



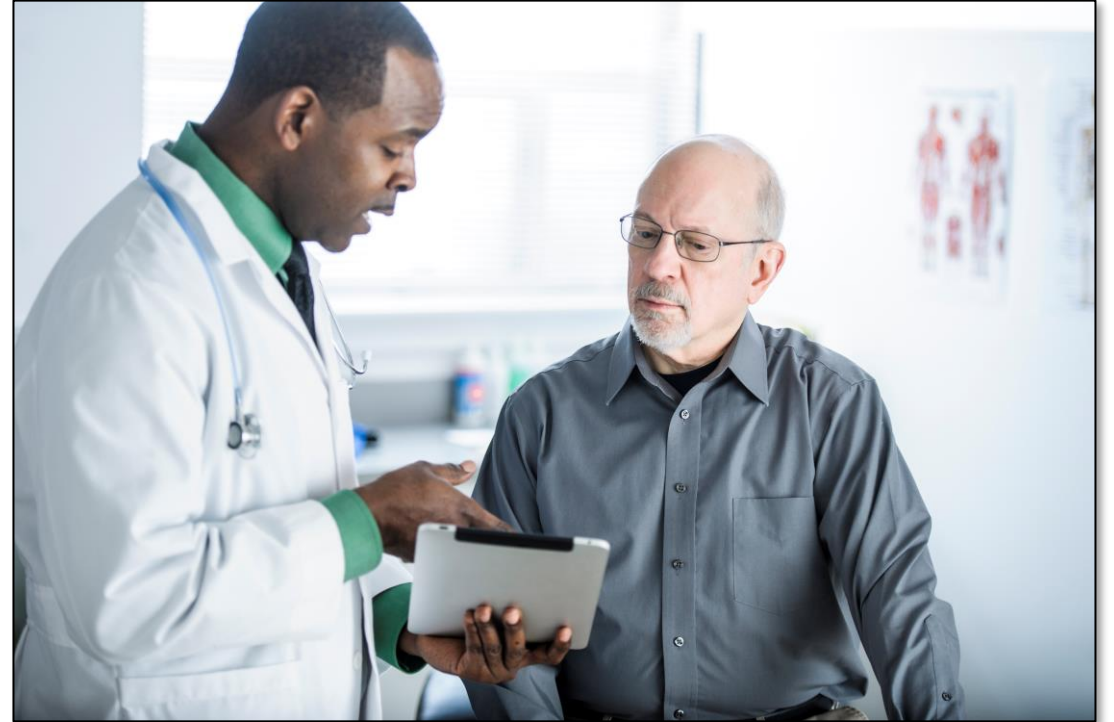
Wyoming  
Department  
of Health

# Paper Remittance Advice (RA) Retrieval

How to Find, Read, and Retrieve an RA

# Course Content

- Paper Remittance Advice Retrieval
- Paper Remittance Advice Detail
- Claim Inquire Using Filters
- Claims Error Codes in BMS
- Claim Icons



# Introductions

- There are four Field Representatives; one for each quadrant of the state
- Northwest - Cindy Izadi, covers areas like Jackson, Sheridan, and Cody
- Northeast - Eric Reyna, covers areas like Casper, Gillette, and Douglas
- South - Mary Tearpak and Colleen Fulmer, together cover the south which is the I-80 corridor, and we share Fremont County with Cindy along with cities north of I-80


# *How to Contact Your Field Representative*

- We have individual email addresses:
  - [Mary.Tearpak@cns-inc.com](mailto:Mary.Tearpak@cns-inc.com)
  - [Colleen.Fulmer@cns-inc.com](mailto:Colleen.Fulmer@cns-inc.com)
- Additionally, the Provider Outreach email address can be used for documents like claim attachments or if you are unsure of who to contact:
  - [wyprovideroutreach@cns-inc.com](mailto:wyprovideroutreach@cns-inc.com)
  - Claim Denials, Eligibility, and Prior Authorization can be completed through the call center which can be reached at 1-888-996-6223.

# Paper Remittance Advice Retrieval

Finding your Paper Remittance Advice

# Paper Remittance Advice Retrieval – *Logging In*



Wyoming  
Department  
of Health

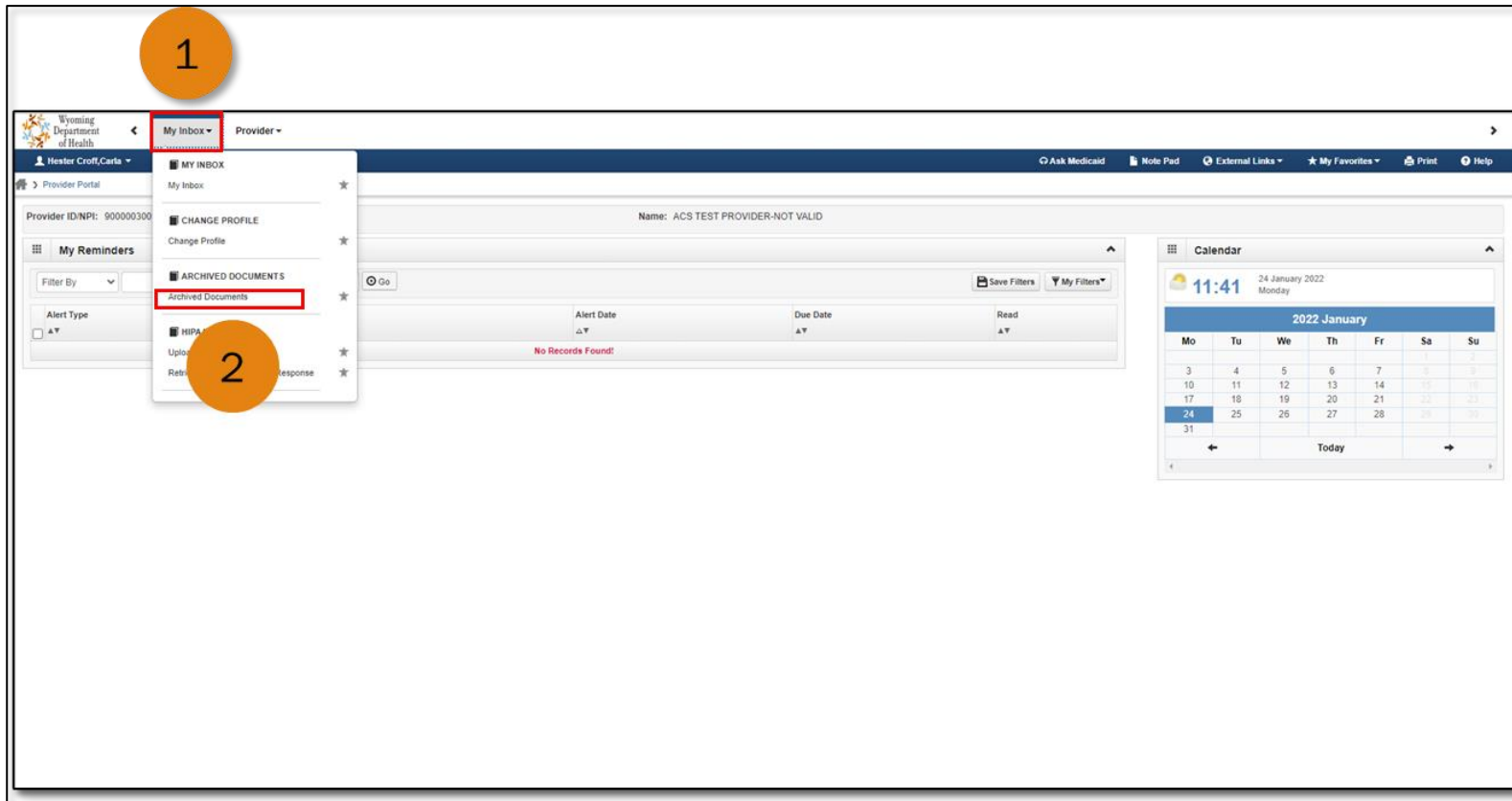
Domain → ACS TEST PROVIDER-NOT VALID 900000300 ▼ \*

Provider Access ▼ \* ← Profile

Select Favorite ▼ Ⓞ Go ← Select Go

1. Select the correct domain, if multiple listed.
2. Select **Provider Access** from the Profile drop-down list.
3. Select **Go**.

# Paper Remittance Advice Retrieval – *My Inbox*



1. Select **My Inbox**.
2. Select **Archived Documents**.

# Paper Remittance Advice Retrieval – *Archived Documents*

The screenshot shows the 'Archived Documents' interface. At the top, there is a 'Close' button. Below it, the 'Document Type' filter is set to 'Paper RA' (indicated by a red box and a circled '1'). The 'Document Name' filter is also set to 'Paper RA' (indicated by a red box and a circled '2'). To the right of these filters are two 'Filter By' dropdown menus and a 'Go' button. An orange arrow points to the 'Go' button with the text 'Select Go'. Below the filters, there is a table with columns for 'Document Name', 'Document Type', and 'Scanned Date'. The table is currently empty, and a red message 'No Documents Found !' is displayed at the bottom.

1. Select **Paper RA** from the Document Type filter drop-down list.
2. Select **Paper RA** from the Document Name filter drop-down list.
3. Select **Go**.

This screenshot shows the same 'Archived Documents' interface, but with the 'Filter By' dropdown menu open. The dropdown menu shows two options: 'Received Date' and 'Scan Date'. The 'Document Type' and 'Document Name' filters are still set to 'Paper RA'. The 'Go' button is still present, and the 'No Documents Found !' message is still displayed at the bottom.

Additional filtering is available to target a date range.



# Paper Remittance Advice Retrieval – *List*

Document Type: Paper RA Document Name: Paper RA Filter By Filter By Save Filters My Filters

Go

1

Document Name	Document Type	Scanned Date	Received Date	Mime Type	Size
Paper RA		08/05/2022 13:25:46	08/05/2022 13:25:46	application/pdf	187 KB
Paper RA		07/29/2022 13:53:07	07/29/2022 13:53:07	application/pdf	112 KB
Paper RA		07/22/2022 14:20:26	07/22/2022 14:20:26	application/pdf	127 KB
Paper RA		07/15/2022 12:17:41	07/15/2022 12:17:41	application/pdf	115 KB
Paper RA		07/08/2022 11:44:52	07/08/2022 11:44:52	application/pdf	217 KB
Paper RA		07/01/2022 16:10:41	07/01/2022 16:10:41	application/pdf	118 KB
Paper RA		06/24/2022 15:41:18	06/24/2022 15:41:18	application/pdf	128 KB
Paper RA		06/17/2022 17:35:23	06/17/2022 17:35:23	application/pdf	124 KB

- 2
1. Locate the **Scan Date** and **Received Date**, these are the dates RAs are posted.
  2. Select the **Paper RA** link. A PDF file downloads, this typically displays at the bottom left corner of the screen.
  3. Select the PDF file to open it.

# Paper Remittance Advice Detail

Reading the Paper Remittance Advice

# Paper Remittance Advice Detail – Summary Page

Billing Provider ID: 999999999		Name: Test LLC		Pay Cycle: 19	RA Number: 23232323	RA Date: 05/06/2022
Billing Provider NPI: 1234567890						
FINANCIAL ADJUSTMENTS						
Adjustment Type		Previous Balance		Adjustment Amount		Remaining Balance
Balance Owed by Tax ID		\$0.00				\$0.00
CLAIM SUMMARY						
Category		Count	Total Billed Amount			
Paid		0	\$0.00			
Credited		0	\$0.00			
Denied		2	\$198.42			
Gross Adjustment		0	\$0.00			
Total Approved		\$0.00	Total Adjusted	\$0.00	Total Paid	\$0.00
Warrant/EFT #: 987456123098745						
Warrant/EFT Date: 05/05/2022						

- Header – Billing Provider Information
- Financial Adjustments
- Claim Summary
- Total Approved, Adjusted, and Paid
- Warrant/EFT

# Paper Remittance Advice Detail – Detail Pages

Billing Provider ID: 999999999							RA Number: 23232323		RA Date: 05/06/2022			
Billing Provider NPI: 1234567890		Name: Test LLC		Pay Cycle: 19								
Beneficiary Name	Original TCN	Rendering	Invoice Date	Revenue	PPS	Qty	Billed	Approved	TPL and	Member	Category	Error
Beneficiary ID	TCN	Provider ID/NPI	Service	Procedure	DRG		Amount	Amount	Medicare	Responsible		Code
Patient Account #	Type of Bill	/Name	Date(s)	Modifier	APC				Amount	Amount		
Gross Adj ID												
Test1,Test2	5555555555555000	999999999	04/28/2022				\$99.21	\$0.00		\$0.00	D	1001
000001234	02	1114080660	01/06/2022-01/06/2022									
FUSD0000		John Doe										
	5555555555555001		01/06/2022-01/06/2022	90837		0	\$99.21	\$0.00	\$0.00	\$0.00	D	1002
Test1,Test2	4444444444444000	999999999	04/28/2022				\$99.21	\$0.00		\$0.00	D	1001
000001234	02	1114080660	01/12/2022-01/12/2022									
FUSD0000		John Doe										
	4444444444444001		01/12/2022-01/12/2022	90837		0	\$99.21	\$0.00	\$0.00	\$0.00	D	1002
Total Billed Amount: \$910.92												
Total Approved Amount: \$0.00												

Medicaid specific Error Codes are displayed. This change allows Providers to more accurately troubleshoot the claim.

## Headers

- Beneficiary
- TCN
- Rendering
- Dates of Service
- Service Codes
- Reimbursement Method
- Quantity
- Billed /Approved Amount
- TPL/Medicare Amount
- Member Responsibility
- Claim Status Category
- **Error Code - NEW**

# Paper Remittance Advice Detail – Summary of Claims

Billing Provider ID: 55300349901 Billing Provider NPI: 1241854003		Name: Velvei Health Care		Pay Cycle:		RA Number: 78348669		RA Date: 06/21/2021				
Beneficiary Name Beneficiary ID Patient Account # Gross Adj ID	Original TCN TCN Type of Bill	Rendering Provider ID/NPI /Name	Invoice Date Service Date(s)	Revenue Procedure Modifier	PPS DRG APC	Qty	Billed Amount	Approved Amount	TPL and Medicare Amount	Member Responsible Amount	Category	Error Code
Sifa, Abu 0000003400 156616435	31211677000071000 12		06/16/2021 02/21/2021-02/21/2021				\$34.92	\$34.92		\$0.00	P	
	31211677000071001	610013991 1515707077 Joan Health Care Joan Health Care	02/21/2021-02/21/2021	99341		1	\$34.92	\$34.92		\$0.00	P	1825
Sifa, Abu 0000003400 156616435	31211677000073000 12		06/16/2021 02/21/2021-02/21/2021				\$100.00	\$0.00		\$0.00	D	1014, 09
	31211677000073001		02/21/2021-02/21/2021	99341		0	\$100.00	\$0.00		\$0.00	D	1825
Sifa, Abu 0000003400 156616435	31211671000074000 12		06/16/2021 02/22/2021-02/22/2021				\$100.00	\$54.92		\$0.00	P	
	31211671000074001		02/22/2021-02/22/2021	99341		1	\$100.00	\$54.92		\$0.00	P	1825
Abu 0000003400 156616435	41211678000072000 12		06/16/2021 02/21/2021-02/21/2021				-\$500.00	-\$54.92		\$0.00	C	
	41211678000072001		02/21/2021-02/21/2021	99341		-1	\$500.00	-\$54.92		\$0.00	C	
Total Billed Amount: -\$265.08 Total Approved Amount: \$34.92												
GLOSSARY												
Error Code												
Error Code	Error Description	Claim Adjustment Rsn Codes (CARC)					Remittance Advice Rem Codes (RARC)					
1014	CLAIM WAS ALREADY ADJUSTED	B13					N10					
1409	INVALID PARENT TCN/CLAIM AT HEADER	16					M47					
1825	CLAIM BEING REVIEWED FOR INCAR BENEFIT PLAN WITH ACTIVE MEDICARE	22					N598					
Claim Adjustment Reason Codes (CARC)												
Claim Adjustment Rsn Codes (CARC)	Claim Adjustment Rsn Codes (CARC) Description											
22	This care may be covered by another payer per coordination of benefits.											

- The Summary page provides a detailed look at claims
- Category is shown for paid (P), denied (D), or credited (C)
- Glossary terms are at the end of the remittance advice

# Paper Remittance Advice Detail – *Detail*

## GLOSSARY

### Error Code

Error Code	Error Description	Claim Adjustment Reason Codes (CARC)	Remittance Advice Remark Codes (RARC)
1001	Timely Filing Missing	25	M455
1002	Invalid Billing Provider	45	

### Claim Adjustment Reason Codes (CARC)

Claim Adjustment Reason Codes (CARC)	Claim Adjustment Reason Codes (CARC) Description
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability).
25	Payment denied. Your Stop loss deductible has not been met.

### Remittance Advice Remark Codes (RARC)

Remittance Advice Remark Codes (RARC)	Remittance Advice Remark Codes (RARC) Description
M455	Missing Physician Order.

## Glossary

- Error Code Number
- Error Description

## CARCs

- CARC Code
- CARC Description

## RARCs

- RARC Code
- RARC Description

**Note:** When making claim corrections, be sure to use the error code descriptions provided.

# Paper Remittance Advice Detail – *Field Names and Descriptions*

Field Name and Description	
Field Name	Field Description
<b>Cover Page Field Name</b>	
Billing Provider ID	Billing Medicaid Number.
Billing Provider NPI	Billing National Provider Identification Number.
Name	Name of Billing Provider.
Pay Cycle	Pay cycle for the Remittance Advice Report established according to the Remittance Advice Schedule.
RA Number	Remittance Advice Identification Number (system generated for each Billing Provider).
RA Date	Date the Remittance Advice was Created.
<b>Summary Page Field Name</b>	
Billing Provider ID	Billing Provider Number.
Billing Provider NPI	Billing National Provider Identification Number.
Name	Name of Billing Provider.
Pay Cycle	Pay cycle for the Remittance Advice Report established according to the RA Schedule.
RA Number	Remittance Advice Identification Number (system generated for each Billing Provider).
RA Date	Date the Remittance Advice was Created.
FINANCIAL ADJUSTMENTS	Shows Financial Adjustments for the Remittance Advice.
Adjustment Type	Type of Adjustment.
Previous Balance	Previous Provider balance.
Adjustment Amount	Provider adjustment amount (+ or -).
Remaining Balance	Provider remaining balance.
CLAIM SUMMARY	Claims Summary Count.
Category	Claim Categories: Paid/Credited (Adjustment/Void)/Denied/Gross Adjustment .
Count	Count for each claim category.
Total Billed Amount	Total billed amount for each claim category
Paid	Number of Paid claims.
Credited	Number of Credited claims.
Denied	Number of Denied claims.
Gross Adjustment	Number of Gross Adjustments.
Payment AP/INR Netting	Amount displays as applicable.
Total Approved	Total approved claims amount for the Billing Provider.
Total Adjusted	Sum of the financial adjustment amounts (+ or -).
Total Paid	Sum of total approved and adjusted (Medicaid Paid Amount).
Warrant/EFT#	Warrant or Electronic Fund Transfer number.
Warrant/EFT Date	Warrant or Electronic Fund Transfer Date.

Detail Page Field Name	
Beneficiary Name/ Beneficiary ID/Patient Account #/ Gross Adj ID	Beneficiary Name, Beneficiary ID, Patient Account Number, Gross Adjustment Identification Number. (Fields as applicable will show with no gaps)
Original TCN/TCN /Type of Bill	Original Transaction Control Number (for the new adjusted and void Transaction Control Numbers), Transaction Control Number, Type of Bill.
Rendering Provider ID/NPI/Name	Rendering Provider Identification/National Provider Identification/Name when present. Provider Identification is included when no Provider National Provider Identification is present (atypical provider enrollment).
Invoice Date/Service Date(s)	Invoice Date (for Gross Adjustments), Service Dates.
Revenue/Procedure/Modifier	Revenue, Procedure Code, Modifier as applicable.
PPS/DRGAPC	For Inpatient – DRG, For Outpatient - APC – Pay Status. For all others blank.
Qty	Quantity (Billed Units).
Billed Amount	The amount Provider billed on the claim. (It is the unadjusted amount) The service line reports the individual billed amount from each line.
Approved Amount	Approved amount on the claim. The service line reports the line approved amount. For Credited claim category, shows the total amount reversed (credited) from the original claim.
TPL and Medicare Amount	TPL/Other Payer Insurance Amount.
Member Responsible Amount	Member Responsible Amount (Patient Contribution)
Cat	Category indicating Status of Claim. P – Paid, C - Credited, D - Denied
Total Billed Amount	Total Billed Amount on the Remittance Advice.
Total Approved Amount	Total Approved Amount on the Remittance Advice.
Error Code	Error Code indicating denial reason code.
Error Description	Error Description providing denial reason description.
<b>GLOSSARY Section</b>	
Error Code Details	Error Code details with associated Claim Adjustment Reason Code and Remittance Advice Remark Codes as applicable
Claim Adjustment Reason Codes (CARC) Details	Claim Adjustment Reason Codes Details
Remittance Advice Remark Codes (RARC) Details	Remittance Advice Remark Codes Details

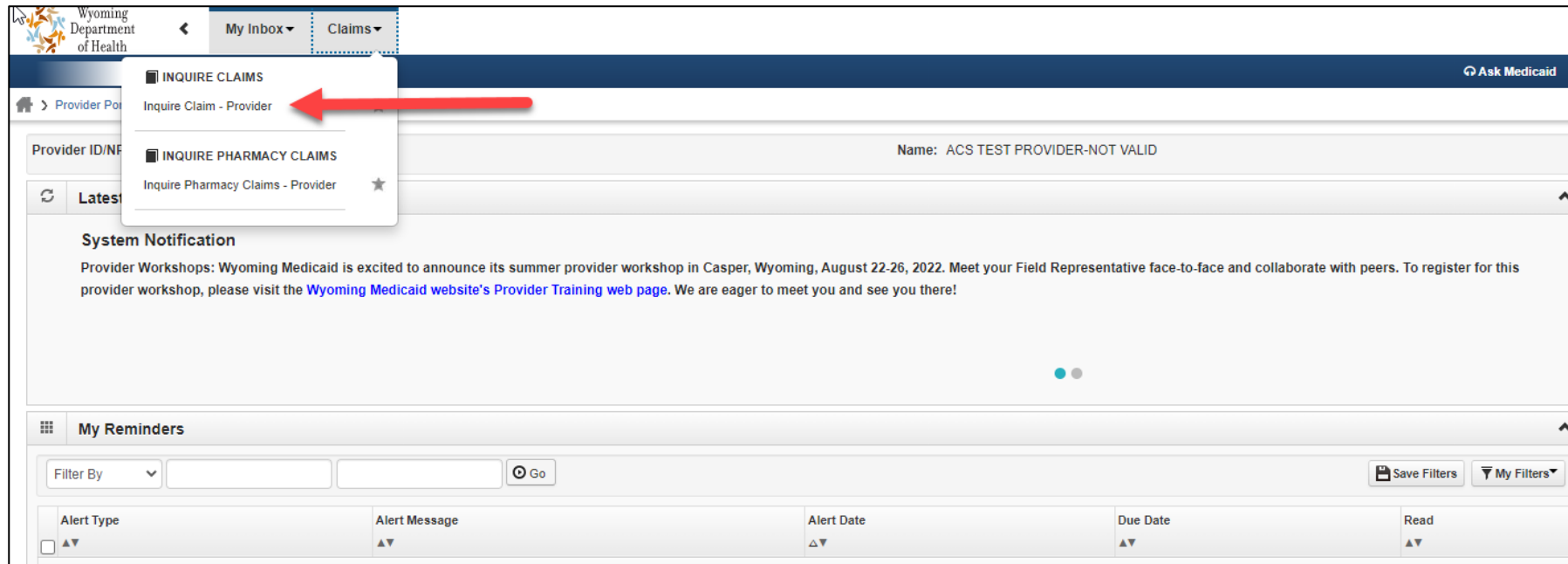
Names and descriptions are included on the Paper Remittance Advice for terms used on the Remittance Advice.

# Claims Inquiry Using Filters

Searching Claims



# Claims Inquiry Using Filters – *Inquire Claim Provider*



To search for claims, access the **Claims Inquiry** profile:

1. Select the **Claims** tab.
2. Select **Inquire Claims**.

# Claims Inquiry Filters – *From and To Dates*

Wyoming Department of Health

My Inbox Claims

Ask Medicaid Note Pad External Links My Favorites Print Help

Provider Portal Inquire Claims

Close

Inquire Claims

From/To Dates 01/01/2022 08/01/2022 And Filter By And Filter By And Filter By

Filter By With Status In Claim Last 6 Months Go Save Filters My Filters

TCN	From Date	To Date	Submitted Charges	Claim Status	Approved Amount	Pay Cycle Date
<input type="checkbox"/> 21221141000002000	04/01/2022	04/01/2022	\$40.00	Denied	\$0.00	
<input type="checkbox"/> 21221381000001000	03/01/2022	04/30/2022	\$669.74	In Process	\$0.00	
<input type="checkbox"/> 21221591000001000	05/01/2022	05/01/2022	\$200.00	In Process	\$0.00	
<input type="checkbox"/> 21221591000002000	06/07/2022	06/07/2022	\$300.00	In Process	\$0.00	
<input type="checkbox"/> 21222061000002000	03/01/2022	04/30/2022	\$669.74	Denied	\$0.00	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

- Filtering by **From/To Dates** populates claims within the date span or with the date of service that is entered.
- Use other filters, like Beneficiary ID or Claim Type, to narrow down the search.

Inquire Claims

From/To Dates 01/01/2022 08/01/2022

Filter By With Status In

# Claims Inquiry Filters – *TCN Load Date*

Wyoming Department of Health

My Inbox Claims

Ask Medicaid Note Pad External Links My Favorites Print Help

Provider Portal Inquire Claims

Close

Inquire Claims

TCN Load Date 04/24/2022 04/24/2022 And Filter By And Filter By And Filter By

Filter By With Status In Claim Last 6 Months Go Save Filters My Filters

TCN	From Date	To Date	Submitted Charges	Claim Status	Approved Amount	Pay Cycle Date	TCN Load Date
21221141000002000	04/01/2022	04/01/2022	\$40.00	Denied	\$0.00		04/24/2022

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

- Filtering by **TCN Load Date** populates all claims that were filed on a specific date.
- Date spans can be used, as well as a singular date.

Inquire Claims

TCN Load Date 04/24/2022 04/24/2022 And

Filter By With Status In Cla

# Claims Inquiry Filters – *Beneficiary ID*

Wyoming Department of Health

My Inbox Claims

Ask Medicaid Note Pad External Links My Favorites Print Help

Provider Portal Inquire Claims

Inquire Claims

Beneficiary ID 0000224601

Filter By

With Status In Claim Last 6 Months Go

Save Filters My Filters

TCN	From Date	To Date	Submitted Charges	Claim Status	Approved Amount	Pay Cycle Date	Beneficiary ID
21221141000002000	04/01/2022	04/01/2022	\$40.00	Denied	\$0.00		0000224601

View Page: 1 Go Page Print SaveToXLS Viewing Page: 1 First Prev Next Last

- Filtering by **Beneficiary ID** populates claims that were filed for specific Member.
- All claims billed regardless of date populate.

Inquire Claims

Beneficiary ID 0000224601

Filter By

# Claims Inquiry Filters – *Transaction Control Number (TCN)*

Wyoming Department of Health

My Inbox Claims

Ask Medicaid Note Pad External Links My Favorites Print Help

Provider Portal Inquire Claims

Close

Inquire Claims

TCN 21221141000002000

Filter By With Status In Claim Last 6 Months Go

Save Filters My Filters

TCN	From Date	To Date	Submitted Charges	Claim Status	Approved Amount	Pay Cycle Date
21221141000002000	04/01/2022	04/01/2022	\$40.00	Denied	\$0.00	

View Page: 1 Go Page Print SaveToXLS

Viewing Page: 1

First Prev Next Last

- Filtering by **TCN** populates the claim that was submitted. This is the claim ID.
- Each claim submitted has a different assigned TCN.

Inquire Claims

TCN 21221141000002000

Filter By

# Claims Inquiry Filters – Error Code and “Wild Card” (%)

The screenshot shows the 'Inquire Claims' window. The filter criteria at the top include: TCN (11211021000000735), Error Code (%), and Filter By. Below the filters is a table of results. The first row is highlighted with a blue background.

TCN	Beneficiary ID	Billing Provider NPI	Billing Provider ID	Claim Type	From Date	To Date	Submitted Charges	Claim Status	Processing Status	Approved Amount	Pay Cycle Date	Error Code
11211021000000735	0000003280	1019208564	001170039				\$49.00	Denied	RA Generated	\$0.00	09/23/2021	1000,1002,1003,5011

- Filtering by **Error Code** populates all claims containing a specified error code or error code group.

- A search for claims containing more than one error code or a combination of error codes requires a comma between codes.
- Use the “Wild Card” (%) option, enter a percent symbol (%) in the Error Code search field to populate all error codes on the claim

This close-up shows the 'Error Code' dropdown menu with the '%' symbol selected, indicating the 'Wild Card' option.

This close-up shows the search results for the Error Code filter, displaying a list of codes: 1000,1002,1003,5011.

# Claims Inquiry Filters – Multiple Claim Filter Options

Wyoming Department of Health

Teapak, Mary

Ask Medicaid | Note Pad | External Links | My Favorites | Print | Help

Provider Portal > Inquire Claims

Close

Inquire Claims

From/To Dates: 04/01/2022 to 04/01/2022 And Filter By: [dropdown] And Beneficiary ID: 0000224601 And Procedure Code: % Save Filters My Filters

Filter By: [dropdown] Denied In Claim: [dropdown] All Last 12 Months Last 24 Months Last 6 Months Go

TCN	From Date	To Date	Sub	Claim Status	Approved Amount	Pay Cycle Date	Beneficiary ID	Procedure Code
21221141000002000	04/01/2022	04/01/2022	\$40.00	Denied	\$0.00		0000224601	T2019

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

- Expand the time range of your search, if appropriate.
  - EvoBrix defaults to six (6) months
- To search claims by status, select the applicable option under **With Status**
  - The example shows **Denied**
- Incorporate the “Wild Card” (%) into your search criteria, if needed

## Claims Inquiry Filters – *RA Information and Look Up*

- A specific RA number can be used to locate claims. This populates all claims that are on a specific RA.
  - RA number can be located at the bottom of a submitted claim in RA Generated status

Diagnosis Codes:	1: N3946 *	2:	3:	4:	Diagnosis Code Category: ICD-10-CM ▼ *
	5:	6:	7:	8:	
Delay Reason Code:	▼				
Submitted Charges:	Billed Amount:		Approved Amount:		
Warrant/EFT Number:	RA Number: 555555		Pay Cycle Date: 12/16/2021		



# Claims Error Codes in BMS

## Denial Error Codes in Claims

# Claims Error Codes in BMS – Claim Search Results

**Inquire Claims**

TCN: 11211021000000735 And Error Code: % And Filter By: And Filter By: Save Filters My Filters

And Filter By: With Claim Status: With Processing Status: In Claim: All Go

TCN	Beneficiary ID	Billing Provider NPI	Billing Provider ID	Claim Type	From Date	To Date	Submitted Charges	Claim Status	Processing Status	Approved Amount	Pay Cycle Date	Error Code
11211021000000735	0000003280	1019208564	001170039				\$49.00	Denied	RA Generated	\$0.00	09/23/2021	1000,1002,1003,5011

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

If error code(s) or "wild card" (%) is used as a search filter option, error code(s) display on the **Inquire Claims** search result page

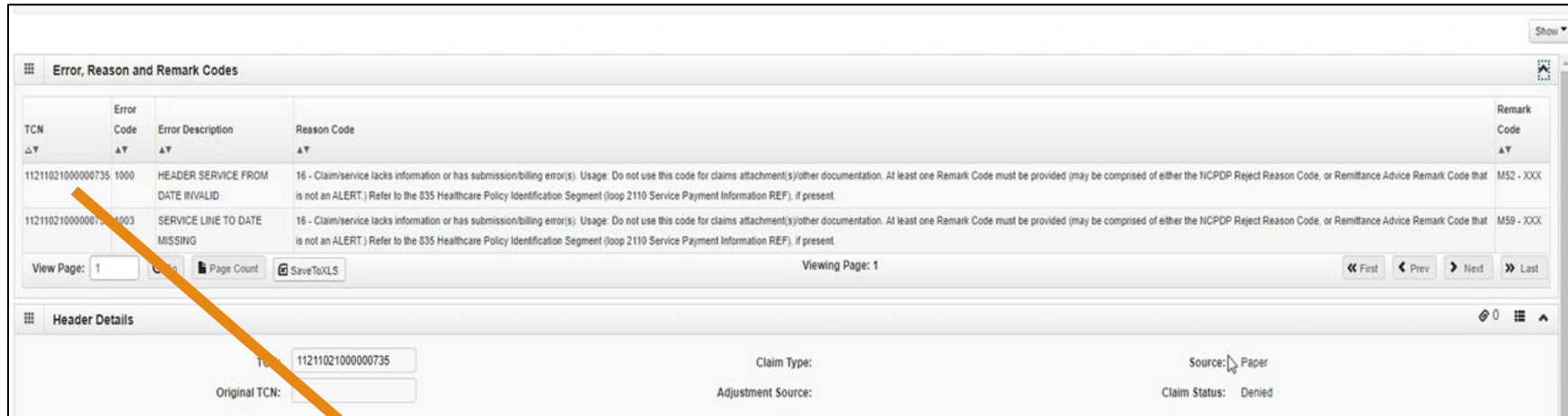
**Error Code**

▲▼

1000,1002,1003,5011

◀ Prev ▶ Next >> Last

# Claims Error Codes in BMS – Code Display



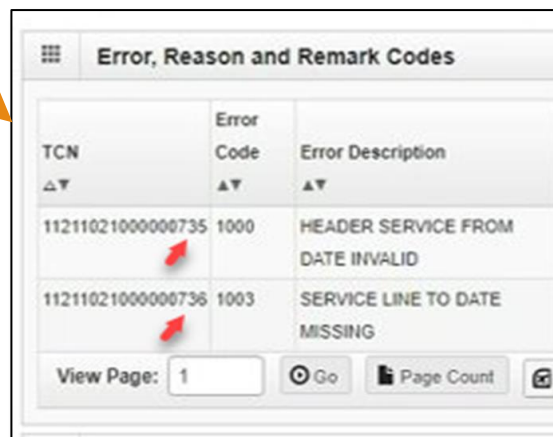
TCN	Error Code	Error Description	Reason Code	Remark Code
11211021000000735	1000	HEADER SERVICE FROM DATE INVALID	16 - Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52 - XXX
11211021000000736	1003	SERVICE LINE TO DATE MISSING	16 - Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M59 - XXX

View Page: 1   Page Count   SaveToXLS   Viewing Page: 1   First   Prev   Next   Last

**Header Details**

TCN: 11211021000000735   Claim Type:   Source: Paper  
Original TCN:   Adjustment Source:   Claim Status: Denied

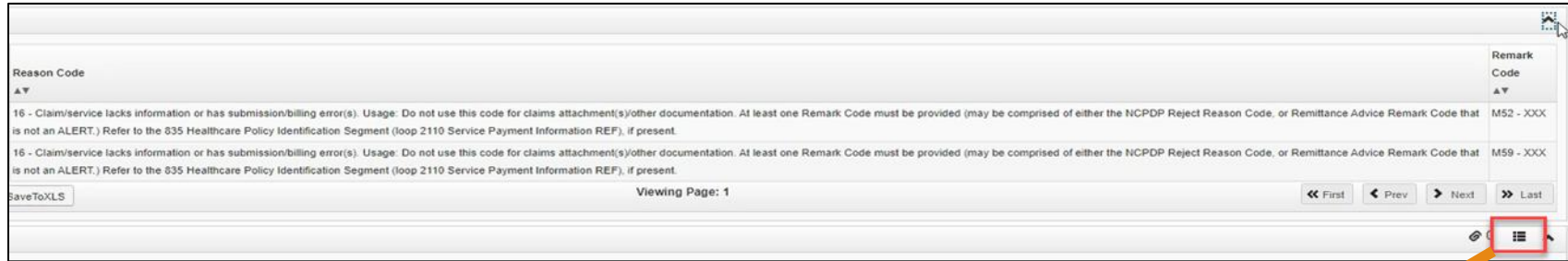
- The last digits of the TCN indicate what claim line the denial code is applied to
- Error and Remark codes are displayed in the **Error, Reason and Remark Codes** drop-down list



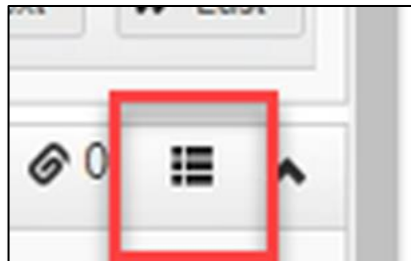
TCN	Error Code	Error Description
11211021000000735	1000	HEADER SERVICE FROM DATE INVALID
11211021000000736	1003	SERVICE LINE TO DATE MISSING

View Page: 1   Go   Page Count

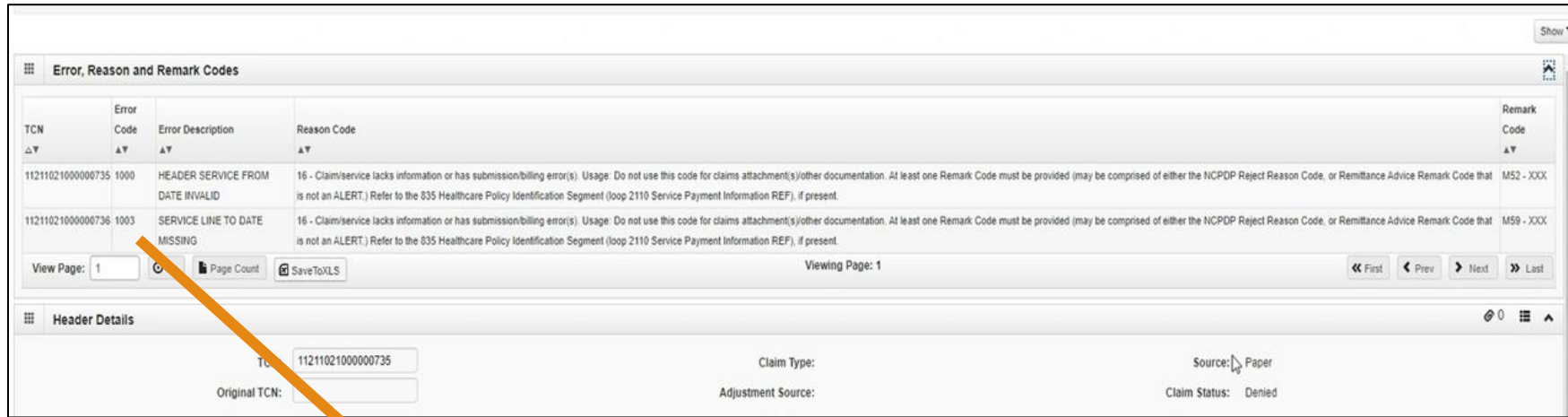
# Claims Error Codes in BMS – *Claim Line Information*



- When selecting this icon, a Provider can view each claim line and the corresponding billed line-item information, including the error codes



# Claims Error Codes in BMS – *Error Codes in Claims*



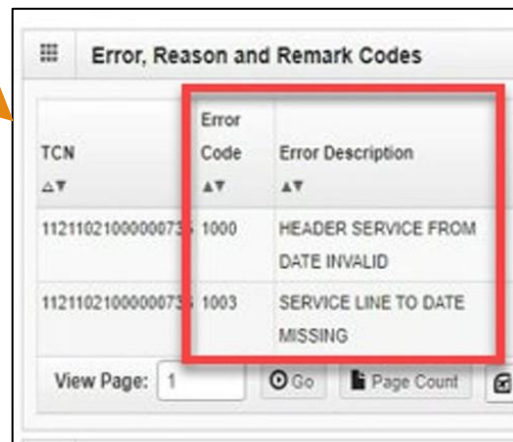
TCN	Error Code	Error Description	Reason Code	Remark Code
11211021000000735	1000	HEADER SERVICE FROM DATE INVALID	16 - Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52 - XXX
11211021000000736	1003	SERVICE LINE TO DATE MISSING	16 - Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M59 - XXX

View Page: 1   Page Count   SaveToXLS   Viewing Page: 1   << First   < Prev   > Next   >> Last

**Header Details**

TCN: 11211021000000735   Claim Type:   Source: Paper  
Original TCN:   Adjustment Source:   Claim Status: Denied

- Error Codes display to the left of the Error Code Description



TCN	Error Code	Error Description
11211021000000735	1000	HEADER SERVICE FROM DATE INVALID
11211021000000736	1003	SERVICE LINE TO DATE MISSING

View Page: 1   Go   Page Count

# Claims Error Codes in BMS – CARC/RARC

TCN	Error Code	Error Description	Reason Code	Remark Code
11211021000000735	1000	HEADER SERVICE FROM DATE INVALID	16 - Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52 - XXX
11211021000000736	1003	SERVICE LINE TO DATE MISSING	16 - Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M59 - XXX

View Page: 1    Page Count    SaveToXLS    Viewing Page: 1    << First    < Prev    Next >    >> Last

**Header Details**

TCN: 11211021000000735    Claim Type:    Source: Paper  
Original TCN:    Adjustment Source:    Claim Status: Denied

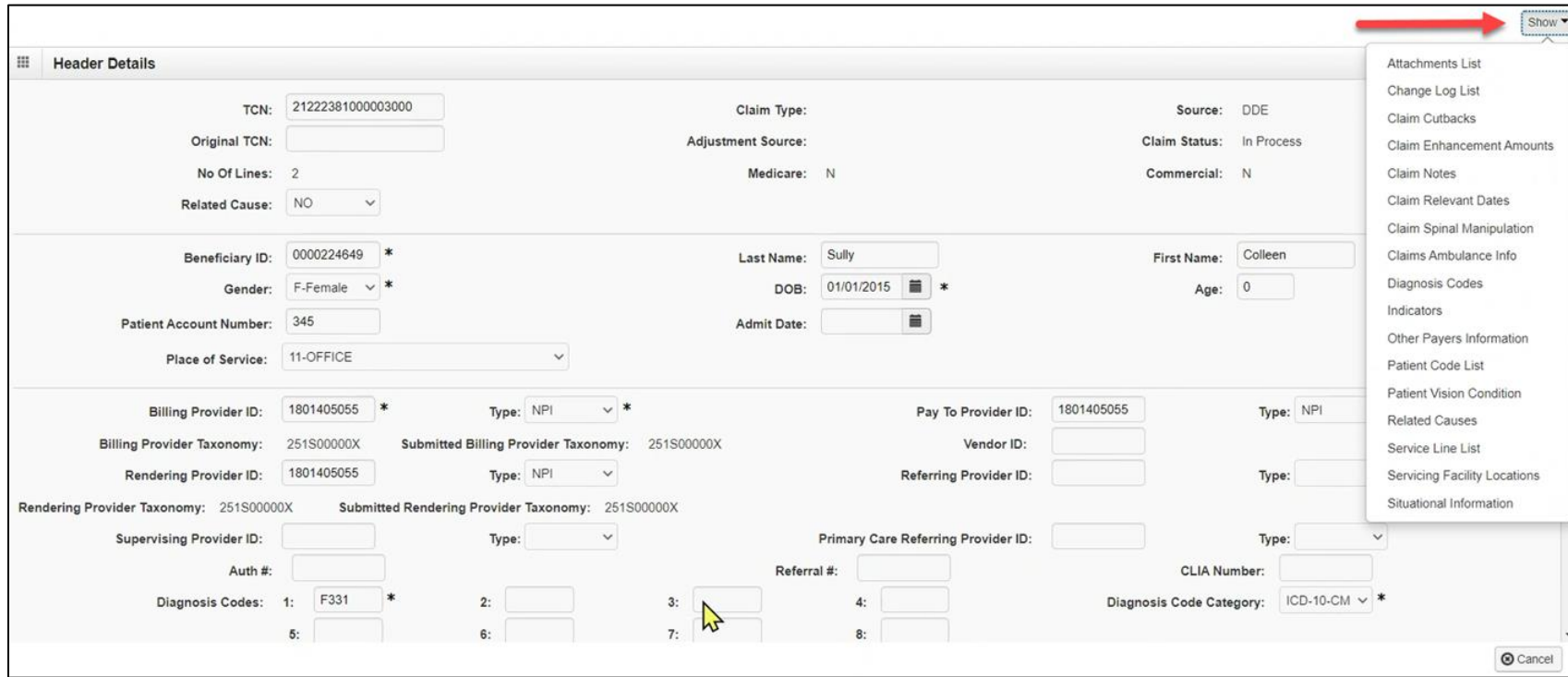
Reason and Remark codes are still visible alongside the Medicaid error codes

Reason Code	Remark Code
16 - Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52 - XXX
16 - Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M59 - XXX

SaveToXLS    Viewing Page: 1    << First    < Prev    Next >    >> Last

# Claim Icons

# Claim Icons – Show Menu



The screenshot shows a web-based claim form titled "Header Details". A red arrow points to a "Show" button in the top right corner. A dropdown menu is open from this button, listing various options for viewing claim details. The form itself contains fields for TCN, Claim Type, Source, Adjustment Source, Claim Status, Commercial, No Of Lines, Medicare, Related Cause, Beneficiary ID, Gender, Last Name, First Name, DOB, Age, Patient Account Number, Admit Date, Place of Service, Billing Provider ID, Type, Pay To Provider ID, Billing Provider Taxonomy, Submitted Billing Provider Taxonomy, Vendor ID, Rendering Provider ID, Referring Provider ID, Referral #, CLIA Number, and Diagnosis Codes. A mouse cursor is visible over the "Diagnosis Codes" field.

**Header Details**

TCN: 21222381000003000  
Original TCN:   
No Of Lines: 2  
Related Cause: NO

Claim Type:   
Adjustment Source:   
Medicare: N

Source: DDE  
Claim Status: In Process  
Commercial: N

Beneficiary ID: 0000224649 \*  
Gender: F-Female \*  
Last Name: Sully  
First Name: Colleen  
DOB: 01/01/2015 \*  
Age: 0  
Patient Account Number: 345  
Admit Date:   
Place of Service: 11-OFFICE

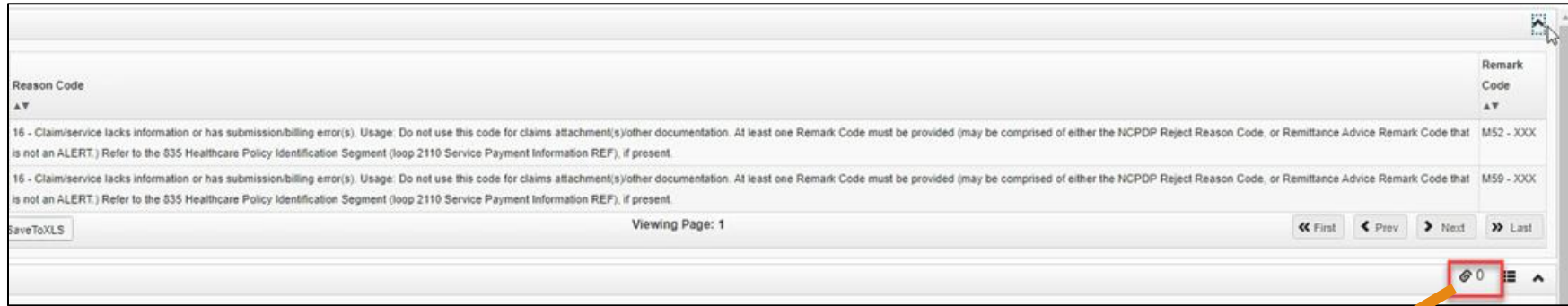
Billing Provider ID: 1801405055 \*  
Type: NPI \*  
Pay To Provider ID: 1801405055  
Type: NPI  
Billing Provider Taxonomy: 251S00000X  
Submitted Billing Provider Taxonomy: 251S00000X  
Vendor ID:   
Rendering Provider ID: 1801405055  
Type: NPI  
Referring Provider ID:   
Type:   
Rendering Provider Taxonomy: 251S00000X  
Submitted Rendering Provider Taxonomy: 251S00000X  
Supervising Provider ID:   
Type:   
Primary Care Referring Provider ID:   
Type:   
Auth #:   
Referral #:   
CLIA Number:   
Diagnosis Codes: 1: F331 \*  
2:   
3:   
4:   
5:   
6:   
7:   
8:   
Diagnosis Code Category: ICD-10-CM \*

Cancel

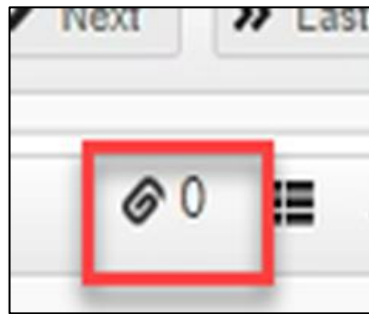
The **Show** menu provides additional claim detail



# Claims Icons – Attachments



When selecting the **Attachment** icon, an attachment screen displays where existing attachments can be viewed, and additional attachments can be added



# Claims Icons – *Next and Previous Page*

Reason Code  
▲▼

16 - Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52 - XXX
16 - Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M59 - XXX

SaveToXLS Viewing Page: 1

<< First < Prev > Next >> Last

When these icons are selected, the provider can navigate back and forth through pages of information



## Course Review

- Paper Remittance Advice Retrieval
- Paper Remittance Advice Detail
- Claim Inquire Using Filters
- Claims Error Codes in BMS
- Claim Icons





Wyoming  
Department  
of Health

# Thank you

How to Find, Read, and Retrieve an RA