ND Health Enterprise MMIS
Remittance Advice Field Level Detail by RA Type

Adjustment Group Code		
CODES	DESCRIPTION	REMARKS
PR	Patient Responsibility	This indicates Patient Paid Amt ….COPAY,DED,COINSURANCE
CO	Contractual Obligations	This indicates Differences between Submitted Charge and Allowed Charges and final Paid Amt, After Considering PR and other Adjustments
CR	Correction and Reversals	Submitted by Provider
OA	Other Adjustments	OA indicates , Member has TPL or Medicare Policy and Amount is Cut back from Submitted Charge
PI	Payor Initiated Reductions	Submitted by Provider