# Medicaid Provider Bulletin

VOLUME 1, Issue 6
Published for the Medical Providers of Hawaii November 2002

## In this issue

**Your New Medicaid RA** *Page 1*

**Working the RA** *Page 2*

**New Medicaid Provider Manual** *Page 2*

**AVRS** *Page 2*

**Provider Tips** *Page 3*

**Q & A** *Pages 4-5*

**Reasons for RTP** *Page 5*

**Sample RAs** *Pages 6-13*

## Your New Medicaid Remittance Advice

The Medicaid fee-for-service *Remittance Advice* provides information about claims that were paid, adjusted, voided and denied. It also provides the reason(s) for the denial of the claim and lists the claims that are pended. The Remittance Advice is generated 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 Remittance Advice is mailed separately from the check payment.

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

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."

The *Processing Notes* page is the last page of each Remittance Advice. 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.

**Provider Inquiry Unit (Call Center):**
Oahu – 952-5570
Neighbor Islands – 1.800.235-4378

**Eligibility Line (AVRS):** 1.800.882-4608

**Email Provider inquiries to:**
www.hi.providerrelations@acs-inc.com

**Fax Provider inquiries to:** (808) 952.5595

**Fax Urgent Prior Auth requests to:** (808) 952-5562

**Provider Manual & Forms:**
Visit www.medQUEST.us

**Mail Prior Auth requests to:**
ACS
P.O. Box 2561
Honolulu, HI 96804-2561

**Mail returned checks to:**
ACS
P.O. Box 1206
Honolulu, HI 96807-1206

**Mail Claims to:** ACS
P.O. Box 1220
Honolulu, HI 96807-1220

# Working the Remittance Advice

Here are some suggestions for working the Remittance Advice to reconcile claims billed to Medicaid:

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 Claim Reference Numbers) that have the wrong codes or have other data entry errors should be marked for adjustment. (See Chapter 4 of the Provider Manual: 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 that have been adjusted. It will include both provider-initiated adjustments and claims 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 that have been voided. It will include both provider-initiated voids and claims voided by Medicaid as a result of an audit or Medical review.
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 of the Provider Manual, Claims Payments, for information on resubmitting a denied claim.)

A sample of the new Non-Facility Remittance Advice has been attached for your review (pages 6-13). Providers who have questions about the Remittance Advice or about resubmitting, adjusting, or voiding a claim should refer to the Medicaid Provider Manual on the web at www.medQUEST.us or contact ACS for more information.

## New Medicaid Provider Manual

The New Medicaid Provider Manual is on the web at www.medQUEST.us – and will be mailed to providers in early December.

## AVRS

Providers encountering technical problems while using the AVRS to check on eligibility should call the Medifax Customer Service department at:

*Phone:* **1-800-333-0263**
*Fax:* **1-615-843-2539**
*Email:* customer.service@medifax.com

Hours of Operation: 5 a.m. - 5 p.m. PST Monday to Friday

After hour calls (including weekends and holidays) will forward to voice mail, which will page the on-call representative. Depending on urgency, the call will be returned the same day, otherwise, the next day.

**Pharmacy Training for DME & Supplies is forthcoming. Look for a notice in the mail.**

# Provider Tips

## New Medicaid ID Numbers

Your new Medicaid ID Numbers are available. Please transition over to using your new ID numbers. This will minimize delays in processing your claims. If you need assistance in getting your new Medicaid ID Number, please call the ACS Provider Inquiry Unit at 952-5570, or from the Neighbor Islands, call 1.800.235-4378.

## Prior Authorization

- Per Medicaid Policy, prior authorizations are not required for DME less than $50 per line item. A PA is required for DME greater than $50 per line item. The only exception is for diabetic supplies, which require an authorization when it exceeds $125 per month per provider.
- The Medicare box under the recipient name on the 1144 must be checked (yes or no indicating whether the recipient has Medicare coverage) for the Prior Authorization to be processed.
- When submitting a PA, be sure to enter both the requesting and servicing new Medicaid Provider ID Numbers.

## Referring Providers

Providers are required to indicate the referring provider's Medicaid ID # for inpatient podiatry and consultation services. The referring provider's ID # must be on the claim in order for the claim to be processed correctly. Providers should inform the specialist of their Medicaid provider number when making the referral.

## Provider Records in HPMMIS

Over half of the Remittance Advices (RAs) could not be mailed because of invalid Provider IDs, missing tax IDs or invalid addresses. The provider data in the new system is constantly being updated to avoid future problems. If you have been submitting claims consistently and have not received an RA this week, please note that this problem is being addressed and you should expect an RA in the following week.

## Tax Codes No Longer In Use

To expedite payment of claims, providers should stop billing with procedure code Z9020 or S9999 and Revenue Code 091.

## Medicare Coordinated Claims

On the HCFA 1500 in box 24K, the paid amount, coinsurance, & deductible amounts separated by a slash are **not** necessary if the Medicare EOB is attached.

For all other TPL, indicate amount paid by the TPL for each line in box 24K. If TPL does not provide a break down of payment per line, split total amount paid among the total lines.

## The AVRS eligibility 1-800 number has a learning curve

It takes some time to learn the shortcuts when using the Medicaid Eligibility Automated Voice Response System (AVRS). Please give it time and keep trying this number: 1-800-882-4608. Providers in other states using this system experienced similar initial frustration and have learned to like the system. And remember, if you use the AVRS, more callers will be able to get through to our Provider Inquiry center to inquire about claims, prior authorizations and provider enrollment.

| Question | Answer |
|---|---|
| **Claims Processing Questions** | **Claims Processing Answers** |
| 1Q. If a patient has TPL but the TPL does not pay for services that are provided, do we need to attach a denial from the patient's TPL? If yes, do we need a denial for each individual service date or will one generic rejection suffice? | 1A. The denial from the TPL should be attached for each date of service. |
| 2Q. What is the filing deadline for claims? Typically a claim should be satisfied by the one year filing deadline, which is one year from the date of service. With HMSA Medicaid, the filing deadline was also one year from date of service but if patient has TPL, they would go by the date on the TPL RA or the EOB. | 2A. The filing deadline for claims is one year from date of service except for Medicare coordinated claims, which are 6 months from the EOB date. |
| 3Q. If the TPL does not cover the service, can we still bill the claim with the Z9014 code? Or do we need to bill the TPL for a rejection? | 3A. If the service is not covered by the TPL, you do not need to bill the TPL for a rejection. Do not bill using the Z9014 code. Under the remarks section (in FL 19 on HCFA-1500, FL 84 on UB-92 or FL 61 on ADA 1999 v. 2000) indicate "Not a covered service." |
| 4Q. Do we have to submit the red ink version of the HCFA-1500? | 4A. No. Hawaii Medicaid does not require the red ink version. However, the resolution of the printing on the form must be clear imaging. |
| 5Q. How should I resubmit a claim if I feel it has been denied in error? | 5A. Submit the claim as you would a new claim with no reference to the denied original CRN. |
| 6Q. Can HMSA checks still be cashed? | 6A. Yes, through the Spring of 2003. |
| **Eligibility/Cost Share Questions** | **Eligibility/Cost Share Answers** |
| 7Q. Where are the new plastic cards for foster children being mailed? Because foster children move around so often, how will Medicaid be notified that they've moved or are no longer a foster child? | 7A. The cards for foster children are mailed to the address stored in the eligibility system, generally, this is the foster care unit or the eligibility unit. Policies and procedures to report changes in address for any Medicaid recipient have not changed. |
| 8Q. How soon does the cost/share get entered into the system? | 8A. Cost Share information is updated in the system when entered by the eligibility worker. For future benefit months, it is transferred from the eligibility system to HPMMIS about 5 working days prior to month end. |
| 9Q. If we don't have a provider number (i.e. Catholic Charity), how do we access the AVRS system after hours? We have received calls from our caregivers at 9 p.m. that they can't pick up a medication for the client because the pharmacy says the client does not show eligibility. | 9A. Provider numbers and access to the AVRS is limited to Medicaid providers. The case manager should see the Foster Care worker to obtain a copy of the Medicaid card, if not the card itself. |
| **Provider ID Question** | **Provider ID Question** |
| 10Q. I have not received a letter with my new Medicaid provider ID #. How do I get my new provider ID #? | 10A. You may call the ACS Provider Inquiry Unit (Call Center) at 952-5570 or 1-800-235-4378. |

*Continued on page 5*

*Continued from page 4*

| Question | Answer |
|---|---|
| **Dental Questions** | **Dental Answers** |
| 11Q. Which form should Oral Surgeons use when performing surgeries in a facility? | 11A. Oral surgeons that are MDs can use either the HCFA-1500 or the ADA 1999 v. 2000 with appropriate CPT or CDT codes. |
| 12Q. Should ICD-9 code 525.9 be used for dental emergencies on the ADA 1999 v. 2000? | 12A. Yes. It should be indicated in FL 58 of the ADA 1999 v. 2000. |
| 13Q. Where does a dentist submit the referring provider ID # on ADA 1999 v. 2000? | 13A. Use Field 47 = Dentist's License Number |
| 14Q. What is the resubmission procedure on the ADA 1999 v. 2000? | 14A. Write "Resubmission" on the top right corner of a new ADA 1999 v. 2000 claim form. Write "A" (to adjust) or "V" (to void) and original CRN in Field 2. Circle any changes. |
| **Waiver Services Questions** | **Waiver Services Answers** |
| 15Q. Will we be allowed to span date? | 15A. Yes, span dating will be allowed for waiver providers only. Dates of service do not have to be consecutive. You may span date for the entire month, i.e. Nov. 1st – 30th, 2002. |
| 16Q. Does a diagnosis code have to be entered? | 16A. Yes. If no diagnosis code applies, Waiver Providers are allowed to use generic diagnosis code 799.9. This code is to be used only when no other diagnosis code is applicable. |

# Top Reasons for Claims to be Returned to Provider

- No Federal Tax ID # - Federal Tax ID # is required on all claims (FL 25 on HCFA-1500, FL 5 on UB-92 and FL 45 on ADA 1999 v. 2000.)

- Invalid HMSA Medicaid Provider IDs - If your valid HMSA Medicaid Provider ID is H000999 and you are submitting your claim without the zeros, the number will not be found in the new claims processing system. This means your claim will be returned to provider (RTP). When you receive an "RTP" claim with this problem, please fix your Provider ID number to include all of the zeros and resubmit to ACS.

  To avoid this, please transition over to using your new Medicaid Provider ID number. If you need your new Medicaid Provider ID number, please call ACS Provider Inquiry Unit at 952-5570, or from the Neighbor Islands call 1.800.235-4378.

- Using incorrect form - Dental claims must be submitted on ADA 1999 v. 2000.

REPORT ID: FI04W400 HAWAII DHS MED-QUEST DIVISION PMMIS PAGE:1
PROGRAM ID: FI04L400 REMITTANCE ADVICE - REMIT TO ADDRESS RUN:11/28/98

BILLING PROVIDER: 654321 01 Provider Name:
:
INVOICE DATE: 11/28/98
PAYMENT DATE: 12/01/98

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

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

# Sample Remittance Advice – Financial Summary

REPORT ID: FI04W400 HAWAII DHS MED-QUEST DIVISION PMMIS PAGE:2
PROGRAM ID: FI04L400 REMITTANCE ADVICE - FINANCIAL SUMMARY RUN:11/28/98
001549 INVOICE DATE: 11/28/98

BILLING PROVIDER: 654321 01 Provider Name

TAX ID: 999999999
PAYMENT DATE: 10/01/98

| PAY FOR CATEGORY | CHECK NUMBER | INVOICE DATE | INVOICE NUMBER | TYPE | GROSS AMOUNT | DISCOUNT | NET AMOUNT |
|---|---|---|---|---|---|---|---|
| ACUTE FEE-FOR-SERVICE | 48746 | 11/28/98 | A9800000000001 | | 944.00 | .00 | 944.00 |
| TOTALS | | | | | 944.00 | .00 | 944.00 |

- **Financial Summary page provides summarized check and invoice information**
- **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**

# Sample Remittance Advice – Paid Non-facility Claims

```
REPORT ID:  FI04W400                          HAWAII DHS MED-QUEST DIVISION PMMIS                          PAGE: 3
PROGRAM ID: FI04L400                    NON-FACILITY REMITTANCE ADVICE - ACUTE                             RUN: 11/28/98
 001549                                  PAID CLAIMS - INVOICE DATE: 11/28/98

BILLING PROVIDER:   654321   01   Provider Name                    INVOICE NUMBER:  A9800000000001
SERVICE PROVIDER:   654321   01   Provider Name                    CHECK NUMBER:    48746
                                                                  PAYMENT DATE:    10/01/98

      TAX ID:      999999999
      FORM TYPE:   FORM 1500

HI ID        NAME                          CRN              SERVICE CD/    DATES OF      BILLED AMOUNT      ALLOWED
RECIPIENT    PATIENT ACCOUNT NUMBER        STATUS DATE      MODIFIER       SERVICE        BILLED UNITS        UNITS
A12007007    BOND, JAMES                   98310000400501   99223          08/09/98             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          08/10/98             400.00         5.00        72.00   ALLOWED AMOUNT  (*)
A12007007    007                           11/26/98                        08/14/98               5.00                     -----
                                                                                                                        72.00   NET PAID AMOUNT
PRICE EXPL:  SUB          *MCC
A61743893    HOLMES, SHERLOCK              98310000300201   99233          08/09/98             300.00         3.00       222.00   ALLOWED AMOUNT  (*)
A61743893    12714-350493                  11/26/98                        08/11/98               3.00                     -----
                                                                                                                       222.00   NET PAID AMOUNT
 PRICE EXPL: MAC          *AHA
A21742813    KURIYAKIN, ILYA               98310000200301   90828          08/24/98             800.00         5.00       680.00   ALLOWED AMOUNT  (*)
A21742813    12224-489133                  11/26/98                        08/28/98               5.00                    270.00-  OTHER INSURANCE
                                                                                                                        -----
                                                                                                                       410.00   NET PAID AMOUNT
 PRICE EXPL: SUB          MAC       *AHA
A21742813    PEELE, EMMA                   98310000200701   99233          08/24/98             290.00         3.00       146.00   ALLOWED AMOUNT  (*)
A21742813    12714-350493                  11/26/98                        08/26/98               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(anation) 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 amount). A description of the codes is included on the last page.**
- **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

REPORT ID: FI04W400 HAWAII DHS MED-QUEST DIVISION PMMIS PAGE: 4
PROGRAM ID: FI04L400 NON-FACILITY REMITTANCE ADVICE - ACUTERUN: RUN: 11/28/98
DENIED CLAIMS

BILLING PROVIDER: 654321 01 Provider Name
SERVICE PROVIDER: 654321 01 Provider Name

TAX ID: 999999999
FORM TYPE: FORM 1500

| HI ID | RECIPIENT | NAME | PATIENT ACCOUNT NBR | CRN | SERVICE CD/ MODIFIER | DATES OF SERVICE | BILLED AMOUNT | BILLED UNITS |
|---|---|---|---|---|---|---|---|---|
| A15116678 | A15116678 | BONNEY, WILLIAM | BTK96007 | 98310000104401 | 90828 | 09/22/98 | 160.00 | 1.00 |
| REASON CDS: | H077.2 | | | | | | | |
| A12003210 | A12003210 | CLANCY, IKE | 96-007L | 98310000100621 | 99245 | 09/17/98 | 96.00 | 1.00 |
| REASON CDS: | H094.1 L017.1 L019.1 | | | | | | | |
| A21110770 | A21110770 | EARP, WYATT | XYX96089 | 9831000020170 | 99233 | 09/02/98 | 255.00 | 3.00 |
| REASON CDS: | L017.1 | 10/04/98 | | | | | | |
| A12345678 | A12345678 | JANE, CALAMITY | ABC96027 | 98310000100211 | 99223 | 09/12/98 | 150.00 | 1.00 |
| REASON CDS: | L019.1 | | | | | | | |
| A12345678 | A12345678 | JANE, CALAMITY | ABC96027 | 98310000100222 | 99233 | 09/13/98 | 85.00 | 1.00 |
| REASON CDS: | L019.1 | | | | | | | |
| A12007007 | A12007007 | BOND, JAMES | XYX96033 | 98310000100521 | 99233 | 09/15/98 | 85.00 | 1.00 |
| REASON CDS: | H094.1 | | | | | | | |

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**

# Sample Remittance Advice – Adjusted Non-facility Claims

```
REPORT ID:  FI04W400                        HAWAII DHS MED-QUEST DIVISION PMMIS                              PAGE: 5
PROGRAM ID: FI04L400                      NON-FACILITY REMITTANCE ADVICE - ACUTE                             RUN: 11/28/98
 001549                                 ADJUSTED CLAIMS - INVOICE DATE: 11/28/98

BILLING PROVIDER:   654321   01   Provider Name                          INVOICE NUMBER:  A9800000000001
SERVICE PROVIDER:   654321   01   Provider Name                          CHECK NUMBER:    48746
                                                                         PAYMENT DATE:    10/01/98

       TAX ID:      999999999
       FORM TYPE:   FORM 1500

HI ID        NAME                          CRN             SERVICE CD/    DATES OF      BILLED AMOUNT      ALLOWED
RECIPIENT    PATIENT ACCOUNT NUMBER        STATUS DATE     MODIFIER       SERVICE        BILLED UNITS        UNITS
-----------  ----------------------------  --------------  -------------  ------------  -----------------  -----------------------------
A61743893    HOLMES, SHERLOCK              98310000800701  99233          09/09/98            300.00             3.00        222.00   ALLOWED AMOUNT  (*)
A61743893    12714-350493                  11/26/98                       09/11/98              3.00                          148.00-  PREVIOUSLY PAID
                                                                                                                           ----------
                                                                                                                             74.00   NET PAID AMOUNT
 PRICE EXPL:  MAC          *AHA
-----------  ----------------------------  --------------  -------------  ------------  -----------------  -----------------------------
A21742813    KURIYAKIN, ILYA               98310000800601  90828          09/24/98            800.00             5.00        680.00   ALLOWED AMOUNT  (*)
A21742813    12224-489133                  11/26/98                       09/28/98              5.00                          544.00-  PREVIOUSLY PAID
                                                                                                                           ----------
                                                                                                                            136.00   NET PAID AMOUNT
 PRICE EXPL:  SUB          MAC       *AHA
-----------  ----------------------------  --------------  -------------  ------------  -----------------  -----------------------------
A21742813    PEELE, EMMA                   983100001006201 99233          09/24/98            290.00             3.00        146.00   ALLOWED AMOUNT  (*)
A21742813    12714-350493                  11/26/98                       09/26/98              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**

# Sample Remittance Advice – Voided Non-facility Claims

```
REPORT ID:  FI04W400                          HAWAII DHS MED-QUEST DIVISION PMMIS                          PAGE: 6
PROGRAM ID: FI04L400                    NON-FACILITY REMITTANCE ADVICE - ACUTE                             RUN:  11/28/98
                                        VOIDED CLAIMS - INVOICE DATE: 11/28/98

BILLING PROVIDER:   654321   01   Provider Name                        INVOICE NUMBER:  A9800000000001
SERVICE PROVIDER:   654321   01   Provider Name                        CHECK NUMBER:    48746
                                                                      PAYMENT DATE:    10/01/98

      TAX ID:       999999999
      FORM TYPE:    FORM 1500

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

A12007007      BOND, JAMES                   98310000100805   99223           07/09/98              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                   98310000103221   99233           07/10/98              400.00            5.00        72.00-  ALLOWED AMOUNT  (*)
A12007007      007                           11/26/98                         07/14/98                5.00                        --------
                                                                                                                         72.00-  NET PAID AMOUNT

PRICE EXPL:    SUB          *MCC


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

- **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**

# Sample Remittance Advice –Non-facility Claims in Process

REPORT ID: FI04W400 — HAWAII DHS MED-QUEST DIVISION PMMIS — PAGE: 7
PROGRAM ID: FI04L400 — NON-FACILITY REMITTANCE ADVICE - ACUTE — RUN: 11/28/98
CLAIMS IN PROCESS

BILLING PROVIDER: 654321 01 Provider Name
SERVICE PROVIDER: 654321 01 Provider Name

TAX ID: 999999999
FORM TYPE: FORM 1500

| HI ID | RECIPIENT | NAME | PATIENT ACCOUNT NBR | CRN | SERVICE CD/ MODIFIER | DATES OF SERVICE | BILLED AMOUNT | BILLED UNITS |
|---|---|---|---|---|---|---|---|---|
| A15116678 | A15116678 | BONNEY, WILLIAM | BTK96007 | 98310000102301 | 90828 | 09/22/98 | 160.00 | 1.00 |
| A12003210 | A12003210 | CLANCY, IKE | 96-007L | 98310000100901 | 99245 | 08/17/98 | 96.00 | 1.00 |
| A21110770 | A21110770 | EARP, WYATT | XYX96089 | 9831000020170 | 99233 | 09/02/98 | 255.00 | 3.00 |
| A12345678 | A12345678 | JANE, CALAMITY | ABC96027 | 98310000200801 | 99223 | 09/12/98 | 150.00 | 1.00 |
| A12345678 | A12345678 | JANE, CALAMITY | ABC96027 | 98410000200802 | 99233 | 09/13/98 | 85.00 | 1.00 |
| A12007007 | A12007007 | BOND, JAMES | XYX96033 | 98310000400801 | 99233 | 09/15/98 | 85.00 | 1.00 |

NUMBER OF CLAIMS: 6
TOTAL BILLED AMOUNT: 831.00

- **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**

# Sample Remittance Advice – Processing Notes

REPORT ID: FI04W400 HAWAII DHS MED-QUEST DIVISION PMMIS PAGE:8
PROGRAM ID: FI04L400 REMITTANCE ADVICE - PROCESSING NOTES RUN:11/28/98

BILLING PROVIDER: 654321 01 Provider Name

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 multiple claims**

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