

Hints and Tips

Provider Type: Social Service

Category: Billing

This document defines several common remittance advice (RA) reason and remark codes. ProviderOne assigns the codes when the amount billed is less than the amount paid. Providers need to understand the codes to understand payment, payment adjustments and/or rebilling. The codes also help ProviderOne staff to research and answer claims questions.

Adjustment Reasons

RA adjustment reason/remark code/description	Possible causes	Provider action
142- Monthly Medicaid patient liability amount.	Client responsibility (participation) applied to the claim	You must collect this amount from the client
198- Precertification/authorization exceeded	Social Service Authorization Approved Units have already been claimed	Contact your case worker if you question the number of units authorized

Denial Reasons

RA adjustment reason/remark code/description	Possible causes	Provider action
16-Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	<ol style="list-style-type: none"> 1. Claimed dates of service are not within the authorization period 2. The authorization line is in error 	<ol style="list-style-type: none"> 1. Contact your case worker if you have questions about the authorization dates 2. Contact your case worker if you have questions about authorization errors
18- Exact duplicate claim/service	<ol style="list-style-type: none"> 1. Claimed the same units on two different lines for the same day, or 2. Claim is an exact duplicate of one already submitted 	<ol style="list-style-type: none"> 1. Adjust the claim and report the number of units on a single claim line 2. No action is needed if duplication was unintended.
177-Patient has not met the required eligibility requirements	The client is not financially eligible	Contact your case worker if you have questions
A1-Claim/Service denied	The authorization is in cancelled status	Contact your case worker if you have questions
B7-This provider was not certified/eligible to be paid for this procedure/service on this date of service	Your contract may be expired.	Contact your contract manager or case worker if you have questions
N54-Claim information is inconsistent with pre-certified/authorized services	Authorization line is in error	Contact your case worker if you have questions
N63-Rebill services on separate claim lines	A separate claim line is required for each date of service for the service/procedure code entered	If you are billing quarter hour units or for each unit types, do not use a date span (example: 1/1/2015 to 1/31/2015) to bill. Adjust the claim to reflect separate claim lines for the date of service for each service provided and resubmit claim
N362 : The number of Days or Units of Service exceeds our acceptable maximum	Too many units claimed. Example: Provider billed two units on monthly units or provider billed two units on daily units with one day date span	Change the number of units to the correct amount and resubmit your claim