Select Health Remittance Advice Key

Reversal claim information will appear as negative dollars in the body of the RA. The recovery status of the claim will appear in the Recovery and Forward Balance Detail at the end of the RA Detail at the end of the RA.

A new claim will be processed to correct the mistake, and the new claim will list the reason for the correction.

Remember that only those claims where an actual recovery or reversal occurred on the current payment will appear in this section. Reversed or Pending Recovery claims with a remaining forward balance will not appear again until dollars are actually recovered.

This is a key to the current group codes used to indicate the type of adjustment being made to the claim line and to assist providers in determining who is liable for the adjusted dollars.

Group Codes (GCs), Claim Adjustment Reason Codes (CARCs), and Remittance Advice Remark Codes (RARCs) are the HIPAA-approved codes used to report dollars not paid to the provider for a particular claim.

This is a key to the CARCs, which communicate why a claim or service line was paid differently than it was billed. If there is no adjustment to a claim/line, then there will be no adjustment reason code.

Common examples include:
- Deductible Amount
- Coinsurance Amount
- Co-payment Amount
- Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement

In some cases, an RARC will be supplied to further define the adjustment. Since the RARC is a supplemental code to the CARC, an RARC will never be reported without a CARC.

Select Health

P. O. BOX 30192
SALT LAKE CITY, UT 84130
800-538-5038

EXPLANATION OF PAYMENT
REPRINT OF ELECTRONIC REMITTANCE

NAME	A Doctor		
STATEMENT DATE	06/30/2023	PAGE	1 OF 2
T.I.N. NUMBER	123456789		
PROVIDER ID	1070000001		
REFERENCE ID	2011063011111111		
CHECK NUMBER	0	AMOUNT	$0.00

TestFirstName TestLastName
5381 S Green St
Apartment 99
Murray, UT 84123

PATIENT NAME	Last Name, First Name M	PATIENT ID	801870358-00	PATIENT A/C#	CXXXXX10150114
SUBSCRIBER NAME	Last Name, First Name M	CLAIM ID	219062472400	CLAIM REMARK	0
PROVIDER NAME	A DOCTOR	PRODUCT	Select Care Plus		

DATES OF SERVICE	SERVICE CODE	FEE CHARGE	ALLOWED AMOUNT	PLAN PAID	ADJUSTMENT	GC	CARC	RARC	ADJUSTMENT	GC	CARC	RARC
12/30/20 to 12/30/20	0274 L1902RT	60.00	58.48	58.48	1.52	CO	45			0	0	0
					0	0	0	0		0	0	0
					0	0	0	0				

| PRIOR PAID AMOUNT: | | TOTAL: | 60.00 | 58.48 | 58.48 | | TOTAL CO: | 1.52 | TOTAL PR: | | | 0.00 |
| 0.00 | | INTEREST: | 0.00 | | | | TOTAL OA: | 0.00 | TOTAL PI: | | | 0.00 |

PATIENT NAME	TEST, DEMA	PATIENT ID	0611000589	PATIENT A/C#	CXXXXX10149706
SUBSCRIBER NAME	TEST, DEMA	CLAIM ID	219062510600	CLAIM REMARK	0
PROVIDER NAME	A DOCTOR	PRODUCT	Select Care Plus		

DATES OF SERVICE	SERVICE CODE	FEE CHARGE	ALLOWED AMOUNT	PLAN PAID	ADJUSTMENT	GC	CARC	RARC	ADJUSTMENT	GC	CARC	RARC
01/14/21 to 01/14/21	0302 86769	110.00	42.13	42.13	67.87	CO	45			0	0	0
					0	0	0	0		0	0	0
					0	0	0	0				

| PRIOR PAID AMOUNT: | | TOTAL: | 110.00 | 42.13 | 42.13 | | TOTAL CO: | 67.87 | TOTAL PR: | | | 0.00 |
| 0.00 | | INTEREST: | 0.00 | | | | TOTAL OA: | 0.00 | TOTAL PI: | | | 0.00 |

	FEE CHARGE	ALLOWED AMOUNT	CONTRACTUAL OBLIGATION	PATIENT RESPONSIBILITY	OTHER ADJUSTMENTS	PLAN PAID	INTEREST
PAYMENTS:	184,897.42	37,415.48	96,103.88	28.00	66,773.73	21,991.81	0.00
PRIOR PAID AMOUNT:						49.17-	0.00
RECOVERIES:						1,623.26-	0.00
TOTAL:						0.00	0.00

RECOVERY AND FORWARD BALANCE DETAIL FOR THIS PAYMENT:

PATIENT NAME	DATE OF SERVICE	PATIENT A/C#	CLAIM ID	ORIGINAL REFERENCE ID	RECOVERY AMOUNT	RECOVERED INTEREST	FORWARD BALANCE
RECOVERIES, MARILYN	12/16/19	CXXXXX83239189	209051311301	2021012340800228	174.42	0.00	0.00
RECOVERIES, NANCY B	01/28/20	CXXXXX89669090	209285434501	2021012340500372	1448.84	0.00	0.00

CLAIM ADJUSTMENT (CARC) AND REMITTANCE ADVICE (RARC) CODE EXPLANATIONS:

2	Coinsurance Amount.
3	Copayment Amount.
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
96	Non-covered charge(s). At least one Remark Code must be provided.
N23	Alert: Patient liability may be affected due to coordination of benefits with other carries and/or maximum benefit provisions.

(Continued on Next Page)

Questions? Please contact Member Services at 800-538-5038.