





## Uniform PAPER Remittance Advice Report Explanation of Payment

### Report Header Section

| 62J.581 Required EOP/RA fields |                           |                            |   | UCare Prior EOP Fields   |
|--------------------------------|---------------------------|----------------------------|---|--|
| Statute #                      | Field Title               | Acceptable Abbreviation    | Definition  |  |
| R-1A                           | Payer Name                | No Standard Label required | Name that identifies the payer. This data element is required at the top of each page of a multi-page remittance. | UCare Minnesota  |
| R-1B                           | Payer Address             | No Standard Label required | Complete mailing address of the payer.  | PO Box 52<br>Minneapolis MN 55440-0052   |
| R-1C                           | Payer Contact Information | No Standard Label required | Local and/or toll-free telephone #, fax and e-mail address that identifies the payer.                             | (612) 676-3300 Metro<br><br>(888) 531-1493 Toll Free<br><a href="http://www.ucare.org">www.ucare.org</a> |
| R-1D                           | Payer Contact Name        |                            | Name of the entity or person that the provider is to contact regarding questions on the remittance advice.        |  |
| R-1E                           | Payee Name                | Payee Name                 | The name identifying organization to whom payment is directed   | Provider name  |
| R-1F                           | Payee Tax ID              | Payee Tax ID               | EIN/SSN   | IRS Number   |
| R-1G                           | Payee ID                  | Payee ID                   | NPI or payer assigned payee ID  | N/A  |
| R-1H                           | Check/EFT Trace Number    | Check/EFT                  | Check, warrant, draft or electronic funds transfer number associated w/ the remittance advice report.             | Check #  |
| R-1I                           | Payment Amount            | Payment                    | Payment Amount  | N/A  |
| R-1J                           | Check Date                | Check/EFT Date             |   | N/A  |
| R-1K                           | Production End Cycle Date | Prod Date                  | This is required if it's different than the check/EFT date  | Run Date   |

### Claim Section

| 62J.581 Required EOP/RA fields |                         |                         |  | UCare Current EOP fields |
|--------------------------------|-------------------------|-------------------------|--|--------------------------|
| Statute #                      | Field Title             | Acceptable Abbreviation | Definition   |                          |
|                                | N/A                     |                         |  | PMI (Not required)       |
| R-2A                           | Patient Control Number  | Pat Ctrl #              | Provider assigned identifier used to track a claim from creation through pmt.                            | Patient Acct:            |
| R-2B                           | Patient Name            | Patient                 | It is recommended that the patient claims be listed in alphabetical order by last name.                  | Patient Name             |
| R-2C                           | Patient ID              | Patient ID              | The payer assigned number  | Mbr:                     |
| R-2D                           | Claim Number            | Clm #                   | Identifier assigned by the payer.  | Claim #                  |
| R-2F                           | Group/Policy            | Grp                     | Patient's group/policy number and/or plan name   | N/A                      |
| R-2G                           | Patient Responsibility  | Pat Resp                | Total patient responsibility amount for the reported claim.  | N/A                      |
| R-2H                           | Contract Header         | Contract                | The contract that was used between the payer and provider to determine payment on this section of claim. | N/A                      |
| R-2I                           | Medical Record Number   | Med Rec#                | <b>Provider</b> -assigned medical record ID number   | N/A                      |
| R-2J                           | Rendering Provider Name | Rend Prov               | Name of the <b>provider</b> who performed the service  | N/A                      |



**Uniform PAPER Remittance Advice Report**  
**Explanation of Payment**

|      |                                |                  |   |  |
|------|--------------------------------|------------------|---|--|
| R-2K | Rendering Provider ID          | Render Prov ID   | Payer assigned ID number, or NPI (when available)                         | Duplicate of R-3C                              |
| R-2L | Statement from and to Date     | Claim Date       | Dates pertaining to entire claim.   | Duplicate of R-3B                              |
| R-2M | Diagnosis Related Group Code   | DRG              |   | DRG  |
| R-2N | Diagnosis Related Group Weight | DRG Weight       |   | <b><i>This field will always be blank.</i></b> |
| R-2O | Discharge Fraction             | Discharge %      | Discharge Fraction for the claim.   | <b><i>This field will always be blank.</i></b> |
| R-2P | Claim Charge Amount            | Charge           | Monetary amount for the submitted charges                                 | N/A  |
| R-2Q | Claim Adjustment Amount        | Clm Adj Amt      | Claim level adjustment amount for the associated reason code.             |  |
| R-2R | Group Code                     | Grp Cd           | Identifies general category of payment adjustment                         |  |
| R-2S | Claim Adjustment Reason Code   | Clm Adj Rsn Code | Code that defines the Adjustment Amount in R-2Q                           | N/A  |
| R-2T | Claim Payment Amount           | Clm Payment      | Total payment amount corresponding to the charges adjudicated on a claim. | N/A  |

**Line Item Section**

| 62J.581 Required EOP/RA fields |  |                         |   | UCare Current EOP fields           |
|--------------------------------|--|-------------------------|---|------------------------------------|
| Statute #                      | Field Title                              | Acceptable Abbreviation | Definition  |                                    |
| R-3A                           | Line Item control Number                 | Line Ctrl #             | Identifier assigned by the submitter/provider to identify a line entry  | Serv                               |
| R-3B                           | Dates of Service                         | DOS                     |   | Service Dates                      |
| R-3D                           | Revenue Code                             | Rev                     | This code identifies a specific accommodation and/or ancillary service or billing calculation.  | Proc #                             |
| R-3E                           | Adjudicated Product/Service Code         | Adj Prod/Svc            | CPT/HCPCS codes, CDT codes, National Drug Codes, HIEC Codes   | Diag                               |
| R-3F                           | Modifiers                                | Mod                     | This code identifies special circumstances related to the performance of the service.   | N/A                                |
| R-3G                           | Submitted Product/Service Code/Modifiers | Sub Prod/Svc/Mod        | Product/service code(s), revenue codes and modifiers for each line item as submitted by the payer, using a correct coding initiative. The submitted product/service code is entered in this field while the new code is entered in R-3D, R-3E, and/or R-3F. | N/A                                |
| R-3H                           | Units                                    | #                       | Number of the adjudicated units of service.   | Days/Units                         |
| R-3I                           | Provider Charge or Billed Amount         | Chg                     | Provider charge/billed amount corresponding to the product/service Code (R-3E) or Revenue Code (R-3D) for each line item as submitted.  | Charged Amount                     |
| R-3J                           | Adjustment Amount                        | Adj Amt                 | Claim level adjustment amount for the associated reason code.   | N/A                                |
|                                | N/A                                      |                         |   | Allowed Amount- (Not Required)     |
|                                | N/A                                      |                         |   | Denied Amount (Not Required)       |
|                                | Deductible & Co-pay                      |                         |   | Deductible & Co-pay (Not Required) |
|                                | N/A                                      |                         |   | Discount Amount- (Not Required)    |
|                                | N/A                                      |                         |   | Risk Amount- (Not Required)        |
|                                | N/A                                      |                         |   | TPP Amount- (Not Required)         |



**Uniform PAPER Remittance Advice Report  
Explanation of Payment**

|      |                               |                |  |   |
|------|-------------------------------|----------------|--|---|
| R-3K | Claim Adjustment Group Code   | Grp Cd         | Claim Adjustment Group Code identifies the general category of payment adjustment.   |   |
| R-3L | Claim Adjustment Reason Code  | Clm Adj Rsn Cd | Claim Adjustment Reason Code explains the adjustment amount at the line level.   | Explain Codes                             |
| R-3M | Remittance Advice Remark Code | Remark         | Code used to relay informational messages that cannot be expressed with a claim adjustment reason code alone. Multiple remark codes may apply. | Remarks: APC Outpatient Code Editor (OCE) |
| R-3N | Payment Amount                | Payment        | Situational. Required when claim is adjudicated at the service line level.   | Payment Amount                            |
| R-3O | Adjustment Quantity           | Adj Qty        | Units of service being adjusted.   | N/A                                       |

**Provider Adjustment**

| 62J.581 Required EOP/RA fields |                            |                         |            | UCare Current EOP fields |
|--------------------------------|----------------------------|-------------------------|------------|--------------------------|
| Statute #                      | Field Title                | Acceptable Abbreviation | Definition |                          |
| R-4C                           | Provider Adjustment Amount | Prov Adj Amt            |            | N/A                      |