

**ND Health Enterprise MMIS
Remittance Advice Field Level Detail by RA Type**

| TRAVEL/LODGING FORMAT | |
|--|--|
| FIELD LABEL | FIELD DESCRIPTION |
| TCN | Transaction Control Number - This number uniquely identifies the claim. |
| Member ID | The identification number assigned to a member upon initial certification for participation in Medicaid |
| Member Name | Member Name |
| CFI | Claim Filing Indicator |
| Patient Account Number | Patient Account Number |
| Billed Amt | Billed Amount |
| Paid Amt | Total Paid |
| Corrected Patient/Insured Name | |
| Corrected Patient/Insured Name | Corrected name of the patient or insured member. |
| Patient Responsibility Amount | Patient responsibility amounts made up of the following amounts: Copay, Member liability, PA member liability, Spend down. |
| Adjustment Reasons – Header Level | |
| Adjustment Group Code | Adjustment Group Code |
| Adjustment Reason Code | Adjustment Reason Code |
| Adjustment Amount | Adjustment Amount |
| Remark Code Header Level | |
| Remark Code(s) | Remark codes based on the exception codes posted to the claim |
| Related TCN Line | |
| Related TCN (Replacement, Void) | The Related TCN will only be displayed if the claim is a replacement or voided. |
| Claim Line Details | |
| LNN | Line Number |
| Rendering Prov ID | This is the provider that rendered the service |
| From Date | This is the first date of service for the claim. |
| Thru Date | This is the last date of service for the claim. |
| Proc | Procedure Code |
| M1 | First Procedure Code Modifier |
| M2 | Second Procedure Code Modifier |
| M3 | Third Procedure Code Modifier |
| M4 | Fourth Procedure Code Modifier |
| SA Number | Service Authorization Number |
| Billed Units | Units of service used. |
| Billed Amt | The billed amount for the service for the claim. |
| Paid Amt | The reimbursement amount for the payee provider for this line item. |
| Status | Status of the claim. |
| Adjustment Reasons Line Level | |
| Adjustment Group Code | Adjustment Group Code |
| Adjustment Reason Code | Adjustment Reason Code |
| Adjustment Amount | Adjustment Amount |

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| FIELD LABEL | FIELD DESCRIPTION |
| Remark Code Line Level | |
| Remark Code(s) | Remark Code |
| Duplicate TCN | |
| Duplicate Claim's TCN | The Duplicate TCN will only be populated when a claim has denied for a duplicate exception. |
| Other Responsible Party (or HMO) Info (when a claim is denied) | |
| Other Responsible Party ID | Carrier Number |
| Name | Outside organization responsible for providing health care coverage for this member. |
| Policy | TPL Policy Number |
| Total Line | |
| Claim Total | Total number of claims for this payee. |
| Mcaid Allwd | Total Medicaid allowed amount for this payee. |
| Paid Amt | Total amount paid for this payee. |