

Negative Balance Provider Remittance Advice Quick Reference Guide

This Quick Reference Guide walks you through the updated Provider Remittance Advice (PRA) document, which provides insight into negative balances related to retractions, recoupments, and payment adjustments.

In October 2021, providers will receive a historical PRA containing this detailed information for claims processed by Optum from January 1, 2020, forward. This may include claims with dates of service in 2019 that were processed or adjusted by Optum. Claims that have been held and applied to these negative balances will also be included in this PRA. Providers will receive this PRA in their PaySpan accounts, and this delivery will be separate to their regular, weekly PRA.

Prior to the release of this updated PRA, information related to any negative balance and claims held against it did not appear on PRAs or 835s.

Below is a sample PRA containing this new information. Please use this to familiarize yourself with the updated PRA and see column descriptions detailed beneath the sample.

Patient N Medicaid	ID:	FIRST1 MEMB MEMBER1 ID	ER1	Α		Patient Contro		0 1234567	893				
Claim No	.:	202016962787				Rendering Pro	vider Name:	Rend.Prv	.First.Name	0.00			
Serv		Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedu	le Amt	Allowed Denied	Other Ins	RSA	Payment	Explair Code
100	02/0	8/2020 - 02/08/2020	90853		1	(\$28.15)	(5	\$28.15)	(\$28.15) \$0.00	\$0.00	\$0.00	(\$28.15)	
		В			Subtotal:	(\$28.15)	(5	\$28.15)	(\$28.15) \$0.00	\$0.00	\$0.00	(\$28.15)	
Patient N	ame:	FIRST1 MEMB	ER1			Patient Contro	l No.:	0					
Medicaid	ID:	MEMBER1 ID				NPI:		1234567	893				
Claim No	.:	202016962787				Rendering Pro	vider Name:	Rend.Prv	First.Name	0.00			
Serv		Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedu		Denied	Other Ins	RSA	Payment	Explai Code
100	02/0	8/2020 - 02/08/2020	90853		1	\$28.15		\$0.00	\$0.00 \$28.15	\$0.00	\$0.00	\$0.00	92 CO1
					Subtotal:	\$28.15		\$0.00	\$0.00 \$28.15	\$0.00	\$0.00	\$0.00	
				Allowed Denied					Withhold Code				
Total		\$0.00	(\$28.15)	(\$28.15 \$28.15		\$0.00	\$0.00	\$0.00		(\$28.15) (\$28.15)		FB 319-x	\$0.0
		C	D	E		F		G		Н			U
Explanat	ion C	ode Descrip	tion										
92		Renderin	Rendering Provider not eligible as Pay To provider										
CO16			Claim/service lacks information or has submission/billing error										
FB		Forwardi	ng Balance										

- A: Patient details: No changes to this section of the PRA
- B: Claim line information: No changes in this section
- C: Charged amount: No changes to this section
- D: Fee schedule amount: No changes to this section
- E: Allowed and denied amounts: No changes to this section
- F: Other insurance: No changes to this section
- G: Withhold amount: No changes to this section
- H: Payment offset total details: The total negative balance for the PRA
- I: Offset reference: Any check number that is used for negative balances/offsets/recoupments that are due to the negative balance transactions
- J: Payment: The final total of the check after reductions

Explanation codes: Any code and its description corresponding to claims denials, K: adjustments, or other transactions, which advises of any reductions or offsets etc. for that specific check