

Provider remittance advice guidance for batched items or services

Overview

Under the No Surprises Act, certain items and services can be batched and considered jointly by the Independent Dispute Resolution (IDR) entity as part of 1 payment determination. Items and services can be batched when **all** the following apply:

- The items and services were provided by the same provider
- The items and services were covered by the same plan or issuer
- The items and services are the same or similar
- The items and services were furnished within the same 30-business-day period, or the same 90-calendar-day period



What is the No Surprises Act?

- The No Surprises Act protects patients from surprise balance billing for defined out-of-network items and services
- The protections of the law won't apply if the member chooses to receive items and services from an out-of-network health care professional, with some exceptions
- It applies to individual, small group and large group fully insured markets and self-insured group plans
- The fastest way to submit a negotiation request is through the UnitedHealthcare Provider Portal

The following information and images provide additional details regarding the provider remittance advice (PRA) and how to determine which claims should be batched together under 1 payment determination:

1 Same provider

The items or services were provided by one of the following:

- Same provider
- Same group of providers
- Same facility
- Same air ambulance provider

They are considered the same if they're billed with the same National Provider Identifier (NPI) number and/or tax ID number (TIN).

PRA location:

You can find the following in the box at the top-right corner:

- TIN
- NPI number
- Payee name

United HealthCare Services, Inc.
ABC SERVICE CENTER
PO BOX 000000
CITY, STATE 00000000
PHONE: 1-877-000-0000

STO: PRA COMPANY LOGO

PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 00/00/00
TIN: 00000000
NPI: 00000000
PAYEE NAME: COMPANY
PAYMENT NUMBER: XX0000000X
PAYMENT AMOUNT: \$000.00
GROUP NUMBER: 000000

ABC MEDICAL COMPANY
1234 MOONBROOK LANE
CITY, STATE 00000000

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DISC	DOB WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ BEN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
XX0000X					\$000.00	\$000.00			\$000.00	

PATIENT: TWO FIRST LAST (FL)

SUBSCRIBER ID: XX0000000X SUBSCRIBER NAME: COMPANY CLAIM NUMBER: XX0000000X
CLAIM DATE: 00/00/00/00/00 DATE RECEIVED: 00/00/00 PRODUCT: XX0000000X
REND PROV ID: XX0000000X REND PROV: COMPANY

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DISC	DOB WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ BEN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
XX0000X					\$000.00	\$000.00			\$000.00	

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2 Same plan or issuer

The items or services were covered by the same plan or issuer. The following information, combined, constitute the same plan or issuer:

- Issuer/third-party administrator legal entity name
- Group number
- Group name

PRA location:

You can locate the following in the box at the top-right corner:

- Group name
- Group number

Locate the following information in the top-left corner:

- For self-insured plans: The third-party administrator's legal entity name (e.g., United HealthCare Services, Inc.)

United HealthCare Services, Inc.
ABC SERVICE CENTER
PO BOX 000000
CITY, STATE 00000000
PHONE: 1-877-000-0000

STO: PRA COMPANY LOGO

PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 00/00/00
TIN: 00000000
NPI: 00000000
PAYEE NAME: COMPANY
PAYMENT NUMBER: XX0000000X
PAYMENT AMOUNT: \$000.00
GROUP NUMBER: 000000
GROUP NAME: COMPANY

ABC MEDICAL COMPANY
1234 MOONBROOK LANE
CITY, STATE 00000000

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DISC	DOB WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ BEN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
XX0000X					\$000.00	\$000.00			\$000.00	

PATIENT: TWO FIRST LAST (FL)

SUBSCRIBER ID: XX0000000X SUBSCRIBER NAME: COMPANY CLAIM NUMBER: XX0000000X
CLAIM DATE: 00/00/00/00/00 DATE RECEIVED: 00/00/00 PRODUCT: XX0000000X
REND PROV ID: XX0000000X REND PROV: COMPANY

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DISC	DOB WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ BEN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
XX0000X					\$000.00	\$000.00			\$000.00	

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2 Same plan or issuer (cont.)

PRA location:

- For fully insured plans: The issuer's legal entity name (e.g., UnitedHealthcare Insurance Company)

If not located on the PRA, you can also find the group name and group number on the member's ID card.

UnitedHealthcare Insurance Company

PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 00/00/00
TIN: 000000000
NPI: 000000000
PAYEE NAME: COMPANY
PAYMENT NUMBER: XX00000000X
PAYMENT AMOUNT: \$000.00
GROUP NUMBER: 000000
GROUP NAME: COMPANY

CLAIM NUMBER: XX00000000X
PRODUCT: XX00000000X

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC/ MOD	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ BEN CD	PAYMENT AMOUNT	PATIENT RESPONSIBILITY	REMARKS/ NOTES
XX0000X	01/19/22 - 01/19/22	9928	CS			1	1	\$000.00	\$000.00	\$000.00			\$000.00		

PAYEE NAME: COMPANY
PAYMENT NUMBER: XX00000000X
PAYMENT AMOUNT: \$000.00
GROUP NUMBER: 000000
GROUP NAME: COMPANY

PATIENT: TWO FIRST LAST (FL)
SUBSCRIBER ID: XX00000000X
SUBSCRIBER NAME: COMPANY
CLAIM DATE: 00/00/00/00/00/00
DATE RECEIVED: 00/00/00
SEND PROV ID: XX00000000X
REND PROV: COMPANY

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3 Same or similar items or services

The items or services were the same or similar. They are considered the same or similar if they're billed under the same service code. Or if applicable, a comparable code under a different procedural code system, such as CPT®, HCPCS or diagnosis-related group (DRG) with any modifiers.

PRA location:

You can find the **procedure code**, **service code** and **modifier** information on the PRA.

UnitedHealthcare Insurance Company

PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 00/00/00
TIN: 000000000
NPI: 000000000
PAYEE NAME: COMPANY
PAYMENT NUMBER: XX00000000X
PAYMENT AMOUNT: \$000.00
GROUP NUMBER: 000000
GROUP NAME: COMPANY

CLAIM NUMBER: XX00000000X
PRODUCT: XX00000000X

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC/ MOD	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ BEN CD	PAYMENT AMOUNT	PATIENT RESPONSIBILITY	REMARKS/ NOTES
XX0000X	01/19/22 - 01/19/22	9928	CS			1	1	\$000.00	\$000.00	\$000.00			\$000.00		

SUB PROD/ SVC/ MOD: 9928
ADJ PROD/ SVC: CS
MOD: CS
REV: CS
UNITS: 1

PATIENT: ONE FIRST LAST (FL)
SUBSCRIBER ID: XX00000000X
SUBSCRIBER NAME: COMPANY
CLAIM DATE: 00/00/00/00/00/00
DATE RECEIVED: 00/00/00
SEND PROV ID: XX00000000X
REND PROV: COMPANY

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4 Same 30- or 90-day period

The items or services were provided within the same 30-business-day period or the same 90-calendar-day period.

PRA location:

You can find the **dates of service** on the PRA.

Your Independent Dispute Resolution (IDR) rights

After the Open Negotiation period is exhausted, you may have the right to file an Independent Dispute Resolution (IDR) through the Centers for Medicare & Medicaid Services (CMS) portal. If you file an IDR, please forward a copy of the completed Notice of IDR Initiation form you submitted to UnitedHealthcare at uhg_idr_disputes@uhc.com. Please also use this email address when the CMS IDR form prompts you to provide an email address for UnitedHealthcare.

UnitedHealthCare Services, Inc.
ABC SERVICE CENTER
PO BOX 000000
CITY, STATE 00000000
PHONE: 1-877-000-0000

STID: PRA

COMPANY LOGO

PROVIDER
REMITTANCE ADVICE

ABC MEDICAL COMPANY
1234 MOCKINGBIRD LANE
CITY, STATE 00000000

PAYMENT DATE: 00/00/00
TRF: 00000000
PAYEE NAME: COMPANY
PAYMENT NUMBER: X000000000
PAYMENT AMOUNT: \$000.00
GROUP NUMBER: 00000
GROUP NAME: COMPANY

PATIENT: ONE FIRST LAST (FL)
SUBSCRIBER ID: X00000000X SUBSCRIBER NAME: COMPANY CLAIM NUMBER: X00000000X
CLAIM DATE: 00/00/0000/00/00 DATE RECEIVED: 00/00/00 PRODUCT: X00000000X
SEND PROV ID: X00000000X SEND PROV: COMPANY

PATIENT CONTROL NUMBER	PATIENT ID	AUTH REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GP CD	CLM ADJ RSN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
X00000X					\$000.00				\$000.00	

SERVICE LINE DETAILS

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC MOD	ADI PROD/ SVC	MOD	SEV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARKS/NOTES
X00000X	01/19/22 - 01/19/22		99283	CS		1		\$000.00	\$000.00	\$000.00			\$000.00	

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

PATIENT: TWO FIRST LAST (FL)
SUBSCRIBER ID: X00000000X SUBSCRIBER NAME: COMPANY CLAIM NUMBER: X00000000X
CLAIM DATE: 00/00/0000/00/00 DATE RECEIVED: 00/00/00 PRODUCT: X00000000X
SEND PROV ID: X00000000X SEND PROV: COMPANY

PATIENT CONTROL NUMBER	PATIENT ID	AUTH REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GP CD	CLM ADJ RSN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
X00000X					\$000.00				\$000.00	

SERVICE LINE DETAILS

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC MOD	ADI PROD/ SVC	MOD	SEV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARKS/NOTES
X00000X	01/19/22 - 01/19/22		99283	CS		1		\$000.00	\$000.00	\$000.00			\$000.00	

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

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Questions?

For more information about the No Surprises Act, please see the [CMS No Surprises Act page](#). If you have questions about a specific claim, please call Provider Services at **877-842-3210**, 7 a.m.–5 p.m. CT, Monday–Friday.

Please note: Images and sample data are for demonstration purposes only.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Oxford Health Plans (CT), Inc., All Savers Insurance Company, Tufts Health Freedom Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, Optum Rx, Oxford Health Plans LLC, United HealthCare Services, Inc., Tufts Health Freedom Insurance Company or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates.