

# 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

ISA\*00\* \*00\* \*ZZ\*UNITEDHC \*ZZ\*ANDERSONCPA \*241202\*1045\*^\*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\*UHC2024120200001\*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\*1\*ANDERSON\*ROBERT\*J\*\*\*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~

**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