

Remittance Advice (RA) Guide Chart

Providers: Refer to this chart for information about the remittance advice (RA) you receive in your MN-ITS mailbox.

Header Line		
Field	Description	RAs on which this field displays
MINNESOTA HEALTH CARE PROGRAMS	Payer name	All RAs – top of every page
444 LAFAYETTE RD, ST. PAUL, MN 55155	Payer address	All RAs
PAYER ID	Tax identification number of the payer with a leading “1”	All RAs
CONTACT	Phone numbers for the MHCP Provider Call Center	All RAs
DPAYEE	Name of the organization to which payment is directed	All RAs – top of every page
NPI PAYEE ID	NPI/UMPI of the organization to which the payment is made	All RAs
VENDOR NBR	Number assigned by the Minnesota Department of Finance to the payee organization for electronic fund transfer (EFT). A provider may or may not have a vendor number.	All RAs – top of every page if you have signed up for EFT
PROD DATE	Date the adjudication cycle ended; referred to as “Production End Cycle Date” in the 835 implementation guide	All RAs – top of every page
CHK/EFT NBR	Check or EFT number When check is sent as EFT, the field contains nine ones and the document ID number (111111111-108680)	All RAs – top of every page
CHK/EFT DATE	Date the check is issued or EFT effective date	All RAs – top of every page
CLAIM STATUS	Status of claims including reversals, paid primary, paid secondary, paid tertiary, denied, suspended	All RAs – upper left hand corner of every page listing claims

Claim Level Information (beginning of every claim)		
Field	Description	RAs on which this field displays
PATIENT	Subscriber's last name, first name and middle initial	All RAs
PATIENT ID	Subscriber's identifying number assigned by the payer	All RAs
CONTRACT	Two-digit program code that identifies the subscriber's benefits set	All RAs
PAT CTRL #	Subscriber's unique alphanumeric identifier for the claim assigned by the provider	All RAs (except pharmacies)
RX #	Provider's unique numeric identifier for the prescription submitted	All pharmacy RAs
CLAIM #	Transaction control number assigned by the payer to identify the claim	All RAs
CLAIM TYPE	Identifies the type of claim submitted	All RAs
PAYEE ID	NPI/UMPI identifying the payee organization	All RAs
REND PROV	Last name, first name, and middle initial of the provider who performed the service. If the provider sent the pay-to provider as the rendering provider or did not send a rendering provider, the rendering name is the pay-to provider name	All except pharmacy and gross adjustment
REND PROV ID	NPI identifying the provider who performed the service	All except pharmacy and gross adjustment
PROV CTRL NBR	Provider line item control number submitted on the 837; used by provider for tracking purposes	professional and dental claims

Line Level Information (located below the claim data)		
Field	Description	RAs on which this field displays
LI	Line item number designation	All claims except inpatient claims
DOS	First date of service to the last date of service	Professional claims
SERVICE DT	First through last dates of service	Dental and institutional claims
ADJ PROD/SVC	Code identifying the procedure, product or service that was performed or given	Professional, dental, and outpatient claims
MOD	Code identifying special circumstances related to the performance of the service	Professional claims
SUB PROD/SVC/MOD	Code identifying the submitted procedure, product or service performed. Used specifically for submissions related to child and teen bundled services	Professional, when appropriate

Line Level Information (located below the claim data)

Field	Description	RAs on which this field displays
CLM CHG OR CHARGE	Line item charge amount related to procedure, product or service performed. A negative sign in front of the charge means the amount is being subtracted (claim is being reversed or replaced)	All claims except gross adjustment
SUBMIT CHG	Line item charge amount related to procedure performed, or the product or service. A negative sign in front of the charge means the amount is being subtracted (claim is being reversed or replaced)	Dental claims
NBR	Number of units billed	All claims except pharmacy and inpatient claims
GRP CD	Identifies the claim adjustment group code associated with the adjustment on the line. DHS uses the following adjustment group codes: PR – patient responsibility; PI – payor reductions initiated by DHS; CO – contractual obligations; CR – corrections and reversals; OA – other adjustments	All claims not paid in full
ADJ AMT	Adjusted amount for the charge, associated with the reason code. A negative sign in front of adjustment amount is the amount added; no sign in front of adjustment amount is the amount subtracted	All claims not paid in full
ADJ QTY	Number to which units billed were adjusted	All claims with adjusted units
PD QTY	Number of service units paid	All claims except pharmacy and inpatient claims
CLM PAYMENT	Actual reimbursement amount for this service line	All claims except inpatient claims
AUTH/REF/#	Number that uniquely identifies a procedure, product or services for which approval or service agreement was sought	Appears only when authorization number was submitted on the claim at the header level
REMARK	Code to relay service-specific information not expressed completely with claim adjustment reason codes or NCPDP Reject/Payment codes on pharmacy claims	All RAs when applicable

Claim Level Summary (located after line level data on each claim)

Field	Description	RAs on which this field displays
ORIG REF NBR	Transaction control number of original claim that is being replaced or reversed. Also used on gross adjustment claims to indicate the claim related to the gross adjustment	All RAs when applicable
PAT RESP	Total amount for which patient is responsible	All RAs when applicable

Claim Level Summary (located after line level data on each claim)

Field	Description	RAs on which this field displays
PAT RESP AMOUNT	Total amount for which patient is responsible	Inpatient claims
TOTAL CHARGE	Total of provider charges for claim	All RAs
TOTAL ADJUST	Total amount adjusted by the payer for claim	All RAs when applicable
TOTAL PAYMENT	Total amount being paid by the payer for claim	All RAs
CLAIM DT	Claim level service dates, often referred to as statement dates	Gross adjustment, inpatient claims, outpatient, LTC
COVD DAYS	Number of days covered by the primary payer	Inpatient claims
NON-CVD DAYS	Number of days not covered by the primary payer	Inpatient claims
COINS DAYS	Number of days that Medicare covered for a particular stay	Inpatient claims
TOB	Type of bill, listed as a 3-digit code representing facility type and claim frequency	Institutional claims
MED REC #	Medical record number assigned for subscriber's medical or health record by the provider	Institutional claims
REV	Revenue code submitted by provider for accommodation, procedure, product or service	Institutional claims
DISP DT	Date the drug was dispensed	Pharmacy claims
NDC	National Drug Code (NDC)	Pharmacy claims
T	Tooth number involved in dental service	Dental claims
SURF	Tooth surface involved in a dental service	Dental claims
DRG	Diagnosis related group (DRG) code for a claim	Inpatient claims
DRG WGHT	Amount multiplied by the operating rate per admission or per day for DRG payment	Inpatient claims
DRG AMT	Categorical reimbursement amount based on the DRG	Inpatient claims
DIS FRAC	Discharge Fraction or Discharge percent — percentage of DRG payment the provider received for the claim	Inpatient claims
SHARE AMT	Disproportionate population adjustment amount of the DRG	Inpatient claims when applicable
PRIORITY PAYER	Name of entity that has priority for making a payment on a claim (TPL coverage)	All RAs when applicable
PRIORITY PAYER ID	Identification number (carrier ID) of the priority payer	All RAs when applicable

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Field	Description	RAs on which this field displays
PAYEE TAX ID	Federal tax identification number of the provider	All RAs
PROV ADJ CD	Reason code for the provider level adjustment	All RAs when applicable
PROV ADJ AMT	Dollar amount associated with the provider level adjustment	All RAs when applicable
PROV ADJ ID	An internally assigned reference identifier for the related adjustment; the DHS adjustment reason code and the claim number associated with the transaction will appear in this field	All RAs when applicable
PAYMENT AMOUNT	Total amount being paid by payer for claims appearing on the remittance advice	All RAs