‹‹Remittance Advice Details (RAD) Examples: Allied Health, Medical Services and Pharmacy››
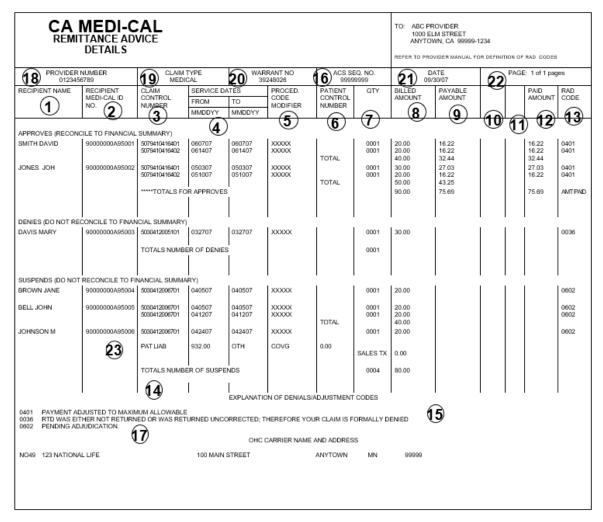
Page updated: January 2022

This section explains the *Remittance Advice Details* (RAD) fields and shows examples of the various types of reimbursement data received during a payment period. Refer to the *Remittance Advice Details (RAD)* section in this manual for details about the RAD.

RAD codes appear in the far right column for each claim line and their full explanation appears at the bottom of the RAD. The RAD includes a maximum of three denial code messages. Codes with the prefix "9" indicate a free-form error message, which allows Medi-Cal claims examiners to return unique free-form messages that more accurately describe claim submittal errors and denial reasons.

Figure 1: Completed Sample *Remittance Advice Details* (RAD). Actual size is 8½ x 11 inches.
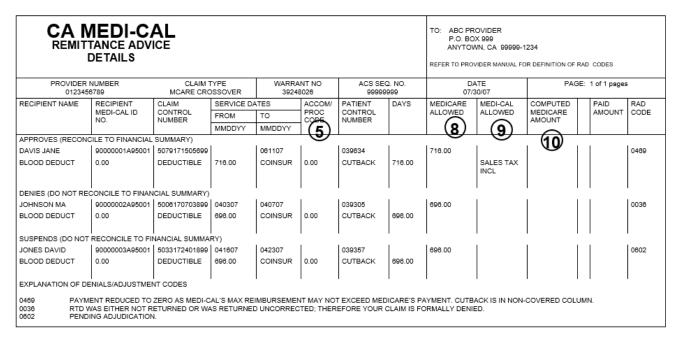
Explanation of Form Items

The following items refer to the corresponding circled numbers on the RAD. (See *Figure 2* for RAD items specific to crossover payments.)

Item	Description
1.	**Recipient Name**. Listed last name first.
2.	**Recipient Medi-Cal ID No**. The recipient's Medi-Cal identification number.
3.	**Claim Control Number**. A unique 13-digit number assigned by the California MMIS Fiscal Intermediary to track each claim line or CIF. See *Figure 2* on a following page for a detailed description. This number will appear on the RAD accompanying a warrant. Use this number when submitting a *Claims Inquiry Form* (CIF) or *Appeal Form* (90-1) to request adjustments to paid claims or reconsideration of denied claims. Refer to the *Claim Submission and Timeliness Overview* section in the Part 1 manual for an illustration of a Claim Control Number (CCN).
4.	**Service Dates**. Date(s) that service was rendered to a recipient.
5.	**Procedure Code Modifier**. Modifier billed in conjunction with a specific procedure code.
6.	**Patient Control Number**. The provider's financial reference number.
7.	**Qty**. Quantity billed.
8.	**Billed Amount**. Amount billed by provider.
9.	**Payable Amount**. Amount allowed by Medi-Cal.
10.	This field is blank.
11.	This field is blank for other provider types.
12.	**Paid Amount**. Amount paid. When reconciling the amount paid to the warrant amount, add the line amounts, not the claim summary amount. Payment appears on the warrant on the same page where the line amount appears.
13.	**RAD Code**. Denial code that appears beside each claim line billed.

<‹**Explanation of Form Items (continued)**›>

Item	Description
14.	**RAD Message**. Code and abbreviated message appear on the first line. If the claim is an adjustment or a denial due to duplicate billing, the warrant number of the original claim appears on the second line.
15.	**Denial Codes and Messages**. Denial codes with their full explanation appear at the bottom of the RAD under a summary header.
16.	**ACS Sequence Number**. An eight-digit sequence number that appears on the RAD and warrant. This number serves as an additional tracking device on the warrant along with the warrant number from the State Controller's Office (SCO).
17.	**Other Health Coverage Billing Message**. This includes name and address of recipient's insurance carrier and the policyholder's Social Security Number (SSN). This information is included on the RAD when the claim has been denied because proof of Other Health Coverage (OHC) billing was required and did not accompany the claim. (RAD code 657 is used to indicate this denial.)
18.	**Provider Number**. A National Provider Identifier (NPI).
19.	**Claim Type**. The type of claim submitted for reimbursement. **Note**: Allied Health and Medical Services providers receive a RAD labeled "medical" in this field.
20.	**Warrant No**. An eight-digit number assigned by the SCO.
21.	**Date**. SCO issue date of the RAD.
22.	**Page**. Number of pages of the RAD.
23.	**Patient Liability /Other Health Coverage/Sales Tax**. A patient's copay, coinsurance, Share of Cost (SOC) or OHC. Any sales tax amount included in the payment also appears in this area. On crossover claims, the notation "sales tax included" appears; however, a dollar amount is not specified. **Note**: Sales tax applies to Allied Health and Medical Services providers.

CA MEDI-CAL												

CA MEDI-CAL
REMITTANCE ADVICE DETAILS

TO: ABC PROVIDER
P.O. BOX 999
ANYTOWN, CA 99999-1234

REFER TO PROVIDER MANUAL FOR DEFINITION OF RAD CODES

PROVIDER NUMBER 0123456789	CLAIM TYPE MCARE CROSSOVER	WARRANT NO 39248026	ACS SEQ. NO. 99999999	DATE 07/30/07	PAGE: 1 of 1 pages

RECIPIENT NAME	RECIPIENT MEDI-CAL ID NO.	CLAIM CONTROL NUMBER	SERVICE DATES FROM MMDDYY	TO MMDDYY	ACCOM/ PROC CODE (5)	PATIENT CONTROL NUMBER	DAYS	MEDICARE ALLOWED (8)	MEDI-CAL ALLOWED (9)	COMPUTED MEDICARE AMOUNT (10)	PAID AMOUNT	RAD CODE
APPROVES (RECONCILE TO FINANCIAL SUMMARY)												
DAVIS JANE	90000001A95001	5079171505699		061107		039634		716.00				0469
BLOOD DEDUCT	0.00	DEDUCTIBLE	716.00	COINSUR	0.00	CUTBACK	716.00		SALES TAX INCL			
DENIES (DO NOT RECONCILE TO FINANCIAL SUMMARY)												
JOHNSON MA	90000002A95001	5006170703899	040307	040707		039305		696.00				0036
BLOOD DEDUCT	0.00	DEDUCTIBLE	696.00	COINSUR	0.00	CUTBACK	696.00					
SUSPENDS (DO NOT RECONCILE TO FINANCIAL SUMMARY)												
JONES DAVID	90000003A95001	5033172401899	041607	042307		039357		696.00				0602
BLOOD DEDUCT	0.00	DEDUCTIBLE	696.00	COINSUR	0.00	CUTBACK	696.00					

EXPLANATION OF DENIALS/ADJUSTMENT CODES

0469   PAYMENT REDUCED TO ZERO AS MEDI-CAL'S MAX REIMBURSEMENT MAY NOT EXCEED MEDICARE'S PAYMENT. CUTBACK IS IN NON-COVERED COLUMN.
0036   RTD WAS EITHER NOT RETURNED OR WAS RETURNED UNCORRECTED; THEREFORE YOUR CLAIM IS FORMALLY DENIED.
0602   PENDING ADJUDICATION.

Figure 2: Completed Sample Medicare Crossover *Remittance Advice Details* (RAD). Actual form is 8½ x 11 inches.

Crossover Payments

The following items appear on RADs for crossover payments only. (See *Figure 2* above.) Refer to the *Medicare/Medi-Cal Crossover Claims: CMS-1500* section in this manual for additional information.

Item	Description
5.	**Accommodation/Procedure Code**. CPT® or HCPCS procedure code.
8.	**Medicare Allowed**. Amount allowed by Medicare.
9.	**Medi-Cal Allowed**. Amount allowed by Medi-Cal or the amount allowed by Medicare, whichever is less.
10.	**Computed Medicare Amount**. Amount paid by Medicare.

Claim Status

The following figures illustrate how adjudicated claims appear on the RAD. Refer to the *Remittance Advice Details (RAD)* section in this manual for additional information about these RAD codes.

CA MEDI-CAL
REMITTANCE ADVICE DETAILS

TO: ABC PROVIDER
P.O. BOX 999
ANYTOWN, CA 99999-1234

REFER TO PROVIDER MANUAL FOR DEFINITION OF RAD CODES

PROVIDER NUMBER 0123456789		CLAIM TYPE MEDICAL			WARRANT NO 39248026		ACS SEQ. NO. 99999999		DATE 09/01/07			PAGE: 1 of 1 pages	
RECIPIENT NAME	RECIPIENT MEDI-CAL ID NO.	CLAIM CONTROL NUMBER	SERVICE DATES FROM MMDDYY	TO MMDDYY	PROCED CODE MODIFIER	PATIENT CONTROL NUMBER	QTY	BILLED AMOUNT	ALLOWED AMOUNT			PAID AMOUNT	RAD CODE
ADJUSTMENTS (RECONCILE TO FINANCIAL SUMMARY)													
SMITH JO	90000023A95301	5079171505699	030107	033107	XXXXX	98892		6.00	6.00			6.00	0572
								-8.00	-8.00			-8.00	0572
		***** TOTALS FOR ADJUSTMENTS						-2.00	-2.00			-2.00	

Figure 3: Adjustment Code 572.

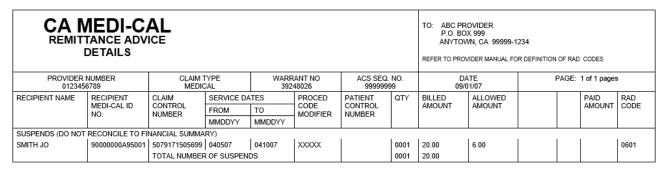| PROVIDER NUMBER 0123456789		CLAIM TYPE MEDICAL			WARRANT NO 39248026		ACS SEQ. NO. 99999999		DATE 09/01/07			PAGE: 1 of 1 pages	
RECIPIENT NAME	RECIPIENT MEDI-CAL ID NO.	CLAIM CONTROL NUMBER	SERVICE DATES FROM MMDDYY	TO MMDDYY	PROCED CODE MODIFIER	PATIENT CONTROL NUMBER	QTY	BILLED AMOUNT	ALLOWED AMOUNT			PAID AMOUNT	RAD CODE
APPROVES (RECONCILE TO FINANCIAL SUMMARY)													
BELL MARY	90000021A96001	5079171505699	060707	060707	XXXXX		0001	20.00	16.22			16.22	0401
		5079171505700	061407	061407	XXXXX		0001	20.00	16.22			16.22	0401
		***** TOTALS FOR APPPROVES						40.00	32.44			32.44	

Figure 4: Approve Reason Code 401.

PROVIDER NUMBER 0123456789		CLAIM TYPE MEDICAL			WARRANT NO 39248026		ACS SEQ. NO. 99999999		DATE 09/01/07			PAGE: 1 of 1 pages	
RECIPIENT NAME	RECIPIENT MEDI-CAL ID NO.	CLAIM CONTROL NUMBER	SERVICE DATES FROM MMDDYY	TO MMDDYY	PROCED CODE MODIFIER	PATIENT CONTROL NUMBER	QTY	BILLED AMOUNT	ALLOWED AMOUNT			PAID AMOUNT	RAD CODE
DENIES (DO NOT RECONCILE TO FINANCIAL SUMMARY)													
JONES JOHN	90000000A95022	5079171505699	032707	032707	XXXXX		0001	30.00					0009
		***** TOTALS NUMBER OF DENIES					0001						

Figure 5: Denial Reason Code 009.

CA MEDI-CAL
REMITTANCE ADVICE
DETAILS

TO: ABC PROVIDER
P.O. BOX 999
ANYTOWN, CA 99999-1234

REFER TO PROVIDER MANUAL FOR DEFINITION OF RAD CODES

PROVIDER NUMBER 0123456789		CLAIM TYPE MEDICAL		WARRANT NO 39248026		ACS SEQ. NO. 99999999		DATE 09/01/07		PAGE: 1 of 1 pages	
RECIPIENT NAME	RECIPIENT MEDI-CAL ID NO.	CLAIM CONTROL NUMBER	SERVICE DATES		PROCED CODE MODIFIER	PATIENT CONTROL NUMBER	QTY	BILLED AMOUNT	ALLOWED AMOUNT		PAID AMOUNT	RAD CODE
			FROM MMDDYY	TO MMDDYY								
SUSPENDS (DO NOT RECONCILE TO FINANCIAL SUMMARY)												
SMITH JO	90000000A95001	5079171505699	040507	041007	XXXXX		0001	20.00	6.00			0601
		TOTAL NUMBER OF SUSPENDS					0001	20.00				

Figure 6: Suspended Reason Code 601.

PROVIDER NUMBER 0123456789		CLAIM TYPE MEDICAL		WARRANT NO 39248026		ACS SEQ. NO. 99999999		DATE 09/01/07		PAGE: 1 of 1 pages	
RECIPIENT NAME	RECIPIENT MEDI-CAL ID NO.	CLAIM CONTROL NUMBER	SERVICE DATES		PROCED CODE MODIFIER	PATIENT CONTROL NUMBER	QTY	BILLED AMOUNT	ALLOWED AMOUNT		PAID AMOUNT	RAD CODE
			FROM MMDDYY	TO MMDDYY								
DO NOT RECONCILE TO FINANCIAL SUMMARY												
A/R TRANS. NO.	90000000A95001										156.76	0730

Figure 7: Accounts Receivable (A/R) Transaction Code 730.

<u>Legend</u>

Symbols used in the document above are explained in the following table.

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.