

How to Read a Part A Standard Paper Remittance (SPR) Advice

Descriptions for the RA adjustment reason and remark codes are available at: <http://www.wpc-edi.com/codes/remittanceadvice>.

Medicare SPR – Example

No. 1 TRAILBLAZER HEALTH ENTERPRISES, LLC		8330 LBJ FREEWAY				DALLAS		TX 75243	
No. 2 Provider Number	No. 3 Provider Name	No. 4 PART A			No. 5 PAID DATE:		No. 6 REMIT#	Page :	
PATIENT NAME No. 7	PATIENT CNTRL NUMBER No. 12	RC No. 20	REM No. 21	DRG# No. 22	DRG OUT AMT No. 27	COINSURANCE No. 30	PAT REFUND No. 34	CONTRACT ADJ No. 38	
HIC NUMBER No. 8	ICN NUMBER No. 13	RC No. 20	REM No. 21	OUTCO CAPCD No. 23 No. 24		COVD CHGS No. 31	ESRD NET ADJ No. 35	PER DIEM RTE No. 39	
FROM DT THRU DT No. 9 No.10	NACHG HICHG TOB Nos. 14 15 16	RC No. 20	REM No. 21	PROF COMP No. 25	MSP PAYMT No. 28	NCOVD CHGS No. 32	INTEREST No. 36	PROC CD AMT No. 40	
CLM STATUS No. 11	COST COVDY NCOVDY Nos. 17 18 19	RC No. 20	REM No. 21	DRG AMT No. 26	DEDUCTIBLES No. 29	DENIED CHGS No. 33	PRE PAY ADJ No. 37	NET REIMB No. 41	
SUBTOTAL FISCAL YEAR - 200X					No. 27	No. 30	No. 34	No. 38	
					No. 25	No. 28	No. 31	No. 39	
					No. 25	No. 28	No. 32	No. 40	
					No. 26	No. 29	No.33	No.41	
SUBTOTAL PART A					No. 27	No. 30	No. 34	No. 38	
					No. 25	No. 28	No. 31	No. 39	
					No. 25	No. 28	No. 32	No. 40	
					No. 26	No. 29	No.33	No.41	

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Medicare SPR – Example, continued

Page 1 Description - Match the following description number to the corresponding number on the SPR.

No. 1	The payer name, address, city, state, ZIP and telephone number.	No. 22	*Diagnosis Related Group (DRG) number.
No. 2	Medicare provider number.	No. 23	*Outlier code 70 = Code is present if a cost outlier is paid.
No. 3	Provider name.	No. 24	*Capital code 22 is present if capital is present.
No. 4	Claim type (Part A and Part B claims are listed on separate pages of the remittance advice).	No. 25	*Professional fees billed but not payable by the FI.
No. 5	Date the claim was paid.	No. 26	*PPS-DRG operating amount (DSH+OLD+CAP+HSP+FSP).
No. 6	Sequential remittance advice assigned code and page number.	No. 27	*PPS-DRG outlier amount.
No. 7	Beneficiary's last name, first initial and middle initial.	No. 28	MSP primary payer amount.
No. 8	Beneficiary's Health Insurance Claim Number (HICN).	No. 29	Deductible amounts (cash deductible and/or blood deductible).
No. 9	Statement covers from date (MMDDCCYY).	No. 30	Coinsurance amounts (including LTR days).
No. 10	Statement covers through date (MMDDCCYY).	No. 31	Covered charges.
No. 11	Claim status code: 1 - Paid as primary. 2 - Paid as secondary. 3 - Paid as tertiary. 4 - Denied. 5 - Pended. 10 - Received, but not in process. 19 - Paid as primary and crossed over. 20 - Paid as secondary and crossed over. 21 - Paid as tertiary and crossed over. 22 - Reversal of previous payment. 23 - Not our claim and crossed over.	No. 32	Non-covered charges.
No. 12	Patient control number.	No. 33	Denied charges.
No. 13	Internal control number.	No. 34	Patient refund amounts.
No. 14	Patient name change (74 = change in patient name and QC = No change in patient name.)	No. 35	ESRD Network reduction.
No. 15	HIC number change (C = Change in HIC number and N = No change in HIC number).	No. 36	Interest paid to provider and/or beneficiary for claim. The amount paid by Medicare when there is a delay in processing a clean claim.
No. 16	Type of bill (three-digit code).	No. 37	Presumptive payment adjustment – forced balancing amount (standard paper remittance only).
No. 17	*Cost report days.	No. 38	Contractual adjustment (amount used to balance claim charges to payment amount). Amount calculated as follows: Minus the sum of all value codes for MSP. Minus claim non-covered charges. Minus Gramm-Rudman reduction. Minus ESRD network reduction. Minus claim denied charges. Minus the value code amount for professional component. Minus blood deductible. Minus cash deductible. Minus coinsurance amount. Minus net provider reimbursement amount. Minus patient refund amount. *Do not subtract if satisfied by MSP payment.
No. 18	*Covered days.	No. 39	Per diem rate.
No. 19	*Non-covered days.	No. 40	Fee schedule amount payable amount.
No. 20	Reason codes (up to four occurrences - see ANSI code list).	No. 41	Reimbursement amount paid to the provider for this claim.
No. 21	Remark codes. These codes are used to return claim-specific information to the provider. Only ANSI codes are used.		

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Medicare SPR – Example, continued

No. 1 TRAILBLAZER HEALTH ENTERPRISES, LLC		8330 LBJ FREEWAY	DALLAS TX 75243
No. 2 Provider Number	No. 3 Provider Name	No. 5 PAID DATE:	No. 6 REMIT#: Page :
No. 4 SUMMARY			
CLAIM DATA:	No. 22 PASS THRU AMOUNTS:	PROVIDER PAYMENT RECAP	
DAYS	No. 23 CAPITAL	PAYMENTS	
No. 7 COST	No. 24 RETURN ON EQUITY	No. 47 DRG OUT AMT	
No. 8 COVDY	No. 25 DIRECT MEDICAL EDUCATION	No. 48 INTEREST	
No. 9 NCOVDY	No. 26 KIDNEY ACQUISITION	No. 49 PROC CD AMT	
	No. 27 BAD DEBT	No. 50 NET REIMB	
	No. 28 NON PHYSICIAN ANESTHETISTS	No. 51 TOTAL PASS THRU	
	No. 29 TOTAL PASS THRU	No. 52 PIP PAYMENTS	
CHARGES	No. 30 PIP PAYMENTS	No. 53 SETTLEMENT PYMTS	
No. 10 COVD	No. 31 SETTLEMENT PYMTS	No. 54 ACCELERATED PAYMENTS	
No. 11 NCOVD	No. 32 ACCELERATED PAYMENTS	No. 55 REFUNDS	
No. 12 DENIED	No. 33 REFUNDS	No. 56 PENALTY RELEASE	
No. 13 PROF COMP	No. 34 PENALTY RELEASE	No. 57 TRANS OUTP PYMT	
No. 14 MSP PAYMT	No. 35 TRANS OUTP PYMT	No. 58 HEMOPHILIA ADD-ON	
No. 15 DEDUCTIBLES	No. 36 HEMOPHILIA ADD-ON	No. 59 NEW TECH/ECT ADD-ON	
No. 16 COINSURANCE	No. 37 NEW TECH/ECT ADD-ON	No. 60 VOID/REISSUE	
No. 17 PAT REFUND	No. 38 VOID/REISSUE	No. 61 BALANCE FORWARD	
No. 18 INTEREST	No. 39 WITHHOLD FROM PAYMENTS	No. 62 WITHHOLD	
No. 19 CONTRACT ADJ	No. 40 CLAIMS ACCOUNTS RECEIVABLE	No. 63 ADJUSTMENT TO BALANCE	
No. 20 PROC CD AMT	No. 41 ACCELERATED PAYMENTS	No. 64 NET PROVIDER PAYMENT (PAYMENTS MINUS WITHHOLD)	
No. 21 NET REIMB	No. 42 PENALTY	No. 65 CHECK/EFT NUMBER	
	No. 43 SETTLEMENT		
	No. 44 THIRD PARTY PAYMENT		
	No. 45 AFFILIATED WITHHOLDING		
	No. 46 TOTAL WITHHOLD		

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Medicare SPR – Example, continued

Page 2 Description - Match the following description number to the corresponding number on the SPR.

No. 1	The intermediary name, address, city, state, ZIP code and telephone number.	No. 28	Bi-weekly pass-through for non-physician anesthetists.
No. 2	Medicare provider number.	No. 29	Total of all the pass-through amounts.
No. 3	Provider name.	No. 30	Bi-weekly Periodic Interim Payment (PIP) amount. An interim payment made every other week to a Medicare provider that reflects, as closely as possible, the costs incurred by the provider in its service to Medicare beneficiaries. Payment is made in a single amount rather than by individual Medicare claims. Each provider's PIP rate is adjusted periodically.
No. 4	Summary claim type (Part A and Part B claims are listed on separate pages of the remittance advice).	No. 31	Amount due facility through cost settlement.
No. 5	Date the claim was paid.	No. 32	The CMS-approved amounts paid to a provider for delays in claim payments.
No. 6	Sequential remittance advice assigned code and page number.	No. 33	Refund amount due provider.
No. 7	Total cost report days.	No. 34	Amount returned to provide for penalty withholding.
No. 8	Total covered days.	No. 35	Transitional Outpatient Payment (TOP).
No. 9	Total non-covered days.	No. 36	Hemophilia add-on amount.
No. 10	Total covered charges.	No. 37	New technology/add-on payment.
No. 11	Total non-covered charges.	No. 38	Void/reissue of payment.
No. 12	Total denied charges.	No. 39	The amounts that are reductions in payments.
No. 13	Total professional component.	No. 40	Amount owed Medicare for claims reimbursement.
No. 14	Total Medicare primary amount.	No. 41	Amount recouped for accelerated payment.
No. 15	Total cash and blood deductible.	No. 42	Penalty withholding from claims. Usually due to a late cost report or late credit balance.
No. 16	Total coinsurance amounts (including LTR amounts).	No. 43	Amount due Medicare through cost settlement. Usually due from regular Medicare withholding on a cost report.
No. 17	Total patient refund amounts.	No. 44	Third party payment from MSP.
No. 18	Total interest paid (interest paid to provider and/or beneficiary for claim; the amount paid by Medicare when there is a delay in processing a clean claim).	No. 45	Affiliated withholding - provider that is associated with biller.
No. 19	Total contractual adjustment (amount used to balance claim charges):	No. 46	Total withholding.
	Minus the sum of all value codes for MSP.	No. 47	Total DRG outlier amount for cost outlier.
	Minus claim non-covered charges.	No. 48	Total interest amount.
	Minus Gramm-Rudman reduction.	No. 49	Total fee schedule amount.
	Minus ESRD network reduction.	No. 50	Total reimbursement amount.
	Minus claim denied charges.	No. 51	Total of all the pass-through amounts.
	Minus the value code amount for professional component.	No. 52	Total bi-weekly PIP amount.
	Minus blood deductible.	No. 53	Total settlement amount (due to credit report or stop pay and reissue).
	Minus cash deductible.	No. 54	Total accelerated amount.
	Minus coinsurance amount.	No. 55	Total refund amount (voluntary check).
	Minus net provider reimbursement amount.	No. 56	Total amount returned to provider for penalty withholding (due to credit balance or cost report).
	Minus patient refund amount.	No. 57	Transitional outpatient payment.
	*Do not subtract if satisfied by Medicare Secondary Payer (MSP) payment.	No. 58	Hemophilia add-on payment.
No. 20	Total fee scheduled amount payable amount.	No. 59	New technology/add-on payment.
No. 21	Total claim payment amount.	No. 60	Void/reissue of payment.
No. 22	The pass-through amounts that are paid on a bi-weekly basis to all Prospective Payment System (PPS) providers.	No. 61	Balance forward.
No. 23	Bi-weekly pass-through capital amount.	No. 62	Adjustment to balance (if it is positive, the amount was withheld; if it is negative, the provider received payment).
No. 24	Bi-weekly pass-through return on equity amount.	No. 63	Total withholding amount.
No. 25	Bi-weekly pass-through direct medical education amount.	No. 64	Check amount (payments minus withholding).
No. 26	Bi-weekly pass-through kidney acquisition amount.	No. 65	Check or electronic funds transfer identification number.
No. 27	Bi-weekly pass-through bad debt amount.		