

Remittance Advice Guide



Blue Cross and Blue Shield
of Kansas

I.D. CARD NO. PATIENT NAME BCBS Claim No.	PROVIDER PATIENT ACCOUNT NUMBER	SERVICE DATE	STANDARD CODE SET	O L T R	D A Y S	PROVIDER TOTAL CHARGE	AMOUNT ALLOWED	PROVIDER'S CONTRACTUAL OBLIGATION	OTHER ADJUSTMENT PAYER INITIATED	PATIENT RESPONSIBILITY			TOTAL AMOUNT PAID	C N T	ADJUST RSN CODE	REMARK
										TOT AMOUNT NOT COVERED	DEDUCTIBLE ----- CO-INSURANCE	AMOUNT PATIENT OWES CO-PAY				

COLUMN HEADING DESCRIPTIONS

I.D. CARD NO	Identification Card Number:	This is the member's BCBSKS identification number. It is the number that appears on the member's insurance card.
PATIENT NAME	Patient's Name:	This is the member's name or BCBSKS identification number.
BCBS CLAIM NO.	BCBSKS Claim Number	This is an unique number assigned by BCBSKS that specifically identifies this particular claim.
PROVIDER	Provider	This is the number assigned to the provider who provided the service. For institutional providers, this is your Blue Cross provider number.
PATIENT ACCOUNT NUMBER	Patient Account Number	This field identifies the patient account number assigned by the provider and filed on the UB-92. If the provider does not bill using an account number, this field will be blank.
SERVICE DATE	Service Date	For inpatient claims, this field shows the initial date of service for the claim. For outpatient claims, this field shows the line item date of service
STANDARD CODE SET	Standard code Set	For outpatient claims, this field identifies the CPT/HCPCS code listed on the claim. A separate line will appear on the RA for each line item charge submitted if there is no CPT/HCPCS the line item revenue code will show in this column. For hospital inpatient claims, the assigned DRG will appear on the claim. There will be leading zeros appearing for revenue codes and DRGs listed in this field.
OLTR	Outlier	This field applies to hospital inpatient claims only. If an outlier does applies to this claim, an asterisk (*) will appear in this field.
DAYS	Days	This field applies to hospital inpatient claims only. This field shows the inpatient length of stay.
PROVIDER TOTAL CHARGE	Provider Total Charge	This is the total charge submitted on the claim.
AMOUNT ALLOWED	Amount Allowed	This field shows the amount allowed for each line item. For hospital inpatient claims, one line item will appear according to the assigned DRG.
PROVIDER'S CONTRACTUAL OBLIGATION	Provider Write-Off	This field contains the contracting provider write-off for the line item of service. THIS AMOUNT IS NOT BILLABLE TO THE MEMBER.
OTHER ADJUSTMENT PAYER INITIATED	Other Adjustment	This field is used for line balancing purposes. Amounts displayed represents amounts paid to the provider by other parties or amounts from adjustments during claim processing.
PATIENT	TOT AMOUNT NOT COVERED	This amount not covered under the member's policy. This amount may also be the write-off amount from another plan.
	DEDICTIBLE COINSURANCE	This field will show any existing deductible that is applied; followed by an applicable co-insurance amount on the second row of the charge line.
	CO-PAY	This field shows the member's co-payment amount.
	AMOUNT PATIENT OWES	This is the total amount the patient owes. This column may also include a write-off amount from another payer which is NOT billable to the patient.
TOTAL AMOUNT PAID		This is the amount BCBSKS paid for each line item. A subtotal is available for payment on the entire claim
CNTR	PLAN TYPE	This is the member's BCBSKS Plan (See next page for list of codes)
ADJUST RSN CODE	ADJUSTMENT REASON CODE	This is the explanation of how the line item was paid or adjusted. Each line item will have at least 1 reason code, however this does not mean each claim was adjusted. For the HIPAA definitions for the codes in this field, please refer to the web: http://www.wpc-edi.com/ClaimAdjustment_40.asp
REMARK	REMARK	These codes are HIPAA approved codes to help explain payment. For the HIPAA descriptions, please refer to the web: http://www.wpc-edi.com/Remittance_40.asp
CHECK NUMBER		BCBSKS assigns this number to identify the check that corresponds to this remittance advice.
PAY DATE		This is the date on which the BCBSKS check was printed
BEGINNING BALANCE TODAYS PAYMENT ENDING BALANCE		The BEGINNING BALANCE, TODAYS PAYMENT & ENDING BALANCE fields are for those providers who receive PIP payments and to reflect adjusted payments.

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									TOT AMOUNT NOT COVERED	DEDUCTIBLE ----- CO-INSURANCE	AMOUNT PATIENT OWES CO-PAY				

CNTR FIELD DESCRIPTIONS

BC	Blue Choice
BO	Boeing
CR	Caring
CH	Choice
FC	FEP Choice
FP	FEP POS
FE	FEP
FB	FEP Basic Option
FO	FEP OBRA
KN	KCN
NC	NCKPHO
PS	Plan 65 Select
SL	Select
SR	SRS
SM	SRS/Med
OP	Other Party Liability (OPL)
PB	Premier Blue
IT	ITS



Column 1

I.D. CARD NO. PATIENT NAME BCBSKS CLAIM NO.

XSA123456789 MOUSE, MICKEY 1534567899

- I.D. Card NO. – This is the member's identification number. It appears on the member's insurance card.
- Patient Name
- BCBS Claim NO. – This the unique number assigned by BCBSKS that specifically identifies this particular claim

Column 2

PROVIDER PATIENT ACCOUNT NUMBER
1234567891 00K1234 SUBTOTAL

- Provider – This is the number assigned to the provider who provided the service. For institutional providers, this is your BC NPI number.
- Patient Account Number – This field identifies the account number assigned by the provider and billed on the UB04.
- Subtotal – A subtotal is provided for each subsequent column in the RA. The row titled "subtotal" starts in column two.

Column 3 – Service Date

SERVICE DATE
042409

- For **inpatient** claims, this field shows the initial date of service.
- For **outpatient** claims, this field shows the line item date of service.

Column 4 – Standard Code Set

STANDARD CODE SET
DRG 0627 - -

- For hospital **inpatient** claims, the assigned MS-DRG will appear.
- For **outpatient** claims, this field identifies revenue codes and CPT/HCPCS listed on the claim. A separate line will appear on the RA for each line item charge submitted.

Column 5 – OLTR DAYS

O	D
T	A
L	Y
R	S
*	
002	

- Outlier – This field applies to hospital inpatient claims only. If an outlier is involved, an asterisk (*) will appear. This field also shows the number of inpatient days.

Column 6 – Provider Total Charge

PROVIDER TOTAL CHARGE
9699.30
9699.30

- Displays the total charge submitted on the claim

Column 7 – Amount Allowed

AMOUNT ALLOWED
447.48
447.48

- Displays the amount allowed for each line item. For **inpatient** claims, one line item will appear according to the assigned MS-DRG

Column 8 – Provider's Contractual Obligation

PROVIDER'S CONTRACTUAL OBLIGATION
5251.82
5251.82

- **Provider Write-off:**
Displays the amount the provider has agreed to deduct from their charge for each line item.
- **THIS AMOUNT IS NOT BILLABLE TO THE MEMBER.**

Column 9 – Other Adjustment Payer Initiated

OTHER ADJUSTMENT PAYER INITIATED	
	.00
	.00

- Other Adjustment – This is used for line balancing purposes. Amounts displayed represent amounts paid to the provider by other parties or amounts adjustments during processing.

Column 10, 11, 12, 13

PATIENT RESPONSIBILITY			
TOTAL AMT NOT COVERED	DEDUCTIBLE ----- CO-INSURANCE	CO-PAY	AMOUNT PATIENT OWES
.00	.00		
.00	869.30	.00	869.30
	869.30		869.30

Displays the amount not covered under the member's policy. May also display the write-off amount from another plan.	Displays the amount applied to the patient's deductible followed by any coinsurance amount on the second row of charge line.	Displays any amount applied to the member's co-payment.	Displays the amount for which the member is responsible. The total amount owed is displayed at the bottom of the column.
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Column 14 – Total Amount Paid

TOTAL AMOUNT PAID
3578.18
3578.18

- Displays the total amount BCBSKS paid for each line item. A subtotal is available for payment on the entire claim. See column two for the subtotal line.

Column 15 – CNTR

C N T R
BC CH

- Plan Type – Displays the type of contract under which the billing is done.
- In this example BC is an acronym for Blue Choice and CH is a acronym for Choice Care

Column 16 – Adjust RSN Code

ADJUST REASON CODE
96

- 96 = Non-covered charges
- Displays the code explaining how the line item was paid or adjusted. Each line will have at least one reason code, however, this does not mean that each line was adjusted.

Column 17 – Remark

R E M A R K S
MA67

- Displays the HIPAA approved codes to help explain the payment.
- MA67 = Correction to a prior claim

Last Page

I.D. CARD NO. PATIENT NAME BCBS CLAIM NO	PROVIDER PATIENT ACCOUNT NUMBER
XSA123456789 MOUSE, MICKEY 1534567899	1234567891 00K1234 SUBTOTAL
BEGINNING BALANCE	444,300.45
TODAY'S PAYMENT	480,000.00
ENDING BALANCE	322,496.48

- Displays for those providers who receive PIP payments and to reflect adjusted payments

RA Claim Examples

- See $P^{\wedge} \phi \cup \mathcal{A}^* \wedge$

REMITTANCE ADVICE EXAMPLES

CLEAN CLAIM PROCESSED - INPATIENT

I.D. CARD# PATIENT NM CLAIM #	PROVIDER PATIENT ACCT NO.	SERVICE DATE	STANDARD CODE SET	O L T R	D A Y S	PROVIDER TOTAL CHARGE	AMOUNT ALLOWED	PROVIDER WRITE- OFF	OTHER ADJ PAYER INITIATED	TOTAL NON- COVERED	DED COINS	COPAY	AMT PT OWES	TOTAL AMT PAID	C N T R	ADJ RSN CODE	R E M
XSB123456789 MOUSE, MAE 1509001234	000000123 00K0123 SUBTOTAL	042409	DRG 0627 - -	002		9699.30 9699.30	4447.48 4447.48	5251.82 5251.82	.00 .00	.00 .00	869.30 869.30	.00 .00	869.30 869.30	3578.18 3578.18	BC CH	45 2	

CLEAN CLAIM PROCESSED – OUTPATIENT – PLAN 65

I.D. CARD# PATIENT NM CLAIM #	PROVIDER PATIENT ACCT NO.	SERVICE DATE	STANDARD CODE SET	O L T R	D A Y S	PROVIDER TOTAL CHARGE	AMOUNT ALLOWED	PROVIDER WRITE- OFF	OTHER ADJ PAYER INITIATED	TOTAL NON- COVERED	DED COINS	COPAY	AMT PT OWES	TOTAL AMT PAID	C N T R	ADJ RSN CODE	R E M
XSM123456788 MOUSE, KAY 1509001235	000000123 00K0123 000000123 00K0123 000000123 00K0123 SUBTOTAL	042409 042409 042409	72193-TC 74170-TC Q9967	000 000 000		1019.00 1398.00 127.00 2544.00	.00 .00 .00 .00	.00 .00 .00 .00	971.55 1332.90 120.56 2425.01	.00 .00 .00 .00	.00 .00 .00 .00	.00 .00 .00 .00	.00 .00 .00 .00	47.45 65.10 6.44 118.99		23 23 23	

CLEAN CLAIM PROCESSED – OUTPATIENT

I.D. CARD# PATIENT NM CLAIM #	PROVIDER PATIENT ACCT NO.	SERVICE DATE	STANDARD CODE SET	O L T R	D A Y S	PROVIDER TOTAL CHARGE	AMOUNT ALLOWED	PROVIDER WRITE- OFF	OTHER ADJ PAYER INITIATED	TOTAL NON- COVERED	DED COINS	COPAY	AMT PT OWES	TOTAL AMT PAID	C N T R	ADJ RSN CODE	R E M
XSA997654321 FUDD, ELMER 1509001236	000000123 00K0123 000000123 00K0123 SUBTOTAL	042709 042709	84702 36415	000 000		157.00 9.00 166.00	66.41 9.00 75.41	90.59 .00 90.59	.00 .00 .00	.00 .00 .00	.00 9.00 9.00	.00 .00 .00	.00 9.00 9.00	66.41 .00 66.41	BC CH BC CH	45 1	

OPL

I.D. CARD# PATIENT NM CLAIM #	PROVIDER PATIENT ACCT NO.	SERVICE DATE	STANDARD CODE SET	O L T R	D A Y S	PROVIDER TOTAL CHARGE	AMOUNT ALLOWED	PROVIDER WRITE- OFF	OTHER ADJ PAYER INITIATED	TOTAL NON- COVERED	DED COINS	COPAY	AMT PT OWES	TOTAL AMT PAID	C N T R	ADJ RSN CODE	R E M
XSA997654322 FUDD, SARA 1509001237	000000123 00K0123 SUBTOTAL	032009	DRG 0793	002		7861.48 7861.48	4346.51 4346.51	3510.97 3510.97	2277.21 2277.21	4.00 4.00	.00 .00	.00 .00	4.00 4.00	2069.30 2069.30	BC CH	45 96 23	

ADJUSTMENT

I.D. CARD# PATIENT NM CLAIM #	PROVIDER PATIENT ACCT NO.	SERVICE DATE	STANDARD CODE SET	O L T R	D A Y S	PROVIDER TOTAL CHARGE	AMOUNT ALLOWED	PROVIDER WRITE- OFF	OTHER ADJ PAYER INITIATED	TOTAL NON- COVERED	DED COINS	COPAY	AMT PT OWES	TOTAL AMT PAID	C N T R	ADJ RSN CODE	R E M
KOC997654333 DUCK, DAFFY 1509001240	000000123 00K0123 000000123 00K0123 SUBTOTAL	042109 042109	DRG 0775 DRG 0775	000 001		-6464.90 6464.90 .00	-4910.55 4969.12 58.57	-1554.35 .2667.18 1112.83	.00 -1171.40 -1171.40	.00 .00 .00	.00 .00 .00	.00 .00 .00	.00 .00 .00	-4910.55 4969.12 58.57	IT CH IT CH	45 125	