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

PHYSICAN	
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
Billed 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 Group Code	Adjustment Group Code
Adjustment Reason Code	Adjustment Reason Code
Adjustment Amount	Adjustment Amount
Remark Code(s) Header Level	
Remark Code(s)	Remark codes based on the exception codes posted to the claim
Related TCN (Replacement, Void)	
Related TCN (Replacement, Void)	The Related TCN will only be displayed if the claim is a replacement or voided.
LNN	Line Number
Rendering Provider ID	Rendering Provider ID
From Date	This is the first date of service for the claim.
Thru Date	This is the last date of service for the claim.
Proc	Procedure Code
M1	First Procedure Code Modifier
M2	Second Procedure Code Modifier
M3	Third Procedure Code Modifier
M4	Fourth Procedure Code Modifier
SA Number	Service Authorization Number
Billed Unit(s)	Units of service submitted.
Billed Amt	The billed amount for the service for the claim.
Line Status	Status of the Line.
Paid Amt	The reimbursement amount for the payee provider for this line item.
Adjustment Reasons Line level	

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Adjustment Group Code	Adjustment Group Code
Adjustment Reason Code	Adjustment Reason Code
Adjustment Amount	Adjustment Amount
Remark Codes 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 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.