

Reading a Remittance Advice (RA)



Nevada Medicaid Provider Training

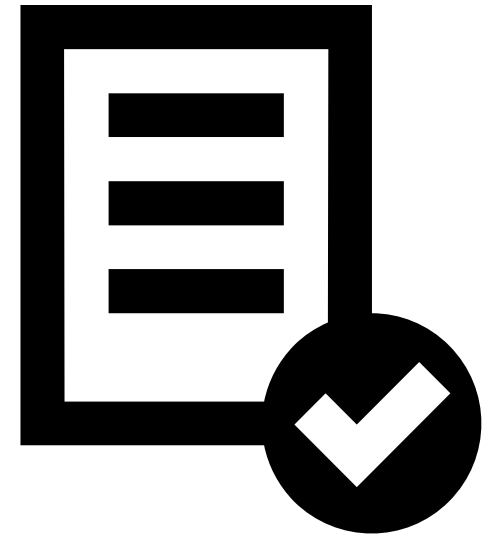
2020



Objectives

Objectives

- Obtain a Remittance Advice (RA) via the Electronic Verification System (EVS)
- Read and understand an RA from the secure EVS Provider Web Portal
- Locate Additional Resources
- Contact Nevada Medicaid





Obtaining a Remittance Advice via the Electronic Verification System (EVS)

Obtaining a Remittance Advice

My Home Eligibility **1** Claims Care Management File Exchange Resources Switch Provider

Search Claims | Submit Claim Dental | Submit Claim Inst | Submit Claim **2** Search Payment History Treatment History

Claims > Search Payment History Thursday

Delegate for	Role IDs	Location	
Search Payment History			
Provider Information			
Provider ID	ID Type	NPI	Name
Location ID			

* Indicates a required field.

Placeholder for configurable text.

3 Payment Method All Payment Type All Check # / RA #

Issue Date *From 06/01/2018 *To 08/01/2018

4 Search Reset

To begin locating an RA, the user will:

1. Hover over **Claims**
2. Select **Search Payment History**
3. Enter search criteria to refine the search results
4. Click the **Search** button

NOTE: RAs can only be searched in the Provider Web Portal. The default search range is for the past 90 days.

Obtaining a Remittance Advice, continued

Search Payment History

Provider Information

Provider ID

ID Type NPI

Name

Location ID

* Indicates a required field.

Placeholder for configurable text.

Payment Method All

Payment Type All

Check # / RA #

Issue Date *From 12/22/2018

*To 03/22/2019

Search



Reset

Search Results

To access a copy of the Remittance Advice, select the 'RA' icon. Access to the RA will require PDF software.

If the RA is too large to display, you will get an error message instead of downloaded RA. You will need to contact Customer Service for assistance.

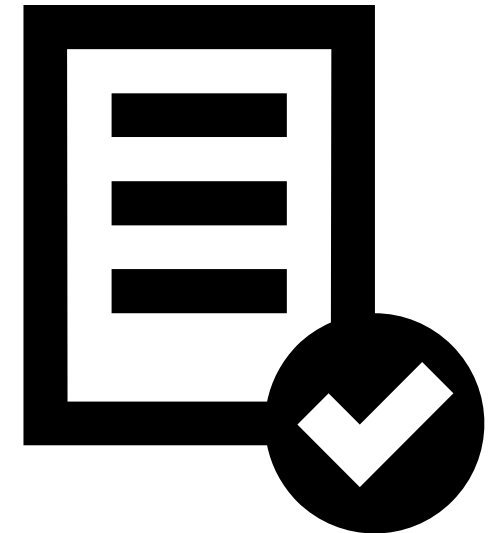
Total Records: 12

Issue Date	Payment Method	Payment Type	Check # / RA #	Total Paid Amount	RA Copy (PDF)
03/08/2019	CHK	C	000000000/100000246	\$0.00	
03/01/2019	CHK	C	000000000/100000230	\$0.00	
02/01/2019	ACH	E	003356246/4646518	\$5,386.81	
01/25/2019	ACH	E	003353053/4643345	\$47.47	
01/25/2019	ACH	E	003350268/4640560	\$2,735.88	
01/18/2019	ACH	E	003346739/4637031	\$105.48	
01/18/2019	ACH	E	003343943/4634235	\$13,244.84	
01/11/2019	ACH	E	003338221/4628513	\$415.19	
01/04/2019	ACH	E	003332188/4622506	\$3,236.84	
12/28/2018	CHK	C	000000000/4619097	\$0.00	

1 2

The user will:

- Click on the image in the **RA Copy** column to view the RA



Nevada Medicaid Reading a Remittance Advice Training

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Obtaining a Remittance Advice, continued

Search Payment History

Provider Information

Provider ID	ID Type	NPI	Name
Location ID			

* Indicates a required field.

Placeholder for configurable text.

Payment MethodAll

Payment TypeAll

Check # / RA #

Issue Date

*From06/01/2018

*To08/01/2018

Search

Reset

Search Results

To access a copy of the Remittance Advice, select the 'RA' icon. Access to the RA will require PDF software.

If the RA is too large to display, you will get an error message instead of downloaded RA. You will need to contact Customer Service for assistance.

Total Records: 2

Issue Date	Payment Method	Payment Type	Check # / RA #	Total Paid Amount	RA Copy (PDF)
06/22/2018	CHK	C		\$0.00	
06/15/2018	CHK	C		\$0.00	

PDF Files require [Adobe Acrobat Reader](#)

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Do you want to open or save RA 100004855.pdf (14.6 KB) from portalmod.medicaid.nv.gov?

Open

Save

Cancel

Next, a message will appear asking if the user would like to *Open* or *Save* the document:

- Click the **Open** button to open the document OR click the **Save** button to download the document and save it to a folder

Nevada Medicaid Reading a Remittance Advice Training

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Obtaining a Remittance Advice, continued

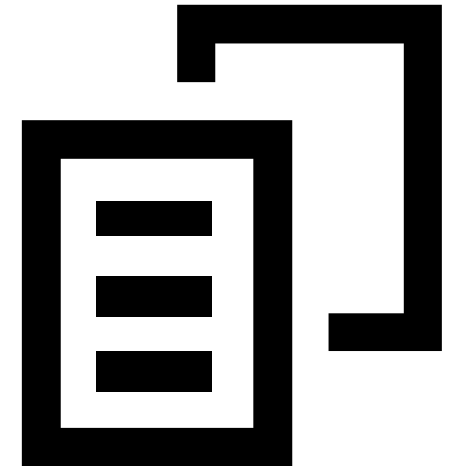
REPORT: CRA-XBPD-R	NEVADA DIVISION OF HEALTH CARE FINANCING AND POLICY	DATE: 01/10/2020
RA#: 123456789	NEVADA MEDICAID (TXIX)	PAGE: 1
PAYER: TXIX	PROVIDER REMITTANCE ADVICE	
	MEDICARE CROSSOVER PROFESSIONAL SERVICE CLAIMS PAID	

Doctor's Office	PAYEE ID 123456789 MCD
BLDG A	NPI 1234567890
100 Dctr LN	CHECK/EFT NUMBER 123456789
RENO, NV 89511-0000	PAYMENT DATE 01/17/2020

--ICN--		PCN	SERVICE DATES	- M E D I C A R E A M T S -		BILLED	COPAY AMT	OUTPAT DED	PAID AMT
MRN		MRN	FROM TO	COPAY AMT	ALLOWED AMT	PSYCH CO-INS	OTH INS AMT	SPENDDOWN	CO-INS CB
MEMBER NAME: John Smith			MEMBER NO.: 12345678900						
1234567890123	1234567890	120619	120619	0.00	142.08	0.00	323.00	0.00	0.00
				63.28	0.00	15.52	0.00	0.00	0.00

REV	CD	PROC CD	MODIFIERS	SER DT FROM TO	RENDERING PROV	ALLW UNITS	PA NUMBER	DETAIL EOB
			COPAY AMT	SPENDDOWN AMT	BILLED AMT	ALLOWED AMT	PAID AMT	
0	99213		0.00	120619 120619	MCD 123456789	1.00	12.89	9904 9906
0	51798		0.00	120619 120619	MCD 123456789	1.00	2.63	9904 9906
0	81003	QW	0.00	120619 120619	MCD 123456789	0.00	0.00	0793 9020 9904

If the user clicks the **Open** button, the RA will open and the user may review it.





Reading a Remittance Advice

Reading a Remittance Advice

REPORT: CRA-XBPD-R		NEVADA DIVISION OF HEALTH CARE FINANCING AND POLICY		DATE: 01/10/2020
RA#: 123456789	A	NEVADA MEDICAID (TXIX)		PAGE: 1
PAYER: TXIX		PROVIDER REMITTANCE ADVICE		
		B MEDICARE CROSSOVER PROFESSIONAL SERVICE CLAIMS PAID		
Doctor's Office				
BLDG A	D			
100 Dctr LN			E	
RENO, NV 89511-0000				
				PAYEE ID 123456789 MCD
				NPI 1234567890
				CHECK/EFT NUMBER 123456789
				PAYMENT DATE 01/17/2020

- A. Remittance Advice Number for reference purposes.
- B. Claim Type and Status of that particular claim type. Each claim heading may be different depending on type of claim and status.
- C. Date of Remittance Advice and page number currently being viewed.
- D. Provider's business location.
- E. Provider Information: Payee ID and National Provider Identifier (NPI) associated with the claim.
Check/EFT Number: Check or Electronic Funds Transfer Number issued with payment. If all zeros (0) are in that field, this indicates that a payment was not made.

NOTE: In some cases, users may find banner messages displayed near the header of the RA. These messages include communication by Nevada Medicaid that affects this specific provider.

Reading a Remittance Advice, continued

F			G		H					I		J				
--ICN--			PCN MRN		SERVICE DATES FROM TO		M E D I C A R E A M T S-			BILLED OTH INS AMT		COPAY AMT SPENDDOWN		OUTPAT DED CO-INS CB		PAID AMT
MEMBER NAME: John Smith							MEMBER NO.: 12345678900									
1234567890123			12345V67890		120619 120619		0.00 142.08 0.00			323.00		0.00		0.00		15.52
							63.28 0.00 15.52			0.00		0.00		0.00		
REV	CD	PROC CD	MODIFIERS		SER DT	FROM TO	RENDERING PROV	ALLW UNITS	PA NUMBER	DETAIL EOB						
			COPAY AMT			SPENDDOWN AMT	BILLED AMT	ALLOWED AMT	PAID AMT							
0		99213				120619 120619	MCD 123456789	1.00		9904 9906						
			0.00			0.00	193.00	12.89	12.89							
0		51798				120619 120619	MCD 123456789	1.00		9904 9906						
			0.00			0.00	120.00	2.63	2.63							
0		81003	QW			120619 120619	MCD 123456789	0.00		0793 9020 9904						
			0.00			0.00	10.00	0.00	0.00							

Header information is outlined and each heading will correspond to a line on the remittance advice.

- F. ICN or Internal Control Number and is also known as the Claim ID.
- G. PCN or Patient Control Number. This number is the internal number that a provider will use to identify the patient within the provider's office.
- H. Service Dates or Dates of Service.
- I. Other Insurance Amount: Amount paid by primary insurance that has been applied to the claim.
- J. Copay Amount: Amount of Co-pay received from the recipient.

Reading a Remittance Advice, continued

--ICN--		PCN	SERVICE DATES		- M E D I C A R E A M T S -					BILLED	COPAY AMT	OUTPAT DED	PAID AMT
		MRN	FROM	TO	COPAY AMT	ALLOWED AMT	PSYCH CO-INS	CO-INS	OTH INS AMT	SPENDDOWN	CO-INS CB		
MEMBER NAME: John Smith					MEMBER NO.: 12345678900								
1234567890123	1234567890123	0	120619	120619	0.00	142.08	0.00	0.00	0.00	0.00	0.00	0.00	15.52
K	L		M		N				O				
REV	CD	PROC	CD	MODIFIERS	SER DT FROM TO	RENDERING PROV	ALLW UNITS	PA NUMBER					
				COPAY AMT	SPENDDOWN AMT	BILLED AMT	ALLOWED AMT	PAID AMT	DETAIL EOBS				
0		99213			120619 120619	MCD 123456789	1.00		9904 9906				
				0.00	0.00	193.00	12.89	12.89					
0		51798			120619 120619	MCD 123456789	1.00		9904 9906				
				0.00	0.00	120.00	2.63	2.63					
0		81003		QW	120619 120619	MCD 123456789	0.00		0793 9020 9904				
				0.00	0.00	10.00	0.00	0.00					

- K. Rev CD or Proc CD: Revenue or Procedure Code listed on the claim.
- L. Modifiers: Modifier associated with code, if applicable (modifiers are shown on the first line of each row).
- M. Service Dates or Dates of Service (dates are shown on the first line of each row).
- N. Billed Amt: Amount input into the claim by the provider's office (billed amounts are shown on the second line of each row).
- O. Detail EOBS: The EOB codes associated with the claim. (See slide 19 for further information on these.)

Reading a Remittance Advice, continued

TOTAL MEDICARE CROSSOVER PROFESSIONAL SERVICE CLAIMS DENIED:						
	90.00	3,096.17	0.00	6,350.00	0.00	0.00
	1,276.25	142.43	311.24	0.00		
TOTAL NO. DENIED:	14	P				

- P. At the end of each claim type section of the remittance advice, an indicator is shown of how many claims were either paid or denied in that billing cycle. This information will appear just prior to the beginning of the next claim type section.



Reading a Remittance Advice, continued

1REPORT: CRA-TRAN-R	NEVADA DIVISION OF HEALTH CARE FINANCING AND POLICY	DATE: 10/18/2019
RA#: 123456789	NEVADA MEDICAID (TXIX)	PAGE: 8
PAYER: TXIX	PROVIDER REMITTANCE ADVICE	
	FINANCIAL TRANSACTIONS	

PROVIDER OFFICE	PAYEE ID 1000001	MCD
100 DOCTOR LANE	NPI 1234567890	
RENO, NV 89521	CHECK/EFT NUMBER 000000000	
	PAYMENT DATE 10/25/2019	

-----NON-CLAIM SPECIFIC PAYOUTS TO PAYEE-----

TRANSACTION NUMBER	PAYOUT AMOUNT	REASON CODE	SERVICE DATE FROM THRU	RELATED PROVIDER ID
100000001	15.00	9077	000000 000000	0000000000
TOTAL PAYOUTS:		15.00		

-----NON-CLAIM SPECIFIC REFUNDS FROM PAYEE-----

TRANSACTION NUMBER	REFUND AMOUNT	REASON CODE	CHECK NUMBER	RECEIPT DATE
500000005	30.00	8823	00123456	101219
TOTAL REFUNDS:		30.00		

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

A/R NUMBER	SETUP DATE	ORIGINAL AMOUNT	RECOUPMENT AMOUNT TO DATE	BALANCE	REASON CODE	ADJUSTMENT --ICN--	PREVIOUS --ICN--	AMOUNT RECOUPED IN CURRENT CYCLE
0000350100001	101819	50.00	50.00	0.00	8400	5919289000000	2019221000000	50.00
0000350100002	101819	50.00	50.00	0.00	8400	5919291000000	2019224000000	50.00
TOTAL RECOUPMENT			100.00					100.00

-----OUTSTANDING PAYMENT DEDUCTIONS-----

DEDUCTION NUMBER	PAYOR NAME	EFF DATE	END DATE	ORIGINAL AMOUNT	DISPOSITION AMOUNT TO DATE	BALANCE	DEDUCT REASON
100001234	Internal Revenue Service	101119	123199	9,500.00	3,500.00	6,000.00	IRS Levy Est-OneTime
TOTAL DEDUCTIONS				6,000.00			

Toward the bottom of a remittance advice, there will be additional information:

- Q. Non-Claim Specific Payouts to Payee: payments issued by the State of Nevada. They are associated with a Financial Control Number (FCN).
- R. Non-Claim Specific Refunds from Payer: amounts owed by a provider to Nevada Medicaid. Information reflects the oldest balance owed. If there are multiple fund codes that money is owed against, the oldest amounts will show in this section and will not show all balances.

Reading a Remittance Advice, continued

1REPORT: CRA-TRAN-R	NEVADA DIVISION OF HEALTH CARE FINANCING AND POLICY	DATE: 10/18/2019
RA#: 123456789	NEVADA MEDICAID (TXIX)	PAGE: 8
PAYER: TXIX	PROVIDER REMITTANCE ADVICE	
	FINANCIAL TRANSACTIONS	
PROVIDER OFFICE		PAYEE ID 1000001 MCD
100 DOCTOR LANE		NPI 1234567890
RENO, NV 89521		CHECK/EFT NUMBER 000000000
		PAYMENT DATE 10/25/2019

-----NON-CLAIM SPECIFIC PAYOUTS TO PAYEE-----					
TRANSACTION NUMBER	PAYOUT AMOUNT	REASON CODE	SERVICE DATE FROM THRU	RELATED PROVIDER ID	
100000001	15.00	9077	000000 000000	0000000000	
TOTAL PAYOUTS:		15.00			

-----NON-CLAIM SPECIFIC REFUNDS FROM PAYEE-----				
TRANSACTION NUMBER	REFUND AMOUNT	REASON CODE	CHECK NUMBER	RECEIPT DATE
500000005	30.00	8823	00123456	101219
TOTAL REFUNDS:		30.00		

-----ACCOUNTS RECEIVABLE-----								
A/R NUMBER	SETUP DATE	ORIGINAL AMOUNT	RECOUPMENT AMOUNT TO DATE	BALANCE	REASON CODE	ADJUSTMENT --ICN--	PREVIOUS --ICN--	AMOUNT RECOUPED IN CURRENT CYCLE
0000350100001	101819	50.00	50.00	0.00	8400	5919289000000	2019221000000	50.00
0000350100002	101819	50.00	50.00	0.00	8400	5919291000000	2019224000000	50.00
TOTAL RECOUPMENT			100.00	100.00				

-----OUTSTANDING PAYMENT DEDUCTIONS-----							
DEDUCTION NUMBER	PAYOR NAME	EFF DATE	END DATE	ORIGINAL AMOUNT	DISPOSITION AMOUNT TO DATE	BALANCE	DEDUCT REASON
100001234	Internal Revenue Service	101119	123199	9,500.00	3,500.00	6,000.00	IRS Levy Est-OneTime
TOTAL DEDUCTIONS			6,000.00				

- S. Accounts Receivables: claim specific amount recouped from a provider.
- T. Outstanding Payment Deductions: reflects any lien/levy placed by a government agency.



Reading a Remittance Advice, continued

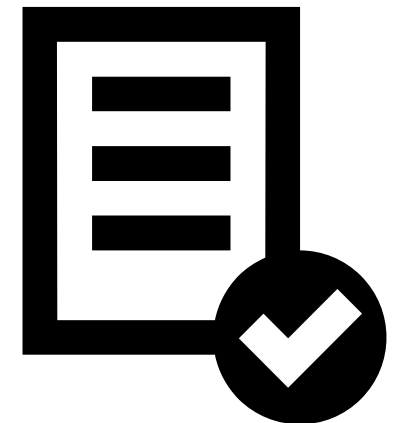
1REPORT: CRA-SUMM-R	NEVADA DIVISION OF HEALTH CARE FINANCING AND POLICY	DATE: 01/10/2020
RA#: 123456789	NEVADA MEDICAID (TXIX)	PAGE: 28
PAYER: TXIX	PROVIDER REMITTANCE ADVICE	
	<div style="border: 1px solid red; padding: 2px; display: inline-block;">SUMMARY</div>	
Doctor's Office	<div style="border: 1px solid gray; padding: 5px; display: inline-block; text-align: center;">U</div> <div style="color: red; font-size: 2em;">↓</div>	PAYEE ID 123456789 MCD
BLDG A		NPI 1234567890
100 Dctr LN		CHECK/EFT NUMBER 123456789
RENO, NV 89511-0000		PAYMENT DATE 01/17/2020

-----CLAIMS DATA-----

	CURRENT NUMBER	CURRENT AMOUNT	MONTH-TO-DATE NUMBER	MONTH-TO-DATE AMOUNT	YEAR-TO-DATE NUMBER	YEAR-TO-DATE AMOUNT
CLAIMS PAID	54	3,798.56	104	6,209.03	159	9,077.51
CLAIM ADJUSTMENTS	0	0.00	0	0.00	0	0.00
TOTAL CLAIMS PAYMENTS	54	3,798.56	104	6,209.03	159	9,077.51
CLAIMS DENIED	18		41		64	
CLAIMS IN PROCESS+	0	0.00				

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

U. Summary: located on the last few pages of the RA. The information contained here is current with the remittance advice being reviewed and provides a snapshot of year-to-date totals.



Reading a Remittance Advice, continued

1REPORT: CRA-SUMM-R	NEVADA DIVISION OF HEALTH CARE FINANCING AND POLICY	DATE: 01/10/2020
RA#: 123456789	NEVADA MEDICAID (TXIX)	PAGE: 28
PAYER: TXIX	PROVIDER REMITTANCE ADVICE SUMMARY	

Doctor's Office	PAYEE ID 123456789 MCD
BLDG A	NPI 1234567890
100 Dctr LN	CHECK/EFT NUMBER 123456789
RENO, NV 89511-0000	PAYMENT DATE 01/17/2020

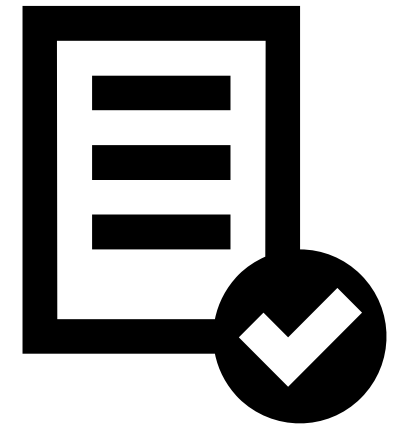
-----CLAIMS DATA-----

	CURRENT NUMBER	CURRENT AMOUNT	MONTH-TO-DATE NUMBER	MONTH-TO-DATE AMOUNT	YEAR-TO-DATE NUMBER	YEAR-TO-DATE AMOUNT
CLAIMS PAID	54	3,798.56	104	6,209.03	159	9,077.51
CLAIM ADJUSTMENTS	0	0.00	0	0.00	0	0.00
TOTAL CLAIMS PAYMENTS	54	3,798.56	104	6,209.03	159	9,077.51
CLAIMS DENIED	18		41		64	
CLAIMS IN PROCESS+	0	0.00				

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

In this example, there are 54 paid claims for this remittance advice, 104 claims paid for the month and there have been a total of 159 claims paid in the amount of \$9,077.51 for the year.

All information located in this section can be read left to right and is separated by column headers.



Reading a Remittance Advice, continued

	-----EARNINGS DATA-----		
PAYMENTS:			
CLAIMS PAYMENTS	3,798.56	6,209.03	9,077.51
CAPITATION PAYMENT	0.00	0.00	0.00
PAYOUTS	0.00	0.00	0.00
ACCOUNTS RECEIVABLE:			
CLAIM SPECIFIC:			
CURRENT CYCLE	(0.00)	(0.00)	(0.00)
OUTSTANDING FROM PREVIOUS CYCLES	(0.00)	(0.00)	(0.00)
NON-CLAIM SPECIFIC	(0.00)	(0.00)	(0.00)
REFUNDS:			
CLAIM SPECIFIC ADJUSTMENT REFUNDS	(0.00)	(0.00)	(0.00)
NON CLAIM SPECIFIC REFUNDS	(0.00)	(0.00)	(0.00)
OTHER FINANCIAL:			
VOIDS	(0.00)	(0.00)	(0.00)
CUTBACKS	(0.00)	(0.00)	(0.00)
NET PAYMENT	3,798.56	6,209.03	9,077.51
NET EARNINGS	3,798.56	6,209.03	9,077.51

+ THIS AMOUNT REPRESENTS THE BILLED AMOUNT.

The “Earnings Data” information is located directly under the “Claims Data” section and will show additional information. It can be read left to right and is separated by columns.

Reading a Remittance Advice, continued

1REPORT: CRA-EOBM-R	NEVADA DIVISION OF HEALTH CARE FINANCING AND POLICY
RA#: 100226507	NEVADA MEDICAID (TXIX)
PAYER: TXIX	PROVIDER REMITTANCE ADVICE
	EOB CODE DESCRIPTIONS

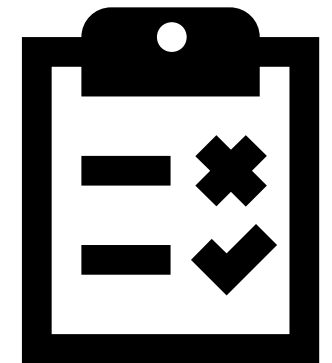
Doctor's Office
BLDG A
100 Dctr LN
RENO, NV 89511-0000

EOB CODE	DESCRIPTION
0030	Prescribing/referring/ordering provider is not currently enrolled.
0038	The Member Is Enrolled In An HMO. The Service Requested Is Covered By The HMO.
0092	Referring NPI cannot be the same as the servicing NPI
0452	CALCULATED DETAIL MEDICARE ALLOWED AMOUNT IS ZERO
0793	PROVIDER NOT CLIA CERTIFIED TO PERFORM LAB PROCEDURE.
0841	The timely filing deadline was exceeded.
0908	PAD detail denied by PBM.
2590	The client has Medicare. Charges must be billed to Medicare before billing Medicaid. Complete the Medicare payment information fields on the claim and retain a copy of the explanation of benefits.
3006	Denied. Member Not Eligible For All/partial Dates. Please Rebill Only Covered Dates.
5035	EXACT DUPLICATE OF A PREVIOUSLY PAID CLAIM/DETAIL
5093	NCCI PTP conflict, practitioner, outpatient, DME - modifiers cannot solve
6125	MULTIPLE SURGICAL PROCEDURES ON SAME DATE OF SERVICE
7215	Procedure Code Is Incidental
8690	76-PLAN LIMITATIONS EXCEEDED
9020	Service paid in accordance with program requirements.
9904	Member enrolled in QMB Benefit plan. Reimbursed for Medicare coinsurance and deductible only.
9906	Pricing Adjustment - Medicare pricing cutbacks applied.
9918	Pricing Adjustment - Maximum allowable fee pricing applied.

V

The last page of a remittance advice contains the Explanation of Benefits (EOB) codes.

V. EOB Code Descriptions: Contains EOB codes which define the reasons for particular claim denials or provides additional descriptions. The EOB codes listed here will not direct the user to a specific claim. It is the user's responsibility to match the Claim ID and the EOB Code. (See slide 12 for the location of these.)

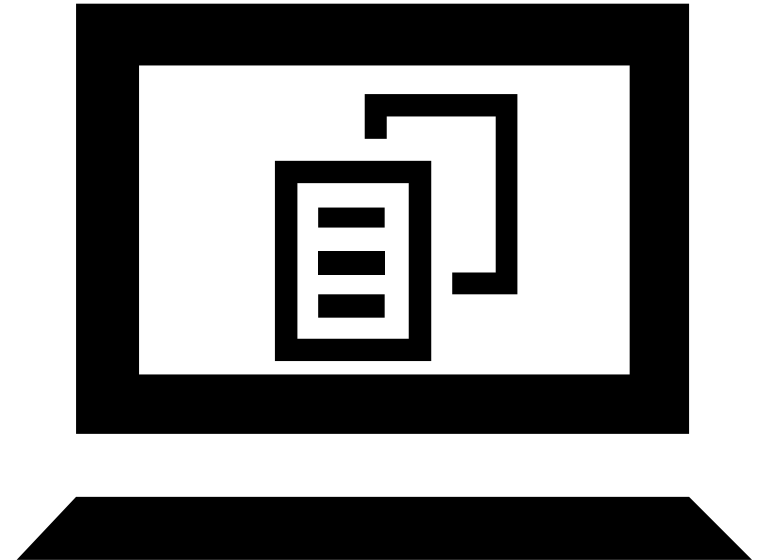




Resources

Additional Resources

- For EVS General Information: <https://www.medicaid.nv.gov/providers/evsusermanual.aspx>
- For EVS Provider Web Portal: <https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx>
- Billing Manual and Guides: <https://www.medicaid.nv.gov/providers/BillingInfo.aspx>
- Medicaid Services Manual: <http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/>





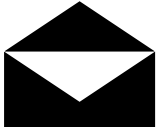
Contact Nevada Medicaid

Contact Us: Nevada Medicaid Customer Service

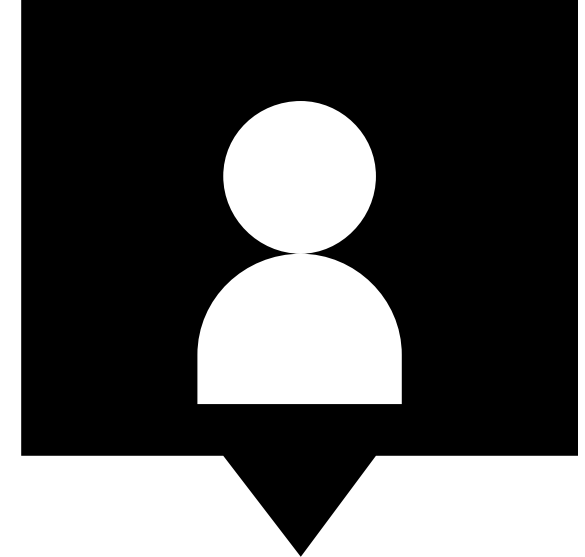


Customer Service Call Center: 877-638-3472 (Monday through Friday 8 a.m. to 5 p.m. Pacific Time)

Prior Authorization Department: 800-525-2395



Provider Field Representative Email: NevadaProviderTraining@dxc.com





Thank You