
Remittance Advice Details (RAD) Examples: Inpatient Services

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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: CHILDREN'S HOSPITAL P.O. BOX 999 ANYTOWN, CA 99999-1234 REFER TO PROVIDER MANUAL FOR DEFINITION OF RAD CODES					
18 PROVIDER NUMBER 0123456789		19 CLAIM TYPE INPATIENT		20 WARRANT NO 39248026		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 FROM TO MMDDYY MMDDYY		5 ACCOM CODE	6 PATIENT CONTROL NUMBER	7 DAYS OR VISITS	8 TOTAL CHARGES	9 NON COVERED	10 PAYABLE CHARGES	11 RATE	12 PAID AMOUNT	13 RAD CODE
APPROVES (RECONCILE TO FINANCIAL SUMMARY)													
SMITH DAVID	90000000A95001	5079410418401	031707	031907	122	39830	20	1730.00	310.00	1420.00			0417
			031707	031907	250			442.80		442.80			
			031707	031907	270			282.20		282.20			
			031707	031907	271			28.90		28.90			
			031707	031907	272			173.80		173.80			
			031707	031907	300			24.50		24.50			
			031707	031907	305			126.00		126.00			
			031707	031907	402			142.00		142.00			
			031707	031907	720			2222.00		2222.00			
			031707	031907	171			655.00		655.00			
		****TOTALS FOR APPROVES					10	5827.20	370.00	5457.20	0.57	3110.60	0417
												3110.60	AMT PAID
DENIES (DO NOT RECONCILE TO FINANCIAL SUMMARY)													
DAVIS MARY	90000000A95001	5030412005101	011107	011207	250	39186		598.10					0036
			011107	011207	258			1094.00					
			011107	011207	270			85.40					
			011107	011207	272			213.10					
			011107	011207	300			18.40					
			011107	011207	301			10.60					
			011107	011207	306			30.90					
		TOTALS NUMBER OF DENIES					7	2050.50					0036
													0036
SUSPENDS (DO NOT RECONCILE TO FINANCIAL SUMMARY)													
JOHNSON M	90000000A95001	5030412006701	090907	092107	121	37089	180	8520.00					
			090907	092107	250			9999.99					
			090907	092107	258			5403.80					
			090907	092107	270			788.05					
			090907	092107	271			175.35					
			090907	092107	272			4509.20					
			090907	092107	300			633.60					
			090907	092107	301			373.10					
			090907	092107	302			142.50					
			090907	092107	305			806.40					
			090907	092107	306			711.00					
			090907	092107	310			181.00					
			090907	092107	250			1304.41					
			090907	092107	340			2983.00					
			090907	092107	320			282.00					0602
		PAT LIAB	932.00	OTH	COVG								
		TOTALS NUMBER OF SUSPENDS					15	36773.40					
EXPLANATION OF DENIALS/ADJUSTMENT CODES													
0417 BILLED AMOUNT IS CUTBACK TO ALLOWED PER THE ACCOMMODATION RATE FILE OR TO DISALLOW PAYMENT FOR DAY OF DISCHARGE/DEATH													
0036 RTD WAS EITHER NOT RETURNED OR WAS RETURNED UNCORRECTED, THEREFORE YOUR CLAIM IS FORMALLY DENIED													
0602 PENDING ADJUDICATION.													
OHC CARRIER NAME AND ADDRESS													
ND49 123 NATIONAL LIFE 100 MAIN STREET ANYTOWN MN 99999													

Figure 1: Completed Sample Inpatient 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
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- | | |
|-----|--|
| 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 Appeal Form (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 reference 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. |

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- | 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 policy holder'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: CHILDREN'S HOSPITAL 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	PATIENT CONTROL 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	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	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	042307		039357	696.00	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: UB-92 for Inpatient* 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: CHILDREN'S HOSPITAL P.O. BOX 999 ANYTOWN, CA 99999-1234 REFER TO PROVIDER MANUAL FOR DEFINITION OF RAD CODES			
PROVIDER NUMBER 0123456789		CLAIM TYPE INPATIENT		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	PATIENT CONTROL NUMBER	DAYS OR VISITS	TOTAL CHARGES	NON COVERED	PAYABLE CHARGES	RATE	PAID AMOUNT	RAD CODE
			FROM MMDDYY	TO MMDDYY									
ADJUSTMENTS (RECONCILE TO FINANCIAL SUMMARY)													
SMITH JO	90000000A95001	5079171505699	031007	031007		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 INPATIENT		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	PATIENT CONTROL NUMBER	DAYS OR VISITS	TOTAL CHARGES	NON COVERED	PAYABLE CHARGES	RATE	PAID AMOUNT	RAD CODE								
			FROM MMDDYY	TO MMDDYY																	
APPROVES (RECONCILE TO FINANCIAL SUMMARY)																					
SMITH JO	90000000A95001	5079171505699	061407	061407		13938		832.00	793.00	39.00	1.00	39.00	0401								
								832.00	793.00	39.00		39.00									
			***** TOTALS FOR APPROVES									39.00	AMT PAID								

Figure 4: Approve Reason Code 401.

PROVIDER NUMBER 0123456789										CLAIM TYPE INPATIENT		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	PATIENT CONTROL NUMBER	DAYS OR VISITS	TOTAL CHARGES	NON COVERED	PAYABLE CHARGES	RATE	PAID AMOUNT	RAD CODE								
			FROM MMDDYY	TO MMDDYY																	
DENIES (DO NOT RECONCILE TO FINANCIAL SUMMARY)																					
JONES JOHN	90000000A95001	5079171505699	041107	041107		13654		1163.15					0009								
DAVIS DAVE	90000000A95001	5079173305699	061507	061507		14197		8.00					0037								
			***** TOTALS NUMBER OF DENIES					1171.15													

Figure 5: Denial Reason Code 009.

CA MEDI-CAL REMITTANCE ADVICE DETAILS								TO: CHILDREN'S HOSPITAL P.O. BOX 999 ANYTOWN, CA 99999-1234 REFER TO PROVIDER MANUAL FOR DEFINITION OF RAD CODES					
PROVIDER NUMBER 0123456789		CLAIM TYPE INPATIENT		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	PATIENT CONTROL 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	5079171505698 5079171505699	041907 041907	041907 041907		13715 13715		95.00 2567.00 2662.00					0601
						TOTAL							
DAVIS MARY	90000000A95001	5079171505700 PAT LIAB	052807 932.00	052807 OTH	COVG	13564 0.00		314.00					0601
		TOTALNUMBER OF SUSPENDS					0003	2976.00					

Figure 6: Suspended Reason Code 601.

PROVIDER NUMBER 0123456789		CLAIM TYPE INPATIENT		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	PATIENT CONTROL 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											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.