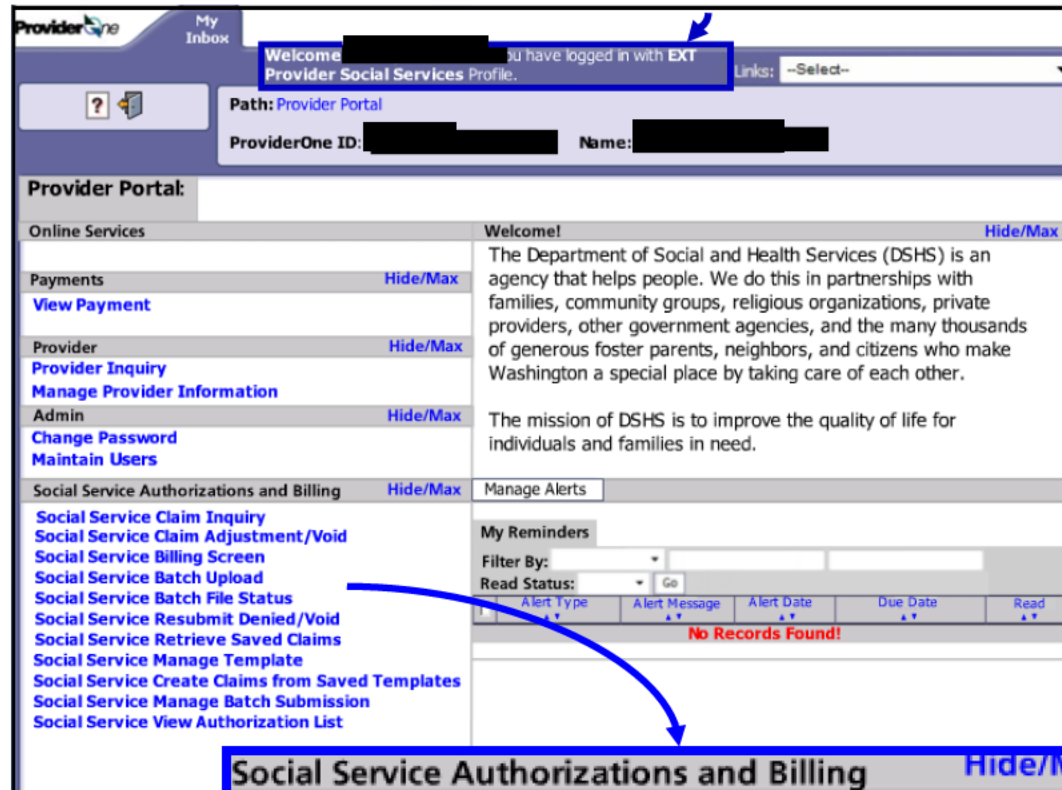
Claim Status Inquiry & View RA

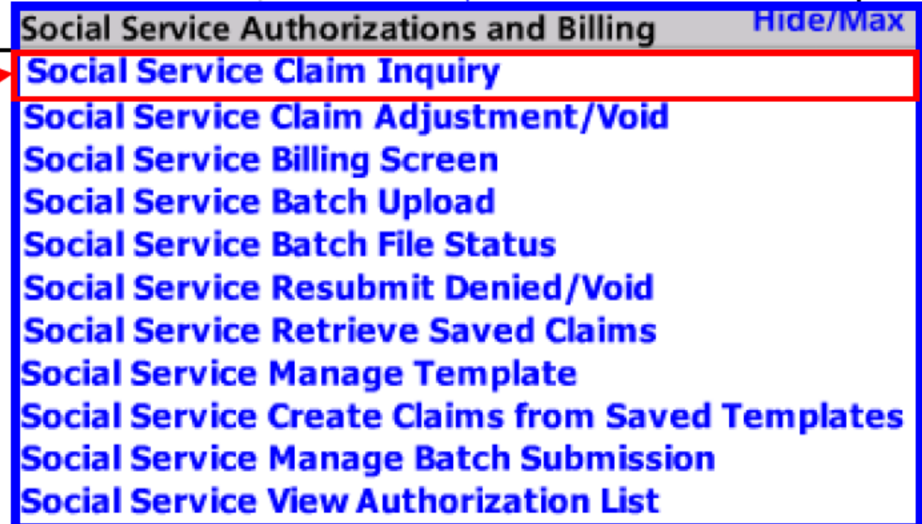
The "Claim Status Inquiry & View Remittance Advice (RA)" How To provides instructions on how to check the status of a submitted claim and view your Remittance Advance.

- Claim Inquiry 2
- View & Download RA 9
- Common Adjustment & Denial Codes 19

1. From the Provider Portal
   a. Check that you are in the EXT Provider Social Service profile

2. Click on Social Service Claim Inquiry

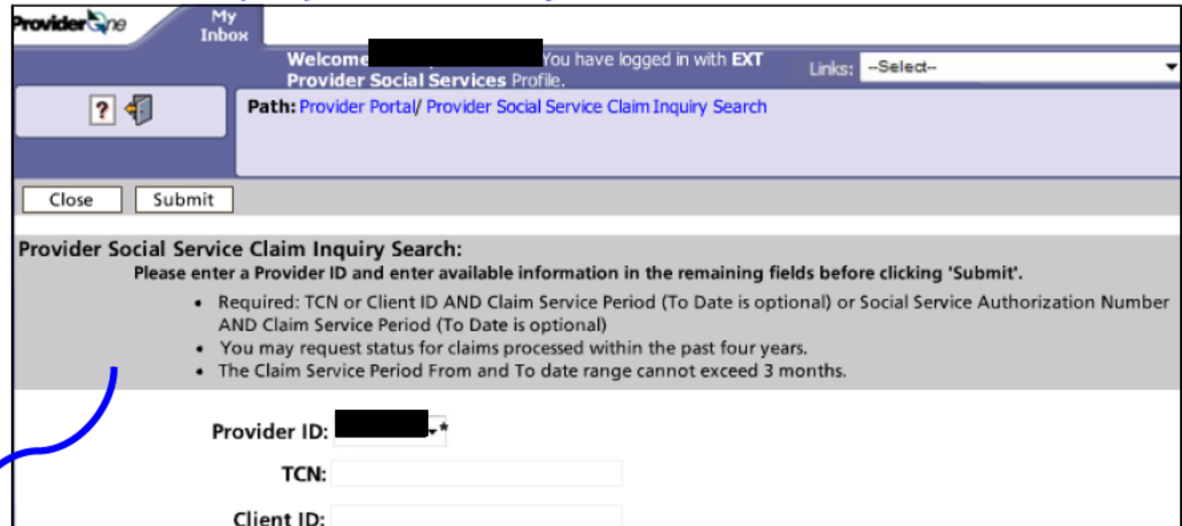




Claim Inquiry

3. Claim Inquiry Search page appears

4. Search requirements



4

Provider Social Service Claim Inquiry Search:

Please enter a Provider ID and enter available information in the remaining fields before clicking 'Submit'.

- Required: TCN or Client ID AND Claim Service Period (To Date is optional) or Social Service Authorization Number AND Claim Service Period (To Date is optional)
- You may request status for claims processed within the past four years.
- The Claim Service Period From and To date range cannot exceed 3 months.

You can search by:

- Transaction Control Number (TCN) or
- Client ID and Claim Service Period (To Date is optional) or
- Authorization # and Claim Service Period (To Date is optional).

Search requests must be for claims submitted within the past 4 years.
The Claim Service Period (From Date & To Date) cannot exceed 3 months.

Transaction Control Number (TCN) Search

a. Verify Provider ID

b. Enter Transaction Control Number (TCN)

c. Click on Submit

Claim Inquiry Search Page

Client ID & Authorization Number Search

a. Verify Provider ID

b. Search

1. Enter Client ID number

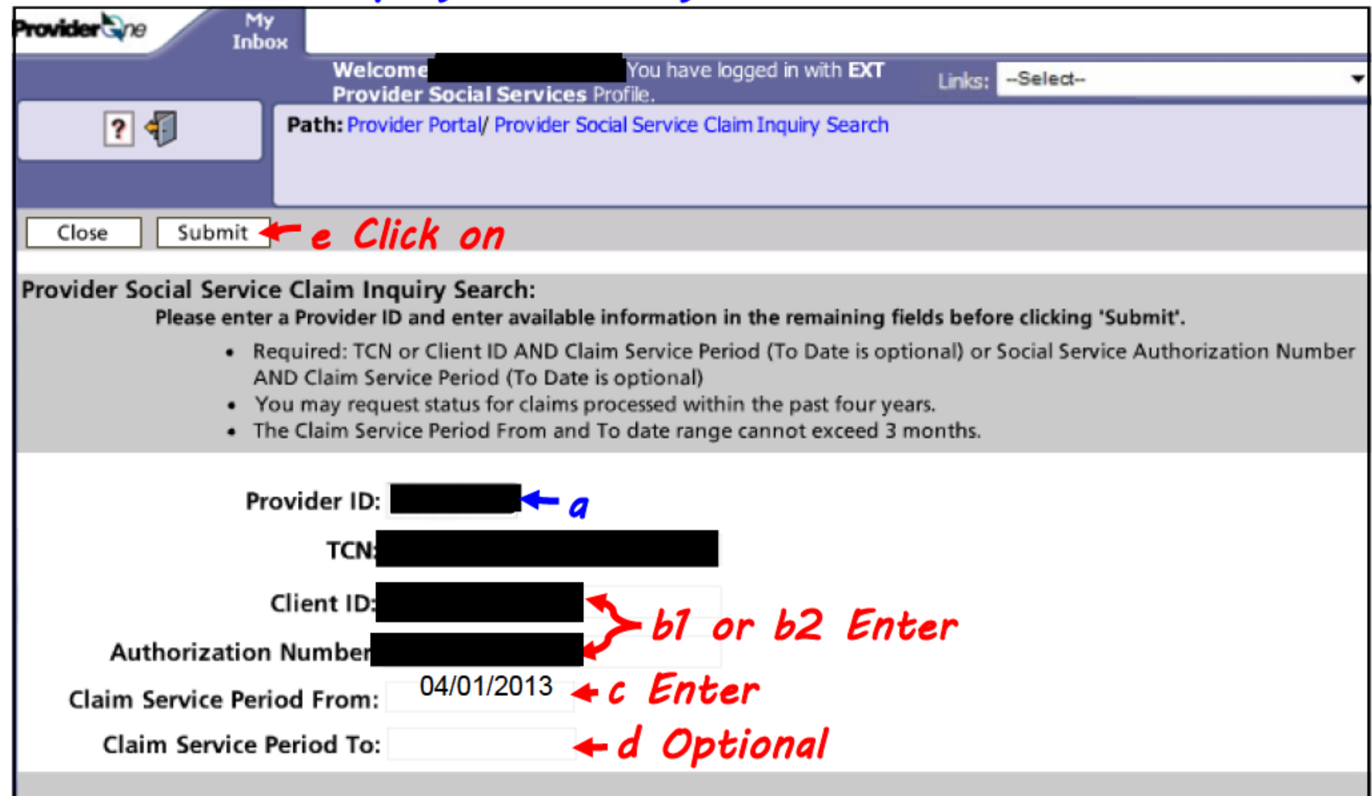
Or

2. Enter Authorization number

c. Enter Claim Service Period from date

d. Enter Claim Service Period To date (optional)

e. Click on Submit



6. Inquire Claims List appears showing search results

6 Inquire Claims List

ProviderOne | My Inbox

Welcome [redacted] You have logged in with EXT Provider Social Services Profile.

Links: --Select--

Path: Provider Portal/ Provider Social Service Claim Inquiry Search/ Claim Inquiry Provider

Close

Provider ID: [redacted]

Inquire Social Service Claims List:

	TCN	Authorization #	Date of Service	Claim Status	Claim Charge Amount	Claim Payment Amount	Client Name	Client ID
	[redacted]	[redacted]	04/01/2013	1: For more detailed information, see remittance advice	$150.00	$0.00	[redacted]	[redacted]
	[redacted]	[redacted]	04/01/2013	1: For more detailed information, see remittance advice	$575.00	$120.00	[redacted]	[redacted]

<< Prev | Viewing Page 1 | Next >> | 1 | Go | Page Count | SaveToXLS

7. View TCN

8. View Claim Status

9. View Claim Payment Amount

10. Click on TCN

TCN ← 7

10 Click on

Claim Payment Amount ← 9
$0.00
$120.00

8 Claim Status
1: For more detailed information, see remittance advice
1: For more detailed information, see remittance advice

11. Claims Details appears

12. Status Category Code

13. Status

14. Charge and Payment amounts

15. Scroll down

16. Claims Details

17. Scroll up

Line item (daily claim) information is found on the Remittance Advice.

If a claim has been denied, you can choose to resubmit the claim.

18. Click on Close

16 Claims Details

Payer Data:

Name: WASHINGTON STATE DSHS MAA
Identification: 77859

Unit Item Detail Data:

1 Status Effective Date: 04/03/2013
Status Category Code: F1
Status: 1
Prov/Svc Code: SA114
Service Line Date: 04/01/2013 To 04/01/2013
Charged Amount: $575.00
Payment Amount: $120.00
Procedure Modifier 1:
Procedure Modifier 2:

Product or Service ID Qualifier:
Revenue Code:
Units of Service: 10
Procedure Modifier 3:
Procedure Modifier 4:

Information Receiver Data:

Name or Submitting Organization:
Portal ID:

17 Click on

18 Click on

Close

Claim Details:

Status Information Effective Date: 04/03/2013
Status Category Code: F1:Finalized/Payment-The claim/line has been paid.
Service Period: 04/01/2013 To 04/01/2013
Bill Type Identifier:
Charged Amount: $575.00
Payment Amount: $120.00
Payment method Code: CHK

TCN
Status: 1: For more detailed information, see remittance advice.
Medical Record Number:
Adjudication or Payment Date: 04/01/2013
Check Issue or EFT Effective Date: 04/01/2013
Check or EFT Trace Number:

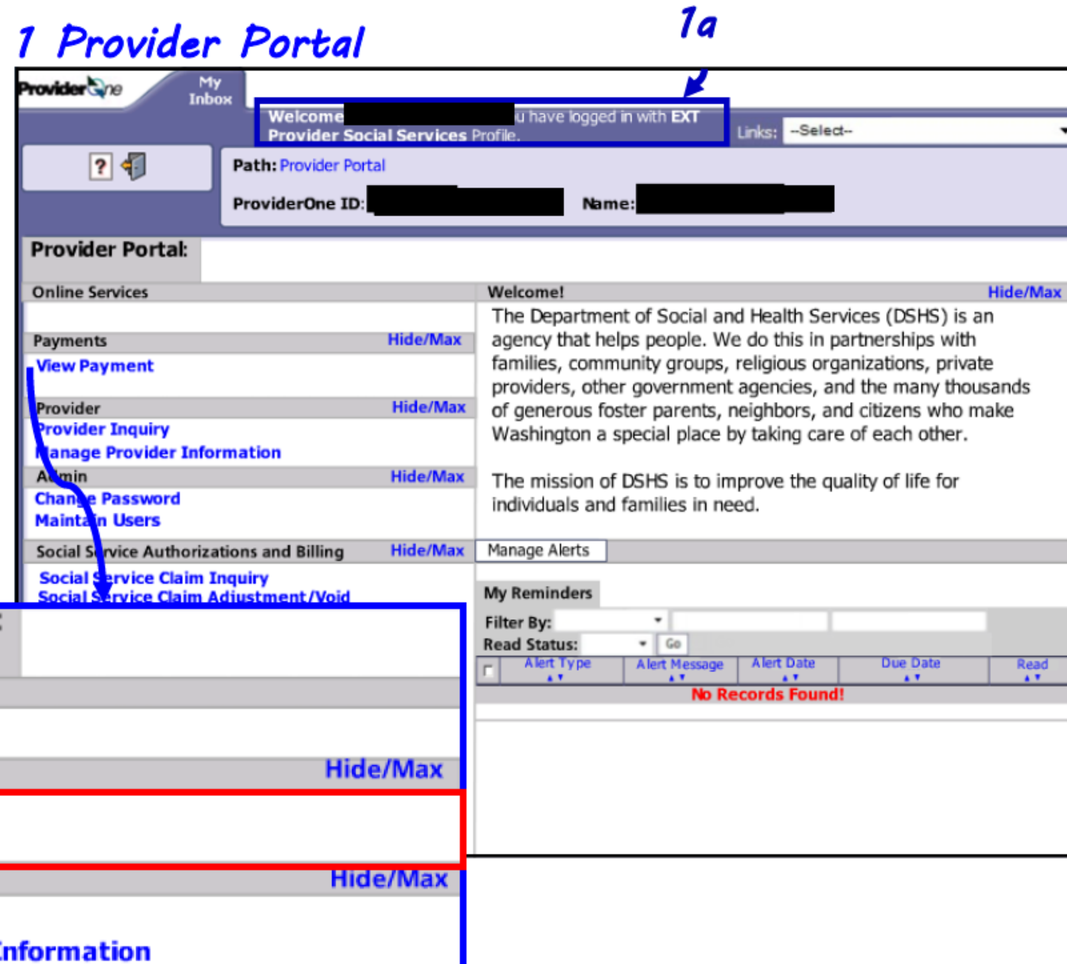
Remit/Remarks Codes

Provider Data:

View & Download RA

This section covers how to view and download a Remittance Advice (RA).

1. From the Provider Portal
   a. Check that you are in the EXT Provider Social Service profile
2. Click on View Payment



3. RA Payment List appears

4. The lists shows the basic information for each RA

   a. Click on RA number

Each Remittance Advice (RA) is based on a location.

3 RA Payment List

Close

RA Payment List:

Filter By: **And** Go

4 →

a Click on →

RA Number	Check Number	Check Date	RA Date	Claim Count	Charges	Payment Amount	Adjusted Amount	Download
	1247	04/01/2013	03/01/2013	1	$118.00	$118.00	$0.00	
			03/08/2013	3	$94.00	$0.00	$94.00	
	1858	04/05/2013	03/08/2013	1	$62.00	$62.00	$0.00	
	2408	04/15/2013	03/15/2013	1	$47.00	$29.00	$18.00	
	3410	04/15/2013	03/15/2013	4	$112.00	$112.00	$0.00	
			03/22/2013	1	$244.00	$0.00	$244.00	
	5422	04/30/2013	03/29/2013	5	$528.00	$412.00	$107.00	

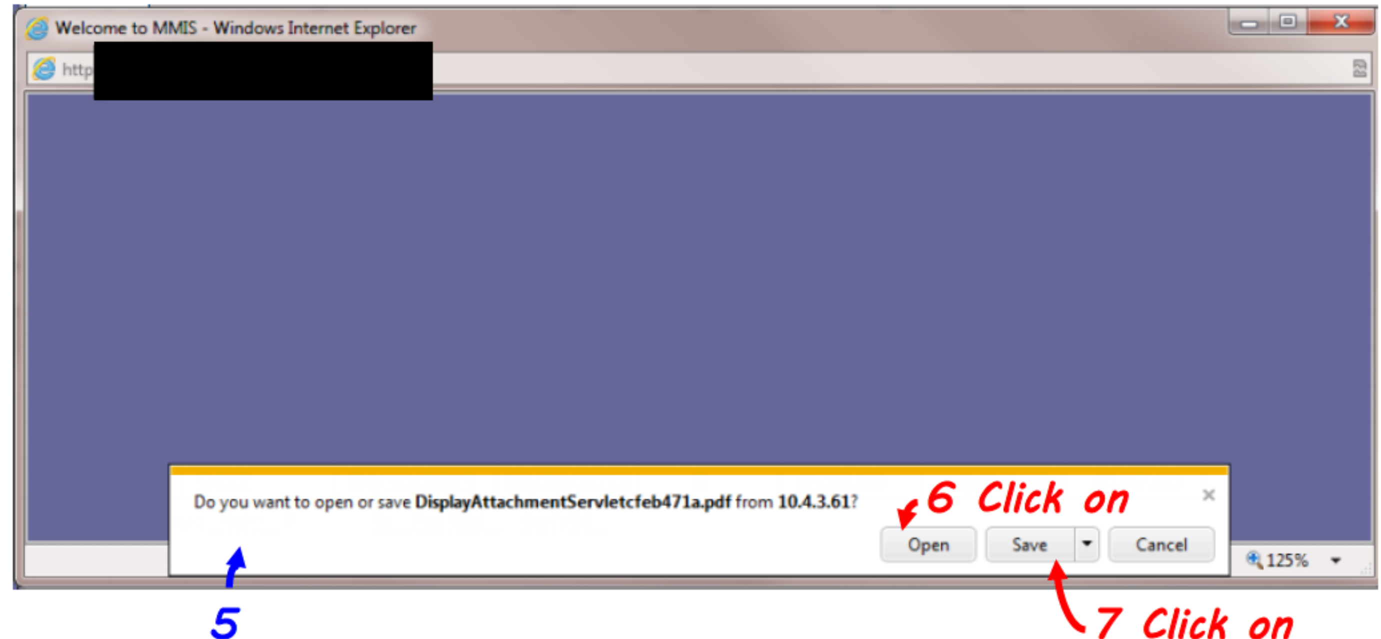
<< Prev Viewing Page 1 Next >> 2 Go Page Count SaveToXLS

View & Download RA

5. Pop-up appears

6. Click on Open PDF

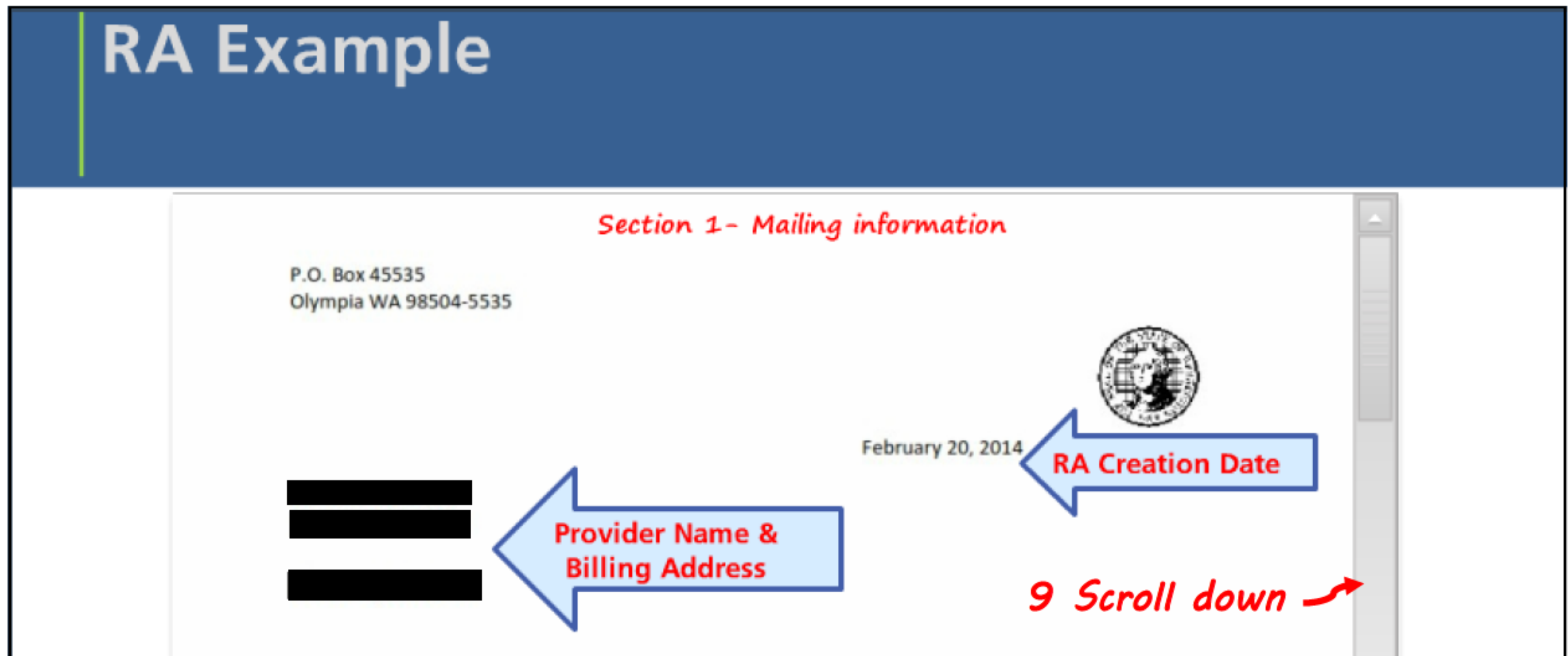
7. To save, click on Save



8. RA appears

9. Scroll down

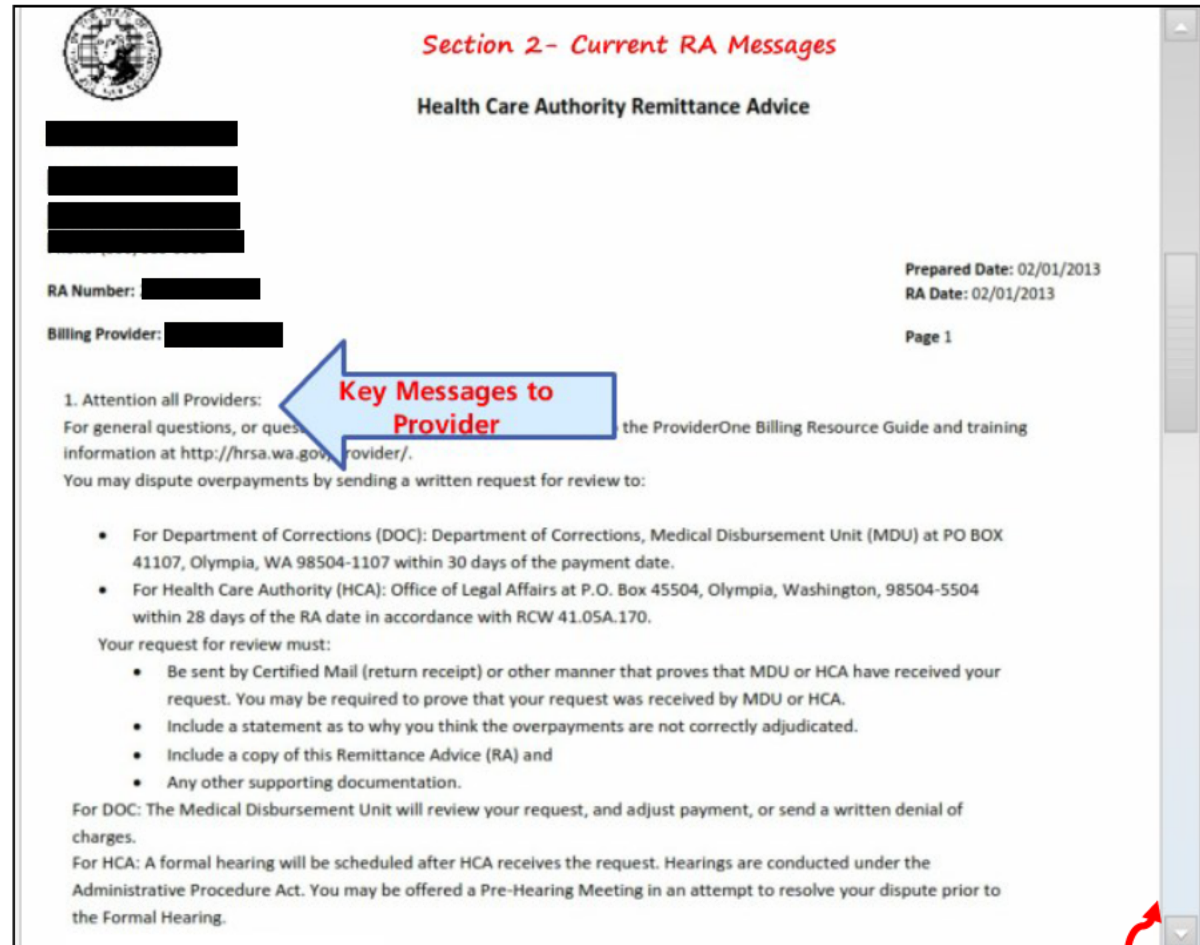
You can save or print the PDF. Remember, RA can contain multiple page and use a lot of paper and ink to print.



Section 1 Mailing Information

- RA Creation Date
- Provider Name & Billing Address

10. Scroll down



Section 2 Current RA Messages

- Key Messages to Provider from the Health Care Authority about changes and new information.

11. Scroll down

Section 3– Claims Summary

RA Number:

Warrant/EFT #:

Warrant/EFT Date: 03/01/2013

Payment Date

Prepared Date: 02/01/2013

RA Date: 02/01/2013

Total Payment

Warrant/EFT Amount: $118.00

Payment Method: None

Page 2

Claims Summary

Provider Adjustments

Billing Provider	Category	Total Billed Amount	Total Allowed Amount	Total TPL Amount	Total Sales Tax	Total Client Resp Amount	Total Paid	Billing Provider	FIN Invoice Number/ Parent TCN	Source	Adjustment Type	Previous Balance Amount	Adjustment Amount	Remaining Balance Amount
	Paid	$118.00	$118.00	$0.00	$0.00	$0.00	$118.00		1404911584	System Initiated	NOC Invoice	$0.00	$0.00	$100.00

Total Adjustment Amount $0.00

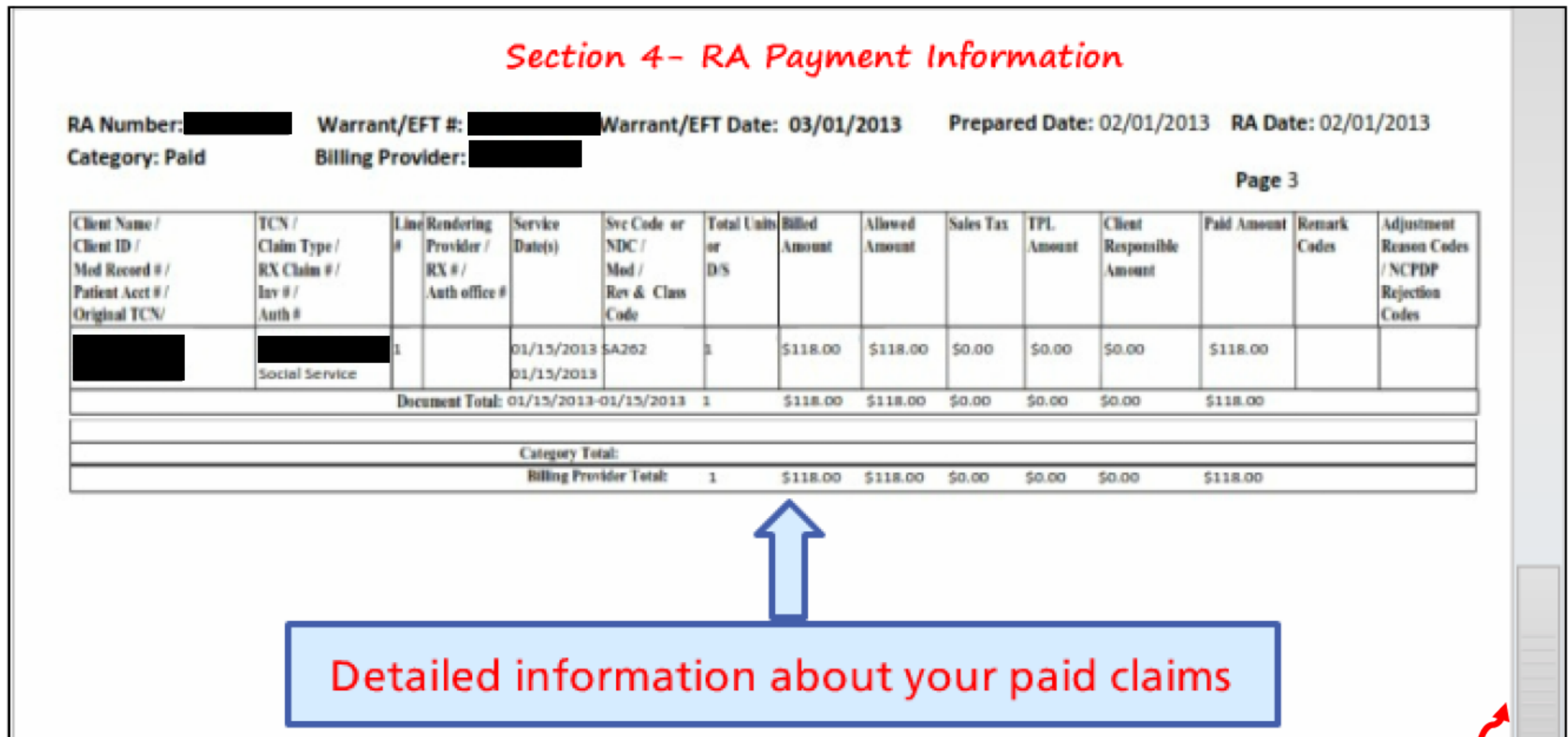
Total # of Paid Claims & deductions

11 Scroll down

Section 3 Payment Summary

- Total Payment
- Payment Date
- Total number of claims & deductions

12. Scroll down



Section 4- RA Payment Information

RA Number: [redacted] **Warrant/EFT #:** [redacted] **Warrant/EFT Date:** 03/01/2013 **Prepared Date:** 02/01/2013 **RA Date:** 02/01/2013

Category: Paid **Billing Provider:** [redacted]

Page 3

Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes / NCPDP Rejection Codes
[redacted]	[redacted] Social Service	1		01/15/2013 01/15/2013	SA262	1	$118.00	$118.00	$0.00	$0.00	$0.00	$118.00		
			Document Total:	01/15/2013-01/15/2013		1	$118.00	$118.00	$0.00	$0.00	$0.00	$118.00		
			Category Total:											
			Billing Provider Total:			1	$118.00	$118.00	$0.00	$0.00	$0.00	$118.00		

Section 4 RA Payment Information

Reading the RA

RA Number:	Warrant/EFT #:	Warrant/EFT Date: 01/09/2015	Prepared Date: 01/09/2015	RA Date: 01/09/2015
Category: Paid	Billing Provider			Page 3

Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes / NCPDP Rejection Codes
	ADSA-D 123456789	1	868	01/01/2015- 01/01/2015	T1020 U1	1.0000	$57.24	$57.24	$0.00	$0.00	$0.00	$57.24		
	ADSA-D 123456789	2	868	01/02/2015- 01/02/2015	T1020 U1	1.0000	$57.24	$57.24	$0.00	$0.00	$0.00	$57.24		
	[illegible]	[illegible]	[illegible]	1/03/2015- 1/03/2015	T1 U1	[illegible]	[illegible]	[illegible]	[illegible]	$0.00	[illegible]	[illegible]	[illegible]	
	[illegible]	[illegible]	[illegible]	1/04/2015- 1/04/2015	T1 U1	[illegible]	[illegible]	[illegible]	[illegible]	$0.00	[illegible]	[illegible]	[illegible]	
	ADSA-D 123456789	5	868	01/05/2015- 01/05/2015	T1 U1	[illegible]	[illegible]	[illegible]	[illegible]	$0.00	$0.00	$57.24		
	Document Total:			01/01/2015-01/05/2015		5.0000	$286.20	$286.20	$0.00	$0.00	$0.00	$286.2		
	ADSA-D 654321987	1	868	01/01/2015- 01/01/2015	T1020 U1	1.0000	$61.30	$61.30	$0.00	$0.00	$61.30	$0.00		142 = $61.30
	ADSA-D 654321987	2	868	01/02/2015- 01/02/2015	T1020 U1	1.0000	$61.30	$61.30	$0.00	$0.00	$61.30	$0.00		142 = $61.30
	ADSA-D 654321987	3	868	01/03/2015- 01/03/2015	T1020 U1	1.0000	$61.30	$61.30	$0.00	$0.00	$61.30	$0.00		142 = $61.30
	ADSA-D 654321987	4	868	01/04/2015- 01/04/2015	T1020 U1	1.0000	$61.30	$61.30	$0.00	$0.00	$61.30	$0.00		142 = $61.30
	ADSA-D 654321987	5	868	01/05/2015- 01/05/2015	T1020 U1	1.0000	$61.30	$61.30	$0.00	$0.00	$61.30	$0.00		142 = $61.30
	Document Total:			01/01/2015-01/05/2015		5.0000	$306.50	$306.50	$0.00	$0.00	$306.50	$0.00		

Third Party Liability: IE insurance

The RA is divided into client sections

Responsibility/participation is applied first. Once responsibility has been met, state payment begins.

Adjustment Code and Remarks Code: See next page.

Each service line of the claim(s) is listed. If you used a date range, the range has been divided into daily lines.

13. Scroll down

Adjustment Reason Codes / NCPDP Rejection Codes
142: Monthly Medicaid patient liability amount.

The Reason Code provides an explanation of why the paid amount was adjusted (why it is less than the billed amount)

Remarks Codes
N54: Claim information is inconsistent with pre-certified/authorized services.

The Remarks Code provides explanation explanations of why the paid amount was adjusted (why it is less than the billed amount)

Examples of Reason Codes

119 : Benefit maximum for this time period or occurrence has been reached.

18 : Exact duplicate claim/service

14. To return to the Provider Portal from the RA Payment List

15. Click on Close

14 RA Payment List

15 Click on → Close

RA Payment List:

Filter By: And Go

RA Number	Check Number	Check Date	RA Date	Claim Count	Charges	Payment Amount	Adjusted Amount	Download
	1247	04/01/2013	03/01/2013	1	$118.00	$118.00	$0.00	
			03/08/2013	3	$94.00	$0.00	$94.00	
	1858	04/05/2013	03/08/2013	1	$62.00	$62.00	$0.00	
	2408	04/15/2013	03/15/2013	1	$47.00	$29.00	$18.00	
	3410	04/15/2013	03/15/2013	4	$112.00	$112.00	$0.00	
			03/22/2013	1	$244.00	$0.00	$244.00	
	5422	04/30/2013	03/29/2013	5	$528.00	$412.00	$107.00	

<< Prev Viewing Page 1 Next >> 2 Go Page Count SaveToXLS

Common Adjustment & Denial Codes

Below is a short list of common Adjustment Reason and Remarks Codes you may find on your Remittance Advice (RA)

RA adjustment reason/remark code/description	Possible causes	Provider action
142- Monthly Medicaid patient liability amount.	Client responsibility (participation) applied to the claim	You must collect this amount from the client
198- Precertification/authorization exceeded	Social Service Authorization Approved Units have already been claimed	Contact your case worker if you question the number of units authorized
16-Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	1. Claimed dates of service are not within the authorization period 2. The authorization line is in error	1. Contact your case worker if you have questions about the authorization dates 2. Contact your case worker if you have questions about authorization errors
18- Exact duplicate claim/service	1. Claimed the same units on two different lines for the same day, or 2. Claim is an exact duplicate of one already submitted	1. Adjust the claim and report the number of units on a single claim line 2. No action is needed if duplication was unintended.
177-Patient has not met the required eligibility requirements	The client is not financially eligible	Contact your case worker if you have questions
A1-Claim/Service denied	The authorization is in cancelled status	Contact your case worker if you have questions
B7-This provider was not certified/eligible to be paid for this procedure/service on this date of service	Your contract may be expired.	Contact your contract manager or case worker if you have questions
N54-Claim information is inconsistent with pre-certified/authorized services	Authorization line is in error	Contact your case worker if you have questions
N63-Rebill services on separate claim lines	A separate claim line is required for each date of service for the service/procedure code entered	If you are billing quarter hour units or for each unit types, do not use a date span (example: 1/1/2015 to 1/31/2015) to bill. Adjust the claim to reflect separate claim lines for the date of service for each service provided and resubmit claim
N362 : The number of Days or Units of Service exceeds our acceptable maximum	Too many units claimed. Example: Provider billed two units on monthly units or provider billed two units on daily units with one day date span	Change the number of units to the correct amount and resubmit your claim