Reading a Remittance Advice (RA)
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

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.
Obtaining a Remittance Advice, continued

6. User will click the Open button
After clicking the **Open** button, the user can review the RA.
Reading a Remittance Advice
1. Remittance Advice Number for reference purposes
2. Claim Type and Status of that particular claim type. Each claim heading may be different depending on type of claim and status.
3. Date of Remittance Advice and page number currently being viewed
4. Provider Information (Information has been removed for training purposes)
5. NPI – National Provider Identifier associated with the claim. Check/EFT Number – Check or Electronic Funds Transfer Number issued with payment; if there are all zeros (0) in that field, this will indicate that a payment was not made.
Header Information is outlined and each heading will correspond to a line on the remittance advice.

1. ICN or Internal Control Number and is also known as the Claim ID.
2. PCN or Patient Control Number. This number is the internal number that a provider will designate who the patient is within the provider office.
3. Service Dates or Dates of Service.
4. Copay Amt / Other Ins Amt – Amount of Co-pay from the recipient or amount paid by Primary Insurance that has been applied to the claim.
1. Rev CD or Proc CD – Revenue or Procedure Code listed on the Claim
2. Modifiers – Modifier associated with code, if applicable
3. Service Dates or Dates of Service
4. Billed Amt – Amount input into the claim by the provider’s office
One of the last sections of the remittance advice will indicate how many claims were either paid or denied in that billing cycle and will be grouped together by Claim Type, which is in the header of each section of the remittance advice.

<table>
<thead>
<tr>
<th>TOTAL MEDICARE CROSSOVER INSTITUTIONAL CLAIMS DENIED:</th>
<th>0.00</th>
<th>0.00</th>
<th>0.00</th>
<th>0.00</th>
<th>0.00</th>
<th>0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL NO. DENIED:</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.00</td>
<td>74.25</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>
Toward the bottom of a remittance advice, there will be additional information:

1. **Non-Claim Specific Payouts to Payer** – These will be payments issued by the State of Nevada and are associated with a Financial Control Number (FCN).

2. **Non-Claim Specific Refunds from Payer** – These are amounts that are owed by a provider to Nevada Medicaid. Information reflected will show 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.

3. **Accounts Receivables** – Amount owed or recouped from a provider due to unpaid balance.

4. **Outstanding Payment Deductions** – Amounts associated with a Re-Payment Plan.
Claims Data Information is typically located on the last few pages of the remittance advice. The information contained here will provide information that is current with the remittance advice that is being reviewed, as well as provide a snapshot of Year-to-Date totals.

In the example above:

There are 0 paid claims for this remittance advice, no claims paid for the month and there have been a total of 4 claims paid in the amount of $21,782.72.

All information located in this section can be read left to right and separated by column headers.
The Earnings Data information will show additional information and can be read left to right and separated by column headers.
The last page of a remittance advice will contain all of the EOB Codes (f/k/a Error Codes) which will advise the user as to the reason in which a particular claim was denied or provide additional descriptions. The EOB code listed on the last page will not direct the user to a specific claim and is the user's responsibility to match the Claim ID and the EOB Code.

<table>
<thead>
<tr>
<th>EOB CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>0452</td>
<td>CALCULATED DETAIL MEDICARE ALLOWED AMOUNT IS ZERO</td>
</tr>
<tr>
<td>1011</td>
<td>A billing provider contract could not be assigned to this claim. Please refer to the provider billing manuals for guidelines about correct billing information and that you are using the correct billing provider ID. Please make sure that the billing provider has been revalidated and that you are using the correct billing provider service location.</td>
</tr>
</tbody>
</table>
In this example, the RA indicates that this is a Professional Paid Claim and contains some of the following pieces of information:

1. ICN
2. Procedure Codes
3. Dates of Service
4. Rendering Provider NPI
5. Prior Authorization Number
6. Billed Amount
7. Medicaid Allowable
8. Paid Amount
9. Totals
Resources
Additional Resources

- For EVS General Information: https://www.medicaid.nv.gov/providers/evsusermanual.aspx
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:
E-mail: NevadaProviderTraining@dxc.com
Thank You