

EDI 835 REMITTANCE ADVICE

Claim Denial - Bill Medicare Primary

Remittance Summary

Claim Number	CLM-2024-1202-792468
Patient	Robert J. Anderson
Service Date	December 2, 2024
Remittance Date	December 2, 2024
Claim Status	DENIED (4 = Denied)
Payment Amount	\$0.00

Adjustment Reason Codes

Code	Group	Amount	Description
OA-23	Other Adjustment	\$450.00	Payment adjusted due to other payer having primary responsibility
N218	Remark	—	This claim must be submitted to the primary payer before we can process
MA18	Remark	—	The claim has been forwarded to the patient's primary insurer (Medicare)
N479	Remark	—	Missing/incomplete information regarding primary payer

Key Code Definitions

CARC OA-23 (Claim Adjustment Reason Code): "The impact of prior payer(s) adjudication including payments and/or adjustments." **RARC N218 (Remittance Advice Remark Code):** "You must submit this claim to the primary payer prior to submitting to the secondary payer." **RARC MA18:** "The claim information is also being forwarded to the patient's supplemental insurer." Note: RARC codes are informational text codes, not percentage-based. The denial amount is 100% of the billed amount (\$450.00) as the entire claim must be processed by Medicare first.

Raw EDI 835

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ISA*00*      *00*      *ZZ*UNITEDHC    *ZZ*ANDERSONCPA   *241202*1045*X*00501*000001248*0*P*-~  
GS*HP*UNITEDHC*ANDERSONCPA*20241202*1045*1248*X*005010X221A1~ ST*835*1248*005010X221A1~ BPR*H*0*C*NON*****20241202~  
TRN*1*UHC202412020001*1357924680~ DTM*405*20241202~ N1*PR*UNITEDHEALTHCARE~ N3*PO BOX 740800~ N4*ATLANTA*GA*303740800~ N1*PE*AUSTIN  
CARDIOLOGY ASSOCIATES*XX*1357924680~ LX*1~ CLP*CLM241202124*4*450*0**12*CLM-2024-1202-792468*11*1~ CAS*OA*23*450.00~  
NM1*QC**ANDERSON*ROBERTJ***MI*UHC7924681~ NM1*82*1*CHEN*DAVID*W**MD*XX*1928376540~ DTM*232*20241202~ SVC*HC:99214*250*0**1~  
DTM*472*20241202~ CAS*OA*23*250.00~ SVC*HC:93000*200*0**1~ DTM*472*20241202~ CAS*OA*23*200.00~ LQ*HE*N218~ LQ*HE*MA18~ LQ*HE*N479~ SE*26*1248~  
GE*1*1248~ IEA*1*000001248~
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PROVIDER ACTION REQUIRED: 1. Submit this claim to Medicare as PRIMARY payer 2. Medicare ID: 1EG4-TE5-MK72 3. After Medicare processes, submit balance to UHC as SECONDARY 4. Include Medicare's EOB/835 with secondary claim