



Reading the Remittance Advice (RA)

School-Based Health Care Services (SBHS)

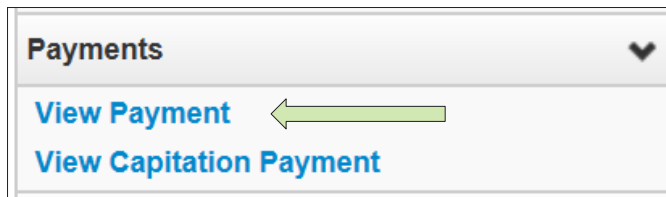
July 2019

Decorative wavy lines in blue and green at the bottom right corner of the slide.

Reading the Remittance Advice (RA)

➤ How do I retrieve the PDF file for the RA?

- Log into ProviderOne with a **Claims/Payment Status Checker, Claims Submitter, or Super User** profile.



- At the Portal click on the hyperlink **View Payment**.

- The system will open your list of RAs.

RA/ETRR Number ▲▼	Check Number ▲▼	Check/ETRR Date ▲▼	RA Date ▲▼	Claim Count ▲▼	Charges ▲▼	Payment Amount ▲▼	Adjusted Amount ▲▼	Download ▲▼
500649639			08/06/2015	2	\$300.00	\$0.00	\$300.00	
500955089			12/16/2015	1	\$100.00	\$0.00	\$100.00	

View Page: 1 Viewing Page: 1

- Click on the **RA number** in the first column to open the whole RA.

Reading the Remittance Advice (RA)

➤ The Summary Page of the RA shows:

- Billed and paid amount for Paid claims
- Billed amount of denied claims
- Total amount of adjusted claims
- Provider adjustment activity

RA Number: 8765432 Warrant/EFT # 852741!								Warrant/EFT Date: 05/29/2014		Prepared Date: 05/30/2014 RA Date: 05/30/2014				
Warrant/EFT Amount: \$9325.93				Payment Method: EFT				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
1122334455	Paid	\$28930.00	\$16114.57	\$0.00	\$0.00	\$0.00	\$9325.93	1122334455	214148190028/ 40140123456789 0000	System Initiated	NOC Invoice	\$0.00	\$0.00	\$3266.00
1122334455	Denied	\$6525.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	1122334455	214148190028/ 40149870123456 0000	System Initiated	NOC Referred to CARS	\$3266.00	\$3266.00	\$0.00
1122334455	Adjustments	-\$2981.00	-\$3371.87	\$0.00	\$0.00	\$0.00	-\$3266.00							
1122334455	In Process	\$5946.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							
Total Adjustment Amount												\$3266.00		

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➤ Adjustments:

- P1Off (offset) adjustments: These adjustment amounts can carry over on each week's RA until the amount is paid off or reduced by the amount paid out for claims adjudicated that week.
 - Claims that caused these carry over adjustment amounts can be on previous RAs.
 - Updates to the RA format now provide the parent TCN under the FIN Invoice Number for reference.
- NOC (non-offset) Referred to CARS: System-generated recoveries or adjustments that are referred to OFR for collection.
 - Updates to the RA format now provide the parent TCN under the FIN Invoice Number for reference.

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➤ The RA is sorted into different Categories as follows (screen shown is sample of Denials):

- Paid
- Denied
- Adjustments
- In Process

RA Number: 500955089 Warrant/EFT #: Warrant/EFT Date: Prepared Date: 12/16/2015 RA Date: 12/16/2015 Page 3

Category: Denied Warrant/EFT #: 5100000004

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
Client, Pseudo 999999998WA	201534801403737000 Professional Claim	1		12/01/2015- 12/01/2015	96152	3.0000	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N255 N290 N95	170 = \$100.00
Document Total:				12/01/2015-12/01/2015		3.0000	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N255,N29 0	16,B7
Category Total:						3.0000	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Billing Provider Total:						3.0000	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		

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- EOB Codes
 - Adjustment Reason Codes and Remark Codes for denied claims & payment adjustments are located on the last page of the RA

Adjustment Reason Codes / NCPDP Rejection Codes

119 : Benefit maximum for this time period or occurrence has been reached.
 15 : The authorization number is missing, invalid, or does not apply to the billed services or provider.
 16 : Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
 18 : Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)
 35 : Lifetime benefit maximum has been reached.
 96 : Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

Remark Codes

N20 : Service not payable with other service rendered on the same date.
 N329 : Missing/incomplete/invalid patient birth date.
 N37 : Missing/incomplete/invalid tooth number/letter.
 N39 : Procedure code is not compatible with tooth number/letter.

- The complete list of Federal codes can be located at the [Washington Publishing Company's \(WPC\) website.](#)

How to Resubmit Denied Claims

- If your district contracts with a billing agent, contact your billing agent.
- If you self-bill, correct the claim and resubmit by following these directions:
 - [How to Submit SBHS Claims](#)

Questions?

Remittance Advice Questions?

Provider Relations

providerrelations@hca.wa.gov

Tel: 360-725-1614 or 360-725-1610

SBHS or Claims Questions?

Shanna Muirhead, SBHS Program Manager

shanna.muirhead@hca.wa.gov

Tel: 360-725-1153