

Healthy Connections *Visual*  
**MEDICAID BASICS BOOK**



➤ **Remittance Package**

*An illustrated companion to the interactive courses at: [MedicaidLearning.com](https://www.MedicaidLearning.com).*

Updated June 2024

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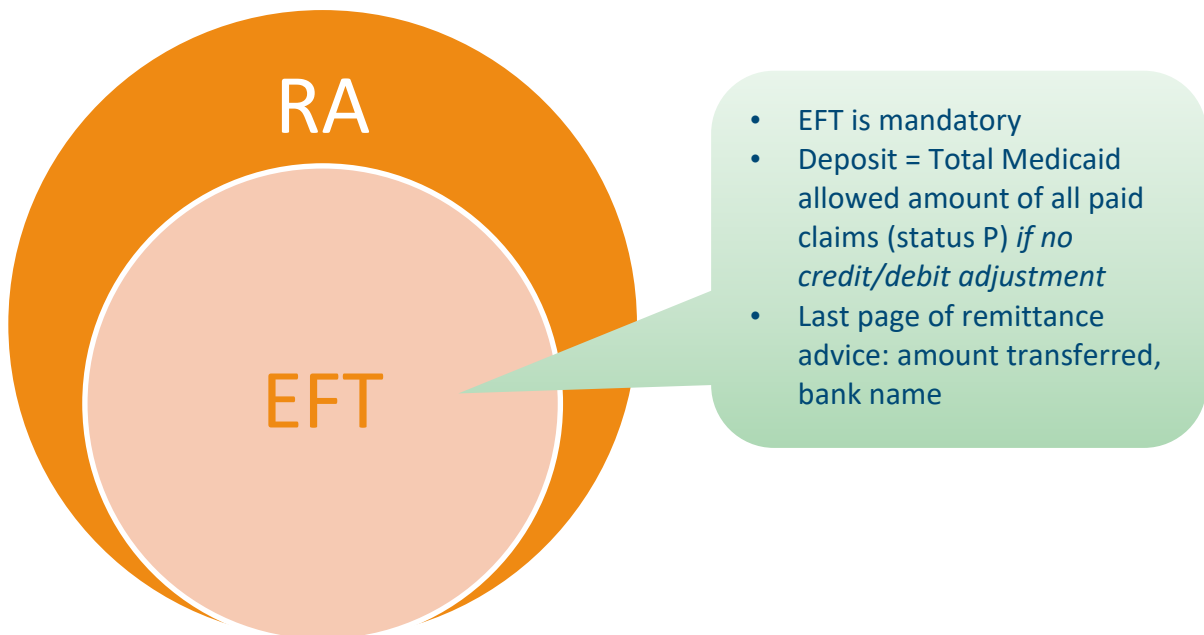
## Remittance Advice (RA)

The remittance advice - available electronically through the [Web Tool](#) - is an explanation of payments and actions taken on all processed claim forms and adjustments.

### RA Specifics

- SCDHHS generates RAs every Friday
- Only if you had claims processed the previous week

## Electronic Funds Transfer (EFT)



## Remittance Advice Fields

Reports the status of claims

PROVIDER	PROFESSIONAL SERVICES														PAYMENT DATE	PAGE	
123456	DEPT OF HEALTH AND HUMAN SERVICES SOUTH CAROLINA MEDICAID PROGRAM														06/10/2005	1	
PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	SERVICE RENDERED DATE(S) PY IND MDDYY	AMOUNT BILLED	TITLE 19 PAYMENT	RECIPIENT ID.	RECIPIENT NAME F M I I LAST NAME	M O	TLE. 18 ALLOWED	TITLE 18 CHARGES	TITLE 18 PAYMENT							
12345	04	04 59812	2456.00 2456.00		00E			OSG	0.00	0.00	EDITS: L01 709						
54321	0434500040810000A	01 111704 02 111704 03 111704 04 111704 06 111704	19971.32 2937.58 2937.58 3524.04	0.00	0987654321	B SMITH		OSG	0.00	0.00	RECIPIENT NAME: SMITH						
		06		0.00				OSG	0.00	0.00	STATUS: CCN, Medicaid ID, Recipient Name, Edit Codes						
								OSG	0.00	0.00	Edit Codes: L00 205, L02 892, L04 892						
VOID OF ORIGINAL CCN 0404711253670430A PAID 02/28/04																	
00001	0406001089000400U	01 012104 02 012104	13004.62 1585.76	437.95 291.30	P11112233333	M JONES		OSG		0.00	AMT MEDICAID PAID						
REPLACEMENT OF ORIGINAL CCN 0404711253670430A PAID 02/28/04																	
00001	0407701389002500A	01 012104 02 012104	3004.62 1585.76	437.95 291.30	P11112233333	M JONES		OSG		0.00	AMT MEDICAID PAID						
TOTAL AMT MEDICAID PAID: \$437.95																	
FOR AN EXPLANATION OF THE ERROR CODES LISTED ON THIS FORM REFER TO: "MEDICAID PROVIDER MANUAL".																	
IF YOU STILL HAVE QUESTIONS, PHONE THE D.H.H.S. NUMBER SPECIFIED FOR INQUIRY OF CLAIMS IN THAT MANUAL.																	
		FEDERAL RELIEF	MAXIMUS AMT	CHECK TOTAL	CHECK NUMBER	STATUS CODES: PROVIDER NAME AND ADDRESS											
						R											
						ENCOUNTER ANYWHERE SC 00000											

## CCN

Every claim is assigned a Claim Control Number (CCN), a 17-digit unique identifier for a particular claim.

22 186 12972 1400 00A

**Year and Julian Date**  
(day of the year)  
received in MCCS

**Batch #**  
Electronic? 1<sup>st</sup> digit: ≥ 1  
Paper? 1<sup>st</sup> digit: zero.

**Claim Types:**  
Z: Institutional  
A: Professional  
B: Dental  
U: Adjustments

**Unique Claim  
Sequence #**

**Split Claim Indicator**  
00 – original claim  
10, 20, 30, etc. – next attachment  
Hardcopy: 8 lines per attachment

## Status Codes

On the remittance advice you will see one of four different claim processing status codes.

RENDERED BILLED PROC.	AMOUNT BILLED	TITLE PAYMENT (MEDICAL)	STATUS (S/R/P/E)	RECIPIENT ID. NUMBER
	2456.00		R	234567890
59812	2456.00		R	
	19971.32		R	987654321
31255	2937.58		R	
31255	2937.58		R	
31032	3524.04		R	
13			R	
13			R	
13			R	

Status

## Claim Status

S

R

P

E

*Suspend-  
ed claim  
is in  
process*

Neither  
paid nor  
rejected

Example:  
medical or  
technical  
review

*Rejected  
claim or  
lines*

*Paid*

*Encounter  
data*

For  
Managed  
Care  
providers  
(not billing  
FFS)

**Web Tool Status Codes for Claims that are in process**



- claim approved for payment

- changes to "paid" after payment cycle



- claim denied for payment

- changes to "rejected" after payment cycle

Claim will be reported on the next RA.

**Edits on Remittance Advice**

Find the 3-digit edit code that corresponds with the line of the claim.

54321	10434500040810000A			19971.32	0.00	IR	10987654321	IB	SMITH						
		01	111704	31255	2937.58	0.00	IR			OSG		0.00	0.00		
		02	111704	31255	2937.58	0.00	IR			OSG		0.00	0.00		
		03	111704	31032	3524.04	0.00	IR			OSG		0.00	0.00		
		04	111704	31032	3524.04	0.00	IR			OSG		0.00	0.00		
		05	111704	31276	3524.04	0.00	IR			OSG		0.00	0.00		
		06	111704	31276	3524.04	0.00	IR			OSG		0.00	0.00		
										EDITS: L00 205		L02 892			
										EDITS: L04 892		L06 892			

The complex block contains three callout boxes with green backgrounds and white text, connected to the table by lines. The first callout points to the column with edit codes 01-06 and is labeled 'Claim lines'. The second callout points to the 'EDITS: L00 205' and 'EDITS: L04 892' rows and is labeled 'L00 refers to the whole claim. L04 refers to line 4 of the claim.'. The third callout points to the 'L02 892' and 'L06 892' columns and is labeled '3-digit edit codes'.

## Edit 510 example

The 510 edit code is a common edit stating that the service date was not within the 1 year timely filing guidelines. Look in Appendix 1 of your provider manual to find the current description and resolution steps. You may then re-file.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS				
Edit Code	Description	CARC	RARC	Resolution
510	DOS IS MORE THAN 1 YEAR OLD	29 – The time limit for filing has expired.		<p>Claims/ECFs for retroactive eligibility must be received and entered into the claims processing system within six months of the recipient's eligibility being added to the Medicaid eligibility system AND be received within three years from the date of service or date of discharge (for hospital claims). If the above time frames are met, attach one of the following documents listed below with each claim or ECF and resubmit.</p> <ol style="list-style-type: none"> <li>1) DHHS Form 945, which is a statement verifying the retroactive determination furnished by the eligibility worker, or</li> <li>2) The computer generated Medicaid eligibility approval letter notifying the recipient that Medicaid benefits have been approved.</li> </ol> <p>This can be furnished by the recipient or the eligibility worker. (This is different from the Certificate of Creditable Coverage.)</p> <p><b>For NURSING HOME PROVIDERS:</b> Resubmit ECF and appropriate documentation to:</p> <p style="padding-left: 40px;">MCCS Nursing Facility Claims Post Office Box 100112 Columbia, SC 29202.</p> <p>Refer to the timely filing guidelines in the appropriate section of your provider manual.</p>

**Edit Code**

**510**