Indemnity System Remittance Field Descriptions

For Univera Traditional, Univera PPO and SSA HealthChoice

Numbers refer to callouts on the indemnity system remittance sample that follows this chart

Header	
1 PROVIDER ID	The provider's (the payee) Provider ID number, as assigned by Univera Healthcare
2 (*Remittance address)*	The provider's Remittance Address
Claims Information	
3 SUBSCRIBER IDCLAIM ID	For this claim line, the ID number of the patient who received the service, as shown on the patient's ID card
4 PATIENT NAME LAST/FIRST	Patient's last and first names as shown on the patient's ID card
5 PATIENT ACCOUNT #:	If specified on the original claim, the provider's internal account number
6 PROCEDURE CODE	ICD-9-CM or HCPCS procedure code
7 SERVICE START	As reported on original claim
8 SERVICE END	As reported on original claim
9 CLAIMS CHARGES	The amount billed by the provider
10 ALLOWED AMOUNT	The allowed amount or the maximum amount payable according to the Health Plan fee schedule
11 BENEFIT ALLOWANCE	The benefit amount or maximum amount payable according to the Health Plan fee schedule
12 REIMBURSED AMOUNT	The amount paid to the provider
13 PATIENT LIAB	The amount the provider can bill to the patient
14 (*Service line message)*	A message from the Health Plan regarding the claim may appear here: e.g., the message *Basic Coverage* will appear here if the service was paid at the basic benefit level
15 CLAIM TOTAL	The total for this claim line
16 (*Claim status message)*	Indicates status of the claim, e.g., PAID, NON-COVERED, ADJUSTMENT
17 (*Claim message)*	A message from the Health Plan regarding the claim may appear here
Remittance Totals	
19 CLAIM TOTAL	Shows totals for each category of payment or non-payment included on this remittance: e.g., PAID CLAIM TOTAL, ADJUSTED CLAIM TOTAL, NET ADJUSTED CLAIM TOTAL etc.
20 UNITS	Sum count for each category of payment or non-payment for all service items included on this remittance
21 CHARGES	Total charges for each category of payment or non-payment for all service items included on this remittance

(continued)

Indemnity System Remittance Field Descriptions

For Univera Traditional, Univera PPO and SSA HealthChoice

Numbers refer to callouts on the indemnity system remittance sample that follows this chart

22 ALLOWED	Total of allowed amounts, or maximum amounts payable according to the Health Plan fee schedule, for each category of payment or non-payment included on this remittance
23 BENEFIT ALLOWANCE	Total benefit amounts allowed, or maximum amounts payable according to the Health Plan fee schedule, for each category of payment or non-payment included on this remittance
24 REIMBURSABLE	Total of all amounts being paid to the provider for each category of payment or non-payment included on this remittance
25 PATIENT LIAB	Total of all amounts for each category of payment or non-payment included on this remittance that the provider may bill to the patient
26 CLAIM COUNT	Total number of claims for each category of payment or non-payment for all service items included on this remittance
Statement of Check Total	
27 REIMBURSEMENT AMOUNT	The amount reimbursable to the provider from this remittance
28 PREVIOUS BALANCE/ STATUS	Any balance of funds due to the Health Plan prior to this remittance
29 CURRENT BALANCE/STATUS	This field will show the provider's current balance (i.e., amount owed or previously paid)
30 TOTAL PAYMENT	Total of REIMBURSEMENT AMOUNT minus PREVIOUS BALANCE plus CURRENT BALANCE/STATUS equals the amount of the check associated with this remittance
31 (*Current Balance message)*	A message explaining the amount showing in field 29, CURRENT BALANCE
32 (*Adjustment message)*	A message regarding the claim adjustments applied on this remittance *(end)*