
Remittance Advice Details (RAD) Examples: Long Term Care

Page updated: September 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 Medical claims examiners to return unique free-form messages that more accurately describe claim submittal errors and denial reasons.

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															
18 PROVIDER NUMBER 0123456789		19 CLAIM TYPE LONG TERM CARE		20 WARRANT NO 38248026		16 ACS SEQ. NO. 99999999		21 DATE 01/01/08		22 PAGE: 1 of 1 pages					
1 RECIPIENT NAME	2 RECIPIENT MEDI-CAL ID NO.	3 CLAIM CONTROL NUMBER	4 SERVICE DATES		5 ACCOM CODE	6 MEDICAL RECORD NUMBER	7 DAYS OR VISITS	8 TOTAL CHARGES	9 NON COVERED	10 PAYABLE CHARGES	11 RATE	12 PAID AMOUNT	13 RAD CODE		
			FROM	TO											
			MMDDYY	MMDDYY											
ADJUSTMENTS (RECONCILE TO FINANCIAL SUMMARY)															
SMITH DAVID	90000000A9500 1	5079410416401 PAT LIAB	120106 450.00-	123106 OTH	01 COVG	98892 0.00	31	2507.28	600.00	1907.28	1.00	1257.28	0567		
JONES JOHN	90000000A9500 1	5079410416401 PAT LIAB	120106 491.00	123106 OTH	01 COVG	98892 0.00	31	2507.28	5014.56	2507.28-	1.00	1816.28-	0567		
*****TOTALS FOR ADJUSTMENTS								5014.56	5614.56	600.00-		600.00- 41.00 559.00	PAT LIAB AMT PAID		
APPROVES (RECONCILE TO FINANCIAL SUMMARY)															
BROWN JAN	90000000A9500 1	5079410416401	031907	032707	01	98381	9	727.92		727.92	1.00	727.92			
BROWN JAN	90000000A9500 1	5079410416402	032807	032907	02	98381	2	153.86		153.86	1.00	153.86			
BROWN JAN	190000000A9500 01	5079410416403	033007	033107	01	98381	2	161.78		161.78	1.00	161.78			
*****TOTALS FOR APPROVES								1043.54		1043.54		1043.54 1043.54	AMT PAID		
DENIES (DO NOT RECONCILE TO FINANCIAL SUMMARY)															
BELL DAV	90000000A9500 1	5030412005101	032507	033107	01	98983	7	566.16					0022		
DAVIS MARY	90000000A9500 1	5030412005101	030107	033107	01	98478	31	2507.28					0243		
TOTALS NUMBER OF DENIES							2	3073.44							
SUSPENDS (DO NOT RECONCILE TO FINANCIAL SUMMARY)															
SMITHJOHN	90000000A9500 1	5030412005701	010107	013007	01	17908	30	2806.70					0603		
TOTALS NUMBER OF SUSPENDS							1	2806.70							
14 EXPLANATION OF DENIALS/ADJUSTMENT CODES															
0567 PROV INITIATED - ADJUSTMENT AS A RESULT OF A CHANGE IN SHARE OF COST INFORMATION															
0022 THIS SERVICE IS THE PATIENT'S LIABILITY (SHARE OF COST)															
0243 THE TAR CONTROL NUMBER SUBMITTED ON THE CLAIM IS NOT FOUND ON THE TAR MASTER FILE															
0603 PENDING EDS REVIEW															
15															
17 OHC CARRIER NAME AND ADDRESS															
NO49 123 NATIONAL LIFE 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 <i>Figure 2</i> on a following page for a detailed description. This number will appear on the RAD accompanying a warrant. Use this number when submitting a <i>Claims Inquiry Form</i> (CIF) or <i>Appeal Form</i> (90-1) to request adjustments to paid claims or reconsideration of denied claims. Refer to the <i>Claim Submission and Timeliness Overview</i> 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.	Accom. Code. The accommodation code that appears on the claim will be shown.
6.	Medical Record Number. Provider's internal financial number for a patient.
7.	Days or Visits. Number of days or visits allowed.
8.	Total Charges. Corresponds to the gross amount billed on the claim.
9.	Non-Covered. Total of non-allowed charges.
10.	Payable Charges. Allowable amount for the line item billed (total charges less non-covered charges).
11.	Rate. Reimbursement rate will be shown as a percentage of payable charges.
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.

«Form Item Definitions Table (continued)»

Item	Description
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.
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's) warrant number.
17.	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.)
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 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		
PROVIDER NUMBER 0123456789		CLAIM TYPE MCARE CROSSOVER		WARRANT NO 39248028		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	MEDICAL RECORD NUMBER	DAYS	MEDICARE ALLOWED	MEDI-CAL ALLOWED	COMPUTED MEDICARE AMOUNT	PAID AMOUNT	RAD CODE
			FROM MMDDYY	TO MMDDYY								
APPROVES (RECONCILE TO FINANCIAL SUMMARY)												
DAVIS JANE	90000000A95001	5079171505899	080107	081107	5	039834		716.00	8	9		0489
BLOOD DEDUCT	0.00	DEDUCTIBLE	716.00	COINSUR	0.00	CUTBACK	716.00					
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	041807	042308		039357		696.00				0602
BLOOD DEDUCT	0.00	DEDUCTIBLE	696.00	COINSUR	0.00	CUTBACK	696.00					
EXPLANATION OF DENIALS/ADJUSTMENT CODES												
0489	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. |
| 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: PARKVIEW HOME P.O. BOX 999 ANYTOWN, CA 99999-1234									
PROVIDER NUMBER 0123456789												CLAIM TYPE LONG TERM CARE		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 CODE	MEDICAL RECORD NUMBER	DAYS OR VISITS	TOTAL CHARGES	NON COVERED	PAYBLE CHARGES	RATE	PAID AMOUNT	RAD CODE								
			FROM MMDDYY	TO MMDDYY																	
ADJUSTMENTS (RECONCILE TO FINANCIAL SUMMARY)																					
SMITH JO	90000000A95001	5079171505699	030107	030107	01	98892	31	6.00		6.00		6.00	0572								
***** TOTALS FOR ADJUSTMENTS										-8.00		-8.00		0572							
										-2.00		-2.00									

Figure 3: Adjustment Code 572.

PROVIDER NUMBER 0123456789												CLAIM TYPE LONG TERM CARE		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 CODE	MEDICAL RECORD NUMBER	DAYS OR VISITS	TOTAL CHARGES	NON COVERED	PAYBLE CHARGES	RATE	PAID AMOUNT	RAD CODE								
			FROM MMDDYY	TO MMDDYY																	
APPROVES (RECONCILE TO FINANCIAL SUMMARY)																					
BROWN JAN	90000000A9500	5079410416401	031907	032707	01	96381	9	727.92		727.92	1.00	727.92	0401								
BROWN JAN	1	5079410416402	032807	032907	02	96381	2	153.86		153.86	1.00	153.86	0401								
BROWN JAN	90000000A9500	5079410416403	033007	033107	01	96381	2	161.76		161.76	1.00	161.76	0401								
*****TOTALS FOR APPROVES												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		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 CODE	MEDICAL RECORD NUMBER	DAYS OR VISITS	TOTAL CHARGES	NON COVERED	PAYBLE CHARGES	RATE	PAID AMOUNT	RAD CODE								
			FROM MMDDYY	TO MMDDYY																	
DENIES (DO NOT RECONCILE TO FINANCIAL SUMMARY)																					
JONES JOHN	90000000A95001	5079171505699	032507	033107	01	98983	7	566.16					0009								
DAVIS DAV	90000000A95001	5079171505700	030107	033107	01	98478	31	2507.28					0243								
***** TOTALS NUMBER OF DENIES																					
										2		3073.44									

Figure 5: Denial Reason Code 009.

CA MEDI-CAL REMITTANCE ADVICE DETAILS										TO: PARKVIEW HOME P.O. BOX 999 ANYTOWN, CA 99999-1234			
PROVIDER NUMBER 0123456789		CLAIM TYPE LONG TERM CARE		WARRANT NO 39248028		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 CODE	MEDICAL RECORD NUMBER	DAYS OR VISITS	TOTAL CHARGES	NON COVERED	PAYABLE CHARGES	RATE	PAID AMOUNT	RAD CODE
			FROM	TO									
			MMDDYY	MMDDYY									
SUSPENDS (DO NOT RECONCILE TO FINANCIAL SUMMARY)													
SMITH JO	90000000A95001	5079171505699	040107	043007	01	17908	30	2806.70					0601
			TOTAL NUMBER OF SUSPENDS				1	2806.70					

Figure 6: Suspended Reason Code 601.

PROVIDER NUMBER 0123456789		CLAIM TYPE LONG TERM CARE		WARRANT NO 39248028		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 CODE	MEDICAL RECORD NUMBER	DAYS OR VISITS	TOTAL CHARGES	NON COVERED	PAYABLE CHARGES	RATE	PAID AMOUNT	RAD CODE
			FROM	TO									
			MMDDYY	MMDDYY									
DO NOT RECONCILE TO FINANCIAL SUMMARY													
A/R TRANS. NO.	90000000A95001											158.76	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.