



P R O V I D E R B U L L E T I N

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To: All Providers

Subject: Paper Remittance Advice and HIPAA 835 Transaction Updates

Overview

The most significant tool the Indiana Health Coverage Programs (IHCP) provider has to monitor participation in the program is the weekly remittance advice (RA). This statement provides information about claims processing and financial activity. To assist providers in making use of this tool, this bulletin provides copies of RAs with detailed descriptions of each field.

A variety of transactions unrelated to a particular claim affect providers. These transactions are referred to as non-claim specific financial transactions. This bulletin outlines the different transactions, how each transaction is handled, and where the transaction appears on the weekly RA.

Due to compliance changes required by Health Insurance Portability and Accountability Act (HIPAA) legislation, the 835 transaction format replaces the current proprietary electronic remittance advice (ERA) format. Several of these changes add additional information to the paper RA. These changes are described in this bulletin. Starting August 2003, paper RAs were reported in the new format. All providers will continue to receive paper RAs in the new format, even if they enroll for the electronic 835 transaction.

Paper Provider Remittance Advice

Providers receive a weekly RA statement about the status of processed claims. All providers will continue to receive the paper RAs at this time. Providers who wish to receive their RA information electronically after October 15, 2003, are required to complete the necessary trading partner profiles and agreements for receipt of the electronic 835 transaction. RAs provide information about adjudicated claims that are paid, denied, or adjusted. Paper RAs include in-process claim data. The paper claims in process section lists suspended claims, claims that generate a claim correction form (CCF), and claims in the adjustment cycle. The paper RA also provides information about other processed financial transactions. Additionally, CCFs are mailed with the paper RA statement and banner page.

The banner page conveys important information about program changes and upcoming training sessions. The banner page should be shared with the staff responsible for filing and posting claims. Because the RA only reports claim activity for each specific week, providers who do not have claim

activity and do not receive an RA will not receive that week's banner page. Banner pages are displayed on the IHCP Web site at www.indianamedicaid.com.

The RA is an important provider claim-tracking device. Claim transactions should be reconciled as soon as possible after receiving the RA statement. CCFs must be completed and returned within 45 days of receipt by the provider.

RA pages outline claim data in two ways:

- Header (claim level) information that applies to the entire claim
- Detail (service line level) information that refers to a single line

Each paper RA section, such as *Claims Paid* or *Claims in Process*, totals the information after the last claim entry in that section. In addition, the paper RA summary page includes individual section data.

Information on the paper RA is standardized as much as possible for all claim types.

This bulletin describes RAs from a general perspective. Additionally, RA field definitions are provided. Providers can refer to the explanation of benefits (EOB) and adjustment reason code (ARC) descriptions at the end of the RA if there are questions about the RA statement.

Paper Remittance Advice Section Descriptions

The paper RA contains the following sections:

- *Claims Paid*: Claims with a paid status are shown in this RA section, including claims paid at zero. An example of a zero-paid claim would be a claim for a member with other insurance when the other insurance paid an amount equal to or greater than the IHCP allowable.
- *Claims Denied*: The same basic information is shown as for paid claims. These claims have been denied payment by the IHCP.
- *Claims in Process*: Claims in the processing cycle that have not yet been finalized are listed in this RA section. Claims that have generated CCFs, claims that have attachments, claims that are past the filing limit, claims that require manual pricing, claims for adjustments that have not been finalized, and suspended claims are found here. **These claims have not been denied.** The EOB, ARC, and adjustment remarks provided with the in-process claim provide information as to why the claim has not yet been processed. Claims reflected as in process are ultimately shown as paid, denied, or adjusted on subsequent RAs. Claims in process must be monitored to final resolution. Claims in suspense only appear in the RA for the week in which they are **first** suspended and on the **last** RA cycle of each month until they are resolved as paid or denied, at which time they will appear on the RA as paid or denied. Pharmacy providers do not receive suspended claim information on RAs for claims processed by ACS. ACS does not report suspended claims in the 835 RA format. Pharmacy RAs contain paid, denied, and adjusted claims.

Note: Each claim in process lists the EOB message that corresponds to the reason it has been suspended.

- *Claim Adjustments*: Claims that have been adjusted are listed in this RA section. Two header, or claim internal control number (ICN), lines are shown for each adjusted claim. The first header line is for the original claim, while the second header line is for the adjusted or replacement claim. If an already adjusted claim requires additional adjustment, the last ICN assigned will become the original claim to become adjusted. These claims are also known as replacements or voids.
- Medicare-related claims are provided in the following sequence:

- Paid
 - Denied
 - In process
 - Adjustments
- *Financial Transactions:* Provider level adjustments include non-claim specific payouts, refunds, and accounts receivable (A/R) transactions, and are listed in this section of the paper RA. A transaction number is used to uniquely identify each financial transaction. If a financial transaction is associated to a cash receipt, then the cash control number (CCN) is also displayed. All financial transactions identify an adjustment to net payment, either positively or negatively. Examples of miscellaneous financial transactions tabulated in this RA section include the following:
 - Refunds made by a provider, not associated with a single claim, such as refunds to a pharmacy provider for nursing facility returned medicine.
 - Refunds made by a provider that exceed the original claim payment. A payout is generated to return the over-refunded amount to the provider.
 - Adjusted claim resulting in a negative balance, an A/R.
 - Amounts scheduled for recouping. The A/R offset section tracks the repayment of the amount to be recouped.

EOB Code Descriptions: EOB codes applied to submitted claims are listed along with the respective code narrative. These codes and corresponding narratives describe the reasons submitted claims were suspended, denied, or not paid in full. The description list is ordered numerically for EOB codes 001 to 9999.

- *ARC Code Descriptions:* ARCs reflecting the adjustments in payment between the billed amount and the allowed or payment amounts, applied to submitted claims at either the claim level or the service line level, are listed along with the respective code narrative. These codes and corresponding narratives are ordered numerically and then alpha numerically. Because this code set is alpha numeric and does not have leading zeros, the ordering of the codes is based upon the first character.
- *Summary:* Data from the entire RA series is reflected on this page. This section summarizes all claim and financial activity (provider level adjustments) for each weekly cycle and reports year-to-date totals. In addition, the report provides information about lien payments made to external lien holders during the current payment or financial cycle and year-to-date. The managed care Hoosier Healthwise or *Medicaid Select* administrative payments and capitation payments are also reported on the RA Summary.

Remittance Advice Sorting Sequence

Claims are shown on the paper RA by type and according to the following priority sequence:

- *CMS-1500*
 - Alphabetically by member name
 - Alphanumerically by patient number assigned by the provider
 - Numerically by ICN
- *UB-92*
 - Alphabetically by member name
 - Alphanumerically by patient number assigned by the provider
 - Numerically by ICN
- *Drug*
 - Alphanumerically by prescription number
 - Alphabetically by member name
 - Numerically by ICN

- Dental
 - Alphabetically by member name
 - Numerically by ICN

Crossover claim data appears first on the RA and follows the above sequence per claim type.

Claims reported electronically in the 835 transaction are sorted in the following sequence:

- Sender ID
- Billing provider number
- ICN

Paper Remittance Advice Field Definitions

Table 1 lists each of the fields shown on an RA and a description of the information contained. A numeric digit precedes each description. The numeric digit corresponds to fields in Figures 1 – 17. The RA field definitions are provided in Table 1.

Note: Not all fields appear on each section of the RA. Many fields are specific to the claim type being billed.

Table 1 – Provider Remittance Advice Definitions

Field Name	Description/Definition
1 ADMIT DATE	This is the date the member was admitted to a hospital.
2 ALLOWED AMOUNT or ALWD AMT or ALLOWED This field will not be used after December 2, 2003.	This is the computed dollar amount allowable for the services rendered. For compound drugs, this amount is calculated by pricing and then totaling each of the individual ingredients used to formulate the compound.
3 A/R NUMBER	This is the A/R number assigned during processing. This is either the adjustment ICN, if the A/R is a result of an adjustment transaction, or a user-assigned number, if the A/R was manually established.
4 BALANCE	This is the remaining balance of the A/R offset after the current weekly financial cycle.
5 BILLED AMOUNT or BILLED AMT	This is the total dollar amount requested by the provider for the services billed on the claim, as well as for each detail line. This does not include overhead on home health claims.
6 CAPITAL	Any associated capital costs.
7 CCN	Cash control number. This is a unique number associated with a cash receipt. This number is used when a provider has submitted a refund in error or has over-refunded an amount.
8 CHECK/EFT NUMBER	If a check was generated, the check number is listed. If the provider is an EFT participant, this is the control number of the EFT transaction.
9 CO-PAY	This is the dollar amount the member must pay for services that require a co-payment. For crossover claims, this is the dollar amount that the IHCP should pay.

(Continued)

Table 1 – Provider Remittance Advice Definitions

Field Name	Description/Definition
10 DATE SVC PERF	This is the date the specific service was actually provided.
11 DAYS/UNITS	This indicates the number of days or units billed.
12 DED AMOUNT or DED	This is the spend-down deductible amount. This amount is shown for UB-92 claims. CMS-1500, dental, and drug RAs reflect the spend-down deductible amount in the third party liability (TPL) field because these claim form layouts do not accommodate multiple entries for other amounts paid.
13 DISPENSE DATE	This is the date a drug was actually dispensed to the member. It is also known as the service date.
14 DSH	This is the disproportionate share amount. This amount is added to the ALLOWED AMOUNT. No longer on RA.
15 EOBs or EOB CODES or HEADER EOBs or DETAIL EOBs	These are the EOB codes used to explain the processing results of a particular claim. HEADER EOBs apply to the main body of the claim, while DETAIL EOBs apply to a specific claim service line. Some RAs show header (claim level) EOB information as EOB 000 and detail EOB information as EOB 001, EOB 002, EOB 003, and so forth. The EOBs have been reordered to begin with the lowest code and end with the largest code.
16 HCPCS/RATE	This is the Health Care Common Procedure Coding System (HCPCS) code or the unit rate for the services indicated by the corresponding REV CD.
17 ICN	This is the unique ICN assigned to identify and track a claim.
18 LIAB	This is the patient liability amount, which is the member's responsibility. This amount applies only to long-term care facilities.
19 LOCATION CODE	This is the single, alphabetic code used to identify the location of the billing provider.
20 MED ED	This is for the associated medical education costs.
21 MEDICAID ALLOWED	This is a crossover claim field. This amount indicates the computed dollar amount allowed for the services rendered.
22 MEDICAID BILLED	This is a crossover claim field. This amount indicates the total dollar amount requested by the provider, as well as the amount for each detail line.
23 MEDICAID PAID	This is a crossover claim field. This amount is the dollar amount paid for the services rendered. Determined by computing the allowable amount for services billed and deducting the MEDICARE PAID amount.
24 MEDICARE PAID	This is a crossover claim field. This amount is the dollar amount paid by Medicare for the services billed to the IHCP.

(Continued)

Table 1 – Provider Remittance Advice Definitions

Field Name	Description/Definition
25 MODIFIERS	This column shows the modifiers used to further describe the service rendered. Up to four modifiers may be returned on each detail line. May occur 50 times per claim depending on the number of detail lines billed.
26 NDC	These are the National Drug Codes (NDCs) that pertain to the drug dispensed or ingredients used in a compound prescription. A compound prescription claim form and RA can accommodate up to 15 ingredients per claim.
27 NET ADJUSTED PAYMENT OR OVERPAYMENT (REFUND)	This amount is the net result of an adjustment. If the original claim paid is more than the adjusted claim, this is a negative amount.
28 ORIGINAL AMOUNT	This is the original amount of an A/R that was established.
29 ORIGINAL ICN	This is the original ICN, if the A/R action is the result of a claim-specific adjustment.
30 OUTLIER	This notes any reimbursable amount, in addition to the hospital diagnosis-related group (DRG) rate, for certain inpatient stays that exceed established cost thresholds associated with the hospital stay.
31 OVRHD AMOUNT	For home health claims, this is the amount to be paid in addition to the allowed amount. This amount represents the overhead allowance for each home visit.
32 PAID AMOUNT	This is the net dollar amount paid for the services rendered, reflecting the billed amount reduced/or increased by all adjustments, including the TPL AMOUNT, COPAY, DED AMOUNT, or OVRHD AMOUNT.
33 PAT NO.	Returned on the RA. This is the unique patient number assigned by the provider and submitted on the original claim. This is usually used for internal tracking and control purposes. This field is 20 characters.
34 PAYOUT AMOUNT	This is the amount of the payout transaction, the amount paid to the provider.
35 PL SERV	This is the place of service code and indicates where the services were rendered.
36 PROC CODE	This is the procedure code for services rendered.
37 PROVIDER NAME/ADDRESS	This is the name and address of the provider billing for services.
38 PROVIDER NUMBER	This is the number used to identify the provider billing for services.
39 QTY	This is the quantity of the drug dispensed.

(Continued)

Table 1 – Provider Remittance Advice Definitions

Field Name	Description/Definition
40 REASON CODE	This is a code assigned to indicate why a payout action was taken, an A/R was established, or a non-claim specific refund transaction was performed. This also generates an associated EOB code that briefly explains the action taken.
41 RECIPIENT NAME	This is the last name, first name, and middle initial of the member who received the service.
42 REFUND AMOUNT	This indicates a non-claim specific refund amount.
43 REFUND AMOUNT APPLIED	This shows any money returned by the provider to cover a negative adjustment such as a check-related adjustment.
44 REIMB METH	This shows the reimbursement methodology that was used to calculate the allowed amount for the hospitalization stay. The methodology could be DRG, per diem or payment on a percentage basis. If the claim was priced using DRG, the DRG code is displayed.
45 RENDERING PROVIDER	This is the unique IHCP provider identification number of the provider that rendered a particular service.
46 REV CD	These are the revenue codes that pertain to the services being billed on a UB-92.
47 RID NO.	This is the member's 12-digit IHCP identification number.
48 RX NO.	This number indicates the prescription number used to dispense the drug.
49 SERVICE DATES	This indicates the dates particular services were rendered.
50 FROM	This is the earliest service date on all the detail lines of a particular ICN.
51 THRU	This is the last service date on all the detail lines of a particular ICN.
52 SET UP DATE	This is the date an original A/R was established.
53 SRV DATE	This is the actual date services were rendered for the corresponding REV CD and HCPCS/RATE on the UB-92.
54 SURF	This is the surface code, from the dental claim form diagram indicating the part of the tooth that received treatment.
55 TOOTH	This is the tooth number, from the dental claim form diagram, of the tooth receiving treatment.
56 TPL AMOUNT or TPL AMT	This is the dollar amount paid for the services by any source outside of the IHCP.
57 TRANSACTION NUMBER	This is the unique number assigned by IndianaAIM to identify a payout transaction.
58 UNITS	This is the number of units for the particular service rendered.

(Continued)

Table 1 – Provider Remittance Advice Definitions

Field Name	Description/Definition
59 MEDICARE DEDUCTIBLE	Indicates the dollar amount that the member is responsible for paying. The Medicare deductible amount includes the Medicare deductible and blood deductible amounts. This dollar amount will crossover and be paid by Medicaid.
60 MEDICARE CO-INSURANCE	This is the dollar amount that the member is responsible for and is deducted from the allowed amount to arrive at the Medicare paid amount.
61 TOTAL ADJUSTMENT PAYMENT	This amount is the net result of the adjustment. If the <i>mother</i> claim paid more than the <i>daughter</i> claim, this amount will be a negative amount. If the <i>daughter</i> claim paid more than the <i>mother</i> claim, this amount will be a positive amount.
62 DRG	This is the DRG billed.
63 ARCs or ADJUSTMENT REASON CODES or CLAIM LEVEL ARCS ARCs or SERVICE LINE LEVEL ARCS	These ARCs capture the dollars from claim processing that report the differences between the billed and the paid amounts. Claim level ARCs apply to the full claim while service line level ARCs apply to the specific details. Some RAs show header ARC with the EOBs and remark codes as ARC 000 and the service line adjustments as ARC 001, ARC 002, EOB 003, and so forth. Note that the ordering of these codes is by the first character.
64 REMARKS or ADJUSTMENT REMARK CODES	These remarks are reported with ARCs only when they add information at the claim or service line level.
65 FIN ARC	This is the financial ARC from the 835 Implementation Guide (IG) internal code set that indicates the reason for the adjustment to net payment associated with the money related to the financial transaction.
66 DRG/LOC	The Medicaid paid amount reflected on paid inpatient claims.
67 CALC. PAYMENT	The Medicaid paid amount reflected on paid inpatient (Part A) crossover claims.
68 DTL PAID AMOUNT	Replaces allowed amount at the detail (service line) level.
69 MEDICAID DTL PAID AMOUNT	This is the net dollar amount paid for the services rendered at the detail level, reflecting the billed amount reduced/or increased by all adjustments, including the TPL AMOUNT, COPAY, DED AMOUNT, or OVRHD AMOUNT.
70 DTL SUM AMOUNT	Sum of all detail amounts.

Explanation of Benefits Codes

EOB codes are provided with each RA. These codes and the corresponding narratives describe the reason submitted claims were suspended, denied, or not paid in full. The EOB code is a four-digit number. Because the claim can have edits and audits at both the header and detail levels, EOB codes are listed for both header and detail information. A maximum of 20 EOBs are listed for the header, and a maximum of 20 EOBs are listed for each detail line. Exceptions are suspended claims, which

have a maximum of two EOBs per header and per detail. The electronic RA will not contain these non-adjudicated claims. **These are not denial codes, but rather the reason the claim is being reviewed.** EOB data is listed immediately following the claim header and detail information beside the caption of the EOB on the paper RA. EOB 000 lists header codes, EOB 001 lists line one of the claim's codes, and EOB 002 lists line two of the claim's codes. If there are no EOBs posted for a particular EOB XX line, the line is not printed. A complete list of EOBs is located on the IHCP Web site at www.indianamedicaid.com. The EOBs are considered local codes and will not be transmitted in the electronic 835 transaction. Examples of EOB codes and narratives are listed in Table 2.

Table 2 – Explanation of Benefit Codes

Code	Description	Provider Action Required
0000	Claim paid as billed	No action required.
0001	Claim suspended for examiner review	No action required. Follow the progress of the claim on the RA or use the automated voice-response (AVR) system.
0002	CCF generated – waiting provider response	Return CCF within 45 days.
0201	Billing provider's number is missing	Resubmit claim with nine-digit provider number.
0203	Recipient ID number is missing	Resubmit claim with 12-digit member identification (RID) number.
0256	This service is not payable, recipient spend-down liability not met	Obtain <i>8A Form</i> if spend-down met for date of service (DOS). Resubmit claim. If the spend-down has not been met on the DOS, bill the member for the outstanding balance.
2014	The personal resource amount deducted from the claim was based on the amount reported by the county office of the member. An adjustment should not be filed until the resource amount is verified with the member's county caseworker.	Verify the personal resource amount with the county office. When verified and corrected, return the <i>Adjustment Request Form</i> . When adjustment is complete, resubmit the claim.
4033	The modifier used is not compatible with the procedure code billed	Refer to current coding guidelines and resubmit claim with correct modifier.
6650	The number of services provided exceeds medical policy guidelines. This is a once-in-lifetime procedure	For billing policies and procedures, refer to <i>Chapter 8</i> of the <i>IHCP Provider Manual</i> .

Adjustment Reason Codes

ARCs are provided with each claim or financial transaction included in a weekly RA. A complete list of claim-specific ARCs is available on the Washington Publishing Company Web site at <http://www.wpc-edi.com/codes/>. These ARCs and the corresponding narratives describe the adjustment reason reported from each claim that adjudicated as denied, or not paid in the full amount as billed. The ARCs are alphanumeric codes from an external national code set used with the 835 IG to report the associated dollars from the adjustment between the billed and the allowed or paid amount.

Because the claim can process against edits and audits at both the claim (header) and service line (detail) levels, these ARCs can be listed for either service line and claim level or both. A maximum of 20 ARCs can be listed at the claim level, and a maximum of 20 ARCs can be listed for each service line. Exceptions are suspended claims, which have a maximum of two ARCs per claim level and per service line level. **These are not denial codes, but rather the reason the claim is being reviewed.** ARC data is listed immediately following the EOB at the claim level and service line beside the label of ARC on the paper RA. ARC 000 lists claim level reported codes. ARC 001 lists service line one of the claim's codes, and ARC 002 lists service line two of the claim's codes. If there are no ARCs posted for a particular ARC XX line, the line is not printed. A complete list of claim related ARCs is located on the Washington Publishing Company Web site at <http://www.wpc-edi.com/codes/>. Examples of claim level ARCs and narratives are listed in Table 3.

Table 3 – Adjustment Reason Code Examples

EOB	ARC	ARC Description	Remark
0201	16	Claim/service lacks information that is needed for adjudication.	M57 - Incomplete/invalid provider number
0203	16	Claim/service lacks information that is needed for adjudication. Additional information is supplied using remittance remark codes whenever appropriate.	M58 - Please resubmit the claim with the missing/correct information so that it may be processed.
0256	16	Claim/service lacks information that is needed for adjudication. Additional information is supplied using remittance remark codes whenever appropriate	<i>No remark code available to further clarify</i>
2014	142	Claim adjusted by the monthly Medicaid patient liability amount	N58 - Patient liability amount missing, invalid, or not on file.
4033	4	The procedure code is inconsistent with the modifier used or the required modifier is missing.	M58 - Please resubmit the claim with the missing/correct information so that it may be processed
6650	119	Benefit maximum for this time period has been reached	<i>No remark code available to further clarify.</i>

Financial Adjustment Reason Codes

A complete list of financial transaction ARCs is available from the 835 IG located on the Washington Publishing Company Web site at http://www.wpc-edi.com/hipaa/HIPAA_40.asp. The financial ARCs are two-character alphanumeric codes associated with financial transactions and activities that increase or decrease the net payment amount associated with the weekly RA. These ARCs are also reported on the ARC description page of the paper RA. These are not part of the claim-specific ARC code set.

Adjustment Remark Codes

Adjustment remark codes are provided with each claim included in a weekly RA only when they add additional information to clarify the reason for the adjustment to payment reported with a claim-related ARC.

A complete list of claim-specific adjustment remark codes is available on the Washington Publishing Company Web site at <http://www.wpc-edi.com/codes/>. These remark codes are provided with the adjustment reason reported from each claim that adjudicated as denied, or not paid in the full amount as billed. The remark codes are alphanumeric codes from an external national code set used with the 835 IG that are used to report the associated dollars from the adjustment between the billed and the allowed or paid amount. Because the claim can process against edits and audits at both the claim (header) and/or service line (detail) levels, these remark codes can be listed for either service line and claim level or both. A maximum of 20 remarks can be listed at the claim level, and a maximum of 20 can be listed for each service line. Exceptions are suspended claims, which have a maximum of two remarks per claim level and per service line level. **These are not denial codes, but rather the reason the claim is being reviewed.** Remarks data is listed immediately following the ARCS at the claim level and service line beside the label of REMARKS on the paper RA. REMARK 000 lists claim level reported codes. REMARK 001 lists service line one of the claim's codes, and REMARK 002 lists service line two of the claim's codes. If there are no remarks posted for a particular REMARK XX line, the line is not printed. A complete list of claim-related remarks is located on the Washington Publishing Company Web site at <http://www.wpc-edi.com/codes/>.

Note: In the 835 electronic RA transaction the remark codes will be aggregated at the claim and service line level. Remark code descriptions are not printed in the code description section of the paper RA due to the length of the descriptions.

Questions about the ARC or remark codes reported in claims processing should be directed to the Customer Assistance Unit. The complete code sets are available at the Washington Publishing Company Web site at <http://www.wpc-edi.com/codes/>.

On the paper RA, Pharmacy claims only have adjustment reason codes. These RAs do not have adjustment remark codes.

In the pharmacy 835 electronic transaction, the NCPDP reject codes will be reflected as adjustment remark codes clarifying the reason for the adjustment to payment, in addition to the adjustment reason codes. The NCPDP reject codes are specific to the pharmacy transactions and are contained in the NCPDP 5.1 version used by ACS.

Summary Page

The final page of the paper RA is the Summary Page. This page provides a complete accounting of claims processing and payment activity for the current cycle and year-to-date. Table 4 lists each field and a description of the information contained in the field. Each description is preceded by an alphabetic code that corresponds to each field in Figure 18 for cross-reference.

Table 4 – Summary Page

Field	Description
A Claims Data	This section organizes the claims processed for this provider. Current information reflects counts and dollars for the current cycle as reflected on this RA. Year-to-date information reflects counts and dollars processed year-to-date for this provider, including the current cycle.
B Claims Paid	This is the number of paid claims processed. This is the total dollar amount paid for those claims.
C Claim Adjustments	This is the number of claims adjusted that resulted in increased payments. This is the additional dollar amount paid for the adjusted claims.
D Claim Interest	This is the amount of interest paid on clean electronic claims not processed within 21 days from receipt and clean paper claims not processed within 30 days from receipt.
E Total Claims Payment	This is the total of claims paid, claims adjustment, and claim interest dollars. This ties to the claims payment line listed under earnings data.
F Claims Denied	This is the total number of claims denied for payment.
G Claims In Process	This is the total number of claims suspended for additional review.
H Earnings Data	This section provides the total amount paid to the provider and the total earnings reflected for the provider.
I Payments	This section provides the total amount paid to the provider. Current information reflects activity from this RA. Year-to-date information reflects total activity for this calendar year, including the activity specific to this RA.
J Claims Payments	This is the sum total of claims paid, claims adjusted, and claims interest dollars. This amount ties to the claims payment line listed under Claims Data.
K Managed Care Administrative Payment	This is the total amount paid for Primary Care Case Management (PCCM) patients. See <i>Chapter 12, Section 4</i> of the <i>IHCP Provider Manual</i> for more information.
L Hoosier Healthwise Capitation Payment	This is only applicable for managed care organizations (MCOs) and reflects the total capitation payment for members assigned to an MCO under the risk-based managed care program (RBMC).
M System Payouts (Non-claim Specific)	This is the total amount of non-claim specific payments included in the RA checkwrite total.

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Table 4 – Summary Page

Field	Description
<p>N Accounts Receivable (Offsets)</p>	<p>This is the amount deducted from the RA checkwrite for outstanding A/Rs due the IHCP. See <i>Chapter 12, Section 3</i> of the <i>IHCP Provider Manual</i> for more information.</p> <p>Claim Specific – Offsets related to A/Rs tied to a specific claim or A/Rs with a control number that begins with 5.</p> <p>Current Cycle – Offsets related to adjustments reflected on the current RA</p> <p>Outstanding From Previous Cycle – Offsets related to adjustments that were processed in prior cycles and recouped in the current cycle</p> <p>Non Claim Specific – Offsets not related to a given claim, or A/Rs with a control number that begins with 60, not including those issued for financial reason code 8412 – Partial payment(s).</p> <p>Partial Payment(s) Recoveries (Partial Provider Payment or Repayment Agreement Recoveries) – Offset(s) related to partial provider payments due to an expenditure related to provider repayment agreements, or A/Rs with a control number begins with 60 and financial reason code 8412.</p>
<p>O Net Payment</p>	<p>This amount equals the total amount of the check if a payment is due, or is zero if the amount of offset is equal to the amount of payment due. The total is determined by adding claim payments, Hoosier Healthwise administrative payments, and system payouts, and then subtracting claim specific offsets, non-claim specific offsets, and partial payment(s) recoveries offsets.</p>
<p>P Refunds</p>	<p>This amount reflects checks received by EDS or HCE for refunds due the program that were applied to the provider’s earnings.</p>
<p>Q Claim Specific Adjustment Refunds</p>	<p>This amount is for checks received from a provider and applied to a given prior paid claim.</p>
<p>R Non-Claim Specific Refunds</p>	<p>This amount is for checks received and applied against the provider’s earnings, but not tied to a given prior paid claim.</p>
<p>S Other Financial</p>	<p>This amount reflects other financial activity affecting the provider’s earnings.</p>
<p>T Manual Payouts (Non-Claim Specific)</p>	<p>This amount reflects payments made to the provider outside of IndianaAIM, not included in any RA checkwrite total, but which must be included in total earnings.</p>
<p>U Voids</p>	<p>This amount reflects IHCP payment checks returned to EDS uncashed.</p>
<p>V Net Earnings</p>	<p>This is the net amount IHCP paid to the provider. This amount is calculated by adding the net payment and manual payouts, and then subtracting claim specific refunds, non-claim specific refunds, and voids. This is the total reported to the IRS on the 1099.</p>
<p>W Payments to Lien Holders</p>	<p>This amount details any payments made to lien holders that are deducted from the net payment made to the provider.</p>

Paper Remittance Advice Examples

The following pages display examples of IHCP paper RA statements. The examples include claims adjudication pages for each claim form type. The examples are a representative sample of what a provider may see on an RA. This is not a comprehensive listing for each claim type.

Additional Information

Direct questions about this bulletin to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

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Report: CRA-0005-W
Process:
Location:

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
INDIANA HEALTH COVERAGE PROGRAMS
SERVICED BY EDS

Date: MMDDYYYY
Time: HH:MM:SS
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PROVIDER REMITTANCE ADVICE
DENTAL CLAIMS PAID

38 999999999 X 19
37 JONES DENTAL CLINIC
1212 SOUTH SMITH STREET
P.O. BOX 30303
ANYTOWN, IN 99999-9999

8 CHECK/EFT NUMBER 999999999

41	47	33	17	49	5	68	56	32										
RECIPIENT NAME	RID NO.	PAT NO	--ICN--	SERVICE DATES	BILLED	DTL PAID	TPL	PAID										
XXXXXXXXXXXXX X X	99999999999999	XXXXXXXXXX	RRYYJJBBSS	FROM THRU	AMOUNT	AMOUNT	AMOUNT	AMOUNT										
35	45	36	25	55	54	10	58											
PL	REND	PROC	MODIFIERS	TOOTH	SURF	DATE SVC PERF	UNITS											
SERV	PROV	CD/																
XX	XXXXXXXXXX	XXXXX	XXXXX	99	XXXXX	MMDDYY	9.99	999,999.99	999,999.99	99,999.99	999,999.99							
XX	XXXXXXXXXX	XXXXX	XXXXX	99	XXXXX	MMDDYY	9.99	999,999.99	999,999.99	99,999.99	999,999.99							
XX	XXXXXXXXXX	XXXXX	XXXXX	99	XXXXX	MMDDYY	9.99	999,999.99	999,999.99	99,999.99	999,999.99							
XX	XXXXXXXXXX	XXXXX	XXXXX	99	XXXXX	MMDDYY	9.99	999,999.99	999,999.99	99,999.99	999,999.99							
XX	XXXXXXXXXX	XXXXX	XXXXX	99	XXXXX	MMDDYY	9.99	999,999.99	999,999.99	99,999.99	999,999.99							
XX	XXXXXXXXXX	XXXXX	XXXXX	99	XXXXX	MMDDYY	9.99	999,999.99	999,999.99	99,999.99	999,999.99							
15	EOBS	000	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
		001	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
		002	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
		003	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
63	ARCS	001	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
		002	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
		003	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
64	REMARKS	001	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
		002	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
		003	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
TOTAL DENTAL CLAIMS PAID:												999,999.99	999,999.99	999,999.99	999,999.99			

Figure 1 – Dental Claims Paid

Indiana Health Coverage Programs
BT200402

Report: CRA-0006-W
Process:
Location:

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
INDIANA HEALTH COVERAGE PROGRAMS
SERVICED BY EDS

Paper Remittance Advice and HIPAA 835 Transaction Updates
February 23, 2004

Date: MMDDYYYY
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PROVIDER REMITTANCE ADVICE
DENTAL CLAIMS DENIED

38 999999999 X 19
37 JONES DENTAL CLINIC
1212 SOUTH SMITH STREET
P.O. BOX 30303
ANYTOWN, IN 99999-9999

8 CHECK/EFT NUMBER 999999999

41 RECIPIENT NAME	47 RID NO.	33 PAT NO.	49 SERVICE DATES	5 BILLED AMOUNT	56 TPL AMOUNT		
35 PL	45 REND	36 PROC	25 MODIFIERS	55 TOOTH	54 SURF	10 DATE SVC PERF	58 UNITS
XXXXXXXXXXXXX X X	9999999999999	XXXXXXXXXX	MMDDYY MMDDYY	999,999.99	99,999.99		
XX	XXXXX	XXXXX	XXXXX	99	XXXXX	MMDDYY	9.99
XX	XXXXX	XXXXX	XXXXX	99	XXXXX	MMDDYY	9.99
XX	XXXXX	XXXXX	XXXXX	99	XXXXX	MMDDYY	9.99
XX	XXXXX	XXXXX	XXXXX	99	XXXXX	MMDDYY	9.99
XX	XXXXX	XXXXX	XXXXX	99	XXXXX	MMDDYY	9.99
XX	XXXXX	XXXXX	XXXXX	99	XXXXX	MMDDYY	9.99
15 EOBS	000	9999	9999	9999	9999	9999	9999
	001	9999	9999	9999	9999	9999	9999
	002	9999	9999	9999	9999	9999	9999
	003	9999	9999	9999	9999	9999	9999
63 ARCS	001	9999	9999	9999	9999	9999	9999
	002	9999	9999	9999	9999	9999	9999
	003	9999	9999	9999	9999	9999	9999
64 REMARKS	001	9999	9999	9999	9999	9999	9999
	002	9999	9999	9999	9999	9999	9999
	003	9999	9999	9999	9999	9999	9999
TOTAL DENTAL CLAIMS DENIED: 999,999.99 999,999.99 999,999.99 999,999.99							

Figure 2 – Dental Claims Denied

Indiana Health Coverage Programs
BT200402

Report: CRA-00113-W
Process:
Location:

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
INDIANA HEALTH COVERAGE PROGRAMS
SERVICED BY EDS

Paper Remittance Advice and HIPAA 835 Transaction Updates
February 23, 2004

Date: MMDDYYYY
Time: HH:MM:SS
Page: 99,999

PROVIDER REMITTANCE ADVICE
HCFA 1500 CLAIMS PAID

38 999999999 X 19

8 CHECK/EFT NUMBER 999999999

37 1212 SOUTH SMITH STREET
P.O. BOX 30303
ANYTOWN, IN 99999-9999

41 RECIPIENT NAME	47 RID NO./	17 --ICN--	33 PAT NO./	49 SERVICE DATES	45 RENDERING	5 BILLED	68 DTL PAID	56 TPL	9 CO-	32 PAID
XXXXXXXXXXXX X X	35 PL SERV	25 MODIFIERS	58 UNITS	FROM THRU	PROVIDER	AMOUNT	AMOUNT	AMOUNT	PAY	AMOUNT
99999999999999		RYYJJBBSS	99999999999999	MMDDYY MMDDYY	9999999999X	999.99	999.99	999.99	99.99	999.99
XX		XXXXX XX XX XX XX	9999.99	MMDDYY MMDDYY	9999999999X	999.99	999.99	999.99	99.99	999.99
XX		XXXXX XX XX XX XX	9999.99	MMDDYY MMDDYY	9999999999X	999.99	999.99	999.99	99.99	999.99
XX		XXXXX XX XX XX XX	9999.99	MMDDYY MMDDYY	9999999999X	999.99	999.99	999.99	99.99	999.99
XX		XXXXX XX XX XX XX	9999.99	MMDDYY MMDDYY	9999999999X	999.99	999.99	999.99	99.99	999.99
XX		XXXXX XX XX XX XX	9999.99	MMDDYY MMDDYY	9999999999X	999.99	999.99	999.99	99.99	999.99

15 EOB	000	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
	001	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
	002	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
63 ARCS	000	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
	001	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
	002	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
64 REMARKS	000	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
	001	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
	002	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999

TOTAL HCFA 1500 CLAIMS PAID: 999,999.99 999.999.99 99,999.99 99.99 999,999.99

Figure 3 – HCFA-1500 Claims Paid

Indiana Health Coverage Programs
BT200402

Report: CRA-0014-W
Process:
Location:

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
INDIANA HEALTH COVERAGE PROGRAMS
SERVICED BY EDS

Paper Remittance Advice and HIPAA 835 Transaction Updates
February 23, 2004

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PROVIDER REMITTANCE ADVICE
HCFA 1500 CLAIMS DENIED

38 999999999 X 19
37 JONES MEDICAL CLINIC
1212 SOUTH SMITH STREET
P.O. BOX 30303
ANYTOWN, IN 99999-9999

8 CHECK/EFT NUMBER 999999999

41 RECIPIENT NAME	47 RID NO./	17 --ICN--	33 PAT NO./	49 SERVICE DATES	45 RENDERING	5 BILLED	56 TPL
XXXXXXXXXXXXX X X	35 PL SERV	36 PROC CD/25 MODIFIERS	58 UNITS	FROM THRU	PROVIDER	AMOUNT	AMOUNT
	999999999999	RRYYJJBBSS	XXXXXXXXXXXXX	MMDDYY MMDDYY	9999999999X	999,999.99	99,999.99
	XX	XXXXX XX XX XX XX	9999.99	MMDDYY MMDDYY	9999999999X	999,999.99	99,999.99
	XX	XXXXX XX XX XX XX	9999.99	MMDDYY MMDDYY	9999999999X	999,999.99	99,999.99
	XX	XXXXX XX XX XX XX	9999.99	MMDDYY MMDDYY	9999999999X	999,999.99	99,999.99
	XX	XXXXX XX XX XX XX	9999.99	MMDDYY MMDDYY	9999999999X	999,999.99	99,999.99
15 EOB	000 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999						
	001 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999						
	002 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999						
63 ARCS	000 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999						
	001 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999						
	002 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999						
64 REMARKS	000 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999						
	001 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999						
	002 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999						

TOTAL HCFA 1500 CLAIMS DENIED: 999,999.99 999,999.99 99,999.99 99.99 999,999.99

Figure 4 – HCFA-1500 Claims Denied

Indiana Health Coverage Programs
BT200402

Report: CRA-0015-W
Process:
Location:

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
INDIANA HEALTH COVERAGE PROGRAMS
SERVICED BY EDS

Paper Remittance Advice and HIPAA 835 Transaction Updates
February 23, 2004

Date: MMDDYYYY
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Page: 99,999

PROVIDER REMITTANCE ADVICE
HCFA 1500 CLAIMS IN PROCESS

38 999999999 X 19
37 JONES MEDICAL CLINIC
1212 SOUTH SMITH STREET
P.O. BOX 30303
ANYTOWN, IN 99999-9999

8 CHECK/EFT NUMBER 999999999

THESE CLAIMS HAVE NOT BEEN FINALIZED
PAYMENT OR REJECTION OF THESE CLAIMS WILL BE MADE SHORTLY

41 RECIPIENT NAME	47 RID NO./	17 --ICN--	33 PAT NO./	49 SERVICE DATES	45 RENDERING	5 BILLED	56 TPL
XXXXXXXXXXXXX X X	35 PL SERV	36 PROC CD/25 MODIFIERS	58 UNITS	FROM THRU	PROVIDER	AMOUNT	AMOUNT
	9999999999999	RRYYJJBBSS	XXXXXXXXXXXXX	MMDDYY MMDDYY	9999999999X	999,999.99	99,999.99
	XX						
	XX	XXXXX XX XX XX XX	9999.99	MMDDYY MMDDYY	9999999999X	999,999.99	99,999.99
	XX	XXXXX XX XX XX XX	9999.99	MMDDYY MMDDYY	9999999999X	999,999.99	99,999.99
	XX	XXXXX XX XX XX XX	9999.99	MMDDYY MMDDYY	9999999999X	999,999.99	99,999.99
	XX	XXXXX XX XX XX XX	9999.99	MMDDYY MMDDYY	9999999999X	999,999.99	99,999.99
15 E OBS	000 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999
	001 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999
	002 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999
63 ARCS	000 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999
	001 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999
	002 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999
64 REMARKS	000 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999
	001 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999
	002 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999	9999 9999 9999 9999 9999

TOTAL HCFA 1500 CLAIMS IN PROCESS: 999,999.99 999,999.99 99,999.99 99.99 999,999.99

Figure 5 – HCFA-1500 Claims in Process

Indiana Health Coverage Programs
BT200402

Report: CRA-0016-W
Process:
Location:

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
INDIANA HEALTH COVERAGE PROGRAMS
SERVICED BY EDS

Paper Remittance Advice and HIPAA 835 Transaction Updates
February 23, 2004

Date: MMDDYYYY
Time: HH:MM:SS
Page: 99,999

PROVIDER REMITTANCE ADVICE
HCFA 1500 CLAIM ADJUSTMENTS

38 999999999 X 19

37 JONES MEDICAL CLINIC
1212 SOUTH SMITH STREET
P.O. BOX 30303
ANYTOWN, IN 99999-9999

8 CHECK/EFT NUMBER 999999999

41 RECIPIENT NAME	47 RID NO. /	17 --ICN--	33 PAT NO. /	49 SERVICE DATES	45 RENDERING PROVIDER	5 BILLED AMOUNT	68 DTL PAID AMOUNT	56 TPL AMOUNT	9 CO-PAY	32 PAID AMOUNT
XXXXXXXXXX X X	35 PL SERV	36 PROC CD/25 MODIFIERS	58 UNITS	FROM THRU						
	99999999999	RRYYJJJBBSS	999999999	MMDDYY MMDDYY	999999999X	(999.99)	(999.99)	(999.99)	(99.99)	(999.99)
	XX	XXXXX XX XX XX XX	9999	MMDDYY MMDDYY	999999999X	999.99	999.99			
	XX	XXXXX XX XX XX XX	9999	MMDDYY MMDDYY	999999999X	999.99	999.99			
	XX	XXXXX XX XX XX XX	9999	MMDDYY MMDDYY	999999999X	999.99	999.99			
	XX	XXXXX XX XX XX XX	9999	MMDDYY MMDDYY	999999999X	999.99	999.99			

27 NET ADJUSTED PAYMENT 999,999.99

42 REFUND AMOUNT APPLIED 999,999.99

15 EOB	000	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
	001	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
	002	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
63 ARCS	000	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
	001	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
	002	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
64 REMARKS	000	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
	001	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
	002	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999

TOTAL NO. OF ADJUSTMENTS: 999,999

TOTAL HCFA 1500 CLAIMS PAID: 999,999.99 999,999.99 99,999.99 99.99 999,999.99

Figure 6 – HCFA-1500 Claim Adjustments

Indiana Health Coverage Programs
BT200402

Report: CRA-0001-W
Process:
Location:

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
INDIANA HEALTH COVERAGE PROGRAMS
SERVICED BY EDS

Paper Remittance Advice and HIPAA 835 Transaction Updates
February 23, 2004

Date: MMDDYYYY
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PROVIDER REMITTANCE ADVICE
COMPOUND DRUG CLAIMS PAID

38 999999999 X 19
37 JONES PHARMACY
1212 SOUTH SMITH STREET
P.O. BOX 30303
ANYTOWN, IN 99999-9999

8 CHECK/EFT NUMBER 999999999

41	RECIPIENT NAME	47	RID NO.	17	--ICN--	48	RX NO.	39	QTY.	13	DISPENSE DATE	5	BILLED AMOUNT	70	DTL SUM AMOUNT	56	TPL AMOUNT	9	CO-PAY	32	PAID AMOUNT
	XXXXXXXXXXXX X X		999999999999		RRYYJJBBSSS		9999999		99999		MMDDYY		99,999.99		99,999.99		99,999.99		99.99		99,999.99
26	NDC	58	UNITS	2	ALLOWED																
	99999999999		9999.99		99,999.99																
	99999999999		9999.99		99,999.99																
	99999999999		9999.99		99,999.99																
	99999999999		9999.99		99,999.99																
	99999999999		9999.99		99,999.99																
15	EOBS																				
	000	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
	001	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
	002	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
63	ARCS																				
	000	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
	001	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
	002	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999

TOTAL COMPOUND DRUG CLAIMS PAID 999,999.99 999,999.99 999,999.99 999,999.99 999,999.99

Figure 7 – Compound Drug Claims Paid

Indiana Health Coverage Programs
BT200402

Report: CRA-0009-W
Process:
Location:

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
INDIANA HEALTH COVERAGE PROGRAMS
SERVICED BY EDS

Paper Remittance Advice and HIPAA 835 Transaction Updates
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Date: MMDDYYYY
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PROVIDER REMITTANCE ADVICE
DRUG CLAIMS PAID

38 999999999 X 19
37 JONES PHARMACY
1212 SOUTH SMITH STREET
P.O. BOX 30303
ANYTOWN, IN 99999-9999

8 CHECK/EFT NUMBER 999999999

41 RECIPIENT NAME	47 RID NO.	17 --ICN--	48 RX NO.	26 NDC	39 QTY	13 DISPENSE DATE	5 BILLED AMOUNT	68 DTL PAID AMOUNT	56 TPL AMOUNT	9 CO-PAY	32 PAID AMOUNT
XXXXXXXXXXXX X X	999999999999	RRYYJJBBSSS	9999999	999999999999	999.9	MMDDYY	999.99	999.99	999.99	99.99	99,999.99
15 EOB	000	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
	001	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
	002	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
63 ARCS	000	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
	001	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
	002	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999

TOTAL INPATIENT CLAIMS PAID: 99,999.99 99,999.99 99,999.99 99.99 99,999.99

Figure 8 – Drug Claims Paid

Indiana Health Coverage Programs
BT200402

Report: CRA-0021-W
Process:
Location:

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
INDIANA HEALTH COVERAGE PROGRAMS
SERVICED BY EDS

Paper Remittance Advice and HIPAA 835 Transaction Updates
February 23, 2004

Date: MMDDYYYY
Time: HH:MM:SS
Page: 99,999

PROVIDER REMITTANCE ADVICE
INPATIENT CLAIMS PAID

38 999999999 X 19
37 JONES HOSPITAL
1212 SOUTH SMITH STREET
P.O. BOX 30303
ANYTOWN, IN 99999-9999

8 CHECK/EFT NUMBER 999999999

41	47	17	33	49	51	11	1	44	5	66	56	30	6	20	9	12	32
RECIPIENT NAME	RID NO.	ICN	PAT NO.	SERVICE DATES FROM	THRU	DAYS	ADMIT DATE	REIMB METH/	BILLED AMOUNT	DRG/ LOC	TPL AMT	OUTLIER	CAPITAL	MED ED	COPAY	DED	PAID AMT
XXXXXX X X	9999999999	RRYYJJBBSS	XXXXXXXXXX	MMDDYY	MMDDYY	999	MMDDYY	XXX 9999	999.99 999.99	999.99 999.99	999.99 999.99	999.99 999.99	999.99 999.99	999.99 999.99	99.99	999.99	999.99
15 EOB	000	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
	001	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
	002	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
63 ARCS	000	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
	001	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
	002	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
64 REMARKS	000	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
	001	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
	002	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
TOTAL INPATIENT CLAIMS PAID: 999,999.99 999,999.99 9,999.99 99.99 9,999.99																	

Figure 9 – Inpatient Claims Paid

Indiana Health Coverage Programs
BT200402

Report: CRA-0025-W
Process:
Location:

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
INDIANA HEALTH COVERAGE PROGRAMS
SERVICED BY EDS

Paper Remittance Advice and HIPAA 835 Transaction Updates
February 23, 2004

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PROVIDER REMITTANCE ADVICE
OUTPATIENT CLAIMS PAID

38 999999999 X 19

37 JONES HOSPITAL
1212 SOUTH SMITH STREET
P.O. BOX 30303
ANYTOWN, IN 99999-9999

8 CHECK/EFT NUMBER 999999999

41 RECIPIENT NAME	47 RID NO./	17 -ICN--	33 PAT NO./	49 SERVICE DATES	5 BILLED	70 DTL SUM	56 TPL	12 DED	9 CO-	32 PAID
XXXXXXXXXXXX X X	999999999999	RRYYJJJBBSSS	XXXXXXXXXXXX	FROM THRU	AMOUNT	AMOUNT	AMOUNT	AMOUNT	PAY	AMOUNT
				MMDDYY MMDDYY	999.99	999.99	999.99	99.99	999.99	999.99
46 REV CD	16 HCPCS/RATE	25 MODIFIERS	53 SRV DATE	58 UNITS	5 BILLED AMT	68 DTL PAID AMOUNT				
999	XXXXXXXXXX	XX XX XX XX	MMDDYY	9999999	999,999.99	999,999.99				
999	XXXXXXXXXX	XX XX XX XX	MMDDYY	9999999	999,999.99	999,999.				
15 EOB	000	9999	9999	9999	9999	9999	9999	9999	9999	9999
	001	9999	9999	9999	9999	9999	9999	9999	9999	9999
	002	9999	9999	9999	9999	9999	9999	9999	9999	9999
63 ARCS	000	9999	9999	9999	9999	9999	9999	9999	9999	9999
	001	9999	9999	9999	9999	9999	9999	9999	9999	9999
	002	9999	9999	9999	9999	9999	9999	9999	9999	9999
64 REMARKS	000	9999	9999	9999	9999	9999	9999	9999	9999	9999
	001	9999	9999	9999	9999	9999	9999	9999	9999	9999
	002	9999	9999	9999	9999	9999	9999	9999	9999	9999
TOTAL OUPATIENT CLAIMS PAID: 999,999.99 999,999.99 99,999.99										

Figure 10 – Outpatient Claims Paid

Indiana Health Coverage Programs
BT200402

Report: CRA-0041-W
Process:
Location:

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
INDIANA HEALTH COVERAGE PROGRAMS
SERVICED BY EDS

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PROVIDER REMITTANCE ADVICE
HOME HEALTH CLAIMS PAID

38 999999999 X 19
37 JONES HOME HEALTH
1212 SOUTH SMITH STREET
P.O. BOX 30303
ANYTOWN, IN 99999-9999

8 CHECK/EFT NUMBER 999999999

41 RECIPIENT NAME	47 RID NO./	17 --ICN--	33 PAT NO./	49 SERVICE DATES FROM THRU	5 BILLED AMOUNT	70 DTL SUM AMOUNT	56 TPL AMOUNT	12 DED AMOUNT	31 OVRHD AMOUNT	32 PAID AMOUNT
XXXXXXXXXX X X	999999999999	RRYYJJJBBSSS	XXXXXXXXXXXX	MMDDYY MMDDYY	999.99	999.99	999.99	99.99	999.99	999.99
46 REV CD	16 HCPCS/RATE	53 SRV DATE	58 UNITS	5 BILLED AMT	68 DTL PAID AMOUNT					
999	XXXXXXXXXX	MMDDYY	9999999	999,999.99	999,999.99					
999	XXXXXXXXXX	MMDDYY	9999999	999,999.99	999,999.99					
999	XXXXXXXXXX	MMDDYY	9999999	999,999.99	999,999.99					
999	XXXXXXXXXX	MMDDYY	9999999	999,999.99	999,999.99					
15 EOB	000	9999	9999	9999	9999	9999	9999	9999		
	001	9999	9999	9999	9999	9999	9999	9999		
	002	9999	9999	9999	9999	9999	9999	9999		
63 ARCS	000	9999	9999	9999	9999	9999	9999	9999		
	001	9999	9999	9999	9999	9999	9999	9999		
	002	9999	9999	9999	9999	9999	9999	9999		
64 REMARKS	000	9999	9999	9999	9999	9999	9999	9999		
	001	9999	9999	9999	9999	9999	9999	9999		
	002	9999	9999	9999	9999	9999	9999	9999		
TOTAL HOME HEALTH CLAIMS PAID: 999,999.99 999,999.99 99,999.99										

Figure 11 – Home Health Claims Paid

Indiana Health Coverage Programs
BT200402

Report: CRA-0033-W
Process:
Location:

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
INDIANA HEALTH COVERAGE PROGRAMS
SERVICED BY EDS

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PROVIDER REMITTANCE ADVICE
EXTENDED CARE FACILITY CLAIMS PAID

38 999999999 X 19
37 JONES NURSING FACILITY
1212 SOUTH SMITH STREET
P.O. BOX 30303
ANYTOWN, IN 99999-9999

8 CHECK/EFT NUMBER 999999999

41	47	17	33	49	5	70	56	12	32
RECIPIENT NAME	RID NO.	--ICN--	PAT NO.	SERVICE DATES	BILLED	DTL SUM	TPL	DED	PAID
XXXXXXXX X X	9999999999999	RRYYJJJBBSSS	XXXXXXXXXX	FROM THRU	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
				MMDDYY MMDDYY	999.99	999.99	999.99	99.99	999.99
46	16	53	58	5	68				
REV CD	HCPCS/RATE	SRV DATE	UNITS	BILLED AMT	DTL PAID AMOUNT				
999	XXXXXXXX	MMDDYY	9999999	999,999.99	999,999.99				
999	XXXXXXXX	MMDDYY	9999999	999,999.99	999,999.99				
999	XXXXXXXX	MMDDYY	9999999	999,999.99	999,999.99				
999	XXXXXXXX	MMDDYY	9999999	999,999.99	999,999.99				
15	EOB	000	9999	9999	9999	9999	9999	9999	9999
		001	9999	9999	9999	9999	9999	9999	9999
		002	9999	9999	9999	9999	9999	9999	9999
63	ARCS	000	9999	9999	9999	9999	9999	9999	9999
		001	9999	9999	9999	9999	9999	9999	9999
		002	9999	9999	9999	9999	9999	9999	9999
64	REMARKS	000	9999	9999	9999	9999	9999	9999	9999
		001	9999	9999	9999	9999	9999	9999	9999
		002	9999	9999	9999	9999	9999	9999	9999

TOTAL EXTENDED CARE FACILITY CLAIMS PAID: 999,999.99 999,999.99 99,999.99

Figure 12 – Extended Care Facility Claims Paid

Indiana Health Coverage Programs
BT200402

Report: CRA-0029-W
Process:
Location:

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
INDIANA HEALTH COVERAGE PROGRAMS
SERVICED BY EDS

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PROVIDER REMITTANCE ADVICE
MEDICARE CROSSOVER PART A CLAIMS PAID

38 999999999 X 19
37 JONES NURSING FACILITY
1212 SOUTH SMITH STREET
P.O. BOX 30303
ANYTOWN, IN 99999-9999

8 CHECK/EFT NUMBER 999999999

41 RECIPIENT NAME	47 RID NO.	17 --ICN--	33 PAT NO.	49 SERVICE DATES FROM THRU	11 DAYS	62 DRG	22 MEDICAID BILLED	67 CALC PAYMENT	59 DEDUCT	60 CO-INS	60 PAID	56 TPL AMT	18 PAT LIAB	32 PAID AMT
XXXXXXX X X	999999999	RRYYJJBBSSS	XXXXXXXX	MMDDYY MMDDYY	999	9999	999.99	999.99	99.99	99.99	99.99	99.99	99.99	99.99
15 EOB	000	9999	9999	9999	9999	9999	9999	9999						
	001	9999	9999	9999	9999	9999	9999	9999						
	002	9999	9999	9999	9999	9999	9999	9999						
63 ARCS	000	9999	9999	9999	9999	9999	9999	9999						
	001	9999	9999	9999	9999	9999	9999	9999						
	002	9999	9999	9999	9999	9999	9999	9999						
64 REMARKS	000	9999	9999	9999	9999	9999	9999	9999						
	001	9999	9999	9999	9999	9999	9999	9999						
	002	9999	9999	9999	9999	9999	9999	9999						

TOTAL MEDICARE CROSSOVER PART A CLAIMS PAID: 999,999.99 999,999.99 99,999.99

Figure 13 – Medicare Crossover Part A Claims Paid

Indiana Health Coverage Programs
BT200402

Report: CRA-0017-W
Process:
Location:

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
INDIANA HEALTH COVERAGE PROGRAMS
SERVICED BY EDS

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PROVIDER REMITTANCE ADVICE
MEDICARE CROSSOVER PART B CLAIMS PAID

38 999999999 X 19
37 JONES NURSING FACILITY
1212 SOUTH SMITH STREET
P.O. BOX 30303
ANYTOWN, IN 99999-9999

8 CHECK/EFT NUMBER 999999999

41	RECIPIENT NAME	47	RID NO.	17	--ICN--	33	PAT NO.	49	SERVICE DATES	22	MEDICAID BILLED	23	MEDICAID DTL PAID	59	DEDUCT	60	CO-INS	60	PAID	56	TPL AMT	18	PAT LIAB	32	PAID AMT
46	REV CD	35	PL SERV	36	PROC CD/25	MOD	58	UNITS	FROM THRU																
	XXXXXXXXX X X 999		99999999999999 XX		RRYYJJBBSS		XXXXXXXXX 9999.99		MMDDYY MMDDYY		999.99		99.99		99.99		99.99		99.99		99.99		99.99		99.99
15	EOB		000		9999		9999		9999		9999		9999		9999		9999		9999		9999		9999		9999
			001		9999		9999		9999		9999		9999		9999		9999		9999		9999		9999		9999
			002		9999		9999		9999		9999		9999		9999		9999		9999		9999		9999		9999
63	ARCS		000		9999		9999		9999		9999		9999		9999		9999		9999		9999		9999		9999
			001		9999		9999		9999		9999		9999		9999		9999		9999		9999		9999		9999
			002		9999		9999		9999		9999		9999		9999		9999		9999		9999		9999		9999
64	REMARKS		000		9999		9999		9999		9999		9999		9999		9999		9999		9999		9999		9999
			001		9999		9999		9999		9999		9999		9999		9999		9999		9999		9999		9999
			002		9999		9999		9999		9999		9999		9999		9999		9999		9999		9999		9999

TOTAL MEDICARE CROSSOVER PART B CLAIMS PAID: 999,999.99 999,999.99 99,999.99

Figure 14 – Medicare Crossover Part B Claims Paid

Indiana Health Coverage Programs
BT200402

Report: CRA-0046-W
Process:
Location:

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
INDIANA HEALTH COVERAGE PROGRAMS
SERVICED BY EDS

Paper Remittance Advice and HIPAA 835 Transaction Updates
February 23, 2004

Date: MMDDYYYY
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PROVIDER REMITTANCE ADVICE
FINANCIAL TRANSACTIONS

38 999999999 X 19

37 XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX

8 CHECK/EFT NUMBER 999999999

-----NON-CLAIM SPECIFIC PAYOUTS TO PROVIDERS-----

57 TRANSACTION NUMBER	7 --CCN--	34 PAYOUT AMOUNT	40 REASON CODE	65 FIN ARC
99999999999	YYJJBBBSS	9,999,999.99	9999	9999
99999999999	YYJJBBBSS	9,999,999.99	9999	9999
99999999999	YYJJBBBSS	9,999,999.99	9999	9999
TOTAL NON-CLAIM SPECIFIC PAYOUTS		9,999,999.99		

-----NON-CLAIM SPECIFIC REFUNDS TO PROVIDERS-----

7 --CCN--	42 REFUND AMOUNT	40 REASON CODE	65 FIN ARC	41 RECIPIENT NAME	47 RID NO.
YYJJBBBSS	999.99	9999	9999	XXXXXXXXXX X X	99999999999
YYJJBBBSS	999.99	9999	9999	XXXXXXXXXX X X	99999999999
YYJJBBBSS	999.99	9999	9999	XXXXXXXXXX X X	99999999999
TOTAL NON-CLAIM SPECIFIC REFUNDS		9,999,999.99			

-----ACCOUNTS RECEIVABLE-----

3 A/R NUMBER	52 SET UP DATE	28 ORIGINAL AMOUNT	4 BALANCE	40 REASON CODE	65 FIN ARC	29 ORIGINAL --ICN--	47 RID NO.	41 RECIPIENT NAME
99999999999	MMDDYY	9,999,999.99	9,999,999.99	9999	9999	RRYYJJBBBSS	99999999999	XXXXXXXXXX X X
99999999999	MMDDYY	9,999,999.99	9,999,999.99	9999	9999	RRYYJJBBBSS	99999999999	XXXXXXXXXX X X
99999999999	MMDDYY	9,999,999.99	9,999,999.99	9999	9999	RRYYJJBBBSS	99999999999	XXXXXXXXXX X X
99999999999	MMDDYY	9,999,999.99	9,999,999.99	9999	9999	RRYYJJBBBSS	99999999999	XXXXXXXXXX X X
99999999999	MMDDYY	9,999,999.99	9,999,999.99	9999	9999	RRYYJJBBBSS	99999999999	XXXXXXXXXX X X
TOTAL BALANCE			9,999,999.99					

Figure 15 – Financial Transactions

PROVIDER REMITTANCE ADVICE
EOB CODE DESCRIPTIONS

38 999999999 x 19

37XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX

8 CHECK/EFT NUMBER 999999999

EOB DESCRIPTION

- 0387 THIS SERVICE IS NOT PAYABLE. THE RECIPIENT HAS NOT SATISFIED SPEND-DOWN FOR THE MONTH.
- 1004 RENDERING PROVIDER NOT ENROLLED IN THE PROGRAM BILLED FOR THE DATES OF SERVICE. PLEASE VERIFY PROVIDER NUMBER AND RESUBMIT.
- 1010 RENDERING PROVIDER IS NOT AN ELIGIBLE MEMBER OF BILLING GROUP. PLEASE VERIFY PROVIDER NUMBER AND RESUBMIT.
- 0386 THE DATE OF SERVICE ON THIS CLAIM MATCHES THE RECIPIENT'S SPEND-DOWN MET DATE FOR THE MONTH. AN 8A FORM IS REQUIRED. POS PROVIDERS MUST SUBMIT THIS CLAIM ON PAPER OR THROUGH ECS.
- 5001 THIS IS A DUPLICATE OF ANOTHER CLAIM.
- 0391 THIS SERVICE IS NOT PAYABLE. RECIPIENT IS QUALIFIED MEDICARE BENEFICIARY (QMB) ALSO AND SPEND-DOWN HAS NOT BEEN MET. ONLY REIMBURSEMENT FOR MEDICARE COINSURANCE AND DEDUCTIBLE IS AVAILABLE. BILL MEDICARE FIRST.
- 2003 RECIPIENT NOT ELIGIBLE FOR MEDICAID BENEFITS FOR DATES OF SERVICE.
- 2013 RECIPIENT NOT ELIGIBLE FOR THIS LEVEL OF CARE FOR DATES OF SERVICE.
- 1011 THE RECIPIENT IS ENROLLED IN HOOSIER HEALTHWISE PRIMARY CARE CASE MANAGEMENT PROGRAM. CLAIM MUST HAVE RECIPIENT'S PRIMARY MEDICAL PROVIDER INFORMATION. PLEASE PROVIDE INFORMATION AND RESUBMIT.
- 0342 THE CERTIFICATION CODE IS MISSING. PLEASE VERIFY AND RESUBMIT.
- 2504 THIS RECIPIENT IS COVERED BY PRIVATE INSURANCE WHICH MUST BE BILLED PRIOR TO MEDICAID.
- 4046 THIS DATE OF SERVICE IS PRIOR TO THE PROCEDURE CODE EFFECTIVE. PLEASE VERIFY AND RESUBMIT.
- 2017 THE RECIPIENT IS ENROLLED IN THE RISK BASED MANAGED CARE PORTION OF THE HOOSIER HEALTHWISE PROGRAM. THE RECIPIENT MUST SEEK CARE FROM THE APPROPRIATE MANAGED CARE ORGANIZATION.
- 0512 YOUR CLAIM WAS FILED PAST THE FILING TIME LIMIT WITHOUT ACCEPTABLE DOCUMENTATION.

Figure 16 – EOB Code Descriptions

PROVIDER REMITTANCE ADVICE
ARC CODE DESCRIPTIONS

38 999999999 X 19

37 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX

8 CHECK/EFT NUMBER 999999999

ARC DESCRIPTION

- 16 CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
REMARKS CODES WHENEVER APPROPRIATE
- 18 DUPLICATE CLAIM/SERVICE.
- 2 COINSURANCE AMOUNT
- 22 PAYMENT ADJUSTED BECAUSE THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.
- 29 THE TIME LIMIT FOR FILING HAS EXPIRED.
- 30 PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS.
- 31 CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.
- 38 SERVICES NOT PROVIDED OR AUTHORIZED BY DESIGNATED (NETWORK) PROVIDERS.
- 52 THE REFERRING/PRESCRIBING/RENDERING PROVIDER IS NOT ELIGIBLE TO REFER/PRESCRIBE/ORDER/PERFORM THE SERVICE BILLED.
- 57 PAYMENT DENIED/REDUCED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE, THIS MANY SERVICES, THIS LENGTH OF SERVICE, THIS DOSAGE, OR THIS DAY'S SUPPLY.

Figure 17 - ARC Code Descriptions

PROVIDER REMITTANCE ADVICE
SUMMARY

38 999999999 x 19

37XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX

8 CHECK/EFT NUMBER 999999999

----- A ----- CLAIMS DATA -----

	CURRENT NUMBER	CURRENT AMOUNT	YEAR-TO-DATE NUMBER	YEAR-TO-DATE AMOUNT
B CLAIMS PAID	99,999	9,999,999.99	999,999	99,999,999.99
C CLAIM ADJUSTMENTS	99,999	9,999,999.99	999,999	99,999,999.99
D CLAIM INTEREST		9,999,999.99		99,999,999.99
E TOTAL CLAIMS PAYMENTS	99,999	9,999,999.99	999,999	99,999,999.99
F CLAIMS DENIED	99,999		999,999	
G CLAIMS IN PROCESS	99,999			

----- H ----- EARNINGS DATA -----

I PAYMENTS:		9,999,999.99		99,999,999.99
J CLAIMS PAYMENTS		9,999,999.99		
K MANAGED CARE ADMINISTRATIVE PAYMENT*		9,999,999.99		
L HOOSIER HEALTHWISE CAPITATION PAYMENT†		9,999,999.99		
M SYSTEM PAYOUTS (NON-CLAIM SPECIFIC)		9,999,999.99		
N ACCOUNTS RECEIVABLE (OFFSETS):				
CLAIM SPECIFIC:				
CURRENT CYCLE		(9,999,999.99)		(99,999,999.99)
OUTSTANDING FROM PREVIOUS CYCLES		(9,999,999.99)		(99,999,999.99)
NON-CLAIM SPECIFIC OFFSETS		(9,999,999.99)		(99,999,999.99)
PARTIAL PAYMENT(S) RECOVERIES		(9,999,999.99)		(99,999,999.99)
O NET PAYMENT**		9,999,999.99		99,999,999.99

Figure 18 – Summary (Part 1 of 2)

Report: CRA-0148-W
Process:
Location:

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
INDIANA HEALTH COVERAGE PROGRAMS
SERVICED BY EDS

Date: MMDDYYYY
Time: HH:MM:SS
Page: 99,999

----- EARNINGS DATA-----

<input checked="" type="checkbox"/> REFUNDS:		
<input type="checkbox"/> CLAIM SPECIFIC ADJUSTMENT REFUNDS	(9,999,999.99)	(99,999,999.99)
<input type="checkbox"/> NON CLAIM SPECIFIC REFUNDS	(9,999,999.99)	(99,999,999.99)
<input checked="" type="checkbox"/> OTHER FINANCIAL:		
<input type="checkbox"/> MANUAL PAYOUTS (NON-CLAIM SPECIFIC)	9,999,999.99	99,999,999.99
<input type="checkbox"/> VOIDS	(9,999,999.99)	(99,999,999.99)
<input checked="" type="checkbox"/> NET EARNINGS	9,999,999.99	999,999,999.99

----- PAYMENTS TO LIEN HOLDERS-----

<u>LIEN HOLDER NAME</u>		
XX	9,999,999.99	9,999,999.99
XX	9,999,999.99	9,999,999.99

** NET PAYMENT AMOUNT HAS BEEN REDUCED. LIEN PAYMENTS HAVE BEEN MADE TO THE PRECEDING LIEN HOLDERS.
* MANAGED CARE ADMINISTRATIVE PAYMENT FOR THE MONTH OF MM/YY. PLEASE REFER TO YOUR ADMINISTRATIVE PAYMENT LISTING FOR ADDITIONAL
DETAIL.
† HOOSIER HEALTHWISE CAPITATION PAYMENT FOR THE MONTH OF MM/YY. PLEASE REFER TO YOUR CAPITATION PAYMENT LISTING FOR ADDITIONAL
DETAIL.

Figure 18 – Summary (Part 2 of 2)