Remittance Advice Details (RAD) Examples: Long Term Care

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.
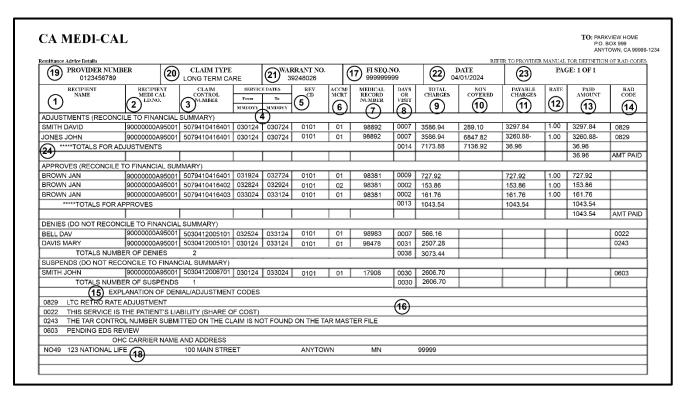
CA MEDI-CAL

TO: PARKVIEW HOME
P.O. BOX 999
ANYTOWN, CA 99999-1234

Remittance Advice Details

REFER TO PROVIDER MANUAL FOR DEFINITION OF RAD CODES

(19) PROVIDER NUMBER 0123456789	(20) CLAIM TYPE LONG TERM CARE	(21) WARRANT NO. 39248026	(17) FI SEQ.NO. 999999999	(22) DATE 04/01/2024	(23) PAGE: 1 OF 1

(1) RECIPIENT NAME	(2) RECIPIENT MEDI CAL I.D.NO.	(3) CLAIM CONTROL NUMBER	(4) SERVICE DATES From MMDDYY	To MMDDYY	(5) REV CD	(6) ACCM/MCRT	(7) MEDICAL RECORD NUMBER	(8) DAYS OR VISIT	(9) TOTAL CHARGES	(10) NON COVERED	(11) PAYABLE CHARGES	(12) RATE	(13) PAID AMOUNT	(14) RAD CODE
ADJUSTMENTS (RECONCILE TO FINANCIAL SUMMARY)														
SMITH DAVID	90000000A95001	5079410416401	030124	030724	0101	01	98892	0007	3586.94	289.10	3297.84	1.00	3297.84	0829
JONES JOHN	90000000A95001	5079410416401	030124	030724	0101	01	98892	0007	3586.94	6847.82	3260.88-	1.00	3260.88-	0829
(24) *****TOTALS FOR ADJUSTMENTS								0014	7173.88	7136.92	36.96		36.96	
													36.96	AMT PAID
APPROVES (RECONCILE TO FINANCIAL SUMMARY)														
BROWN JAN	90000000A95001	5079410416401	031924	032724	0101	01	98381	0009	727.92		727.92	1.00	727.92	
BROWN JAN	90000000A95001	5079410416402	032824	032924	0101	02	98381	0002	153.86		153.86	1.00	153.86	
BROWN JAN	90000000A95001	5079410416403	033024	033124	0101	01	98381	0002	161.76		161.76	1.00	161.76	
*****TOTALS FOR APPROVES								0013	1043.54		1043.54		1043.54	
													1043.54	AMT PAID
DENIES (DO NOT RECONCILE TO FINANCIAL SUMMARY)														
BELL DAV	90000000A95001	5030412005101	032524	033124	0101	01	98983	0007	566.16					0022
DAVIS MARY	90000000A95001	5030412005101	030124	033124	0101	01	98478	0031	2507.28					0243
TOTALS NUMBER OF DENIES 2								0038	3073.44					
SUSPENDS (DO NOT RECONCILE TO FINANCIAL SUMMARY)														
SMITH JOHN	90000000A95001	5030412006701	030124	033024	0101	01	17908	0030	2606.70					0603
TOTALS NUMBER OF SUSPENDS 1								0030	2606.70					

(15) EXPLANATION OF DENIAL/ADJUSTMENT CODES

0829	LTC RETRO RATE ADJUSTMENT
0022	THIS SERVICE IS THE PATIENT'S LIABILITY (SHARE OF COST) (16)
0243	THE TAR CONTROL NUMBER SUBMITTED ON THE CLAIM IS NOT FOUND ON THE TAR MASTER FILE
0603	PENDING EDS REVIEW

OHC CARRIER NAME AND ADDRESS

NO49	123 NATIONAL LIFE (18)	100 MAIN STREET	ANYTOWN	MN	99999

Figure 1: Completed Sample Long Term Care *Remittance Advice Details* (RAD). Actual size is 8½ by 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.)

Form Item Definitions Table

Item	Description
1.	**Recipient Name**. Listed last name first.
2.	**Recipient Medi-Cal I.D. No**. The recipient 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.	**Rev Cd.** The Revenue Code that appears on the claim will be shown.››
‹‹6.	**ACCM/MCRT.** If an existing/local accommodation code was billed, the accommodation code that appears on the claim will be show. If a new/national Designated State Level Medicaid Rate Code was billed, the Medicaid Rate Code that appears on the claim will be shown.››
7.	**Medical Record Number**. Provider's internal financial number for a patient.
8.	**Days or Visits**. Number of days or visits allowed.
9.	**Total Charges**. Corresponds to the gross amount billed on the claim.
10.	**Non-Covered**. Total of non-allowed charges.
11.	**Payable Charges**. Allowable amount for the line item billed (total charges less non-covered charges).
12.	**Rate**. Reimbursement rate will be shown as a percentage of payable charges.
13.	**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.

Form Item Definitions Table (continued)

Item   Description

14.   **RAD Code**. Denial code that appears beside each claim line billed.

15.   **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.

16.   **Denial Codes and Messages**. Denial codes with their full explanation appear at the bottom of the RAD under a summary header.

17.   ‹‹**FI 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 State Controller's Office (SCO's) warrant number.

18.   **Other Health Coverage Billing Message**. This includes name and address of recipient's insurance carrier and the policyholder's SSN. This information is included on the RAD when the claim has been denied because proof of Other Health Coverage billing was required and did not accompany the claim. (RAD code 657 is used to indicate this denial.)

19.   **Provider Number**. A National Provider Identifier (NPI).

20.   **Claim Type**. The type of claim submitted for reimbursement.

21.   **Warrant No**. An eight-digit number assigned by the SCO.

22.   **Date**. SCO issue date of the RAD.

23.   **Page**. Number of pages of the RAD.

24.   **Patient Liability/Other Coverage**. A patient's copay, coinsurance, Share of Cost or Other Health Coverage.

CA MEDI-CAL
REMITTANCE ADVICE
DETAILS

TO: PARKVIEW HOME
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 01/01/08		PAGE: 1 of 1 pages		
RECIPIENT NAME	RECIPIENT MEDI-CAL ID NO.	CLAIM CONTROL NUMBER	SERVICE DATES		ACCOM/ PROC CODE ⑤	MEDICAL RECORD NUMBER	DAYS	MEDICARE ALLOWED ⑧	MEDI-CAL ALLOWED ⑨	COMPUTED MEDICARE AMOUNT ⑩	PAID AMOUNT	RAD CODE
			FROM MMDDYY	TO MMDDYY								
APPROVES (RECONCILE TO FINANCIAL SUMMARY)												
DAVIS JANE	90000000A95001	5079171505699	060107	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	90000000A95001	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	90000000A95001	5033172401899	041607	042308		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 by 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: Long Term Care* section in this manual for additional information.

‹‹Form Item Definitions Table››

Item   Description

5.   **Accommodation/Procedure Code**. CPT® or HCPCS procedure code.

   Note: Since this field is a general service code field used by LTC Crossover and Non-LTC Crossover claims and Accommodation Code is synonymous with Designated State level Medicaid Rate Code, there are no changes to the column description.

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.

PROVIDER NUMBER 0123456789		CLAIM TYPE LONG TERM CARE		WARRANT NO. 39248026		FI SEQ.NO. 999999999		DATE 04/01/2024		PAGE: 1 OF 1			
RECIPIENT NAME	RECIPIENT MEDI-CAL I.D.NO.	CLAIM CONTROL NUMBER	SERVICE DATES From MMDDYY	To MMDDYY	REV CD	ACCM/ MCRT	MEDICAL RECORD NUMBER	DAYS OR VISIT	TOTAL CHARGES	NON COVERED	PAYABLE CHARGES	RATE	PAID AMOUNT	RAD CODE
ADJUSTMENTS (RECONCILE TO FINANCIAL SUMMARY)														
SMITH JO	90000000A95001	5079171505699	030124	030124	0101	01	98892	0001	6.00		6.00		6.00	0572
									8.00-		8.00-		8.00-	0572
*****TOTALS FOR ADJUSTMENTS								0001	2.00-		2.00-		2.00-	

Figure 3: Adjustment Code 572.

PROVIDER NUMBER 0123456789		CLAIM TYPE LONG TERM CARE		WARRANT NO. 39248026		FI SEQ.NO. 999999999		DATE 04/01/2024		PAGE: 1 OF 1			
RECIPIENT NAME	RECIPIENT MEDI-CAL I.D.NO.	CLAIM CONTROL NUMBER	SERVICE DATES From MMDDYY	To MMDDYY	REV CD	ACCM/ MCRT	MEDICAL RECORD NUMBER	DAYS OR VISIT	TOTAL CHARGES	NON COVERED	PAYABLE CHARGES	RATE	PAID AMOUNT	RAD CODE
APPROVES (RECONCILE TO FINANCIAL SUMMARY)														
BROWN JAN	90000000A95001	5079410416401	031924	032724	0101	01	96381	0009	727.92		727.92	1.00	727.92	0401
BROWN JAN	90000000A95001	5079410416402	032824	032924	0101	02	96381	0002	153.86		153.86	1.00	153.86	0401
BROWN JAN	90000000A95001	5079410416403	033024	033124	0101	01	96381	0002	161.76		161.76	1.00	161.76	0401
*****TOTALS FOR APPROVES								0013	1043.54		1043.54		1043.54	
													1043.54	AMT PAID

Figure 4: Approve Reason Code 401.

PROVIDER NUMBER 0123456789		CLAIM TYPE LONG TERM CARE		WARRANT NO. 39248026		FI SEQ.NO. 999999999		DATE 04/01/2024		PAGE: 1 OF 1			
RECIPIENT NAME	RECIPIENT MEDI-CAL I.D.NO.	CLAIM CONTROL NUMBER	SERVICE DATES From MMDDYY	To MMDDYY	REV CD	ACCM/ MCRT	MEDICAL RECORD NUMBER	DAYS OR VISIT	TOTAL CHARGES	NON COVERED	PAYABLE CHARGES	RATE	PAID AMOUNT	RAD CODE
APPROVES (RECONCILE TO FINANCIAL SUMMARY)														
JONES JOHN	90000000A95001	5079171505699	032524	033124	0101	01	98983	0007	566.16					0009
DAVIS DAV	90000000A95001	5079171505700	030124	033124	0101	01	98478	0031	2507.28					0243
*****TOTALS NUMBER OF DENIES 2								0038	3073.44					

Figure 5: Denial Reason Code 009.

PROVIDER NUMBER 0123456789		CLAIM TYPE LONG TERM CARE		WARRANT NO. 39248026		FI SEQ.NO. 999999999		DATE 04/01/2024		PAGE: 1 OF 1			
RECIPIENT NAME	RECIPIENT MEDI-CAL I.D.NO.	CLAIM CONTROL NUMBER	SERVICE DATES From MMDDYY	To MMDDYY	REV CD	ACCM/ MCRT	MEDICAL RECORD NUMBER	DAYS OR VISIT	TOTAL CHARGES	NON COVERED	PAYABLE CHARGES	RATE	PAID AMOUNT	RAD CODE
SUSPENDS (DO NOT RECONCILE TO FINANCIAL SUMMARY)														
SMITH JO	90000000A95001	5079171505699	030124	033024	0101	01	17908	0030	2606.70					0601
*****TOTALS NUMBER OF DENIES		1						0030	2606.70					

Figure 6: Suspended Reason Code 601.

PROVIDER NUMBER 0123456789		CLAIM TYPE LONG TERM CARE		WARRANT NO. 39248026		FI SEQ.NO. 999999999		DATE 04/01/2024		PAGE: 1 OF 1			
RECIPIENT NAME	RECIPIENT MEDI-CAL I.D.NO.	CLAIM CONTROL NUMBER	SERVICE DATES From MMDDYY	To MMDDYY	REV CD	ACCM/ MCRT	MEDICAL RECORD NUMBER	DAYS OR VISIT	TOTAL CHARGES	NON COVERED	PAYABLE CHARGES	RATE	PAID AMOUNT	RAD CODE
DO NOT RECONCILE TO FINANCIAL SUMMARY														
A/R TRANS. NO.	90000000A95001												156.76	0730

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

‹‹Legend››

‹‹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.