

What is a Preliminary Fee Remittance Advice Report?

As VA claim examiners process claims for payment, rejection or denial, the claims system automatically builds customized, vendor-specific correspondence called the Preliminary Fee Remittance Advice Report, or the PFRAR.

The PFRAR is patterned after the standard Medicare Remittance Advice Report. The document supplies claim data to identify claim dates and services, reasons for disapproval and/or payment amounts. The PFRAR is designed to allow display of multiple claims and their respective disposition data on each page. Additionally, a Veteran-specific letter with claim-specific information is created for patients.

What is the PFRAR process?

The PFRAR is a valuable tool that will help you reconcile your billing and claims:

- PFRARs generate automatically during the payment process
- Facilities mail PFRARs on a daily or weekly basis
- Providers may expect PFRARs within one week of a claim being processed

This document is informational only and no action is required on your part. If you are not receiving the PFRAR, please check with your Billing or Collections Department to ensure the PFRAR is routed appropriately. If you have questions regarding remittance advice, the originating VA facility should be able to provide more information.

Vendor Inquiry System (VIS)

The VIS provides community providers online access to VA Treasury payment information. Special log-on authorization is required to retrieve this information. Providers interested in using this system can find out more and register for access on the VIS website at <https://www.vis.fsc.va.gov/>. Specialized VIS training is also available on the VIS website.

How do I get more information?

Visit the non-VA medical care pages on the Chief Business Office Purchased Care website at <http://www.va.gov/purchasedcare/>.

PFRAR examples

The next two pages contain PFRAR examples. The first example is a PFRAR generated in response to a UB-04 claim form. The UB-04 is the official HCFA/CMS form used by hospitals and health care centers when submitting bills to Medicare and other third party payers for reimbursement for services provided to patients for inpatient care, dialysis, emergency room care and other medical services.

The second example is a PFRAR generated in response to a CMS-1500 claim form. Charges submitted on the CMS-1500 are generally associated with outpatient care, professional services or ancillary services for inpatient care.

PFRAR for UB-04 form

PFRAR for CMS-1500 form

PFRAR for CMS-1500 form

Preliminary Fee Remittance Advice Report
(Not an official payment document.)

FBCS VA Facility
1234 ABC Drive
VA City, USA 77777

ALL WALK IN CARE
33333 Montgomery Street
City, State, Zip Code

Facility: Red Server

Patient: VA, Patient Program: Authorized
SSN (last 4 digits): 0000
Claim ID: 1111
Claim Adj.Codes: CR-71*

POS	CPT	Diags.	QTY	Billed	Paid
11	99203	285.9	1	137.00	0.00

PFRAR for UB-04 form

Preliminary Fee Remittance Advice Report
(Not an official payment document.)

8/17/2012 [Date]
[originating VA Facility]
[claimant / vendor]

SSN (last 4 digits): 0000 [patient identification]
04/29/2012 Program: Authorized Claim ID: 1111 Claim Adj. Codes: CR-67*

Prim Diag.	Adm.Diag.	QTY	Billed	Paid	Adj. Codes
V54.09	V54.09	1	0.31	0.00	
V54.09	V54.09	1	60.16	0.00	CE-56003*
V54.09	V54.09	1	25.79	0.00	
Claim Totals:			86.26	0.00	

PFRAR for UB-04 form

Preliminary Fee Remittance Advice Report
(Not an official payment document)

8/17/2012
[Date]

VA facility that processed claim. Claims and questions should be directed to this location.

FBCS VA Facility [originating VA Facility]
1234 ABC Drive
VA City, USA 77777

Information on file for your office. Please make sure this information is correct and current.

A.S. Hospital [claimant / vendor]
33333 Hospital Street
City, State, Zip Code

Facility: Red Server

Patient identification information.

Patient: VA, Patient SSN (last 4 digits): 0000 [patient identification]
Period: 04/21/2012 to 04/29/2012 Program: Authorized Claim ID: 1111
Claim Adj. Codes: CR-67*

Claim information.

DOS	Rev Code	Prim Diag.	Adm.Diag.	QTY	Billed	Paid	Adj. Codes
04/11/2012	0121	411.01	429.09	2	0.00	0.00	
04/11/2012	0250	411.01	429.09	1	0.00	0.00	
Claim Totals:					0.00	0.00	

Claim adjustment codes.

DOS	Rev Code	Prim Diag.	Adm.Diag.	QTY	Billed	Paid	Adj. Codes
04/22/2012	0320	V54.09	V54.09	1	0.31	0.00	
04/23/2012	0510	V54.09	V54.09	1	60.16	0.00	CE-56003*
04/24/2012	0510	V54.09	V54.09	1	25.79	0.00	
Claim Totals:					86.26	0.00	

Total to be paid by VA for claims listed on this PFRAR.

Totals for Facility Red Server:	86.26	0.00
Grand Total:	86.26	0.00

Payment by VA constitutes payment in full. The Veteran may not be billed for any services included in the VA authorization.

Explanation of claim adjustment codes used by VA that are particular to this claim.

Legend:
*CR-67 = This is a duplicate of a claim previously submitted.
CE-56003 = (UNITS) The maximum units of service (UOS) for the CPT/HCPS code has been exceeded. Deny the line item.

Provider: A.S. HOSPITAL

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PFRAR for CMS-1500 form

Preliminary Fee Remittance Advice Report 8/17/2012
 (Not an official payment document) [Date]

VA facility that processed claim. Claims and questions should be directed to this location.

FBCS VA Facility [originating VA Facility]
 1234 ABC Drive
 VA City, USA 77777

Information on file for claimant/vendor. Please make sure this information is correct and current.

ALL WALK IN CARE [claimant/vendor]
 33333 Montgomery Street
 City, State, Zip Code

Facility: Red Server

Patient identification information.

Patient: VA, Patient Program: Authorized [patient identification]
 SSN (last 4 digits): 0000
 Claim ID: 1111 Claim Adj.Codes: CR.71*

Claim information.

DOS	POS	CPT	Diags.	QTY	Billed	Paid
06/12/2012	11	99203	285.9	1	137.00	0.00

Total to be paid by VA for claims listed on this PFRAR.

Totals for Facility Red Server:	137.00	0.00
Grand Total:	137.00	0.00

Payment by VA constitutes payment in full. The Veteran may not be billed for any services included in the VA authorization.

Explanation of claim adjustment codes used by VA that are particular to this claim.

Legend:
 *CR-71 = A duplicate claim was previously submitted.