

MCS Standard Paper Remittance Advice Example

Beginning October 1, 2018, through the transition period:

- The **MID field** will show the Medicare ID submitted on the claim
- The **MBI field** will show the Medicare Beneficiary Identifier (MBI) when a provider submits a valid and active HICN on a claim

PERF	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME SMITH, JOHN L			MID	000000000A		ACNT	111111V11111		ICN	1917058178790		ASG Y	MOA MA01
			MBI	1EG4TE5MK72									
1000000001	0223	022317	21	1.0	99233		210.00	104.74	0.00	20.95	-	106.94	82.11
PT RESP	20.95		CLAIM TOTALS				210.00	104.74	0.00	20.95		106.94	82.11
											NET	82.11	

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	210.00	104.74	0.00	20.95	106.94	82.11	82.11	0.00

PROVIDER ADJ DETAILS: PLB REASON CODE FCN AMOUNT CHECK AMOUNT MID

	WO				82.11		0.00	000000000A
--	----	--	--	--	-------	--	------	------------

GLOSSARY: Group, Reason, MOA, Remark and Adjustment Codes

MA01 (Initial Part B determination, carrier or intermediary)--If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the review. However, in order to be eligible for a review, you must write to us within 6 months of the date of this notice, unless you have a good reason for being late. (An institutional provider, e.g., recertified bed denial, or a home health denial because the patient was not homebound or was not in need of intermittent skilled nursing services, and either the patient or the provider is liable under 1879 of the Social Security Act, and the patient chooses not to appeal.)

WO Overpayment Recovery