

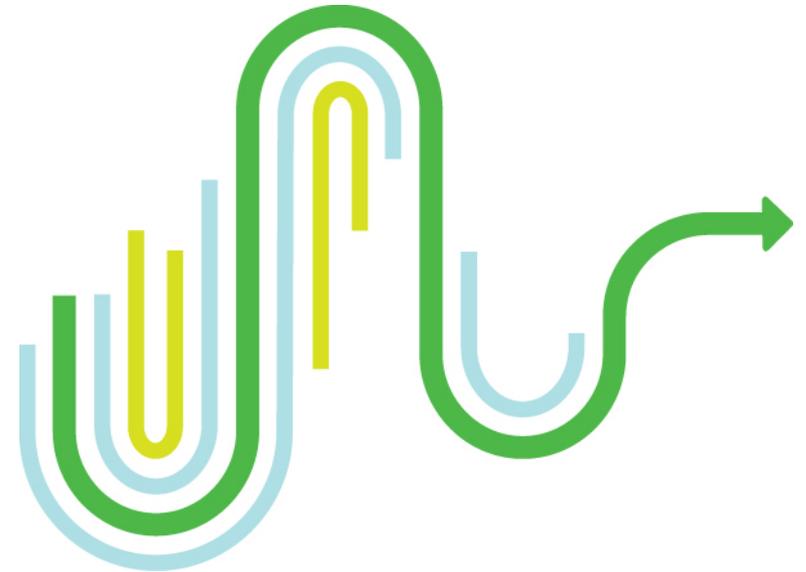
Remittance Advice

Provider Fair
May 2014



Ways to Receive Remittance Advice (RAs)

- Web Portal: Download
- 835 Transactions



Remittance Advice

First Page: Important Information

- NEWSLETTER UPDATE -

PROVIDERS ARE REMINDED TO USE THE MEDICAID MEMBER ID NUMBER, NOT THE MEMBER'S SSN, FOR BILLING PURPOSES AND CHECKING ELIGIBILITY TO ENSURE THE EXPENDITURES ARE APPLIED TO THE CORRECT AND ANY QUERY

INFORMATION IS FOR THE CORRECT MEMBER. ERRORS CAN OCCUR USING THE SSN FOR EITHER BILLING/REQUESTING ELIGIBILITY INFORMATION. CONTACT PROVIDER RELATIONS AT 1.800.624.3958. (PSTD 01/08/14)

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THE 2014 SPRING PROVIDER FAIR IS BEING HELD MAY 20-21 IN HELENA, MT AT THE GREAT NORTHERN HOTEL. VISIT THE TRAINING PAGE ON THE MONTANA MEDICAID PROVIDER INFORMATION WEBSITE TO REGISTER, VIEW THE AGENDA, AND TO GET UP-TO-DATE INFORMATION ABOUT THE PROVIDER FAIR. (PSTD 03/05/14)

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IMPORTANT: FOR INFORMATION ABOUT MEDICAID AND G-CODES, SEE THE PROVIDER INFORMATION WEBSITE, [HTTP://MEDICAIDPROVIDER.HHS.MT.GOV/](http://MEDICAIDPROVIDER.HHS.MT.GOV/). (PSTD 01/15/14)

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A PROVIDER WHO BILLS MEDICAID FOR SERVICES RENDERED TO AN ELIGIBLE MEDICAID MEMBER WILL BE DEEMED TO HAVE ACCEPTED THE PATIENT AS A MEDICAID MEMBER AND MAY NOT BILL THE MEMBER FOR THE SERVICES. (PSTD 11/26/12)

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AS OF APRIL 1, 2014, THE CMS-1500 (08/05) FORM WILL NO LONGER BE A VALID FORM FOR THE SUBMISSION OF PROFESSIONAL CLAIMS. YOU MUST USE THE CMS-1500 (02/12) CLAIM FORM FOR SUBMISSION OF MEDICAID CLAIMS FOR PAYMENT. CMS-1500 (08/05) CLAIMS ARRIVING AFTER THAT DATE WILL BE RETURNED TO THE PROVIDER. SEE THE APRIL 2014 ISSUE OF THE CLAIM JUMPER FOR MORE INFORMATION ABOUT BILLING WITH THE 02/12 VERSION. FOR INFORMATION ON THE 02/12 VERSION, YOU MAY ALSO VISIT WWW.NUCC.ORG. (PSTD 03/17/14)

Tips

- Grouped by status.
- ICN located under member's name
- Do not resubmit a claim in PENDED (133) status.
- Work all denial reasons before resubmitting.
- Always contact Provider Relations if you have questions.

Remittance Advice

AS OF 08/08/2013

HELENA, MT 59604

REMITTANCE ADVICE FOR MEDICAID/CHIP/MHSP

THE CLINIC
123 MAIN STREET
ANYWHERE, MT 59999

VENDOR # REMIT ADVICE # 228928 EFT/CHK # DATE 08/12/2013 PAGE 2

RECIPIENT ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	CO-PAID ALLOWED	REASON & REMARK CODES
PAID CLAIMS - MISCELLANEOUS CLAIM								
ICN 0132		06012013	06302013	30.000	T2031 UA	1878.90	1878.90	
	PATIENT NUMBER=							
		CLAIM TOTAL**				1878.90	1878.90	
PAID CLAIM TOTALS - MISCELLANEOUS CLAIM		**NUMBER OF CLAIMS-		1		1878.90	1878.90	
CLAIMS PENDING: MISCELLANEOUS CLAIM								
ICN 0132		06012013	06302013	30.000	T2031 UA	1878.90	0.00	133
	PATIENT NUMBER=							
CLAIMS PENDING TOTALS -MISCELLANEOUS CLAIM		**NUMBER OF CLAIMS-		1		1878.90	0.00	
TOTAL WARRANT AMOUNT							1878.90	



Reason and Remark Codes

HOpR: Standardized codes.

See R&R EOB Crosswalk for further explanation.

*****THE FOLLOWING IS A DESCRIPTION OF THE REASON/REMARK CODES THAT APPEAR ABOVE *****

- B13 PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.
- B22 THIS PAYMENT IS ADJUSTED BASED ON THE DIAGNOSIS.
- B7 THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.
- MA04 SECONDARY PAYMENT CANNOT BE CONSIDERED WITHOUT THE IDENTITY OF OR PAYMENT INFORMATION FROM THE PRIMARY PAYER. THE INFORMATION WAS EITHER NOT REPORTED OR WAS ILLEGIBLE.
- M57 MISSING/INCOMPLETE/INVALID PROVIDER IDENTIFIER.
- M68 MISSING/INCOMPLETE/INVALID ATTENDING OR REFERRING PHYSICIAN IDENTIFICATION.
- M77 MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.
- M86 SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
- N30 PATIENT INELIGIBLE FOR THIS SERVICE.
- 125 PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS CODES WHENEVER APPROPRIATE.
- 133 THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.
- 15 PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.
- 22 PAYMENT ADJUSTED BECAUSE THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.
- 29 THE TIME LIMIT FOR FILING HAS EXPIRED.
- 31 CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.

Gross Adjustment

Listed as:

- Paid claims – Gross Adjustment
- History only – Gross Adjustment

Lists provider, facility, or member for which the adjustment belongs.

PAID CLAIMS - GROSS ADJUSTMENT				
ICN 00000000000000000000	08062004 03302005	0.000	346.42-	346.42-
	MOVE CREDIT BALANCE FROM 12345			
ICN 00000000000000000000	11142007 11142007	0.000	45.74-	45.74-
	MOVE CREDIT BALANCE FROM 54321			
ICN 00000000000000000000	11142007 11142007	0.000	30.15-	30.15-
	MOVE CREDIT BALANCE FROM 11111			

Credit Balance

- Under member ID, the status of the claim is listed.
- Do not post a credit balance.
- The Internal Control Number (ICN) of a credit balance does not change.

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CREDIT-BALANCE-CLAIMS - GROSS ADJUSTMENT
                                07122007 07242007      0.000      8.40-      8.40-
ICN 00000000000000000000
TEAM NUMBER 02
                                MOVE CREDIT BALANCE FROM 123456
**CR BAL CLAIM TOTALS - GROSS ADJUSTMENT      **NUMBER OF CLAIMS- 1**      8.40-      8.40-
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