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
Claim Inquiry

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

2. Click on Social Service Claim Inquiry

1a

Social Service Authorizations and Billing

Social Service Authorizations and Billing

Social Service Claim Inquiry
Social Service Claim Adjustment/ Void
Social Service Billing Screen
Social Service Batch Upload
Social Service Batch File Status
Social Service Resubmit Denied/ Void
Social Service Retrieve Saved Claims
Social Service Manage Template
Social Service Create Claims from Saved Templates
Social Service Manage Batch Submission
Social Service View Authorization List
3. Claim Inquiry Search page appears

4. Search requirements

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

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

Claim Inquiry Search Page

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 Claim 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.

Provider ID: [redacted]
TCN: [redacted]
Client ID: [redacted]
Authorization Number: [redacted]
Claim Service Period From: 04/01/2013
Claim Service Period To: [optional]
6. Inquire Claims List appears showing search results

7. View TCN

8. View Claim Status

9. View Claim Payment Amount

10. Click on TCN
11. Claims Details appears

12. Status Category Code

Status Category Code: F1: Finalized/Payment-The claim/line has been paid.

13. Status

Status: 1: For more detailed information, see remittance advice.

14. Charge and Payment amounts

Charged Amount: $575.00
Payment Amount: $120.00

15. Scroll down

14

15 Scroll
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.

17. Click on

18. Click on Close
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

<table>
<thead>
<tr>
<th>RA Number</th>
<th>Check Number</th>
<th>Check Date</th>
<th>RA Date</th>
<th>Claim Count</th>
<th>Charges</th>
<th>Payment Amount</th>
<th>Adjusted Amount</th>
<th>Download</th>
</tr>
</thead>
<tbody>
<tr>
<td>1247</td>
<td>04/01/2013</td>
<td>03/01/2013</td>
<td>1</td>
<td>$118.00</td>
<td>$118.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>1858</td>
<td>04/05/2013</td>
<td>03/08/2013</td>
<td>3</td>
<td>$94.00</td>
<td>$0.00</td>
<td>$94.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>2408</td>
<td>04/15/2013</td>
<td>03/15/2013</td>
<td>1</td>
<td>$47.00</td>
<td>$29.00</td>
<td>$18.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3410</td>
<td>04/15/2013</td>
<td>03/15/2013</td>
<td>4</td>
<td>$112.00</td>
<td>$112.00</td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5422</td>
<td>04/29/2013</td>
<td>03/29/2013</td>
<td>5</td>
<td>$528.00</td>
<td>$412.00</td>
<td>$107.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 pages and use a lot of paper and ink to print.

RA Example

Section 1 - Mailing Information

P.O. Box 45535
Olympia WA 98504-5535

February 20, 2014

RA Creation Date

9 Scroll down

Provider Name & Billing Address

Section 1 Mailing Information
- RA Creation Date
- Provider Name & Billing Address
Section 2 Current RA Messages

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

10. Scroll down
Section 3 - Claims Summary

RA Number: [redacted]
Warrant/EFT #: [redacted]
Warrant/EFT Date: 03/01/2013
Prepared Date: 02/01/2013
RA Date: 02/01/2013
Page 2

<table>
<thead>
<tr>
<th>Claims Summary</th>
<th>Provider Adjustments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing Provider</td>
<td>Category</td>
</tr>
<tr>
<td>[redacted]</td>
<td>Paid</td>
</tr>
</tbody>
</table>

Total Adjustment Amount: $0.00

Total # of Paid Claims & deductions

Section 3 Payment Summary
- Total Payment
- Payment Date
- Total number of claims & deductions

11. Scroll down
Section 4 - RA Payment Information

Detailed information about your paid claims

12 Scroll down
Reading the RA

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.

Third Party Liability: IE insurance
### Adjusted Reason Codes / NCPDP Rejection Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>142</td>
<td>Monthly Medicaid patient liability amount.</td>
</tr>
</tbody>
</table>

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

### Remarks Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N54</td>
<td>Claim information is inconsistent with pre-certified/authorized services.</td>
</tr>
</tbody>
</table>

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

### Examples of Reason Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>119</td>
<td>Benefit maximum for this time period or occurrence has been reached.</td>
</tr>
<tr>
<td>18</td>
<td>Exact duplicate claim/service</td>
</tr>
</tbody>
</table>
14. To return to the Provider Portal from the RA Payment List

15. Click on Close

**14 RA Payment List**

<table>
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<tr>
<th>RA Number</th>
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<td>1</td>
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<td>$62.00</td>
<td>$62.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>2408</td>
<td>04/15/2013</td>
<td>03/15/2013</td>
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<tr>
<td></td>
<td>03/22/2013</td>
<td></td>
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<td>1</td>
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</table>
# Common Adjustment & Denial Codes

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

<table>
<thead>
<tr>
<th>RA adjustment reason/remark code/description</th>
<th>Possible causes</th>
<th>Provider action</th>
</tr>
</thead>
<tbody>
<tr>
<td>142- Monthly Medicaid patient liability amount.</td>
<td>Client responsibility (participation) applied to the claim</td>
<td>You must collect this amount from the client</td>
</tr>
<tr>
<td>198- Precertification/authorization exceeded</td>
<td>Social Service Authorization Approved Units have already been claimed</td>
<td>Contact your case worker if you question the number of units authorized</td>
</tr>
</tbody>
</table>
| 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 |