

Institutional Remittance Guide

Provider Name YOUR HOSPITAL
Provider Number 123456789

Remit Date MM/DD/YY
Check Number 123456

Type of Patient INPATIENT
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REFERENCE NUMBER	IDENTIFICATION NUMBER	PATIENT NAME	DOB	FROM DATE	THROUGH DATE	NBR OF DAYS	TOTAL CHARGES	COVERED CHARGES	PLAN BENEFITS	PAYMENT	
123456789	999999999	DOE, J D	1/1/1965	MM/DD/YY	MM/DD/YY	3	\$1,000.00	\$1,000.00	\$950.00	\$750.00	
Provider Detail	Total Contract Adj:	\$200.00	Pricing Adj	\$200.00	Precert Adj	\$0.00	Other	\$ 0.00	Net Adj	\$ 200.00	
Patient Detail	Total Pat Liability:	\$50.00	Deductible	\$50.00	Coins	\$0.00	Copay	\$ 0.00	COB Liab	\$ 0.00	
			Precert Adj	\$0.00	Noncov Chg	\$0.00	Other	\$ 0.00	Over Max	\$ 0.00	
Claim Detail	Total Other:	\$0.00	Pro Fees	\$0.00	Medicare Liab	\$0.00	Oth Carr Liab	\$ 0.00	ADJ	N	
	Claim No	999999999	ITS Serial #	99999999999	REIMB Mthd	CRG	DRG Nbr 123	Approv Days	3	Cont Allow	\$800.00
	DIAG 3129 3004		Surgical Proc V1007				Message Codes	149			

PROVIDER HEADING AND SUMMARY INFORMATION:

- 1 Provider Name Provider Name for the Provider Tax Identification number filed on claim.
- 2 Provider Number Provider Tax Identification number filed on claim.
- 3 Remit Date Date remittance was generated.
- 4 Check Number Check Number issued on the check, if applicable.
- 5 Type of Patient Identifies member's Benefits Contract type.
- 6 Reference Number Facility's Patient Account Number (Medical Record Number)
- 7 Identification Number Member's Policy Number
- 8 Patient Name Patient's Last Name, First Initial, Middle Initial
- 9 DOB Patient's date of birth in MM/DD/CCYY format
- 10 From Date Beginning Date of Service for claim submitted.
- 11 Through Date Ending Date of Service for claim submitted.
- 12 NBR of DAYS For inpatient admissions, number of days submitted on claim.
- 13 Total Submitted Charges Total charges submitted by the provider. This field will always display Total Submitted Charges for both original and adjusted claims.
- 14 Net Covered Charges Charges considered for reimbursement. For adjusted claims (refer to field 35), this will be the net amount.
- 15 Net Plan Benefits Plan payment in the absence of contractual obligations. For adjusted claims (refer to field 35), this will be the net amount.
- 16 Net Payment Payment to the provider, based on the contract reimbursement terms. For adjusted claims (refer to field 35), this will be the net amount.

PROVIDER DETAIL SECTION:

- 17 Total Contract Adj Sum of numbers 18 - 20. Total amount of provider's liability (provider's write-off amount) due to reimbursement terms, precertification requirements or other non-covered items.
- 18 Pricing Adj Provider's write-off amount due to reimbursement terms.
- 19 Precert Adj Provider's write-off amount due to precertification penalty.
- 20 Other Other provider write-off amounts (due to medical necessity, medical audit review, etc.)
- 21 Net Contract Adj The Net Contractual Adjustment is the amount of provider liability. For original claims this should equal the TOTAL write-off amount in field 17. For adjusted claims (see field 35), this is the NET write-off amount.

PATIENT LIABILITY DETAIL SECTION:

- 22 Total Pat Liability Sum of numbers 23 - 30. The total amount the patient is responsible due to coinsurance, deductibles, copayments and other non-covered items (private room difference, patient convenience items, etc.).
- 23 Deductible The amount of expense the member must pay before coverage applies based on the member's Benefits Contract. (remove the words "any insurance")
- 24 Coins Coinsurance -- The amount of covered expense payable by the member that is in excess of the percentage of benefits covered by the member's Benefits Contract.
- 25 Copay Per occurrence expense the member must pay at the time of service based on the member's Benefits Contract.
- 26 COB Liab The amount of expense payable by the member after coordination with primary carrier, when other carrier is primary.
- 27 Precert Adj The amount of expense payable by the member when a required authorization is not received as specified by the Benefits Contract.
- 28 Noncov Chg Charges not covered by the member's Benefits Contract.
- 29 Other Other expenses payable by the member.
- 30 Over Max Charges exceeding the maximum allowable payment for services based on the member's Benefits Contract.

CLAIM DETAIL SECTION:

- 31 Total Other Sum of numbers 32 - 34. The total of charges not considered Patient Liability or Provider Contractual Liability.
- 32 Pro Fees Professional Fees non-covered on the Institutional Claim to allow separate billing as a professional claim.
- 33 Medicare Liab Amount of Medicare liability, when Medicare is primary.
- 34 Oth Carr Liab Amount of primary carrier liability, when other carrier is primary.
- 35 ADJ Value of "Y" indicates the claim is an adjusted claim. Value of "N" indicates the claim is an original claim.
- 36 Claim No Unique Claim Number assigned to every claim.
- 37 ITS Serial # Unique tracking number assigned to every BlueCard® claim.
- 38 REIMB Mthd The methodology used to determine reimbursement amount.
- 39 DRG Nbr The Diagnosis Related Group (DRG) number that the claim grouped into based on ICD-9 diagnoses and ICD-9 procedure codes on the claim.
- 40 Approv Days Days approved by the pre-admission review process. Approved Days are displayed when the reimbursement is based on per diems.
- 41 Cont Allow The amount of reimbursement allowed by the contract.
- 42 Diag ICD9 diagnosis codes submitted on the claim.
- 43 Surgical Proc ICD9 procedure codes submitted on the claim.
- 44 Message Codes Message codes that cross reference to explanations about the processing of the claim. The definitions of the codes are listed on the last page of remittance.