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

OUTPATIENT CROSS OVER 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
Medical Record Number	Medical Record Number
Billed Amt	The billed amount for the claim.
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.
Patient Information	
SA Number	Service Authorization Number
Patient Account Number	Patient Account Number
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
From Date	This is the first date of service for the claim.
Proc	Procedure Code
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.
Line Status	Status of the line.
Adjustment Reasons Line– Line Level	
Adjustment Group Code	Adjustment Group Code
Adjustment Reason Code	Adjustment Reason Code
Adjustment Amount	Adjustment Amount
Remark Code Line Level	
Remark Code(s)	Remark Code

OUTPATIENT CROSS OVER FORMAT	
FIELD LABEL	**FIELD DESCRIPTION**
Duplicate TCN Line	
Duplicate 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 claims of this status for this payee provider.
Paid Amt	Total amount paid for this payee.