONSUANCE COPAYMENT AMOUNT	CONTRACTUAL DIFFERENCE	TPP	PROV RESP AMOUNT	EXPL/ANSI CODE(S)	INSURED'S RESP AMOUNT	EXPL/ANSI CODE(S)	NET PAID	
PATIENT NAME:				MEMBER ID:			STATE/ALT ID:			DRG#:		FOR INQUIRIES CALL:			
PATIENT ACCOUNT#:				CLAIM NUMBER:			281296735300			TOB: 663		RECEIVED DATE: 11/11/2024		(844) 462-0022	
SERVICE PROVIDER NAME:				SERVICE PROVIDER ID:			AUTH#:			EXPL CD:		APPEALS CODE: AG3			
11/04/24	0194	7	66	1,570.73-	1,570.73-	0.00	0.00	0.00	0.00	0.00		0.00		1,570.73-	
TOTAL:	0194			1,570.73-	1,570.73-	0.00	0.00	0.00	0.00	0.00		0.00		1,570.73-	
INTEREST														0.00	
TOTAL NET PAID														1,570.73-	

TOTAL APPROVED AMOUNT	2,796.95
TOTAL INTEREST	0.00
TOTAL NET AMOUNT DUE: AR SUMMIT COMMUNITY CARE	2,796.95
GROSS APPROVED CLAIM AMOUNT	2,796.95
TOTAL INTEREST	0.00
NET AMOUNT DUE	2,796.95

Interest paid

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	901.55-	IRS WITHHELD	0.00
INTEREST	762.65	STATE WITHHELD	0.00
PENALTY	0.00	AMOUNT PREVIOUSLY OVERPAID	0.00
LEVY/GARNISHMENT	0.00	AMOUNT DISBURSED	0.00
NET AMOUNT DUE	138.90-	RECOUPMENT BALANCE	138.90-

SERVICE DATE(S)	SERVICE/REVENUE CODE(S)	COUNT/ DAYS	POS	CHARGE	ALLOWED	DEDUCTIBLE	COINSURANCE CO-PAYMENT AMOUNT	CONTRACTUAL DIFFERENCE	TPP	PROV RESP AMOUNT	EXPL/ANSI CODE(S)	INSURED'S RESP AMOUNT	EXPL/ANSI CODE(S)	NET PAID
PATIENT NAME				MEMBER ID				STATE/ALT ID				DRG#		
PATIENT ACCOUNT#				CLAIM NUMBER				TOB				RECEIVED DATE		
SERVICE PROVIDER NAME				SERVICE PROVIDER ID				AUTH#				EXPL CD		
10/01/16 10/11/16	0100	11	21	2,750.00	1,045.33	0.00	0.00	0.00	0.00	1,704.67	G21 45	0.00		1,045.33
10/12/16 10/31/16	0100	20	21	5,000.00	1,900.60	0.00	0.00	0.00	0.00	3,099.40	G21 45	0.00		1,900.60
TOTAL:	0100			7,750.00	2,945.93	0.00	0.00	0.00	0.00	4,804.07		0.00		2,945.93
INTEREST														163.09
TOTAL NET PAID														3,109.02

Refunds

TOTAL APPROVED AMOUNT	1,251.88
TOTAL INTEREST	0.00
TOTAL NET AMOUNT DUE: FT. WORTH LTC	1,251.88
GROSS APPROVED CLAIM AMOUNT	24,977.90
PROVIDER REFUND	1,641.83
TOTAL INTEREST	0.00
NET AMOUNT DUE	26,619.73

SERVICE DATE(S)	SERVICE/REVENUE CODE(S)	COUNT/ DAYS	POS	CHARGE	ALLOWED	DEDUCTIBLE	COINSURANCE CO-PAYMENT AMOUNT	CONTRACTUAL DIFFERENCE	TPP	PROV RESP AMOUNT	EXPL/ANSI CODE(S)	INSURED'S RESP AMOUNT	EXPL/ANSI CODE(S)	NET PAID
PATIENT NAME				MEMBER ID				STATE/ALT ID				DRG#		
PATIENT ACCOUNT#				CLAIM NUMBER				TOB				RECEIVED DATE		
SERVICE PROVIDER NAME				SERVICE PROVIDER ID				AUTH#				EXPL CD		
07/01/15 07/07/15	CA1	7	21	830.41	830.41	0.00	255.77	0.00	0.00	0.00		0.00		574.64
07/08/15 07/27/15	CA1	20	21	2,372.60	0.00	0.00	0.00	0.00	0.00	2,372.60	346 18	0.00		0.00
07/28/15 07/31/15	CA1	4	21	474.52	474.52	0.00	146.15	0.00	0.00	0.00		0.00		328.37
TOTAL:	0100			3,677.53	1,304.93	0.00	401.92	0.00	0.00	2,372.60		0.00		903.01
INTEREST														0.00
REFUND										1,641.83				903.01
TOTAL NET PAID														903.01

EOPs with overpayment recoveries

ZERO AMOUNT -- THIS IS NOT A CHECK

SUMMIT COMMUNITY CARE

DATE02/07/24

PROVIDER NAME

ADDRESS

PROVIDER-NPI IDS

TAX ID NOXXXXX7443

CHECK NUMBER:9026117850

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT64,500.00

INTEREST0.00

PENALTY0.00

LEVY/GARNISHMENT0.00

NET AMOUNT DUE64,500.00

IRS WITHHELD0.00

STATE WITHHELD0.00

AMOUNT PREVIOUSLY OVERPAID64,500.00

AMOUNT DISBURSED0.00

RECOUPMENT BALANCE0.00

Amount previously overpaid minus net amount due = recoupment balance

RECOUPMENT NOTIFICATION

Provider name and provider or payee ID

PROVIDER:

PAYEE ID:

NEG BAL REF #:000071599

DATE:02/07/24

CHECK AMT:0.00

THIS IS A DETAILED NOTIFICATION OF THE RECOUPMENT PROCESSED FOR OVERPAYMENTS MADE TO YOUR ACCOUNT AS INDICATED ON THE ENCLOSED REMITTANCE ADVICE.

THE "ORIGINAL NEGATIVE CLAIM NUMBER" COLUMN CONTAINS THE ORIGINAL CLAIM IS THAT CREATED THE NEGATIVE BALANCE. THE CORRESPONDING PRIOR AND CURRENT RECOUPMENT SECTIONS BELOW SHOW THE RECOUPMENT DETAILS FOR EACH ORIGINAL NEGATIVE CLAIM LISTED IN THE NEGATIVE BALANCE HISTORY.

THE "NEGATIVE BALANCE DEFERRED" SECTION SHOWS DEFERRED (FUTURE) RECOUPMENTS WHERE REFUNDS ARE DUE. THESE ARE NOT REFLECTED ON THIS REMITTANCE ADVICE. A SEPARATE LETTER HAS BEEN SENT WITH FURTHER DETAILS AND OVERPAYMENT RECOVERY WILL COMMENCE FOLLOWING EXISTING PROCESSES IF A REFUND IS NOT RECEIVED.

REMIT DATE	PATIENT NAME	PATIENT ACCT	SUBSCRIBER ID	CLAIM NUMBER/ REFUND ID	DATE OF SERVICE	ORIGINAL NEGATIVE CLAIM NUMBER	CLAIM AMOUNT	CREDITS RECOVERED	ADJ CD	CHARGE AMT	RECOVERY LETTER ID
NEGATIVE BALANCE HISTORY:											
01/16/24				000614316100073	09/20/22	000614316100073	64,500.00	64,500.00		64,500.00	
TOTAL NEGATIVE BALANCE							64,500.00				

Member information listed here: name, provider/patient account number, and subscriber ID

PRIOR RECOUPMENT:

TOTAL PRIOR RECOUPMENT

0.00

CURRENT RECOUPMENT:

02/07/24

000614316102512

09/20/22

000614316100073

64,500.00

64,500.00

64,500.00

TOTAL CURRENT RECOUPMENT

64,500.00

TOTAL PRIOR RECOUPMENT0.00

TOTAL CURRENT RECOUPMENT64,500.00

TOTAL OUTSTANDING NEGATIVE BAL0.00

TOTAL DEFERRED0.00

OUTSTANDING NEGBAL WITH DIFER0.00

Total negative balance (amount previously overpaid) minus total current recoupment (net amount due) = total outstanding negative balance (recoupment balance)

Page 4 of 4