



Section: Remittance Advice

7.6 Suspended/Pended RA Field Descriptions

Claims requiring special handling or correction of errors will be temporarily pended. Correct items will be subject to further adjudication. Do not submit Adjustment/ Void Request forms for claims listed as pending on the most recent RA.

Additionally, do not resubmit these claims while they are still in a pended status. Pended claims are in the processing cycle and will be adjudicated. In some instances, claims are in a pended status due to conditions which are not the Medicaid providers' fault, such as eligibility mismatches, claims requiring manual pricing, etc. These conditions will be resolved internally by the fiscal agent. Once these conditions have been resolved, the claims will be released from the pended status to complete adjudication and will be posted on the RA indicating a paid or denied status.

Field Name	RA Field Description
Suspended/Pended Claim Header Information	
Beneficiary Name	Patient name
Medicaid ID	Medicaid beneficiary's ID for this patient
Transaction Control Number	(TCN) This number uniquely identifies the claim.
Patient Account Number	Patient Account Number as submitted on the claim
Medical Record Number	The number assigned by a health care provider to a beneficiary or a claim for reference purposes. This number is printed on the RA to assist providers in identifying the patient for whom the service was rendered.
Dates of Service	First and last dates of service for this claim
Status Date	Date the claim was suspended (generally the cycle date)
Type of Bill	Depending on the type of claim submitted, the code will either be the Facility Type Code or Place of Service Code.
Servicing Provider	The Medicaid ID number of the healthcare provider who rendered the service
Servicing Provider Name	Name of the healthcare provider who rendered the service for the following claims (either a person's name or entity name)
DRG Code	(Not currently used)
DRG Weight	(Not currently used)
Total Submitted	Total charges submitted for this TCN
Status	The overall claim status

Field Name	RA Field Description
Suspended/Pended Claim Line Item Information	
Item Number	The line item number on the claim
Dates of Service	First and last dates of service for this line item
Servicing Provider ID	The line item servicing provider ID
Procedure Code	The line item procedure code, if applicable
Type/Description	The type of code listed in the procedure code field
M1, M2, M3, M4	The procedure code modifiers
Revenue Code	The line item revenue code, if applicable
Tooth Code	Tooth number or quadrant (applies to dental providers only)
Units	Number of units
Submitted Amount	Submitted amount for this line item
Exception Codes	The line item exception codes that are posted to the header level or the line item

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Suspended Claims Header

DATE: 01/07/08
 PROVIDER NO: 00099999
 REMITTANCE: 09975561
 NPI NUMBER: 1234567890

MISSISSIPPI ENVISION MMIS
 DIVISION OF MEDICAID
 REMITTANCE ADVICE
 SUSPENDED CLAIMS

PAGE: 00000023
 RPT PAGE: 000123321
 REMIT SEQ: 00005915
 CLINICS

BENEFICIARY NAME	MEDICAID ID	TCN	PAT ACCT NO	MED REC NO								
DATES OF SERV	STAT DT	TOB	SVC PVDR	SVC PRV NAME	DRG CODE	DRG WEIGHT	TOTAL SUBMITTED	STATUS				
LN	DATES OF SERVICE	SVC PVDR	PROC	TYPE/DESC	M1	M2	M3	M4	REVCD	THCD	UNITS	SUBMITTED
WILLIAM B BENEFICIARY	00000999997771	07000322222033477	WB67 010026	WB67 010026								
12/21/07-12/21/07	01/01/01	11	00001111	SUSAN T PROVIDER	0.00000		88.00					PEND
EXCEPTION CODES: 0142												
1	12/21/07-12/21/07	00001111	99213	HC/HCPCS/CPT CODE			1.00					88.00
SAMPSON T BENEFICIARY	00000999994440	07000100033333247	11SAM									
08/27/07-08/27/07	01/01/01	11	00001111	SUSAN T PROVIDER	0.00000		80.00					PEND
EXCEPTION CODES: 0142												
1	08/27/07-08/27/07	00001111	99213	HC/HCPCS/CPT CODE			1.00					80.00
EXCEPTION CODES: 0771												

Line Item Detail

---END OF PENDED CLAIMS FOR PROVIDER 00099999---