

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

INPATIENT 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
Outlier Days	Outlier days are those days billed which fall outside of the number of days typically covered by the DRG code.
Pass	Capital Amount
Weight	Indicates the relative weight for the DRG.
Billed Amt	The billed amount for the service for the claim.
Status	Status of the claim.
From Date	This is the first date of service for the claim
Thru Date	This is the last date of service for the claim.
Medical Record Number	Medical Record Number
DRG	DRG Code.
Outlier Amount	Outlier Amount
Basic	Base DRG Amount
Billed Units	Units of service used.
Patient Account Number	Patient Account Number
<b>Corrected Patient/Insured Name</b>	
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.
SA Number	Service Authorization Number
Patient Account Number	Patient Account Number
<b>Adjustment Reasons Header level</b>	
Adjustment Group Code	The Adjustment Reason Group identifies the high level grouping for cutting back a payment to the payee
Adjustment Reason Code	Adjustment Reason Code
Adjustment Amount	Adjustment Amount
<b>Remark Code Header level</b>	
Remark Code(s)	Remark codes based on the exception codes posted to the claim
Duplicate TCN	The Duplicate TCN will only be populated when a claim has denied for a duplicate exception.
Related TCN (Replacement, Void)	The Related TCN will only be displayed if the claim is a replacement or voided.
<b>Claim Line Details</b>	
LNN	Line Number
From Date	This is the first date of service for the claim.
Rev	Revenue Code
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.

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FIELD LABEL	FIELD DESCRIPTION
Line Status	Status of the line.
<b>Adjustment Reasons Line Level</b>	
Adjustment Group Code	Adjustment Group Code
Adjustment Reason Code	Adjustment Reason Code
Adjustment Amount	Adjustment Amount
<b>Remark Code Line Level</b>	
Remark Code(s)	Remark Code
<b>Other Responsible Party (or HMO) Info (when a claim is denied)</b>	
Other Responsible Party ID	Carrier Number
Name	Outside organization responsible for providing health care coverage for this member.
Policy	TPL Policy Number
<b>Total Line</b>	
Claim Total	Total number of claims of this status for this payee.
Mcaid Alwd	Total Medicaid allowed amount for claims of this status for this payee.
Paid Amt	Total amount paid for claims of this status for this payee.