

Remittance Advice

GENERAL INFORMATION

The Medicaid fee-for-service *Remittance Advice* provides information about how claims were paid or voided and why claims were denied.

The Remittance Advice is generated at least weekly and mailed to the billing provider. If the billing provider has submitted claims for multiple service providers, the Remittance Advice will contain a section for each.

The *Non-Facility Remittance Advice* is mailed to providers who bill on the HCFA 1500 and American Dental Association (ADA) claim forms. The *Facility Remittance Advice* reports information related to services billed on the UB-92 claim form.

Each Remittance Advice is divided into five sections:

- Paid claims
- Adjusted claims
- Denied claims
- Voided claims
- Claims in process

✓ This section includes claims reported on a previous Remittance and still in process.

The last page of each Remittance Advice is the Processing Notes page. The page provides an alphabetical listing of denial reason codes and pricing explanation codes. Each is listed only once even if it applies to multiple claims.

ADDRESS PAGE AND FINANCIAL SUMMARY

The *Address Page* (Remit to Address) of the Remittance Advice displays the billing provider's name and pay-to mailing address.

The *Financial Summary* page reports check and invoice data. If all claims are in process or denied, the page will indicate "No Active Invoices."

Information reported on the Financial Summary page includes:

- BILLING PROVIDER ID number plus locator codes and name
- SERVICE PROVIDER ID number plus locator codes and name.
- TAX ID of the billing provider.
- PAYMENT DATE is the check date.
- PAY FOR CATEGORY.

Remittance Advice

- ✓ Only the Acute Fee for Service Category is applicable at this time.
- ☑ CHECK NUMBER.
- ☑ INVOICE DATE is the date Medicaid processed the claims for payment.
- ☑ INVOICE NUMBER links payments to the services that generated the payment.
- ☑ TYPE column will indicate “CR” if the provider has a credit.
- ☑ GROSS AMOUNT is the total remitted for each Pay For Category.
 - ✓ A negative total means no payment on this remittance.
 - ✓ Gross Amount and Net Amount are usually equal unless there is a credit memo (negative invoices or recouped claims).
- ☑ DISCOUNT is never used for Medicaid fee-for-service providers.
- ☑ NET AMOUNT is the check amount for each Pay for Category.
 - ✓ If there are outstanding credit memos, this will show zero until enough approved claims are processed to offset the credit.

NON-FACILITY REMITTANCE ADVICE SECTIONS

The *Paid Claims* section for both acute and long term care non-facility claims displays the following data:

- ☑ INVOICE DATE is the date Medicaid processed the claims for payment.
- ☑ BILLING PROVIDER ID number plus locator codes and name.
- ☑ SERVICE PROVIDER ID number plus locator codes and name.
- ☑ INVOICE NUMBER matches the number on the Financial Summary.
- ☑ CHECK NUMBER matches the number on the Financial Summary.
- ☑ PAYMENT DATE is the date of the reimbursement check.
- ☑ TAX ID of the billing provider.
- ☑ FORM TYPE will be HCFA 1500 or ADA form.
- ☑ HI ID is the HAWI ID of the recipient.
- ☑ RECIPIENT is the ID number submitted on the claim.
- ☑ NAME of the recipient as recorded in the Medicaid system.

NON-FACILITY REMITTANCE ADVICE SECTIONS (CONT.)

- ☑ PATIENT ACCOUNT NUMBER is the number entered on the claim in the patient account number field.

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- PRICE EXPL is the pricing explanation code.
 - ✓ Definitions are printed on the Processing Notes page.
 - ✓ An asterisk (*) next to a code denotes how the ALLOWED AMOUNT was determined (e.g., MCC = Medicare Coinsurance, MAX = maximum allowed charge/capped fee, etc.).
- CRN is the Claim Reference Number that is unique to each claim and remains the same over the life of the claim.
- STATUS DATE is the most recent date the claim was adjudicated (attained “Paid” status).
- SERVICE CD/MODIFIER is the CPT/HCPCS procedure code submitted on the claim.
 - ✓ Any procedure modifier would be printed below the procedure code.
- DATES OF SERVICE displays the From and Through dates of service submitted on the claim.
 - ✓ If dates are the same, only one date is displayed.
- BILLED AMOUNT submitted on the claim.
- BILLED UNITS reflects the number of units billed on the claim.
- ALLOWED UNITS reflects the Medicaid allowed number of units.
- ALLOWED AMOUNT may be based on the Medicaid capped fee (Medicaid fee schedule), a provider specific rate, Medicare Coinsurance and Deductible, etc.
- NET PAID AMOUNT is the ALLOWED AMOUNT minus any deductions.

The following summary is listed at the end of each Non-facility Paid Claims section:

- NUMBER OF CLAIMS is the total number of claims in the Paid Claims section.
- TOTAL BILLED AMOUNT for all claims in the Paid Claims section.
- TOTAL REMIT AMOUNT for all claims in the Paid Claims section.

The *Denied Claims* section for non-facility claims displays much of the same data as the Paid Claims section:

- BILLING PROVIDER ID number plus locator codes and name.
- SERVICE PROVIDER ID number plus locator codes and name.
- TAX ID.

NON-FACILITY REMITTANCE ADVICE SECTIONS (CONT.)

- FORM TYPE.
- HI ID.
- RECIPIENT.

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- NAME.
- REASON CDS lists the denial reason code(s).
 - ✓ Definitions are printed on the Processing Notes page.
- PATIENT ACCOUNT NBR.
- CRN is the Claim Reference Number of the claim.
 - ✓ Resubmissions of denied claims must reference this number.
- SERVICE CD/MODIFIER.
- DATES OF SERVICE.
- BILLED AMOUNT.
- BILLED UNITS.

The following summary is listed at the end of each Non-facility Denied Claims section:

- NUMBER OF CLAIMS in the Denied Claims section.
- TOTAL BILLED AMOUNT for all claims in the Denied Claims section.

The *Adjusted Claims* section for non-facility claims displays much of the same data as the Paid Claims section:

- INVOICE DATE.
- BILLING PROVIDER ID number plus locator codes and name.
- SERVICE PROVIDER ID number plus locator codes and name.
- INVOICE NUMBER.
- CHECK NUMBER.
- PAYMENT DATE.
- TAX ID.
- FORM TYPE.
- HI ID.

NON-FACILITY REMITTANCE ADVICE SECTIONS (CONT.)

- RECIPIENT.
- NAME.
- PATIENT ACCOUNT NUMBER.
- PRICE EXPL.
- CRN is the Claim Reference Number of the original claim.

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- ✓ The claim retains this number regardless of the number of times it is adjusted.
- ☑ STATUS DATE is the most recent date the claim was adjudicated (attained “Paid” status).
- ☑ SERVICE CD/MODIFIER.
- ☑ DATES OF SERVICE.
- ☑ BILLED AMOUNT.
- ☑ BILLED UNITS.
- ☑ ALLOWED UNITS.
- ☑ ALLOWED AMOUNT may be based on the Medicaid capped fee (i.e. Medicaid fee schedule), Medicare Coinsurance and Deductible, etc.
- ☑ The PREVIOUSLY PAID amount is “backed out” and displayed as a negative number.
- ☑ NET PAID AMOUNT is the difference between the new ALLOWED AMOUNT and the PREVIOUSLY PAID amount.
 - ✓ This amount could be negative if the adjusted Allowed Amount is less than the original Allowed Amount.

The following summary is listed at the end of each Non-facility Adjusted Claims section:

- ☑ NUMBER OF CLAIMS is the total number of claims in the Adjusted Claims section.
- ☑ TOTAL BILLED AMOUNT for all claims in the Adjusted Claims section.
- ☑ TOTAL REMIT AMOUNT for all claims in the Adjusted Claims section.

The *Voided Claims* section for non-facility claims displays much of the same data as the Paid Claims section:

- ☑ INVOICE DATE.
- ☑ BILLING PROVIDER ID number plus locator codes and name.
- ☑ SERVICE PROVIDER ID number plus locator codes and name.
- ☑ INVOICE NUMBER.

NON-FACILITY REMITTANCE ADVICE SECTIONS (CONT.)

- ☑ CHECK NUMBER.
 - ✓ The Voided Claims section will only have a check number if the paid and adjusted claims during the payment cycle total more than amount being recouped as voids.
- ☑ PAYMENT DATE.

Voided Claims section for non-facility claims (Cont.):

- ☑ TAX ID.

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- FORM TYPE.
- HI ID.
- RECIPIENT.
- NAME.
- PATIENT ACCOUNT NUMBER.
- PRICE EXPL.
- CRN is the Claim Reference Number of the original claim.
 - ✓ The claim retains this number when it is voided.
- STATUS DATE.
- SERVICE CD/MODIFIER.
- DATES OF SERVICE.
- BILLED AMOUNT.
- BILLED UNITS reflects the number of units billed on the claim.
- ALLOWED UNITS is the Medicaid allowed number of units.
- ALLOWED AMOUNT is displayed as a negative amount.
 - ✓ Any previous deductions are “backed out” and displayed as a positive number.
- NET PAID AMOUNT is a negative number showing the amount recouped.

The following summary is listed at the end of each Non-facility Voided Claims section:

- NUMBER OF CLAIMS in the Voided Claims section.
- TOTAL BILLED AMOUNT for all claims in the Voided Claims section.
- TOTAL RECOUPED AMOUNT for all claims in the Voided Claims section.

NON-FACILITY REMITTANCE ADVICE SECTIONS (CONT.)

The *Claims in Process* section of the Remittance Advice for non-facility claims displays all claims that have not been adjudicated. The Claims in Process section displays much of the same data described previously:

- BILLING PROVIDER ID number plus locator codes and name.
- SERVICE PROVIDER ID number plus locator codes and name.
- TAX ID.
- FORM TYPE.
- HI ID.

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- RECIPIENT.
- NAME.
- PATIENT ACCOUNT NUMBER.
- CRN is the Claim Reference Number of the claim.
 - ✓ Inquiries about the claim should reference this number.
- SERVICE CD/MODIFIER.
- DATES OF SERVICE.
- BILLED AMOUNT.
- BILLED UNITS.

The following summary is listed at the end of each Non-facility Claims in Process section:

- NUMBER OF CLAIMS is the total number of claims in process.
- TOTAL BILLED AMOUNT for all claims in process.

The *Processing Notes* section is the last section of the Non-facility Remittance Advice package. The Processing Notes section displays the following data:

- BILLING PROVIDER ID number plus locator codes and name.
- SERVICE PROVIDER ID number plus locator codes and name.
- NOTE is an alphabetical listing of processing codes (denial or void reason codes, pricing method codes, etc.).
 - ✓ Each code is listed only once even if applicable to multiple claims.

NON-FACILITY REMITTANCE ADVICE SECTIONS (CONT.)

- TYPE lists the type of code.
 - M = Pricing Method
 - P = Pricing Type
 - R = Reason Code
 - T = Tier
 - X = Modifier
- DESCRIPTION is the description of a processing note code.

Example:

H199.1R CLAIM RECEIVED PAST 9 MONTH LIMIT

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FACILITY REMITTANCE ADVICE SECTIONS

The *Paid Claims* section for facility claims displays the following data:

- INVOICE DATE is the date Medicaid processed the claims for payment.
- BILLING PROVIDER ID number plus locator codes and name.
- SERVICE PROVIDER ID number plus locator codes and name.
- INVOICE NUMBER matches the number on the Financial Summary.
- CHECK NUMBER matches the number on the Financial Summary.
- PAYMENT DATE is the date of the reimbursement check.
- TAX ID of the billing provider.
- FORM TYPE will be Inpatient (includes inpatient hospital and nursing home) or Outpatient (includes outpatient hospital, free standing dialysis centers, hospice, and birthing centers).
- HI ID of the recipient.
- RECIPIENT is the ID number submitted on the claim.
- NAME of the recipient as recorded in the Medicaid system.
- PATIENT ACCOUNT NUMBER is the number entered on the claim in the patient account number field.
- PRICE EXPL is the pricing explanation code.
 - ✓ Definitions are printed on the Processing Notes page.

FACILITY REMITTANCE ADVICE SECTIONS (CONT.)

- ✓ An asterisk (*) next to a code denotes how the ALLOWED AMOUNT was determined.
 - For hospital inpatient claims, tier(s) into which the claim was classified are displayed (e.g., MAT = Maternity tier).
 - For nursing home claims, codes may indicate PDM (per diem) or MCC (Medicare Coinsurance).
- TIER DATA displays the inpatient tier classification, number of accommodation days billed. Medicaid allowed days for tier(s) and reason codes for any disallowed and cutback days.
- CRN is the Claim Reference Number that is unique to each claim and remains the same over the life of the claim.
- STATUS DATE is the most recent date the claim was adjudicated (attained “Paid” status).
- DATES OF SERVICE displays the From and Through dates of service submitted on the claim.
- BILLED AMOUNT submitted on the claim.

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- BILLED UNITS reflects accommodation days for inpatient claims.
- ALLOWED UNITS reflects accommodation days for inpatient claims.
- ALLOWED AMOUNT may be based on the tier per diem, the Medicaid capped fee (Medicaid fee schedule) the provider's specific rate or Medicare Coinsurance and Deductible.
- NET PAID AMOUNT is the ALLOWED AMOUNT minus any deductions.

The following summary is at the end of each Paid Claims section:

- NUMBER OF CLAIMS, both inpatient claims and outpatient, in the section.
- TOTAL BILLED AMOUNT for all claims in the section.
- TOTAL REMIT AMOUNT for all claims in the section.

The *Denied Claims* section for both acute and long term care facility claims (Exhibit 28-11) displays much of the same data as the Paid Claims section:

- BILLING PROVIDER ID.
- SERVICE PROVIDER ID.
- TAX ID.
- FORM TYPE.
- HI ID.
- RECIPIENT.

FACILITY REMITTANCE ADVICE SECTIONS (CONT.)

- NAME.
- REASON CDS lists the denial reason code(s).
 - ✓ Definitions are printed on the Processing Notes page.
- PATIENT ACCOUNT NBR.
- CRN is the Claim Reference Number of the claim.
 - ✓ Resubmissions of denied claims must reference this number.
- DATES OF SERVICE.
- BILLED AMOUNT.
- BILLED UNITS.
 - ✓ This field is not populated for outpatient UB-92 claims.

The following summary is listed at the end of each Denied Claims section:

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- NUMBER OF CLAIMS in the Denied Claims section.
- TOTAL BILLED AMOUNT for all claims in the Denied Claims section.

The *Adjusted Claims* section for facility claims displays much of the same data as the Paid Claims section:

- INVOICE DATE.
- BILLING PROVIDER ID.
- SERVICE PROVIDER ID.
- INVOICE NUMBER.
- CHECK NUMBER.
- PAYMENT DATE.
- TAX ID.
- FORM TYPE.
- HI ID.
- RECIPIENT ID.
- NAME.
- PATIENT ACCOUNT NUMBER.

FACILITY REMITTANCE ADVICE SECTIONS (CONT.)

- PRICE EXPL is the pricing explanation code.
- TIER DATA.
- CRN is the Claim Reference Number of the original claim.
 - ✓ The claim retains this number regardless of the number of times it is adjusted.
- STATUS DATE.
- DATES OF SERVICE.
- BILLED AMOUNT.
- BILLED UNITS.
- ALLOWED UNITS.
- ALLOWED AMOUNT may be based on the tier per diem, Medicaid capped fee (Medicaid fee schedule), the provider's specific rate or Medicare Coinsurance and Deductible.
- The PREVIOUSLY PAID amount is "backed out" and displayed as a negative number.
- NET PAID AMOUNT is the difference between the new ALLOWED AMOUNT and the PREVIOUSLY PAID amount.

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- ✓ This amount could be negative if the adjusted Allowed Amount is less than the original Allowed Amount.

The following summary is listed at the end of the Adjusted Claims section:

- ☑ NUMBER OF CLAIMS, inpatient and outpatient, in the section.
- ☑ TOTAL BILLED AMOUNT for all claims in the section.
- ☑ TOTAL REMIT AMOUNT for all claims in the section.

The *Voided Claims* section for facility claims displays much of the same data as the Paid Claims section:

- ☑ INVOICE DATE.
- ☑ BILLING PROVIDER ID.
- ☑ SERVICE PROVIDER ID.
- ☑ INVOICE NUMBER.
- ☑ CHECK NUMBER.
- ☑ PAYMENT DATE.
- ☑ TAX ID.

FACILITY REMITTANCE ADVICE SECTIONS (CONT.)

- ☑ FORM TYPE.
- ☑ HI ID.
- ☑ RECIPIENT ID.
- ☑ NAME.
- ☑ PATIENT ACCOUNT NUMBER.
- ☑ PRICE EXPL is the pricing explanation code.
- ☑ TIER DATA.
- ☑ CRN is the Claim Reference Number of the original claim.
 - ✓ The claim retains this number when it is voided.
- ☑ STATUS DATE.
- ☑ DATES OF SERVICE.
- ☑ BILLED AMOUNT.
- ☑ BILLED UNITS.
- ☑ ALLOWED UNITS.

Remittance Advice

- ALLOWED AMOUNT is displayed as a negative amount.
 - ✓ Any previous deductions are “backed out” and displayed as a positive number.
- NET PAID AMOUNT is a negative number showing the amount recouped. The following summary is listed at the end of each Voided Claims section:
- NUMBER OF CLAIMS, inpatient claims and outpatient, in the section.
- TOTAL BILLED AMOUNT for all claims in the section.
- TOTAL RECOUPED AMOUNT for all claims in the section.

The *Claims in Process* section of the Remittance Advice for facility claims displays all claims that have not been adjudicated. The Claims in Process section displays much of the same data described previously:

- BILLING PROVIDER ID.
- SERVICE PROVIDER ID.
- TAX ID.
- FORM TYPE.
- HI ID.

FACILITY REMITTANCE ADVICE SECTIONS (CONT.)

Claims in Process section for both acute and long term care facility claims (Cont.):

- RECIPIENT ID.
- NAME.
- PATIENT ACCOUNT NUMBER.
- CRN is the Claim Reference Number of the original claim.
 - ✓ Inquiries about the claim should reference this number.
- DATES OF SERVICE.
- BILLED AMOUNT.
- BILLED UNITS.

The following summary is listed at the end of the Claims in Process section:

- NUMBER OF CLAIMS, inpatient and outpatient, claims in process.
- TOTAL BILLED AMOUNT for all claims in process.

The *Processing Notes* section is the last section of the Facility Remittance Advice. It displays the same type of information as does the Processing Notes section for non-facility claims.

WORKING THE REMITTANCE ADVICE

Here are some suggestions for working the Remittance Advice to reconcile claims billed to Medicaid and the status of those claims:

1. Review the Paid Claims section of the Remittance Advice to determine which claims have been paid and if those claims are paid correctly. Any errors, such as claims (and associated CRNs) that have not paid the correct number of units should be marked for adjustment. (See Chapter 4 Claims Payments, for information on adjusting a paid claim.)
2. Review the Adjusted Claims section of the Remittance Advice. This section will report any claims submitted by the provider as adjustments because they were not paid correctly. If problems still exist with a claim, it may be submitted again as another adjustment. This section also will report any claims that were adjusted by Medicaid as a result of an audit or review.
3. Review the Voided Claims section of the Remittance Advice. This section will report any claims submitted by the provider as void transactions. There are many reasons a claim may be voided. These may be claims that have been paid by other insurance and now need to be voided so that Medicaid can recoup its payment. This section also will report any claims that were voided by Medicaid as a result of an audit or Medical review recoupment. Providers who believe that a claim was voided in error should contact the Fiscal Agent. Refer to the Assistance Directory in this Appendix for the contact information.
4. Review the Denied Claims section of the Remittance Advice. Review the message for each code and determine the action necessary to correct the claim. (See Chapter 4, Claims Payments, for information on resubmitting a denied claim.)

Providers who have questions about the Remittance Advice or about resubmitting, adjusting, or voiding a claim should contact the Fiscal Agent, as indicated in the Assistance Directory of this Appendix.



Remittance Advice

REPORT ID: FI04W400
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS
REMITTANCE ADVICE - REMIT TO ADDRESS
11/28/98

PAGE: 1
RUN:

BILLING PROVIDER: 654321 01

INVOICE DATE: 11/28/98
PAYMENT DATE: 10/01/98

**Address page shows billing provider's
name and Pay-To mailing address**

PROVIDER NAME
STREET ADDRESS OR P.O. BOX
ANYTOWN HI
99999

** PLEASE CALL PROVIDER SERVICES FOR QUESTIONS OR CLARIFICATION ABOUT THE CONTENTS OF THIS PACKAGE **
** PROVIDER SERVICES MAY BE REACHED AT (808) 952-5570 or 1-800-235-4378

Remittance Advice

SAMPLE REMITTANCE ADVICE – FINANCIAL SUMMARY

REPORT ID: FI04W400
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS
REMITTANCE ADVICE - FINANCIAL SUMMARY
11/28/98
INVOICE DATE: 11/28/98

PAGE: 2
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001549

BILLING PROVIDER: 654321 01 PROVIDER NAME

TAX ID: 999999999
PAYMENT DATE: 12/01/98

Table with 7 columns: PAY FOR CATEGORY, CHECK NUMBER, INVOICE DATE, INVOICE NUMBER, TYPE, GROSS AMOUNT, DISCOUNT, NET AMOUNT. Rows include ACUTE FEE-FOR-SERVICE and TOTALS.

- Financial Summary page provides summarized check and invoice information
• If provider had claims for Acute and Long Term Care recipients, LTC totals would be shown on separate line below Acute totals
• If all claims in process or denied, Financial Summary page will indicate "No Active Invoices"
• Gross Amount and Net Amount (Check Amount) will be equal unless TYPE column shows "CR" indicating provider has credit

Remittance Advice

SAMPLE REMITTANCE ADVICE – PAID NON-FACILITY CLAIMS

REPORT ID: FI04W400
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS
NON-FACILITY REMITTANCE ADVICE - ACUTE
11/28/98
PAID CLAIMS - INVOICE DATE: 11/28/98

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RUN:

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BILLING PROVIDER: 654321 01 HOLLIDAY, DOC
SERVICE PROVIDER: 654321 01 HOLLIDAY, DOC

INVOICE NUMBER: A9800000000001
CHECK NUMBER: 48746
PAYMENT DATE: 12/01/98

TAX ID: 999999999
FORM TYPE: FORM 1500

HI ID RECIPIENT	NAME PATIENT ACCOUNT NUMBER	CRN STATUS DATE	SERVICE CD/ MODIFIER	DATES OF SERVICE	BILLED AMOUNT BILLED UNITS	ALLOWED UNITS			
A12007007	BOND, JAMES	98310000100801	99223	10/09/98	150.00	1.00	29.00	ALLOWED AMOUNT	(*)
A12007007	007	11/26/98			1.00		29.00	NET PAID AMOUNT	
PRICE EXPL: SUB *MCC									
A12007007	BOND, JAMES	98310000103701	99233	10/10/98	400.00	5.00	72.00	ALLOWED AMOUNT	(*)
A12007007	007	11/26/98		10/14/98	5.00		72.00	NET PAID AMOUNT	
PRICE EXPL: SUB *MCC									
A61743893	HOLMES, SHERLOCK	98310000100801	99233	10/09/98	300.00	3.00	222.00	ALLOWED AMOUNT	(*)
A61743893	12714-350493	11/26/98		10/11/98	3.00		222.00	NET PAID AMOUNT	
PRICE EXPL: MAC *AHA									
A21742813	KURIYAKIN, ILYA	98310000100801	90828	10/24/98	800.00	5.00	680.00	ALLOWED AMOUNT	(*)
A21742813	12224-489133	11/26/98		10/28/98	5.00		270.00-	OTHER INSURANCE	
PRICE EXPL: SUB MAC *AHA									
A21742813	PEELE, EMMA	98310000100801	99233	10/24/98	290.00	3.00	146.00	ALLOWED AMOUNT	(*)
A21742813	12714-350493	11/26/98		10/26/98	3.00		146.00	NET PAID AMOUNT	
PRICE EXPL: SUB *MCC *MCD									

NUMBER OF CLAIMS: 5
TOTAL BILLED AMOUNT: 1,940.00
TOTAL REMIT AMOUNT: 879.00

- PRICE EXPL(ation) codes listed on Processing Notes page
- Asterisk (*) before PRICE EXPL code shows how Allowed Amount was determined (e.g., MCC = Medicare Coinsurance, MCD = Medicare Deductible, AHA = MQD Allowed)
- Allowed Amount listed first, followed by any deductions (e.g., other insurance)
- Last page of Paid Claims section lists totals

SAMPLE REMITTANCE ADVICE – DENIED NON-FACILITY CLAIMS

Remittance Advice

REPORT ID: FI04W400
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS
NON-FACILITY REMITTANCE ADVICE - ACUTE
11/28/98
DENIED CLAIMS

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RUN:

BILLING PROVIDER: 654321 01 HOLLIDAY, DOC
SERVICE PROVIDER: 654321 01 HOLLIDAY, DOC

TAX ID: 999999999
FORM TYPE: FORM 1500

HI ID UNITS	RECIPIENT	NAME	PATIENT ACCOUNT NBR	CRN	SERVICE CD/ MODIFIER	DATES OF SERVICE	BILLED AMOUNT	BILLED
A15116678 REASON CDS: H077.2	A15116678	BONNEY, WILLIAM	BTK96007	98310000102301	90828	10/22/98	160.00	1.00
A12003210 REASON CDS: H094.1 L017.1 L019.1	A12003210	CLANCY, MIKE	96-007L	98310000100801	99245	10/17/98	96.00	1.00
A21110770 REASON CDS: L017.1	A21110770	EARP, WYATT	XYX96089	9831000020170	99233	10/02/98 10/04/98	255.00	3.00
A12345678 REASON CDS: L019.1	A12345678	JANE, CALAMITY	ABC96027	98310000100801	99223	10/12/98	150.00	1.00
A12345678 REASON CDS: L019.1	A12345678	JANE, CALAMITY	ABC96027	98310000100802	99233	10/13/98	85.00	1.00
A12007007 REASON CDS: H094.1	A12007007	BOND, JAMES	XYX96033	98310000100801	99233	10/15/98	85.00	1.00

NUMBER OF CLAIMS: 6
TOTAL BILLED AMOUNT: 831.00

- Explanations of denial REASON CDS listed on Processing Notes page
- Multiple denial reasons can be reported
- Last page of Denied Claims section lists totals

Remittance Advice

SAMPLE REMITTANCE ADVICE – ADJUSTED NON-FACILITY CLAIMS

REPORT ID: FI04W400
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS
NON-FACILITY REMITTANCE ADVICE - ACUTE
11/28/98
ADJUSTED CLAIMS - INVOICE DATE: 11/28/98

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RUN:

001549

BILLING PROVIDER: 654321 01 HOLLIDAY, DOC
SERVICE PROVIDER: 654321 01 HOLLIDAY, DOC

INVOICE NUMBER: A9800000000001
CHECK NUMBER: 48746
PAYMENT DATE: 12/01/98

TAX ID: 999999999
FORM TYPE: FORM 1500

HI ID RECIPIENT	NAME PATIENT ACCOUNT NUMBER	CRN STATUS DATE	SERVICE CD/ MODIFIER	DATES OF SERVICE	BILLED AMOUNT BILLED UNITS	ALLOWED UNITS		

A61743893	HOLMES, SHERLOCK	98310000100801	99233	10/09/98	300.00	3.00	222.00	ALLOWED AMOUNT (*)
A61743893	12714-350493	11/26/98		10/11/98	3.00		146.00-	PREVIOUSLY PAID
							74.00	NET PAID AMOUNT
PRICE EXPL: MAC *AHA								

A21742813	KURIYAKIN, ILYA	98310000100801	90828	10/24/98	800.00	5.00	680.00	ALLOWED AMOUNT (*)
A21742813	12224-489133	11/26/98		10/28/98	5.00		544.00-	PREVIOUSLY PAID
							136.00	NET PAID AMOUNT
PRICE EXPL: SUB MAC *AHA								

A21742813	PEELE, EMMA	98310000100801	99233	10/24/98	290.00	3.00	146.00	ALLOWED AMOUNT (*)
A21742813	12714-350493	11/26/98		10/26/98	3.00		190.00-	PREVIOUSLY PAID
							44.00-	NET PAID AMOUNT
PRICE EXPL: SUB *MCC *MCD								

NUMBER OF CLAIMS: 3
TOTAL BILLED AMOUNT: 1,390.00
TOTAL REMIT AMOUNT: 166.00

- New Allowed Amount listed first
- Previously Paid Amount “backed out” as negative
- Net Paid Amount shows difference
- Net Paid Amount will be negative if adjusted Allowed Amount is less than original Allowed Amount
- Last page of Adjusted Claims section lists totals

Remittance Advice

SAMPLE REMITTANCE ADVICE – VOIDED NON-FACILITY CLAIMS

REPORT ID: FI04W400
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS
NON-FACILITY REMITTANCE ADVICE - ACUTE
11/28/98
VOIDED CLAIMS - INVOICE DATE: 11/28/98

PAGE: 13
RUN:

BILLING PROVIDER: 654321 01 HOLLIDAY, DOC
SERVICE PROVIDER: 654321 01 HOLLIDAY, DOC

INVOICE NUMBER: A9800000000001
CHECK NUMBER: 48746
PAYMENT DATE: 12/01/98

TAX ID: 999999999
FORM TYPE: FORM 1500

HI ID RECIPIENT	NAME PATIENT ACCOUNT NUMBER	CRN STATUS DATE	SERVICE CD/ MODIFIER	DATES OF SERVICE	BILLED AMOUNT BILLED UNITS	ALLOWED UNITS		
--								
A12007007	BOND, JAMES	98310000100801	99223	10/09/98	150.00	1.00	29.00-	ALLOWED AMOUNT (*)
A12007007	007	11/26/98			1.00		-----	
							29.00-	NET PAID AMOUNT
PRICE EXPL:	SUB	*MCC						
A12007007	BOND, JAMES	98310000103701	99233	10/10/98	400.00	5.00	72.00-	ALLOWED AMOUNT (*)
A12007007	007	11/26/98		10/14/98	5.00		-----	
							72.00-	NET PAID AMOUNT
PRICE EXPL:	SUB	*MCC						

- New Allowed Amount listed first as a negative
- Any previous deductions would be “backed out” as positive
- Net Paid Amount shows amount recouped
- Last page of Voided Claims section lists totals

NUMBER OF CLAIMS: 2
TOTAL BILLED AMOUNT: 550.00
TOTAL RECOUPED AMOUNT: 101.00

Remittance Advice

SAMPLE REMITTANCE ADVICE –NON-FACILITY CLAIMS IN PROCESS

REPORT ID: FI04W400
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS
NON-FACILITY REMITTANCE ADVICE - ACUTE
11/28/98
CLAIMS IN PROCESS

PAGE: 14
RUN:

BILLING PROVIDER: 654321 01 HOLLIDAY, DOC
SERVICE PROVIDER: 654321 01 HOLLIDAY, DOC

TAX ID: 999999999
FORM TYPE: FORM 1500

HI ID UNITS	RECIPIENT	NAME	PATIENT ACCOUNT NBR	CRN	SERVICE CD/ MODIFIER	DATES OF SERVICE	BILLED AMOUNT	BILLED

A15116678	A15116678	BONNEY, WILLIAM	BTK96007	98310000102301	90828	10/22/98	160.00	1.00

A12003210	A12003210	CLANCY, IKE	96-007L	98310000100801	99245	10/17/98	96.00	1.00

A21110770	A21110770	EARP, WYATT	XYX96089	9831000020170	99233	10/02/98	255.00	3.00

A12345678	A12345678	JANE, CALAMITY	ABC96027	98310000100801	99223	10/12/98	150.00	1.00

A12345678	A12345678	JANE, CALAMITY	ABC96027	98310000100802	99233	10/13/98	85.00	1.00

A12007007	A12007007	BOND, JAMES	XYX96033	98310000100801	99233	10/15/98	85.00	1.00

- There is no STATUS DATE field because claims have not reached adjudicated status of Paid or Denied
- Section includes claims reported as in process in previous Remittances
- Last page of Claims In Process section lists totals

NUMBER OF CLAIMS: 6
TOTAL BILLED AMOUNT: 831.00

Remittance Advice

SAMPLE REMITTANCE ADVICE – PROCESSING NOTES

REPORT ID: FI04W400
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS
REMITTANCE ADVICE - PROCESSING NOTES
11/28/98

PAGE: 15
RUN:

BILLING PROVIDER: 654321 01 HOLLIDAY, DOC

TAX ID: 999999999
FORM TYPE: FORM 1500

NOTE TYPE DESCRIPTION

** PLEASE CALL PROVIDER SERVICES FOR FURTHER EXPLANATION OF ANY DESCRIPTION **
** PROVIDER SERVICES MAY BE REACHED AT (808) 952-5570 or 1-800-235-4378.

AHA P MQD ALLOWED AMOUNT
H077.2 R SERVICE PROVIDER LOCATION CODE IS INVALID
H094.1 R PRIMARY DIAGNOSIS CODE FIELD IS NOT ON FILE
H140.3 R PRIMARY DIAGNOSIS CODE NOT COVERED FOR CONTRACT TYPE
L017.1 R PLACE OF SERVICE CODE IS MISSING
L019.1 R DIAGNOSIS REFERENCE CODE 31 IS MISSING
L067.1 R RECIPIENT HAS PART B; MEDICARE DATA MUST BE INDICATED, IS MISSING
MAX M MAXIMUM ALLOWED CHARGE/CAPPED FEE
MCC T MEDICARE COINSURANCE
MCD T MEDICARE DEDUCTIBLE
PDM M PER DIEM
SUB M SUBMITTED AMOUNT FROM CLAIM

Remittance Advice Processing Notes is last section in package
Alphabetical listing of processing note code descriptions (denial reasons, pricing methods, etc.)
Each code listed only once even if applicable to

NOTE TYPES: M = PRICING METHOD, P = PRICING TYPE, R = REASON CODE, T = IER, X = MODIFIER

Remittance Advice

SAMPLE REMITTANCE ADVICE – PAID FACILITY INPATIENT CLAIMS

REPORT ID: FI04W400
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS
FACILITY REMITTANCE ADVICE - ACUTE
11/28/98
PAID CLAIMS - INVOICE DATE: 11/28/98

PAGE: 3
RUN:

001549

BILLING PROVIDER: 654321 01 ARIZONA HOSPITAL
SERVICE PROVIDER: 654321 01 ARIZONA HOSPITAL

INVOICE NUMBER: A9800000000001
CHECK NUMBER: 48746
PAYMENT DATE: 12/01/98

TAX ID: 999999999
FORM TYPE: INPATIENT

HI ID RECIPIENT	NAME PATIENT ACCOUNT NUMBER	CRN STATUS	DATES OF SERVICE DATE	BILLED AMOUNT BILLED UNITS	ALLOWED UNITS		
A12345678 (*)	OAKLEY, ANNIE	983100001001	10/20/98	760.00	1.00	760.00	ALLOWED AMOUNT
A12345678	0011617768-1	11/26/98	10/21/98	1.00		760.00	NET PAID
AMOUNT PRICE EXPL: PDM *AHA							
A87654321 (*)	JANE, CALAMITY	983100002002	10/25/98	1,520.00	2.00	1,520.00	ALLOWED AMOUNT
A87654321	J4176027943-1	11/26/98	10/27/98	2.00		1,520.00	NET PAID
AMOUNT PRICE EXPL: PDM *AHA							
A18273645 (*)	EARP, WYATT	983100003003	10/19/98	760.00	3.00	2,280.00	ALLOWED AMOUNT
A18273645	E0116543257-2	11/26/98	10/22/98	3.00		2,280.00	NET PAID
AMOUNT PRICE EXPL: PDM *AHA							
A11223344 (*)	YOUNGER, COLE	983100004004	10/21/98	2,280.00	1.00	760.00	ALLOWED AMOUNT
A11223344	Y0227188796-1	11/26/98	10/22/98	3.00		760.00	NET PAID
AMOUNT PRICE EXPL: PDM *AHA							
A43218765 (*)	CRAWFORD, KATY	983100005005	10/23/98	6,080.00	8.00	6,080.00	ALLOWED AMOUNT
A43218765	C5522613008-1	11/26/98	10/31/98	8.00		6,080.00	NET PAID
AMOUNT PRICE EXPL: PDM *AHA							
A18273645 (*)	JAMES, JESSE	983100006006	10/28/98	1,520.00	2.00	1,520.00	ALLOWED AMOUNT
A18273645	J7158700699-1	11/26/98	10/30/98	2.00		1,520.00	NET PAID
AMOUNT PRICE EXPL: PDM *AHA							

Remittance Advice

SAMPLE REMITTANCE ADVICE – PAID FACILITY OUTPATIENT CLAIMS

REPORT ID: FI04W400
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS
FACILITY REMITTANCE ADVICE - ACUTE
11/28/98
PAID CLAIMS - INVOICE DATE: 11/28/98

PAGE: 4
RUN:

001549

BILLING PROVIDER: 654321 01 ARIZONA HOSPITAL
SERVICE PROVIDER: 654321 01 ARIZONA HOSPITAL

INVOICE NUMBER: A9800000000001
CHECK NUMBER: 48746
PAYMENT DATE: 12/01/98

TAX ID: 99999999
FORM TYPE: OUTPATIENT

HI ID RECIPIENT	NAME PATIENT ACCOUNT NUMBER	CRN STATUS DATE	DATES OF SERVICE	BILLED AMOUNT BILLED UNITS	ALLOWED UNITS	
A12345678 (*)	OAKLEY, ANNIE	983150002002	10/20/98	652.00	274.49	ALLOWED AMOUNT
A12345678	0011617708-1	11/26/98	10/20/98		274.49	NET PAID
AMOUNT PRICE EXPL: (CCO - .4210) *AHA						
A87654321 (*)	JANE, CALAMITY	983150008008	10/25/98	450.00	189.45	ALLOWED AMOUNT
A87654321	J4176027943-1	11/26/98	10/25/98		189.45	NET PAID
AMOUNT PRICE EXPL: (CCO - .4210) *AHA						
A18273645 (*)	EARP, WYATT	983150007007	10/19/98	750.00	315.75	ALLOWED AMOUNT
A18273645	E0116543257-2	11/26/98	10/19/98		315.75	NET PAID
AMOUNT PRICE EXPL: (CCO - .4210) *AHA						
A11223344 (*)	YOUNGER, COLE	983150009009	10/21/98	980.00	412.58	ALLOWED AMOUNT
A11223344	Y0227188796-1	11/26/98	10/21/98		412.58	NET PAID
AMOUNT PRICE EXPL: (CCO - .4210) *AHA						

NUMBER OF CLAIMS: 10
TOTAL BILLED AMOUNT: 15,752.00
TOTAL REMIT AMOUNT: 14,112.27

- PRICE EXPL(ation) codes listed on Processing Notes page
- Asterisk (*) before PRICE EXPL code shows how Allowed Amount was determined (e.g., CCO = Hospital-specific Outpatient Cost-To-Charge Ratio, AHA = MQD Allowed)
- Last page of Paid Claims section lists totals for inpatient and outpatient claims

Remittance Advice

SAMPLE REMITTANCE ADVICE – DENIED FACILITY CLAIMS

REPORT ID: FI04W400
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS
FACILITY REMITTANCE ADVICE - ACUTE
11/28/98
DENIED CLAIMS

PAGE: 5
RUN:

001549

BILLING PROVIDER: 654321 01 ARIZONA HOSPITAL
SERVICE PROVIDER: 654321 01 ARIZONA HOSPITAL

TAX ID: 999999999
FORM TYPE: INPATIENT

AHCCCS ID UNITS	RECIPIENT	NAME	PATIENT ACCOUNT NBR	CRN	DATES OF SERVICE	BILLED AMOUNT	BILLED
A17520033 REASON CDS: H154.3	A17520033	DOS PASSO, JOHN	147A321	983100050001	10/24/98 10/26/98	1,520.00	2.00
A17650082 REASON CDS: H140.3 H141.3 H142.3	A17650082	HAWTHORNE, NATHANIEL	148C123	983100010113	10/29/98 10/30/98	760.00	1.00
A17050080 REASON CDS: L027.1	A17050080	HEMINGWAY, ERNEST	168B456	983100010212	10/01/98 10/02/98	760.00	1.00
A17030074 REASON CDS: L027.1	A17030074	IRVING, WASHINGTON	148D789	983100010212	10/23/98 10/26/98	2,280.00	3.00
525465421 REASON CDS: H082.3	525465421	STEIN, GERTRUDE	150L654	983100777763	10/04/98 10/06/98	1,520.00	2.00

- Explanations of denial REASON CDS listed on Processing Notes page
- Multiple denial reasons can be reported
- Last page of Denied Claims section lists totals for inpatient and outpatient claims

NUMBER OF CLAIMS: 5
TOTAL BILLED AMOUNT: 6,840.00

Remittance Advice

SAMPLE REMITTANCE ADVICE – ADJUSTED FACILITY CLAIMS

REPORT ID: FI04W400
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS
FACILITY REMITTANCE ADVICE - ACUTE
11/28/98
ADJUSTED CLAIMS - INVOICE DATE: 11/28/98

PAGE: 6
RUN:

BILLING PROVIDER: 654321 01 ARIZONA HOSPITAL
SERVICE PROVIDER: 654321 01 ARIZONA HOSPITAL

INVOICE NUMBER: A9800000000001
CHECK NUMBER: 48746
PAYMENT DATE: 12/01/98

TAX ID: 999999999
FORM TYPE: INPATIENT

AHCCCS ID RECIPIENT	NAME PATIENT ACCOUNT NUMBER	CRN STATUS DATE	DATES OF SERVICE	BILLED AMOUNT BILLED UNITS	ALLOWED UNITS		

--							
A12345678 (*)	OAKLEY, ANNIE	983100001001	10/20/98	2,280.00	3.00	2,280.00	ALLOWED AMOUNT
A12345678 PAID	0011617768-1	11/26/98	10/23/98	3.00		760.00-	PREVIOUSLY

						1,520.00	NET PAID
AMOUNT							
PRICE EXPL: PDM *AHA							

A87654321 (*)	JANE, CALAMITY	983100001001	10/26/98	2,280.00	2.00	1,520.00	ALLOWED AMOUNT
A87654321 PAID	J4176027943-1	11/26/98	10/29/98	3.00		2,280.00-	PREVIOUSLY

						760.00-	NET PAID
AMOUNT							
PRICE EXPL: PDM *AHA							

- New Allowed Amount listed first
- Previously Paid Amount "backed out" as negative
- Net Paid Amount shows difference
- Net Paid Amount will be negative if adjusted Allowed Amount is less than original Allowed Amount
- Last page of Adjusted Claims section lists totals for inpatient and outpatient claims

NUMBER OF CLAIMS: 2
TOTAL BILLED AMOUNT: 4,560.00
TOTAL REMIT AMOUNT: 760.00

Remittance Advice

SAMPLE REMITTANCE ADVICE – VOIDED FACILITY CLAIMS

REPORT ID: FI04W400
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS
FACILITY REMITTANCE ADVICE - ACUTE
11/28/98
VOIDED CLAIMS - INVOICE DATE: 11/28/98

PAGE: 7
RUN:

BILLING PROVIDER: 654321 01 ARIZONA HOSPITAL
SERVICE PROVIDER: 654321 01 ARIZONA HOSPITAL

INVOICE NUMBER: A9800000000001
CHECK NUMBER: 48746
PAYMENT DATE: 12/01/98

TAX ID: 999999999
FORM TYPE: INPATIENT

AHCCCS ID RECIPIENT	NAME PATIENT ACCOUNT NUMBER	CRN STATUS DATE	DATES OF SERVICE	BILLED AMOUNT BILLED UNITS	ALLOWED UNITS		

--							
A12345678 (*)	OAKLEY, ANNIE	983100001001	10/20/98	760.00	1.00	760.00-	ALLOWED AMOUNT
A12345678	0011617768-1	11/26/98	10/21/98	1.00		-----	
						760.00-	NET PAID
AMOUNT							
PRICE EXPL: PDM *AHA							

A87654321 (*)	JANE, CALAMITY	983100002002	10/25/98	1,520.00	2.00	1,520.00-	ALLOWED AMOUNT
A87654321	J4176027943-1	11/26/98	10/27/98	2.00		-----	
						1,520.00-	NET PAID
AMOUNT							
PRICE EXPL: PDM *AHA							

- New Allowed Amount listed first as a negative
- Any previous deductions would be “backed out” as positive
- Net Paid Amount shows amount recouped
- Last page of Voided Claims section lists totals for inpatient and outpatient claims

NUMBER OF CLAIMS: 2
TOTAL BILLED AMOUNT: 2,280.00
TOTAL RECOUPED AMOUNT: 2,280.00

Remittance Advice

SAMPLE REMITTANCE ADVICE –FACILITY CLAIMS IN PROCESS

REPORT ID: FI04W400
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS
FACILITY REMITTANCE ADVICE - ACUTE
11/28/98
CLAIMS IN PROCESS

PAGE: 8
RUN:

BILLING PROVIDER: 654321 01 ARIZONA HOSPITAL
SERVICE PROVIDER: 654321 01 ARIZONA HOSPITAL

TAX ID: 999999999
FORM TYPE: INPATIENT

AHCCCS ID UNITS	RECIPIENT	NAME	PATIENT ACCOUNT NBR	CRN	DATES OF SERVICE	BILLED AMOUNT	BILLED

A17520033	A17520033	COBB, TYRUS RAYMOND	147A321	983100050001	10/24/98 10/26/98	1,520.00	2.00

A17650082	A17650082	GEHRIG, LOUIS	148C123	983100010113	10/29/98 10/30/98	760.00	1.00

A17050080	A17050080	RUTH, GEORGE HERMAN	168B456	983100010212	10/01/98 10/02/98	760.00	1.00

A17030074	A17030074	WILSON, HACK	148D789	983100010212	10/23/98 10/26/98	2,280.00	3.00

- There is no STATUS DATE field because claims have not reached adjudicated status of Paid or Denied
- Section includes claims reported as in process in previous Remittances
- Last page of Claims In Process section lists totals for inpatient and outpatient claims

NUMBER OF CLAIMS: 4
TOTAL BILLED AMOUNT: 5,320.00