Remittance Advice Details (RAD) Examples: Vision Care

Page updated: August 2020

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.

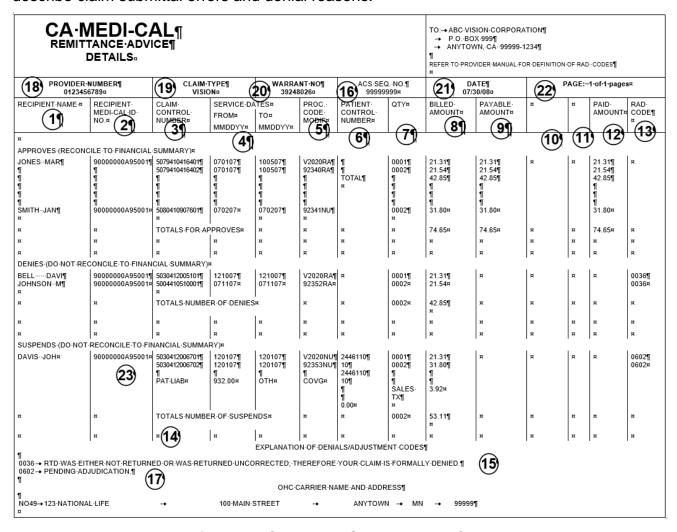


Figure 1: Completed Sample Vision Care Remittance Advice Details (RAD). Actual size is 8½ by 11 inches.

Explanation of RAD Form Items

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

<Table of Form Items on Remittance Advice Details Form>>>

Item	Description
1	Recipient Name. Listed last name first.
2	Recipient Medi-Cal I.D. 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	This field is blank.
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.
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.
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.

</Table of Form Items on Remittance Advice Details Form (continued)>>

Item	Description
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 State Controller's Office (SCO)
	warrant number.
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.
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 Other Health Coverage. 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.

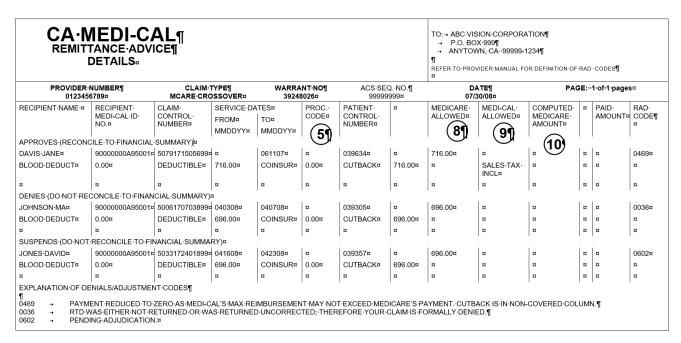


Figure 2: Completed Sample Medicare Crossover Remittance Advice Details (RAD). Actual form is 8½ by 11 inches.

Crossover Payments

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

<Table of Information Appearing Only on Crossover RADs>>

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

REMITTANCE:ADVICE¶ DETAILS:									TO: ABC-VISION-CORPORATION¶					
	PROVIDER-NUMBER¶ CLAIM-TYPE¶ 0123456789= VISION=		WARRANT·NO¶ 39248026¤		ACS·SEQ.·NO.¶ 99999999¤		DATE¶ 01/30/08¤		PAGE:1-of-1-pages¤					
RECIPIENT:NAME:¤	RECIPIENT: MEDI-CAL·ID· NO.¤	CLAIM· CONTROL· NUMBER¤	SERVICE-DA FROM¤ MMDDYY¤	TES¤ TO¤ MMDDYY¤	PROC. CODE¤	PATIENT: CONTROL: NUMBER¤	QTY¤	BILLED- AMOUNT¤	PAYABLE - AMOUNT¤	n	¤	PAID- AMOUNT¤	RAD- CODE¶	
¤														
SMITH-JO¤	90000000A95001¤	5079171505699¤	071207¤	071207¤	n	n	n	6.00¤	6.00¤	п	n	6.00¤	0572¤	
¤	n	n	n	n	n	n	n	-8.00¤	-8.00¤	n	n	-8.00¤	0572¤	
¤	¤	*****·TOTALS·FO	****·TOTALS·FOR·ADJUSTMENTS¤			n	n	-2.00¤	-2.00¤	n	¤	-2.00¤	n	

Figure 3: Adjustment Code 0572.

PROVIDER·NUMBER¶ 0123456789¤		CLAIM·TYPE¶ VISION¤		WARRANT·NO¶ 39248026¤		ACS·SEQ.·NO.¶ 9999999¤		DATE¶ 01/30/08¤		PAGE:··1·of·1·pages¤			
RECIPIENT:NAME:¤	RECIPIENT: MEDI-CAL·ID· NO.¤	CLAIM· CONTROL· NUMBER¤	SERVICE-DA FROM¤ MMDDYY¤	TES¤ TO¤ MMDDYY¤	PROC.· CODE¤	PATIENT: CONTROL: NUMBER¤	QTY¤	BILLED. AMOUNT¤	PAYABLE: AMOUNT¤	¤	¤	PAID: AMOUNT¤	RAD- CODE¶
¤													
SMITH-JO¤	90000000A95001¤	5079171505699¤	071207¤	071907¤	V2020NU¤	¤	0001¤	50.00¤	21.31¤	¤	п	21.31¤	0401¤
¤	¤	5079171505700¤	071207¤	071307¤	92340NU¤	×	0002¤	100.00¤	21.54¤	¤	n	21.54¤	0401¤
¤	n	*****·TOTALS·FO	R-ADJUSTME	NTS¤	n	TOTAL¤	n	150.00¤	42.85¤	¤	n	42.85¤	n
¤	¤	n	n	¤	¤	¤	n	¤	¤	¤	n	n	n
¤	n	n	n	¤	n	n	n	n	n	¤	n	n	n
BROWN·MAR¤	90000000A95001¤	5079171505700¤	061607¤	071307¤	92341RA¤	¤	0002¤	120.00¤	31.80¤	¤	n	31.80¤	0401¤
¤	¤	n	n	n	¤	¤	n	n	n	¤	n	¤	¤
¤	¤	*****·TOTALS·FO	R-APPPROVE	S¤	¤	n	n	270.00¤	74.65¤	¤	n	74.65¤	n

Figure 4: Approve Reason Code 0401

PROVIDER·NUMBER¶ CLAIM·T 0123456789¤ VISIO							DATE¶ 01/30/08¤		PAGE:··1·of·1·pages¤				
RECIPIENT:NAME:¤	RECIPIENT: MEDI-CAL·ID· NO.¤	CLAIM· CONTROL· NUMBER¤	SERVICE-DA FROM¤ MMDDYY¤		PROC.· CODE¤	PATIENT: CONTROL: NUMBER¤	QTY¤	BILLED- AMOUNT¤	PAYABLE: AMOUNT¤	n	¤	PAID- AMOUNT¤	RAD- CODE¶
¤													
JONES-JOHN¤	90000000A95001¤	5079171505699¤	121006¤	073106¤	V2020¤	n	0001¤	21.31¤	¤	n	n	n	090¤
¤	¤	5079171505700¤	071107¤	071307¤	92352¤	¤	0002¤	21.54¤	¤	п	n	n	090¤
¤	¤	¤	¤	n	n	n	n	n	×	n	¤	n	n
Þ	¤	******TOTALS NUMBER OF DENIES¤			n	n	n	42.85¤	¤	n	n	n	n

Figure 5: Denial Reason Code 090. The combination of service code and modifier is not valid.

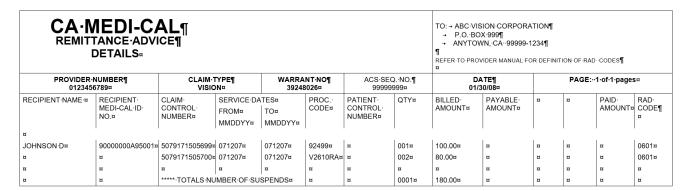


Figure 6: Suspended Reason Code 0601.

		M·TYPE¶ WARRANT·NO¶ SION¤ 39248026¤		ACS-SEQ.·NO.¶ 99999999¤		DATE¶ 01/30/08¤		PAGE:··1·of·1·pages¤					
RECIPIENT·NAME·¤	RECIPIENT- MEDI-CAL·ID· NO.¤	CLAIM- CONTROL- NUMBER¤	SERVICE-DA FROM¤ MMDDYY¤	TES¤ TO¤ MMDDYY¤	PROC CODE¤	PATIENT: CONTROL: NUMBER¤	QTY¤	BILLED. AMOUNT¤	PAYABLE- AMOUNT¤	¤	¤	PAID- AMOUNT¤	RAD- CODE¶
n													
A/R·TRANS.·NO.¤	90000000A95001¤	n	¤	n	n	n	n	n	n	n	п	156.76¤	0730¤
¤	¤	¤	¤	¤	n	n	n	n	¤	n	n	n	n
n	n	DO·NOT·RECONCILE·TO·FINANCIAL·SUMMARY¤				n	n	n	n	n	n	n	n

Figure 7: Accounts Receivable Transaction Code 0730.

«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.