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

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 Claim Filing Indicator Patient Account Number Patient Account Number Billed Amt Billed Amount Paid 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 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 (Replacement, Void) Remark Codes based on the exception codes posted to the claim related TCN (Replacement, Void) 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 first date of service for the claim. Proc Date This is the provider Code Modifier M2 Second Procedure Code Modifier M3 Third Procedure Code Modifier M4 Security Code Modifier M5 Secure Code Modifier M6 Secure Code Modifier M6 Secure Code Modifier M7 First Procedure Code Modifier M8 Secure Code Modifier M9 Secur	HCBS/DD FORMAT		
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	Adjustment Amount	Adjustment Amount	

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

HCBS/DD FORMAT	
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.