

# 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.

CA-MEDI-CAL REMITTANCE-ADVICE DETAILS										TO:→ ABC-VISION-CORPORATION → P.O.-BOX-999 → ANYTOWN, CA-99999-1234 REFER-TO-PROVIDER-MANUAL-FOR-DEFINITION-OF-RAD-CODES		
18 PROVIDER-NUMBER 0123456789		19 CLAIM-TYPE VISION		20 WARRANT-NO 39248026		16 ACS-SEQ. NO 99999999		21 DATE 07/30/08		22 PAGE:→1-of-1-pages		
11 RECIPIENT-NAME	21 RECIPIENT-MEDI-CAL-ID-NO	31 CLAIM-CONTROL-NUMBER	41 SERVICE-DATES FROM TO MMDDYY MMDDYY		51 PROC-CODE-MODIF	61 PATIENT-CONTROL-NUMBER	71 QTY	81 BILLED-AMOUNT	91 PAYABLE-AMOUNT	101	111 PAID-AMOUNT	121 RAD-CODE
APPROVES (RECONCILE TO FINANCIAL SUMMARY)												
JONES-MAR	90000000A95001	5079410416401	070107	100507	V2020RA		0001	21.31	21.31			21.31
		5079410416402	070107	100507	92340RA		0002	21.54	21.54			21.54
						TOTAL		42.85	42.85			42.85
SMITH-JAN	90000000A95001	5080410907601	070207	070207	92341NU		0002	31.80	31.80			31.80
TOTALS-FOR-APPROVES												
DENIES (DO-NOT-RECONCILE-TO-FINANCIAL-SUMMARY)												
BELL-DAVI	90000000A95001	5030412005101	121007	121007	V2020RA		0001	21.31				0036
JOHNSON-M	90000000A95001	5004410510001	071107	071107	92352RA		0002	21.54				0036
TOTALS-NUMBER-OF-DENIES												
SUSPENDS (DO-NOT-RECONCILE-TO-FINANCIAL-SUMMARY)												
DAVIS-JOH	90000000A95001	5030412006701	120107	120107	V2020NU	2446110	0001	21.31				0602
		5030412006702	120107	120107	92353NU	10	0002	31.80				0602
		PAT-LIAB	932.00	OTH	COVG	2446110		3.92				
TOTALS-NUMBER-OF-SUSPENDS												
EXPLANATION-OF-DENIALS/ADJUSTMENT-CODES												
0036 → RTD-WAS-EITHER-NOT-RETURNED-OR-WAS-RETURNED-UNCORRECTED; THEREFORE-YOUR-CLAIM-IS-FORMALLY-DENIED												
0602 → PENDING-ADJUDICATION												
OHC-CARRIER-NAME-AND-ADDRESS												
NO49 → 123-NATIONAL-LIFE → 100-MAIN-STREET → ANYTOWN → MN → 99999												

**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»

<b>Item</b>	<b>Description</b>
1	<b>Recipient Name.</b> Listed last name first.
2	<b>Recipient Medi-Cal I.D. No.</b> The recipient's Medi-Cal identification number.
3	<b>Claim Control Number.</b> 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 (CIF)</i> or <i>Appeal Form (90-1)</i> 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	<b>Service Dates.</b> Date(s) that service was rendered to a recipient.
5	<b>Procedure Code Modifier.</b> Modifier billed in conjunction with a specific procedure code.
6	This field is blank.
7	<b>Qty.</b> Quantity billed.
8	<b>Billed Amount.</b> Amount billed by provider.
9	<b>Payable Amount.</b> Amount allowed by Medi-Cal.
10	This field is blank
11	This field is blank.
12	<b>Paid Amount.</b> 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	<b>RAD Code.</b> Denial code that appears beside each claim line billed.
14	<b>RAD Message.</b> 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	<b>Denial Codes and Messages.</b> Denial codes with their full explanation appear at the bottom of the RAD under a summary header.
16	<b>ACS Sequence Number.</b> 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	<b>Other Health Coverage Billing Message.</b> 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	<b>Provider Number.</b> A National Provider Identifier (NPI).
19	<b>Claim Type.</b> The type of claim submitted for reimbursement.
20	<b>Warrant No.</b> An eight-digit number assigned by the SCO.
21	<b>Date.</b> SCO issue date of the RAD.
22	<b>Page.</b> Number of pages of the RAD.
23	<b>Patient Liability/Other Health Coverage/Sales Tax.</b> 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.

CA-MEDI-CAL REMITTANCE-ADVICE DETAILS										TO: -> ABC-VISION-CORPORATION -> 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 39246026		ACS-SEQ.-NO 99999999		DATE 07/30/08		PAGE:--1-of-1-pages	
RECIPIENT-NAME	RECIPIENT-MEDI-CAL-ID-NO	CLAIM-CONTROL-NUMBER	SERVICE-DATES FROM TO MMDDYY MMDDYY	PROC-CODE (5)	PATIENT-CONTROL-NUMBER	MEDICARE-ALLOWED (8)	MEDI-CAL-ALLOWED (9)	COMPUTED-MEDICARE-AMOUNT (10)	PAID-AMOUNT	RAD-CODE	
APPROVES-(DO-NOT-RECONCILE-TO-FINANCIAL-SUMMARY)											
DAVIS-JANE	90000000A95001	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	90000000A95001	5006170703899	040308	040708	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	041608	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 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	<b>Accommodation/Procedure Code.</b> CPT® or HCPCS procedure code.
8	<b>Medicare Allowed.</b> Amount allowed by Medicare.
9	<b>Medi-Cal Allowed.</b> Amount allowed by Medi-Cal or the amount allowed by Medicare, whichever is less.
10	<b>Computed Medicare Amount.</b> 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.

PROVIDER-NUMBER¶ 0123456789¶							CLAIM-TYPE¶ 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-DATES¶ FROM¶ MMDDYY¶	TO¶ MMDDYY¶	PROC.-CODE¶	PATIENT-CONTROL-NUMBER¶	QTY¶	BILLED-AMOUNT¶	PAYABLE-AMOUNT¶	¶	¶	PAID-AMOUNT¶	RAD-CODE¶			
SMITH-JO¶	90000000A95001¶	5079171505699¶	071207¶	071207¶	¶	¶	¶	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 0572.

PROVIDER-NUMBER¶ 0123456789¶		CLAIM-TYPE¶ 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-DATES¶ FROM¶ MMDDYY¶	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¶	¶	¶	21.31¶	0401¶
¶	¶	5079171505700¶	071207¶	071307¶	92340NU¶	¶	0002¶	100.00¶	21.54¶	¶	¶	21.54¶	0401¶
¶	¶	*****-TOTALS-FOR-ADJUSTMENTS¶		¶	¶	TOTAL¶	¶	150.00¶	42.85¶	¶	¶	42.85¶	¶
¶	¶	¶	¶	¶	¶	¶	¶	¶	¶	¶	¶	¶	¶
BROWN-MAR¶	90000000A95001¶	5079171505700¶	061607¶	071307¶	92341RA¶	¶	0002¶	120.00¶	31.80¶	¶	¶	31.80¶	0401¶
¶	¶	¶	¶	¶	¶	¶	¶	¶	¶	¶	¶	¶	¶
¶	¶	*****-TOTALS-FOR-APPROVES¶		¶	¶	¶	¶	270.00¶	74.65¶	¶	¶	74.65¶	¶

Figure 4: Approve Reason Code 0401

PROVIDER-NUMBER¶ 0123456789¶		CLAIM-TYPE¶ 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-DATES¶ FROM¶ MMDDYY¶	TO¶ MMDDYY¶	PROC.-CODE¶	PATIENT-CONTROL-NUMBER¶	QTY¶	BILLED-AMOUNT¶	PAYABLE-AMOUNT¶	¶	¶	PAID-AMOUNT¶	RAD-CODE¶
JONES-JOHN¶	90000000A95001¶	5079171505699¶	121006¶	073106¶	V2020¶	¶	0001¶	21.31¶	¶	¶	¶	¶	090¶
¶	¶	5079171505700¶	071107¶	071307¶	92352¶	¶	0002¶	21.54¶	¶	¶	¶	¶	090¶
¶	¶	*****-TOTALS-NUMBER-OF-DENIES¶		¶	¶	¶	¶	42.85¶	¶	¶	¶	¶	¶

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

<b>CA-MEDI-CAL</b> <b>REMITTANCE-ADVICE</b> <b>DETAILS</b>							TO: -> ABC-VISION-CORPORATION -> P.O.-BOX-999 -> ANYTOWN, CA-99999-1234 REFER TO PROVIDER MANUAL FOR DEFINITION OF RAD-CODES □						
PROVIDER-NUMBER 0123456789		CLAIM-TYPE 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-DATES FROM TO MMDDYY MMDDYY		PROC.-CODE □	PATIENT-CONTROL-NUMBER □	QTY □	BILLED-AMOUNT □	PAYABLE-AMOUNT □	□	□	PAID-AMOUNT □	RAD-CODE □
JOHNSON-D	90000000A95001	5079171505699	071207	071207	92499	□	001	100.00	□	□	□	□	0601
□	□	5079171505700	071207	071207	V2610RA	□	002	80.00	□	□	□	□	0601
□	□	□	□	□	□	□	□	□	□	□	□	□	□
□	□	*****-TOTALS-NUMBER-OF-SUSPENDS		□	□	□	0001	180.00	□	□	□	□	□

Figure 6: Suspended Reason Code 0601.

PROVIDER-NUMBER 0123456789		CLAIM-TYPE 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-DATES FROM TO MMDDYY MMDDYY		PROC.-CODE □	PATIENT-CONTROL-NUMBER □	QTY □	BILLED-AMOUNT □	PAYABLE-AMOUNT □	□	□	PAID-AMOUNT □	RAD-CODE □	
A/R-TRANS.-NO.	90000000A95001	□	□	□	□	□	□	□	□	□	□	156.76	0730	
□	□	DO-NOT-RECONCILE-TO-FINANCIAL-SUMMARY					□	□	□	□	□	□	□	□

Figure 7: Accounts Receivable Transaction Code 0730.

**<<Legend>>**

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

<b>Symbol</b>	<b>Description</b>
<<	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.