Reading a Remittance Advice (RA)
Objectives
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- 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)
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.
The user will:

5. Click on the image in the RA Copy column to view the RA
Next, a message will appear asking if the user would like to Open or Save the document:

6. Click the **Open** button to open the document OR click the **Save** button to download the document and save it to a folder.
If the user clicks the **Open** button, the RA will open and the user may review it.
Reading a Remittance Advice
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.** 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.

Header information is outlined and each heading will correspond to a line on the remittance advice.
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.)
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.
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.
S. Accounts Receivables: claim specific amount recouped from a provider.
T. Outstanding Payment Deductions: reflects any lien/levy placed by a government agency.
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.
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.
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.
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
• 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