

How to Read the Paper Remittance Advice

How to review paid and denied claim information How to review claim adjustments

Overview

- OHA mails the paper Remittance Advice (RA) weekly.
 - It tells the status of all claims submitted that week.
 - You will continue to receive the paper RA until you ask OHA to stop sending it to you.
 - You can also get electronic copies of your paper RA through the Online RA function of the MMIS Provider Portal at https://www.or-medicaid.gov.
- You can only take actions on claims that appear in the Paid or Denied sections of the RA.
 - For overpaid or underpaid (including zero paid) claims, adjust each claim.
 - For denied claims, correct and resubmit (rebill) the claim. You cannot adjust denied claims.

Order of claim information in the paper RA

1. The RA is organized by claim type

Institutional

- Inpatient Medicare Claims
- · Outpatient Medicare claims
- Inpatient Medicaid claims
- · Outpatient Medicaid claims

Professional

- CMS-1500
- Medicare crossover (OHP 505)

Dental

Pharmacy

- Drug claims
- Compound drug claims

2. For each claim type, claims are grouped by **status**

Paid

Denied

In process

Adjustments

3. For each claim status, claims are grouped by **original submitted format**

Paper

Electronic data interchange (837)

Web portal

Pharmacy point of sale

Paper RA header example

• The header will tell you which section of the RA you are in.

OREGON DHS

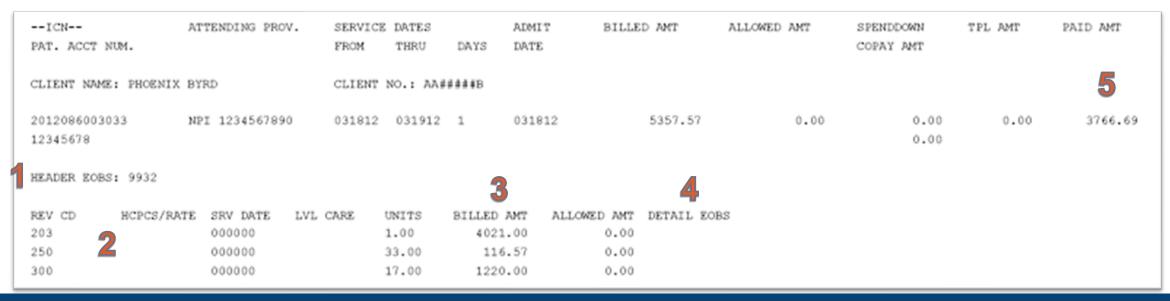
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
CMS 1500 CLAIMS PAID



Paid claims

Institutional paid claim example

- 1. Header Explanation of Benefit (EOB) code(s)
- 2. Service billed (revenue code and/or HCPCS)
- 3. Billed amount
- 4. Detail EOB codes
- Paid amount



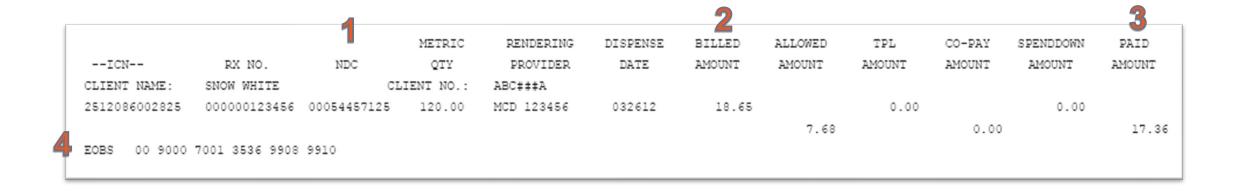
Dental paid claim example

- 1. Service billed (procedure code)
- 2. Billed amount
- 3. Detail EOB codes
- 4. Paid amount

ICN	PROVIDER	SERVICE DATES FROM THRU	BILLEI AMOUNT		ALLOWED AMOUNT	TPL AMOUNT	SPENDDOWN AMOUNT	CO-PAY AMOUNT	PAID AMOUNT
CLIENT NAME: 0 1009327063008	LENDA GOODWICH MCD 123456	CLIENT NO.: 090909 090909	AA#####A 38.75		38.75	0.00	0.00	0.00	38.75
PL SERV PROC C	D TOOTH SURFACE	DATE SVC PERF 090909	BILLED AMOUNT 38.75	ALLOWED AMOUNT 38.75	DETAIL EOBS				4

Pharmacy paid claim example

- 1. Service billed (NDC)
- 2. Billed amount
- 3. Paid amount
- 4. EOB codes





Denied claims

Professional denied claim example

- 1. Header EOB codes
- 2. Service billed (procedure code)
- 3. Billed amount
- 4. Detail EOB codes: These codes explain why the claim denied.

```
--ICN--
                     SERVICE DATES
                                                 BILLED
                                                           TPL
                                                                      SPENDDOWN
                     FROM
                                                 AMOUNT
                                                           AMOUNT
--PATIENT NUMBER--
                             THRU
                                                                      AMOUNT
CLIENT NAME: DON QUIXOTE
                                                4,572.00
2012089007997 061511 061511 NPI 9876543210
                                                           0.00
                                                                           0.00
15854
HEADER EOBS: 9999
PL SERV PROC CD MODIFIERS
                                                           AMOUNT
21
        59400
                           1.00 061511 061511 MCD 123456 4,572.00
                                                                     9926 0091
```

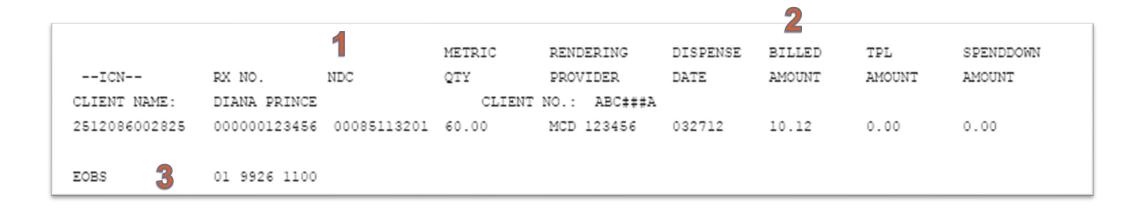
Dental denied claim example

- 1. Service billed (procedure code)
- 2. Billed amount
- 3. Detail EOB codes: These codes explain why the claim denied.

ICN		DERING VIDER			SERVICE FROM	DATES THRU	BILLED AMOUNT	TPL AMOUNT	SPENDDOWN AMOUNT
CLIENT NAM	ME: PHIL P	HILLIPS			CL	ENT NO.:	AA####Z		
1010056075	5008 MCD	123456			101609	101609	38.75	0.00	0.00
PL SERV	PROC CD	TOOTH	SURFACE	DATE SVC		BILLED	DETAIL EOBS		
	D0150			101609		38.75	0003 9926		

Pharmacy denied claim example

- 1. Service billed (procedure code)
- 2. Billed amount
- 3. Detail EOB codes: These codes explain why the claim denied.





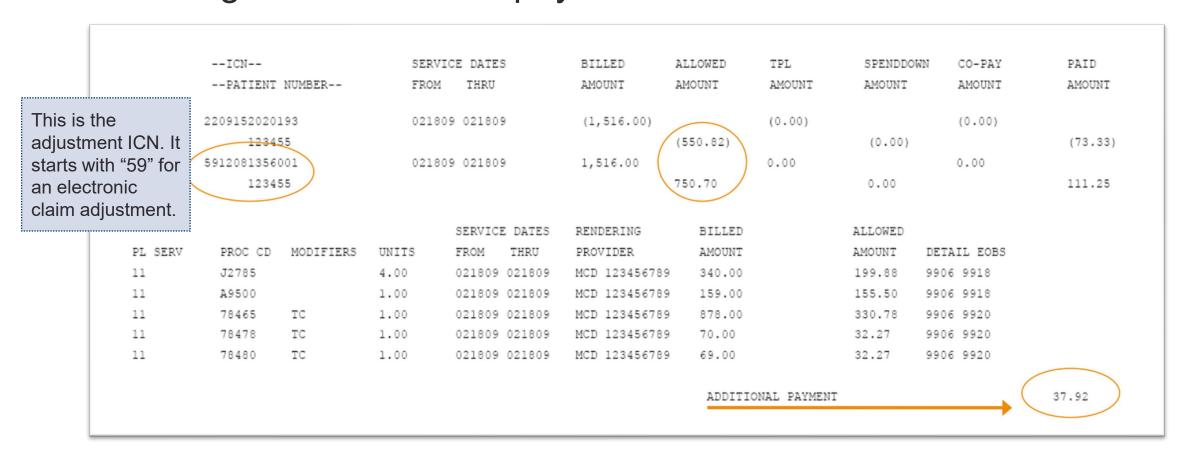
Claim adjustments

Internal Control Numbers (ICN)

- When reviewing adjustments on the RA, you will see two ICNS:
 - The original claim's ICN
 - The adjustment ICN
- The first two digits of the adjustment ICN tell you what kind of adjustment occurred.
 - OHA mass adjustments will have ICNs beginning with numbers 52 through 55.
 - Paper provider adjustments using the OHP 1036 will have ICNs beginning with 50 or 56.
 - Electronic provider adjustments using the MMIS Provider Portal, Point of Sale reversal, or electronic data interchange (837) will have ICNs beginning with 59.

Claim adjustment example - Payment

 The claim was adjusted after OHA set a new allowed amount, resulting in an additional payment of \$37.92.



Claim adjustment example - Recovery

- The "Net Overpayment" shows that OHA recovered \$9.27 (the full payment for the original claim).
- "(AR)" means Accounts Receivable will recover the overpayment.

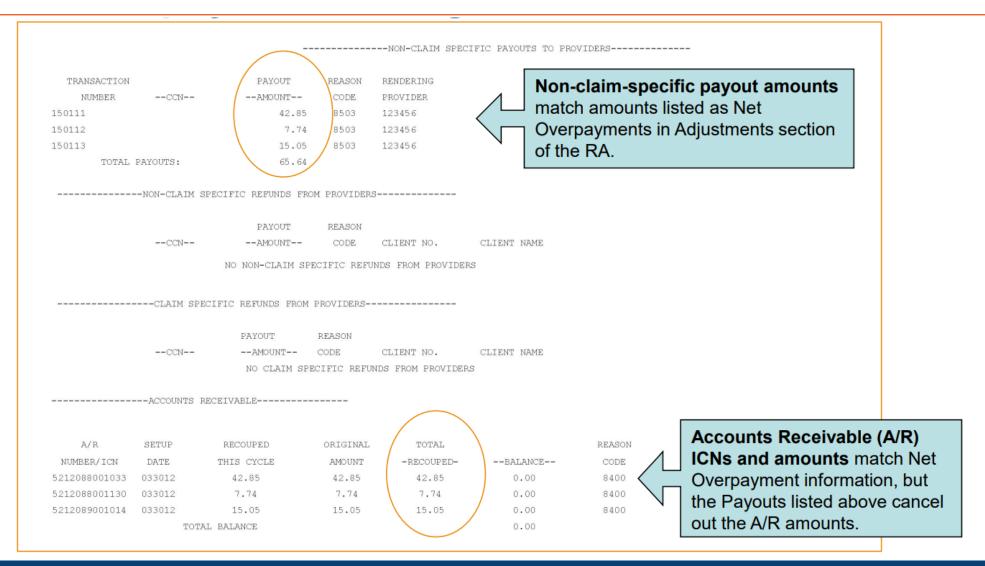
ICN	RX NO.	NDC	METRIC QTY	RENDERING PROVIDER	DISPENSE	BILLED	ALLOWED	TPL AMOUNT	CO-PAY AMOUNT	SPENDDOWN AMOUNT	PAID AMOUNT
CLIENT NAME:	MOLLY MALONE	CL	IENT NO.:	AB###A#M							
2512086002825	000000123456	00378418805	30.00	MCD 123456	032912	-9.27		-0.00		-0.00	
							-1.91		-0.00		-9.27
5912089001014	000000123456	00378418805	30.00	MCD 123456	031912	9.27		0.00		0.00	
							0.00		0.00		0.00
					NET OVERPA	YMENT (AR)					9.27
EOBS 00 8515											
TOTAL NO. OF AL	J: 3	TOTAL DRUG A	ADJUSTMENT CI	LAIMS:		0.0000		0.0000		0.00	
							-3.63		0.00		-28.01

Claim adjustment example – No payment changes

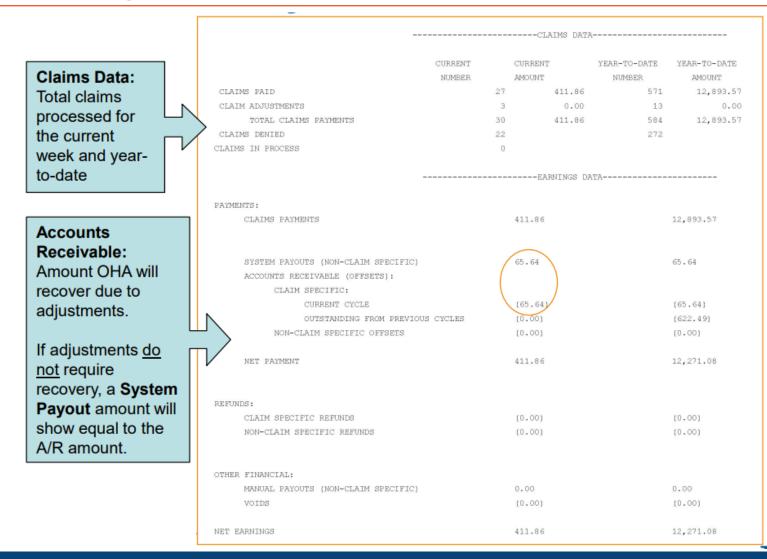
- Sometimes OHA has to mass-adjust claims, but the activity does not affect any payments OHA may have already paid.
 - The second ICN begins with "52," meaning OHA initiated the adjustment.
 - The adjustment shows here as an overpayment with Accounts Receivable, but the Financial Transaction section of the RA will confirm that there is no payment change.

ICN	RX NO.	NDC	METRIC QTY	RENDERING PROVIDER	DISPENSE DATE	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	CO-PAY AMOUNT	SPENDDOWN AMOUNT	PAID AMOUNT
CLIENT NAME:	LYNETTE BYRD	CL	IENT NO.:	AB###A#B							
2512086002825	000000123456	49884054410	60.00	MCD 123456	121208	-96.18		-0.00		-0.00	
							-4.24		-0.00		-7.74
5211088001033	000000123456	49884054410	60.00	MCD 123456	121208	96.18		0.00		0.00	
							0.00		0.00		0.00
					NET OVERPA	YMENT (AR)					7.74
EOBS 01 9926 00	90										

Financial Transactions information



RA Summary information



EOB Descriptions

This section lists the meaning of each EOB code in the paper RA.

EOB CODE	EOB CODE DESCRIPTION
0003	OUR RECORDS SHOW RECIPIENT NOT ELIGIBLE ON DATE OF SERVICE.
0006	THIS SERVICE REQUIRES PRIOR AUTHORIZATION UNLESS PERFORMED AS AN EMERGENCY. SEEPROVIDER GUIDE FOR
	INSTRUCTIONS.
0015	SERVICE IS A DUPLICATE OF A SERVICE PREVIOUSLY PROCESSED/PAID.
0028	RECIPIENTS NAME AND NUMBER DISAGREE AND DMAP CANNOT RESOLVE. CORRECT AND RESUBMIT BILLING.
0032	RECIPIENT NUMBER MISSING. REFER TO THE MEDICAL CARE IDENTIFICATION (DMAP1417) FOR VALID RECIPIENT
	NUMBER THEN CORRECT AND RESUBMIT.
0044	CLAIM FORM INCONSISTENT WITH PROVIDER TYPE. RESUBMIT ON CORRECT CLAIM FORM.
0053	PATIENT DOES NOT HAVE MEDICARE COVERAGE. DO NOT BILL AS A CROSSOVER CLAIM. REBILL ON A UB-04. DO NOT
	ENTER XOVR IN FORM LOCATOR 11.
0076	CLAIM PAST FILING TIME LIMIT. SEE GENERAL RULE 410-120-1300 FOR INSTRUCTIONS.
0090	SERVICE IS COVERED BY A MANAGED CARE PLAN. CLAIM MUST BE BILLED TO THE APPROPRIATE MANAGED CARE
	PLAN.
0091	NON-COVERED SERVICE.
0099	PROVIDER NUMBER IS MISSING, INVALID OR NOT IN THE CORRECT FIELD ON THE CLAIM FORM. CORRECT AND
	RESUBMIT.
0100	SERVICES AND/OR NUMBER OF UNITS BILLED DO NOT MATCH THOSE PRIOR AUTHORIZED. CONTACT APPROVING
	AUTHORITY.
0133	SERVICES BILLED DO NOT CONSTITUTE AN INPATIENT STAY. REBILL AS AN OUTPATIENT.
0139	INPATIENT AND OUTPATIENT BILLS NOT PAYABLE FOR SAME DATE OF SERVICE.
0145	THE RECIPIENT NUMBER LISTED IS NOT IN OUR RECORDS. CONTACT THE APPROPRIATE DMAP/SPD BRANCH FOR
	ASSISTANCE.
0160	ICD-9-CM PROCEDURE DATE NOT WITHIN THE ADMIT AND DISCHARGE DATES. CORRECT AND RESUBMIT.
0176	ADMIT DATE (LOCATOR 17) MUST BE THE SAME AS THE FROM DATE (LOCATOR 6) AND THE THROUGH DATE (LOCATOR
	6) MUST BE THE DATE OF DISCHARGE. SUBMIT ONLY ONE BILL PER HOSPITAL STAY. CORRECT AND RESUBMIT IF
	APPROPRIATE.

Need help?

- To learn more about how to read the remittance advice:
 - Visit the OHP Remittance Advice page

- If you still need help, contact OHP Provider Services:
 - 800-336-6016
 - dmap.providerservices@odhsoha.oregon.gov

Thank you

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact OHP Provider Services at dmap.providerservices@odhsoha.oregon.gov or 800-336-6016 (voice). We accept all relay calls.

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