



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: All Providers Participating in the Virginia Medical Assistance, FAMIS, and SLH Programs, and Managed Care Organizations

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services

MEMO Special

DATE 10/1/2004

SUBJECT: Implementation of the New Provider Remittances for Professionals and Facilities – November 5, 2004

The purpose of this memorandum is to communicate changes in the paper Facility Medical Remittance Advice (FN-O-053) and the Professional Medical Remittance Advice (FN-O-054). We are pleased to announce that, beginning November 5, 2004, provider remittances (RA) will reflect changes to the current formats and data content requested by providers since the implementation of the new Virginia Medicaid Management Information System on June 20, 2003.

The RAs have been re-designed with the assistance of a variety of statewide provider organizations. Many other organizations and individuals also provided assistance. The Department of Medical Assistance Services conducted statewide conference calls and provider meetings to solicit feedback for making the RA more user friendly and efficient. Many of these organizations' requests have been incorporated into the re-designed RA. The new RA format will feature:

- No repetitious TPL information;
- Line totals added by claim type: Subtotals are displayed between each section to ease balancing and posting. Facility claims include totals for number of claims, total charges, non-covered charges, and tentative contractual adjustments covered by program and net tentative reimbursement. Professional claims include totals for number of claims, billed amount, non-covered amount, covered by program deductible/coinsurance, copay/patient pay, primary carrier payment, and total payment;
- Revised sort sequence: The new sequence is 1) claim type, 2) bill type, and 3) payment status;

- Page breaks to eliminate wasted space and to distinguish sections: A page break will be forced when the Claim Type or Payee ID changes. The financial summary of each payee will be printed on a new page;
- Negative signs to indicate tentative contractual adjustments when the payment is greater than billed charges;
- Negative signs to indicate credits and voids;
- Contractual adjustments for outpatient revenue codes; and
- Operational payment for psychiatric and rehabilitative hospital claims will be recorded in the DRG payment field.

Based on your provider type, an example of the applicable RA(s) is included as attachments to this memorandum.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option to access information regarding Medicaid eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 800-884-9730 or 800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its provider manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov (*please note the new DMAS website address*). Refer to the Provider Column to find Medicaid and SLH provider manuals or click on "Medicaid Memos to Providers" to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet, or would like a paper copy of a manual, you can order these by contacting Commonwealth-Martin at 804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

“HELPLINE”

The “HELPLINE” is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except State holidays, to answer questions. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long-distance
1-800-552-8627	All other areas (in-state long-distance, toll-free)

Please remember that the “HELPLINE” is for provider use only.

Attachment(s)

DESCRIPTION Facility Medical Remittance Advice (FN-O-053)

The remittance is generated for all facility providers. It details the adjudication of all payment request types and the amount of payment to be received for services rendered.

FREQUENCY:	Weekly
VOLUME:	Variable
NUMBER OF COPIES:	1
OUTPUT FORM:	N/A
RETENTION:	N/A
DISTRIBUTION:	Payee
PROGRAMS	FNW044
CONFIDENTIAL	Yes, contains PHI (Protected Health Information).
SEQUENCE:	<ol style="list-style-type: none">1. Program2. Paid-To-Provider3. Servicing Provider4. Claim Type5. Claim Status
CONTROL BREAKS:	<ol style="list-style-type: none">1. Paid-To-Provider2. Servicing Provider3. Program4. Claim Type5. Claim Status

SAMPLE

Facility Medical Remittance Advice (FN-O-053)

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
First Health Services Corporation - Fiscal Agent
P.O.Box 26228
Richmond, Virginia 23260-6228

XXXXXXXXXXXXXXXXXXXXXXXXXXXX (Provider name)

XXXXXXXXXXXXXXXXXXXXXXXXXXXX (Provider Address 1)

XXXXXXXXXXXXXXXXXXXX (Provider Address 2)

XXXXXXXXXXXXXXXX, XX 99999-9999
MM/DD/CCYY

(City) (State) (Zip)
999999999

PAGE: 1 of 7

DATE:

PROVIDER NUMBER

MESSAGES

REMITTANCE CHECK

SAMPLE

Facility Medical Remittance Advice (FN-O-053)

PROGRAM: FNW044 (1)	DEPARTMENT OF MEDICAL ASSISTANCE SERVICES	REPORT: FN-O-053						
PAYEE ID: 000000000	First Health Services Corporation - Fiscal Agent	(2) REMIT DATE: 07/16/2004						
PROVIDER NAME (3)	P.O.Box 26228	PAGE 2						
PROVIDER NAME	Richmond, Virginia 23260-6228	(5) RA NUMBER: 0003298256						
ADDRESS (4)								
BALTIMORE,MD 21279-0603								
(6) (7) (8)	BENEFIT PROGRAM CODE : 01 (9)	(10) MEDICAID						
SERVICING PROVIDER : 000000000 (11)	CLAIMS STATUS APPROVED (12)							
UB92 HOSPITAL INPATIENT (13)	*****							
PATIENT NAME	PATIENT ID NO	PT CNTL NUMBER	ICN NUMBER	DRG/OPRN PMT	PRIM CAR PYMT	TRANSFER AMT		
ADMIT DATE	PA NUMBER	FROM/THRU DATE	PRIN DIAG	DRG ASSIGNED	COINSURANCE	TOTAL CHGS		
FINANCIAL RSN CODE	BILL TYPE	PMT ELIG	RED	DRG WEIGHT	CAPITAL PYMT	DEDUCTIBLE	NCOV CHGS	
OTHER DIAGS				PRIN PROC	OUTLIER PYMT	CO PAY	PT PAY	
OTHER PROC					TENT CONTR ADJ	COVD BY PGM	NET TENT REIM	
LINE ITEM CONTROL NUMBER	EOB CLAIM CODES*****							
PUBLIC JOHN 000000000000 (14) (15)	000000000 (23) (24)	2004169300246801 (17)	75,212.17 (18)	0.00 (19)	0.00 (20)			
07/04/2003 (21)	999999 (22)	07/04/2003 08/20/2003 431 (25)	483 (26)	0.00 (27) (28)	49,699.55			
3669 (29)	(30) 333	0000 (31) 0031 (32) 0000 (33)	0000.0 (34)	(35) 24.1637	(36) 0.00	(37) 0.00		
5188 (38)			0.00 (39)	0.00 (40)	21.00 (41)	(42) 0.00		
XXXX (43)				0.00 (44)	0.00 (45)	(46) 55.00		
XXXXXXXX (47)	XXX XXX XXX XXX (48)							
(52)	(53)	(54)	(55) (56)	(57)	(58)			
TPL: MEDICARE/228425680D/PO BOX	0000 ROANOKE	VA	24023-2201					
LINE # PROCEDURE	REV	UNITS	REV-BILLED-AMT	NON-COV-AMT	REV-ALLWED-AMT	CUTBACK-UNITS	CUTBACK-AMT	CONT-ADJ AMT
(59) 1 (60) 99999999 (61) 651 (62) 7	(63) 918.75	(64) 0.00	(65) 576.16	(66) 0	(67) 0	(68) 342.58		
2 99999999 0001 7	918.75	0.00	438.14	0	0	236.67		

TOTAL (69) 2	(70)	(71)	(72)			0.00		
	50	50	0			0.00	1045.63	
						0.00	0.00	
						24.00	0.00	
						0.0	672.63	(73) 648.63

SERVICING PROVIDER : 000000000	CLAIMS STATUS DENIED							
LAST NAME FIRST	000000000000	V7611	2000080300355001	0.00	0.00	0.00		
01/01/2004		02/01/2004 02/02/2004 4299						237.08
	811	0000 0000 0000	0.0000			0.00	0.00	0.00
						0.00	0.00	0.00
						237.08	0.00	0.00
0119 0994 0035 (49)	(50)							
DUPLICATE/CONFLICTING ICN - 2003245300923001	RA# 002978176	PAYMENT DATE - 09/19/04	(51)					
LINE # PROCEDURE	REV	UNITS	REV-BILLED-AMT	NON-COV-AMT	REV-ALLWED-AMT	CUTBACK-UNITS	CUTBACK-AMT	CONT-ADJ AMT
1 00000000 0550 1	131.25	0.00	0.00	0	0.00	0.00		
2 0551 3	393.75	0.00	0.00	0	0.00	0.00		

SAMPLE

Facility Medical Remittance Advice (FN-O-053)

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CLAIM TRANSACTION :
      CLAIMS LINES      AMOUNT
ORIGINALS
  APPROVED            0      000.00
  PENDED              0        0.00
  DENIED              0        0.00
ADJUSTMENTS
  DEBITS              0        0.00
  CREDITS              0        0.00
CAPITATION PYMTS      0        0.00
CASE MANAGEMENT        0        0.00
NET CLAIMS TOTAL:    (79)0    (80)000.00

FINANCIAL TRANSACTION:
      PRIOR          CYCLE          CYCLE          NET          CURRENT
      BALANCE       INCREASE     DECREASE     CYCLE       BALANCE
NEG BALANCE          0.00          0.00          0.00          0.00
VOID CHECKS
  VOID                0.00          0.00          0.00          0.00
ADD-PAYS             (74)0.00      (75) 0.00      (76)0.00      (78) 0.00

NET CLAIMS          (+)          000.00 (81)
ADD-PAYS            (+)           0.00 (82)
*NEGATIVE BALANCE (-)          0.00 (83)

PROGRAM TOTAL:          00,000.00 (84) *NEGATIVE BALANCE IS THE AMOUNT DECREASED DURING THE REMIT CYCLE
*****
EOB CODE      EOB DESCRIPTION (86)          (85) ADJ/RSN  REMARKS/NCPDP/STATUS
0035 (85)      Missing/Invalid Accommodation Code (86)          16      M58
0119          Service Period Not Equal Accommodation Days          125     M53
0724          Admit Type is Missing or Invalid          16      M58
0994          Revenue Code Not Valid for Provider Type, Specialty          B6      M50
*****
ADJ REASON (87)  DESCRIPTION (89)
B6            PAYMENT IS ADJUSTED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER
125          PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S).
16           CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.
*****
REMARKS/NCPDP/STATUS DESCRIPTION (90)
M50 (88)      INCOMPLETE/INVALID REVENUE CODE(S).
M53          NUMBER OF DAYS/UNITS OF SERVICE MISSING/ INVALID.
M58          PLEASE RESUBMIT THE CLAIM WITH THE MISSING/CORRECT INFORMATION
*****
(91)  REMITTANCE SUMMARY  PROGRAM TOTALS
MEDICAID          $00,000.00
REMITTANCE TOTAL:  $00,000.00 (92)          YEAR-TO-DATE TOTAL PAID (1099)  $3,653,202.87 (95)
LIENS            00.00 (93)
PROVIDER TOTAL   $00,000.00 (94)
CHECK NUMBER 000133287 (96)  WAS ISSUED FOR (97) $000.00  WITH THIS REMITTANCE
PRIOR LIEN BALANCE (98)    LIEN CYCLE DECREASE  00.00 (99) LIEN CURRENT BALANCE (100)
EFT TRACE NUMBER 0000125 (110)
*****
THIS REMITTANCE SCHEDULE WILL BE DEEMED CORRECT, IF ERRORS ARE NOT REPORTED WITHIN 20 DAYS TO:

DEPT OF MEDICAL ASSISTANCE SERVICES
600 EAST BROAD ST. SUITE 1300
RICHMOND VA 23219
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FIELD DEFINITIONS Facility Medical Remittance Advice (FN-O-053)

<i>Field No.</i>	<i>Field Name</i>	<i>Data Element Name</i>	<i>VaMMIS DE No.</i>	<i>Source/Calculations</i>
1	PAYEE ID	Remittance Payee Identification Number	9588	Claims Billing Provider Identification Number
2	REMIT DATE	Remittance Payment Date	9578	Generated based on Remittance Cycle
3	PAYEE NAME	Remittance Payee Name	9589	
4	PAYEE ADDRESS	Remittance Payee Address Line	9590	
5	RA NUMBER	Remittance Advice Number	9580	System-generated and incremented by one.
6	PAYEE CITY	Remittance Payee City	9592	
7	PAYEE STATE	Remittance Payee State	9593	
8	PAYEE ZIP CODE	Remittance Payee Zip Code	9594	
9	BENEFIT PROGRAM CODE	Benefit Definition Plan Program Code	3551	
10	BENEFIT PROGRAM DESCRIPTION	Enrollee Benefit Plan Exception Code Description	3076	
11	SERVICING PROVIDER	Provider Identification Number	4002	
12	CLAIMS STATUS	Claim Status	2039	
13	CLAIM TYPE	Claim Type	2002	
14	PATIENT NAME	Enrollee Full Name	3003	
15	PATIENT ID NUMBER	Enrollee Identification Number	3001	
16	PT CNTL NUMBER	Claim Patient Account Number	2031	
17	ICN NUMBER	Claim Request ICN	2001	
18	DRG PYMT	DRG Payment Amount	2547	
19	PRIM CAR PYMT	Claim Third Party Payment	2018	If pended, claim amount set to zero.
20	TRANSFER AMOUNT	Claim DRG Per Diem Amount	2594	Transfer amount equals DRG Per Diem when DRG Payment Type = 'T'.

FIELD DEFINITIONS Facility Medical Remittance Advice (FN-O-053)

<i>Field No.</i>	<i>Field Name</i>	<i>Data Element Name</i>	<i>VaMMIS DE No.</i>	<i>Source/Calculations</i>
21	ADMIT DATE	Claim Admission Date	2105	
22	PA NUMBER	Prior Authorization Control Number	2024	
23	FROM DATE	Claim Service From Date	2010	
24	THRU DATE	Claim Service Thru Date	2011	
25	PRIN DIAG	Diagnosis Code	5301	
26	DRG ASSIGNED	DRG (Diagnosis Related Group) Code	5353	
27	COINSURANCE	Claim Calculated Co-Insurance	2545	
28	TOTAL CHGS	Claim Billed Charge	2016	
29	FINANCIAL RSN CODE	Adjustment/Void Reason	2033	
30	BILL TYPE	Claim Facility Bill Type	2102	
31	PMT	Claim Covered Days	2108	
32	ELIG	Claim Non-Covered Days	2109	
33	RED	Claim Reduced Payment Days	2358	
34	DRG WEIGHT	DRG Relative Weight	5354	
35	CAPITAL PYMT	Provider Rate	4255	
36	DEDUCTIBLE	Claim Title XVIII Deductible Amount	2251	If pended, claim amount set to zero.
37	NCOV CHGS	Claim Non-Covered Amount	2139	If pended, claim amount set to zero.
38	OTHER DIAGS	Diagnosis Code	5301	
39	PRIN PROC	Procedure Code	5002	
40	OUTLIER PYMT	MARS DRG Outlier Payment Amount	6827	If pended, claim amount set to zero.
41	CO-PAY	Claim Medicaid Co-Payment	2022	If pended, claim amount set to zero.

FIELD DEFINITIONS Facility Medical Remittance Advice (FN-O-053)

<i>Field No.</i>	<i>Field Name</i>	<i>Data Element Name</i>	<i>VaMMIS DE No.</i>	<i>Source/Calculations</i>
42	PT PAY	Claim Patient Pay Amount	2083	If pended, claim amount set to zero.
43	OTHER PROCS	Procedure Code	5002	
44	TENT CONTR ADJ		Calculated	Total Charges minus Net Tent Reimb If pended, claim amount is set to zero
45	COVD BY PGM	Claim Allowed Amount	2073	If pended, claim amount is set to zero.
46	NET TENT REIM	Claim Payment Amount	2023	If pended, claim amount set to zero.
47	LINE ITEM CONTROL NUMBER	Claim EDI Line Item Control Number	2012	
48	EOB CLAIM CODES	Error Text Error Code	5501	
49	DUPLICATE/CONFLICTING ICN		N/A	
50	RA #	Remittance Advice Number	9580	
51	PAYMENT DATE	Remittance Payment Date	9578	
52	TPL INFO	TPL Policy Number	3658	
53	CARRIER NAME	TPL Carrier Name	3673	
54	CARRIER ADDR 1	TPL Carrier Additional Address Name	3674	
55	CARRIER ADDR	TPL Carrier Address Line	3675	
56	CARRIER ADDR	TPL Carrier City Name	3676	
57	CARRIER ADDR	TPL Carrier State Code	3677	
58	CARRIER ADDR	TPL Carrier ZIP Code	3678	
59	LINE #	Claims Facility Revenue Line Number	2445	This done for Inpatient and Outpatient Claims
60	PROCEDURE	Procedure Code	5002	This done for Inpatient and Outpatient Claims
61	REV	Claim Revenue Code	2122	This done for Inpatient and Outpatient Claims

FIELD DEFINITIONS Facility Medical Remittance Advice (FN-O-053)

<i>Field No.</i>	<i>Field Name</i>	<i>Data Element Name</i>	<i>VaMMIS DE No.</i>	<i>Source/Calculations</i>
62	UNITS	Claim Number of Units/Visits/Studies	2009	This done for Inpatient and Outpatient Claims
63	REV-BILLED-AMT	Claim Revenue Amount	2124	This done for Inpatient and Outpatient Claims If pended, claim amount set to zero.
64	NON-COV-AMT	Claim Non-Covered Amount	2139	This done for Inpatient and Outpatient Claims If pended, claim amount set to zero.
65	REV-ALLWED-AMT	Claim Revenue Allowed Amt	2991	This done for Inpatient and Outpatient Claims If pended, claim amount set to zero.
66	CUTBACK-UNITS	Claim Cutback Days/Units	2065	This done for Inpatient and Outpatient Claims
67	CUTBACK-AMT	Claim Cutback Amount	2066	This done for Inpatient and Outpatient Claims If pended, claim amount set to zero.
68	CONT ADJ AMT		Calculated	Calculation: Revised billed amount – Allowed Amount
69	TOTAL (CLAIMS LINES)		Calculated	The total number of lines for all claims
70	PMT (TOTAL)	Claim Covered Days	2108	This is a total of all claim covered days.
71	ELIG (TOTAL)	Claim Non-Covered Days	2109	This is a total of all claim non-covered days.
72	RED (TOTAL)	Claim Reduced Payment Days	2358	This is a total of all reduced payment days.
73	PRIM CAR PYMT (TOTAL)	Claim Third Party Payment	2018	This is a total of all third party payments.
74	COINSURANCE (TOTAL)	Claim Calculated Co-Insurance	2545	This is a total of all calculated co-insurance.
75	TOTAL CHGS (TOTAL)	Claim Billed Charge	2016	This is a total of all claim billed charges.
76	DEDUCTIBLE (TOTAL)	Claim Title XVIII Deductible Amount	2251	This is a total of all deductibles.
77	NCOV CHGS (TOTAL)	Claim Non-Covered Amount	2139	This is a total of all non-covered amounts.
78	CO-PAY (TOTAL)	Claim Medicaid Co-Payment	2022	This is a total of all co-pays..

FIELD DEFINITIONS Facility Medical Remittance Advice (FN-O-053)

<i>Field No.</i>	<i>Field Name</i>	<i>Data Element Name</i>	<i>VaMMIS DE No.</i>	<i>Source/Calculations</i>
79	PT PAY (TOTAL)	Claim Patient Pay Amount	2083	This is a total of all patient paid amounts.
80	TENT CONTR ADJ (TOTAL)		Calculated	Totals for these amounts.
81	COVD BY PGM (TOTAL)	Claim Allowed Amount	2073	Total of all claim allowed amounts.
82	NET TENT REIM (TOTAL)	Claim Payment Amount	2023	Total of all claim payment amounts.
83	PRIOR BALANCE (TOTAL)		Calculated	Neg Balance Prior Balance = Provider Negative Balance Previous
84	CYCLE INCREASE		Calculated	Neg Balance Cycle Increase = Claim Payment Amount for RA Detail Lines with Gone Negative Indicator = 'Y' for current cycle
85	CYCLE DECREASE		Calculated	Neg Bal Cycle Decrease = Total Negative Balance Amount Recoup ** Total Negative Balance Recoup = Total Negative Balance Recoup + Negative Balance Amount Recoup
86	NET CYCLE		Calculated	Negative Balance Net Cycle = Negative Balance Cycle Increase + Negative Balance Cycle Decrease
87	CURRENT BALANCE		Calculated	Negative Balance Current Amount = Provider's Previous Negative Balance + Negative Balance Net Cycle Void Checks Current Amount = Void Checks Amount + Void Checks Net Cycle Add-Pay Current Amount = Add-pay + Add-Pay Net Cycle Recoupment Current Amount = Recoupment Amount + Recoupment Net Cycle Lien Current Amount = Lien Amount + Lien Net Cycle

FIELD DEFINITIONS Facility Medical Remittance Advice (FN-O-053)

<i>Field No.</i>	<i>Field Name</i>	<i>Data Element Name</i>	<i>VaMMIS DE No.</i>	<i>Source/Calculations</i>
88	NET CLAIMS LINES		Calculated	Net Claim Lines = Claim Transactions Original Lines + Claim Transactions Adjustments + Capitation Payment Lines + Case Management Lines
89	NET CLAIMS AMOUNT		Calculated	Net Claim Amount = Claim Transactions Original Amount + Claim Transactions Adjustment Amount + Capitation Payments Amount + Case Management Amount
90	NET CLAIMS		Calculated	Net Claims Total Amount
91	ADD-PAYS		Calculated	Add-Pays Current Amount
92	NEGATIVE BALANCE		Calculated	Negative Balance Current Amount
93	PROGRAM TOTAL -- (REMITTANCE PROGRAM SUMMARY PAGE)		Calculated	Program Total = Net Claims Total Amount (DB) + Add-Pay Net Current Amount (DB) - Negative Balance Current Amount (CR)
94	EOB CODE	Error Text Error Code	5501	If RA Print Indicator is equal to 'N' then use default message ('Under DMAS Review') on Remittance Advice.
95	EOB DESCRIPTION	Error Text Long Description	5514	
96	ADJ/RSN	HIPAA Adjustment Reason Code	5580	
97	REMARKS/NCPDP/STATUS	Claim Response Code	5540	
98	ADJ REASON DESCRIPTION	HIPAA Adjustment Reason Short Description	5586	
99	REMARKS/NCPDP/STATUS DESCRIPTION	Claim Response Short Description	5549	
100	PROGRAM TOTALS -- (REMITTANCE SUMMARY PAGE)		Calculated	Program Totals = Program Totals + Program Total
101	REMITTANCE TOTAL -- (REMITTANCE SUMMARY PAGE)		Calculated	Remittance Total = Sum of Program Totals

FIELD DEFINITIONS Facility Medical Remittance Advice (FN-O-053)

<i>Field No.</i>	<i>Field Name</i>	<i>Data Element Name</i>	<i>VaMMIS DE No.</i>	<i>Source/Calculations</i>
102	LIENS -- (REMITTANCE SUMMARY PAGE)		Calculated	Total Lien Amount for current cycle
103	PROVIDER TOTAL		Calculated	Provider Total = Remittance Total - Liens
104	YEAR-TO-DATE TOTAL PAID	Provider Current Year-to-Date Total 1099 Amount	4155	Year To Date Total Paid = Year To Date Total Paid + Remittance Total Amount
105	CHECK NUMBER	Remittance Check Number	9576	
106	CHECK AMOUNT	Remittance Check Amount	9577	
107	PRIOR LIEN BALANCE		Calculated	
108	LIEN CYCLE DECREASE		Calculated	
109	LIEN CURRENT BALANCE		Calculated	
110	EFT TRACE NUMBER	EFT Trace Number	Calculated	A number that uniquely identifies each entry within a batch in an input file.

DESCRIPTION Professional Medical Remittance Advice (FN-O-054)

Remittance Advices are generated for all professional providers. They detail the adjudication of all payment request types and the amount of payment to be received for services rendered.

FREQUENCY:	Weekly
VOLUME:	Variable
NUMBER OF COPIES:	1
OUTPUT FORM:	N/A
RETENTION:	N/A
DISTRIBUTION:	Payee
PROGRAMS	FNW044
CONFIDENTIAL	Yes, contains PHI (Protected Health Information).
SEQUENCE:	<ol style="list-style-type: none">1. Program2. Paid-To-Provider3. Servicing Provider4. Claim Type5. Claim Status
CONTROL BREAKS:	<ol style="list-style-type: none">1. Paid-To-Provider2. Servicing Provider3. Program4. Claim Type5. Claim Status

SAMPLE

Professional Medical Remittance Advice (FN-O-054)

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
First Health Services Corporation - Fiscal Agent
P.O.Box 26228
Richmond, Virginia 23260-6228

XXXXXXXXXXXXXXXXXXXXXXXXXXXX (Provider name)

XXXXXXXXXXXXXXXXXXXXXXXXXXXX (Provider Address 1)

XXXXXXXXXXXXXXXXXXXX (Provider Address 2)

XXXXXXXXXXXXXXXXXXXX, XX 99999-9999
MM/DD/CCYY

(City) (State) (Zip)
999999999

PAGE: 1 of 7

DATE:

PROVIDER NUMBER

MESSAGES

REMITTANCE CHECK

SAMPLE

Professional Medical Remittance Advice (FN-O-054)

003298264Y000002
PROGRAM: FNW044
PAYEE ID: 000000000 (1)
JOHN Q. PUBLIC (3)
LEXINGTON INTERNISTS
STREET ADDRESS (4)
LEXINGTON,VA 24450-2455

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
First Health Services Corporation - Fiscal Agent
P.O.Box 26228
Richmond, Virginia 23260-6228

REPORT: FN-O-054
(2) REMIT DATE: 07/16/2004
PAGE 2
(5) RA NUMBER: 0003298264

(6) (7) (8) (11) (12) BENEFIT PROGRAM CODE : 01 (9) MEDICAID (10)
SERVICING PROVIDER : 000000000 CLAIMS STATUS DENIED
PRACTITIONER (13) *****
PATIENT NAME PATIENT ID NO PT ACCT/RX NO ICN NUMBER FROM/THRU DATE PROC/NDC # MOD
BILLED AMT NON-COV-AMT COVERED BY PGM DEDUCT/COINS CO/PT PAY PRIM CAR PAY TOOTH#/SURFACE
UNITS PA NUMBER FINANCIAL RSN CODE TOTAL PAYMENT
LINE ITEM CONTROL NUMBER EOB CLAIM CODES*****
SMITH (14) NAME (15) (16) (17) (18) (19) (20) (21) (22)
(23) 84.00 (24) 84.00 (25) 0.00 (26) 0.00/0.00 (27) (28) 0.00 /0.00 (29) (30) 0.00 (31) XX XX (32)
(33) 0001.0000 XXXXXXXXXXXX (34) XXXXXXXXXXXX (35)
0406241087001 (36) 0367 0220 (37)
TPL: 000-00-00000/INSURANCE COMPANY/PO BOX 8092 CITY WI 54402-0000
(47) (48) (49) (50) (51) (52) (53)

TOTAL 1
84.00 84.00 0.00 0.00/0.00 0.00/0.00 0.00 0.00
(38) (39) (40) (41) (42) (43) (44) (45) (46)

CLAIM TRANSACTION : FINANCIAL TRANSACTION :
ORIGINALS CLAIMS LINES AMOUNT PRIOR CYCLE CYCLE NET CURRENT
BALANCE (56) INCREASE (57) DECREASE (58) CYCLE (59) (60) BALANCE
APPROVED 0 0.00
PENDED 0 0.00 NEG BALANCE 0.00 0.00 0.00 0.00 0.00
DENIED 1 0.00
ADJUSTMENTS VOID CHECKS
DEBITS 0 0.00 VOID 0.00 0.00 0.00 0.00 0.00
CREDITS 0 0.00
CAPITATION PYMTS 0 0.00
CASE MANAGEMENT 0 0.00 ADD-PAYS 0.00 0.00 0.00 0.00 0.00

NET CLAIMS TOTAL: (54) 1 (55) 0.00
NET CLAIMS (+) 0.00 (61)
ADD-PAYS (+) 0.00 (62)
*NEGATIVE BALANCE(-) 0.00 (63)

PROGRAM TOTAL: (64) 0.00 *NEGATIVE BALANCE IS THE AMOUNT DECREASED DURING THE REMIT CYCLE

EOB CODE (65) EOB DESCRIPTION (66) ADJ/RSN REMARKS/NCPDP/STATUS
0220 Pending Review of Services 62 M62
0367 Bill Medicare 109 N34
ADJ REASON (67) DESCRIPTION (69)
109 YOU MUST SEND THE CORRECT CLAIM TO CORRECT PAYER.
62 PAYMENT DENIED/REDUCED AUTHORIZATION MISSING OR EXCEEDED
REMARKS/NCPDP/STATUS DESCRIPTION (70)
M62 (68) INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.
N34 INCORRECT CLAIM FORM FOR THIS SERVICE.

REMITTANCE SUMMARY PROGRAM TOTALS
AMOUNTS
MEDICAID (71) \$0.00
REMITTANCE TOTAL: (72) \$0.00 YEAR-TO-DATE TOTAL PAID (1099) \$4,412.86 (73)

THIS REMITTANCE SCHEDULE WILL BE DEEMED CORRECT,
IF ERRORS ARE NOT REPORTED WITHIN 20 DAYS TO:
DEPT OF MEDICAL ASSISTANCE SERVICES
600 EAST BROAD ST. SUITE 1300
RICHMOND VA 23219

FIELD DEFINITIONS**Professional Medical Remittance Advice (FN-O-054)**

Field No.	Field Name	Data Element Name	VaMMIS DE No.	Source/Calculations
1	PAYEE ID	Remittance Payee Identification Number	9588	Claim Billing Provider Identification Number
2	REMIT DATE	Remittance Payment Date	9578	Generated based on Remittance Cycle.
3	PAYEE NAME	Remittance Payee Name	9589	
4	PAYEE ADDRESS	Remittance Payee Address Line	9590	
5	REMITTANCE NUMBER	Remittance Advice Number	9580	System-generated and incremented by one.
6	PAYEE CITY	Remittance Payee City	9592	
7	PAYEE STATE	Remittance Payee State	9593	
8	PAYEE ZIP CODE	Remittance Payee ZIP Code	9594	
9	BENEFIT PROGRAM CODE	Benefit Definition Plan Program Code	3551	
10	BENEFIT PROGRAM DESCRIPTION	Enrollee Benefit Plan Exception Code Description	3076	
11	SERVICING PROVIDER	Provider Identification Number	4002	
12	CLAIMS STATUS	Claim Status	2039	
13	CLAIM TYPE	Claim Type	2002	
14	PATIENT NAME	Enrollee Full Name	3003	
15	PATIENT ID NO	Enrollee Identification Number	3001	
16	PT ACCT/RX NO	Claim Patient Account Number	2031	
17	ICN NUMBER	Claim Request ICN	2001	
18	FROM DATE	Claim Service From Date	2010	
19	THRU DATE	Claim Service Thru Date	2011	
20	PROC	Procedure Code	5002	
21	NDC #	NDC Drug Sequence Number	2450	If Compound Drug claim then 'COMPOUND' is moved to this field.

FIELD DEFINITIONS**Professional Medical Remittance Advice (FN-O-054)**

Field No.	Field Name	Data Element Name	VaMMIS DE No.	Source/Calculations
22	MOD	Claims Procedure Code Modifier	2171	
23	BILLED AMT	Claim Billed Charge	2016	
24	NON-COV-AMT	Claim Non-Covered Amount	2139	If pended, claim amount set to zero.
25	COVERED BY PGM	Claim Allowed Amount	2073	If pended, claim amount set to zero.
26	DEDUCT	Claim Title XVIII Deductible Amount	2251	If pended, claim amount set to zero.
27	COINS	Claim Title XVIII Coinsurance Amount	2252	If pended, claim amount set to zero.
28	CO PAY	Claim Medicaid Co-Payment	2022	If pended, claim amount set to zero.
29	PT PAY	Claim Patient Pay Amount	2083	If pended, claim amount set to zero.
30	PRIM CAR PAY	Claim Third Party Payment	2018	If pended, claim amount set to zero.
31	TOOTH #	Claim Dental Tooth Code	2200	
32	SURFACE	Claim Dental Surface Codes	2201	
33	UNITS	Claim Number of Units/Visits/Studies	2009	Units = Units Billed - Cutback
34	PA NUMBER	Prior Authorization Control Number	2024	
35	FINANCIAL RSN CODE	Adjustment/Void Reason	2033	
36	LINE ITEM CONTROL NUMBER	Claim EDI Line Item Control Number	2012	
37	EOB CLAIM CODES	Error Text Error Code	5501	
38	BILLED AMT (TOTAL)	Claim Billed Charge	2016	Total of all billed amounts.
39	NON-COV-AMT (TOTAL)	Claim Non-Covered Amount	2139	Total of all claim non-covered amounts.
40	COVERED BY PGM (TOTAL)	Claim Allowed Amount	2073	Total of all claim allowed amounts.
41	DEDUCT (TOTAL)	Claim Title XVIII Deductible Amount	2251	Total of all claim Title XVIII deductible amounts.

FIELD DEFINITIONS**Professional Medical Remittance Advice (FN-O-054)**

<i>Field No.</i>	<i>Field Name</i>	<i>Data Element Name</i>	<i>VaMMIS DE No.</i>	<i>Source/Calculations</i>
42	COINS (TOTAL)	Claim Title XVIII Coinsurance Amount	2252	Total of all claim title XVIII coinsurance amounts.
43	CO PAY (TOTAL)	Claim Medicaid Co-Payment	2022	Total of all claim Medicaid co-payment amounts.
44	PT PAY (TOTAL)	Claim Patient Pay Amount	2083	Total of all claim patient pay amounts.
45	PRIM CAR PAY (TOTAL)	Claim Third Party Payment	2018	Total of all claim third party payment amounts.
46	TOTAL PAYMENT (TOTAL)	Claim Payment Amount	2023	Total of all claim payment amounts.
47	TPL INFO	TPL Policy Number	3658	
48	CARRIER NAME	TPL Carrier Name	3673	
49	CARRIER NAME	TPL Carrier Additional Address Name	3674	
50	CARRIER ADDR	TPL Carrier Address Line	3675	
51	CARRIER ADDR	TPL Carrier City Name	3676	
52	CARRIER ADDR	TPL Carrier State Code	3677	
53	CARRIER ADDR	TPL Carrier ZIP Code	3678	
54	CLAIM LINES (NET CLAIMS TOTAL)		Calculated	
55	CLAIM AMOUNT		Calculated	
56	PRIOR BALANCE		Calculated	Neg Balance Prior Balance = Provider Negative Balance Previous
57	CYCLE INCREASE		Calculated	Neg Balance Cycle Increase = Claim Amount for RA Detail Lines with Gone Negative Indicator equal to 'Y' for current cycle
58	CYCLE DECREASE		Calculated	Neg Bal Cycle Decrease = Total Negative Balance Amount Recoup (Total Negative Balance Recoup = Total Negative Balance Recoup + Negative Balance Recoup)

FIELD DEFINITIONS**Professional Medical Remittance Advice (FN-O-054)**

<i>Field No.</i>	<i>Field Name</i>	<i>Data Element Name</i>	<i>VaMMIS DE No.</i>	<i>Source/Calculations</i>
59	NET CYCLE		Calculated	Negative Balance Net Cycle = Negative Balance Cycle Increase + Negative Balance Cycle Decrease
60	CURRENT BALANCE		Calculated	Negative Balance Current Amount = Provider's Prior Negative Balance + Negative Balance Net Cycle Void Checks Current Amount = Sum of Void Check Financial Transactions Add-Pay Current Amount = Sum of Add-Pay transactions Recoupment Current Amount = Sum of Recoupment transactions
61	NET CLAIMS TOTAL		Calculated	Net Claim Lines = Claim Transactions Original Lines + Claim Transaction Adjustment Lines + Capitation Payment Lines + Case Management Payment Lines
62	ADD-PAYS		Calculated	Add-Pays = Add-Pays Current Amount
63	NEGATIVE BALANCE		Calculated	Negative Balance = Negative Balance Current Amount
64	PROGRAM TOTAL		Calculated	Program Total = Net Claims Total Amount (DB) + Add-Pay Net Current Amount (DB) + Recoupments (CR) Current Amount + Negative Balance Current Amount (CR)
65	EOB CODE	Error Text Error Code	5501	If RA Print Indicator is equal to 'N' then use default message ('Under DMAS Review') on Remittance Advice
66	EOB DESCRIPTION	Error Text Long Description	5514	
67	ADJ REASON	HIPAA Adjustment Reason Code	5580	
68	REMARKS/NCPDP/STATUS	Claim Response Code	5540	

FIELD DEFINITIONS Professional Medical Remittance Advice (FN-O-054)

<i>Field No.</i>	<i>Field Name</i>	<i>Data Element Name</i>	<i>VaMMIS DE No.</i>	<i>Source/Calculations</i>
69	ADJ REASON DESCRIPTION	HIPAA Adjustment Reason Short Description	5586	
70	REMARKS/NCPDP/STATUS DESCRIPTION	Claim Response Short Description	5549	
71	REMITTANCE SUMMARY PROGRAM TOTALS		Calculated	Remittance Total = Remittance + Program Total (Total Amount for all programs for current cycle)
72	REMITTANCE TOTAL		Calculated	Remittance Total = Sum of Program Totals
73	YEAR-TO-DATE TOTAL PAID	Provider Current Year-to-Date Total 1099 Amount	4155	Year To Date Total Paid = Year To Date Total Paid + Remittance Total Amount