Reading a Remittance Advice (RA)

Optum Behavioral Health

Find a Remittance Advice in Provider Express

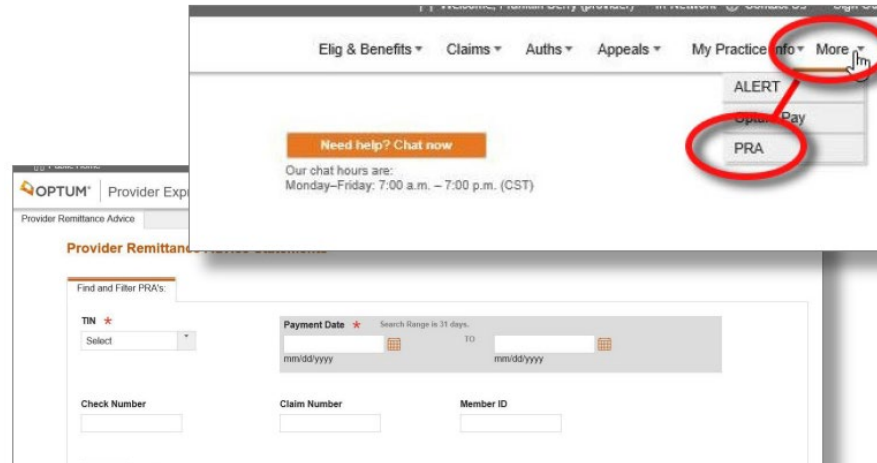## Click on the PRA link under "More."

Find a Remittance Advice in Optum Pay

Click on the Payer PRA link. When the PDF icon appears, it is ready to open.

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835 / EPRA	Payer PRA
835 | PDF	PDF
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Remittance Advice – Claim Summary Information
Part 1

Remittance Advice – Part 1

1	Pat Ctrl #	Patient control number submitted by provider
2	Patient Name/Subscriber Name	Name of participant receiving the service
3	Pat Rel	Patient Relationship (if patient and participant are different)
4	Patient ID	Subscriber ID with first 7 digits masked
5	Claim Date	Date of service
6	Rend Prov	Rendering provider of services
7	Claim Number	System applied claim ID
8	Rend Prov ID	Rendering provider NPI or rendering provider's system ID
9	Med Rec #	Medical record number submitted by provider
10	Auth/Ref #	Service authorization number
11	Clm Chg	Total charge amount at the claim level
12	Total Line Item Adj Amt	Total claim adjustment at claim level
13	Clm Payment	Total claim payment at claim level
14	Pat Resp	Total participant responsibility
15	Group/Policy	Claim system group ID
16	Contract	Provider Agreement ID in Optum system
17	DRG/Wght	DRG and weight code (note: not required on CMS 1500 professional claim form)

Remittance Advice – #7 Claim Number

Optum Claim Number
20|X|xxxxxxx|00

- Year the claim was received
- Claim submission method
    - X = Electronic
    - 0 = Paper Claim
- Claim document batch, number sequence
- Claim transaction type number
    - 00 = Original
    - 01 = Adjustment

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Remittance Advice – Service Line Information

Part 2

Service Line Information

Line Ctrl #	DOS				Rend Prov ID				Auth # / Ref #				
	Rev	Adj Prod/ Svc	Mod	Units		Charge	Considered Charge	Adj Amt	Grp Cd	Clm Adj Rsn Cd		Payment	Remark Cd
1	02/__/2020 – 02/__/2020			XXXXX									
		H0023V1		2.00		56.14	56.14	0.00				56.14	
2	02/16/2020 – 02/16/2020			XXXXXXXXXX									
		H0023V1		2.00		56.14	56.14	0.00				56.14	
3	02/17/2020 – 02/17/2020			XXXXXXXXXX									
		H0023V1		2.00		56.14	56.14	0.00				56.14	
4	02/18/2020 – 02/18/2020			XXXXXXXXXX									
		H0023V1		2.00		56.14	56.14	0.00				56.14	
5	02/19/2020 – 02/19/2020			XXXXXXXXXX									

Service Line Information – Part 2

18	Line control #	Claim line sequence number
19	Date of Service	From and through date of service for claim line
20	Rendering Provider ID	Rendering provider NPI or rendering providers facets ID
21	Auth /Ref #	Service authorization number
22	Revenue code	Revenue code (note: not required on CMS 1500 professional claim form)
23	Adjusted Prod/Service	Disallowed amount line level
24	Procedure code modifier	Modifier codes 2 – 4 billed on claim
25	Units	Number of units billed on claim
26	Charge	Total billed charges on claim
27	Considered Charge	Amount approved
28	Adjustment Amount	Disallowed amount line level
29	Group Code	CMS CAGC Claim Adjustment Group Code
30	Claim adjustment Reason code	CMS CARC Claim Adjustment Reason Code
31	Payment	Claim line paid amount
32	Remark Code	CMS RARC Remittance Advise Remark Code

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Provider Level Adjustments

Provider Payment Information

Prov Adj Cd	Prov Adj ID	Remark Cd	Prov Adj Amt
WO	Reference ID - Claim Number	OVP	$xxx.xx
WO	Reference ID - Claim Number	OVR	$xxx.xx
		Total Adjustment	$xxx.xx
		Claim Total	$xxx.xx
		Prov Pay Amt	$xxx.xx

REMARK(S) LISTED BELOW ARE REFERENCED IN THE SERVICE DETAIL SECTION UNDER THE HEADING "Remark Cd"

OVP - Overpayment Amout

(this is the initial notice of an overpayment being created; a refund is not deducted from the payment)

OVR - Overpayment Auto Recovery Amount

(this is the final notice of the refund being automatically recovered from the payment)