

EDI 835 REMITTANCE ADVICE
Payment to Austin Advanced Imaging Center

Remittance Summary

Claim Number	CLM-2024-1205-583927
Patient	Jennifer L. Martinez
Service Date	December 5, 2024
Remittance Date	December 7, 2024
Claim Status	1 - Processed as Primary
Payment Amount	\$680.00

Service Line Detail

CPT	Modifier	Billed	Allowed	Paid	PR (Member)
73721	RT	\$1,800.00	\$850.00	\$680.00	\$170.00

Adjustment Reason Codes

Code	Group	Amount	Description
CO-45	Contractual	\$950.00	Charge exceeds fee schedule/maximum allowable
PR-2	Patient Resp	\$170.00	Coinsurance amount

Authorization Reference

REF*6R*AUTH-2024-MRI-78345 Prior authorization number confirmed and validated.

Remark Codes

Code	Description
N381	Prior authorization was confirmed

Raw EDI 835

ISA*00* *00* *ZZ*UNITEDHC *ZZ*AUSTINIMAGING *241207*0800**^00501*000001893*0*P*:-
GS*HP*UNITEDHC*AUSTINIMAGING*20241207*0800*1893*X*005010X221A1~ ST*835*1893*005010X221A1~
BPR*I*680*C*ACH*CCP*01*111000025*DA*9876543210*1357924680**01*071000013*DA*1234567890*20241209~ TRN*1*UHC2024120500001*1629384750~
DTM*405*20241207~ N1*PR*UNITEDHEALTHCARE~ N3*PO BOX 740800~ N4*ATLANTA*GA*303740800~ N1*PE*AUSTIN ADVANCED IMAGING CENTER*XX*1629384750~
LX*1~ CLP*CLM241205189*1*1800*680*170*12*CLM-2024-1205-583927*11*1~ CAS*CO*45*950.00~ CAS*PR*2*170.00~
NM1*QC*1*MARTINEZ*JENNIFER*L***MI*UHC5839274~ NM1*82*1*****XX*1629384750~ DTM*232*20241205~ DTM*233*20241205~ SVC*HC:73721:RT*1800*680**1~
DTM*472*20241205~ CAS*CO*45*950.00~ CAS*PR*2*170.00~ REF*6R*AUTH-2024-MRI-78345~ AMT*B6*680~ LQ*HE*N381~ SE*27*1893~ GE*1*1893~ IEA*1*000001893~