



Remittance Advise Crosswalk

Use the chart below as a guide to the changes you will see on your remittance advice, effective November 1, 2013.

Note: Prior to November 1, 2013, we used separate facility and professional remittances. After November 1, 2013, there is only one remittance for all provider types.

Facility Remittance:

Remittance Category – Prior to November 1, 2013	New Remittance Category – Post November 1, 2013
Provider Account Number/ Patient Name/ Authorization Number	Service Provider Name Patient Name Deleted field
Claim Number/ Insured's ID/ Line Item Control Number	Claim Number Insured's ID Deleted field
Type Cont/Status	Deleted field
Total Billed Charges	Charge – Amount billed for the procedure or service.
Total Payment	Net Paid – Total amount paid for the procedure or service.
Total Patient Responsibility	Deductible – Total amount of the member's deductible as applicable applied to the procedure or service. Generally not applicable for Anthem HealthKeepers Plus members.
	Copay – Total amount of the member's copay applied to the procedure or service. Copay applicable to FAMIS only. Providers can bill the member for this amount.
	Coinsurance – The total amount of the member's coinsurance applied to the procedure or service.
Date of Service	Service Dates – From and through service dates.
Covered Days/Units	Deleted field
Billed Days/Units	Deleted field
Covered REV/ Procedure/ HCPCS	Deleted field
Billed REV/ Procedure/ HCPCS	Deleted field
DRG/ Modifiers	Service Codes
Group Code/ Reason Code/ Reason Code Amount	Deleted field
Advice Remark Code	Deleted field
New field – This field did not exist prior to November 1, 2013	Place of Service (POS) – Place of service code.
New field – This field did not exist prior to November 1, 2013	Allowed – Contracted amount allowed for the procedure or service.
New field – This field did not exist prior to November 1, 2013	Contractual difference – This field may be blank.
New field – This field did not exist prior to November 1, 2013	Provider Responsibility Amount – This field may be blank. When information is present, this is the amount you are contracted to write off, outside of your contractual amount (e.g., contractual discount or bundled charges).
New field – This field did not exist prior to November 1, 2013	Insured, other responsibility amount – This field may be blank. When information is present, this is the amount the insured or



Remittance Advise Crosswalk

	responsible party may be liable for excluding deductible, coinsurance and copay.
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Professional Remit:

Remittance Category – Prior to November 1, 2013	New Remittance Category – Post November 1, 2013
Provider Account Number/Patient's Name	Service Provider Name Patient Name
Insurer's ID/Authorization Number	Insured's ID Deleted field
Claim Number	No change
Dates of Service	Service Dates – From and through service dates.
Units/Days	Deleted field
FOR PAR/PPO – Procedure Code/Modifiers FOR HMO – Diagnosis/Procedure Code	Services Codes
Amount Charged	Charge – The amount billed for the procedure or service.
Amount Allowed/ Denied	Allowed
Type Cont.	Deleted field
Other Insurance Paid	Insured, other responsibility amount – This field may be blank. When information is present, this is the amount the insured or responsible party may be liable for excluding deductible, coinsurance and copay.
Patient Deductible + Coinsurance/Copay	Deductible – The total amount of the member's deductible as applicable applied to the procedure or service.
	Copay – The total amount of the member's copay applied to the procedure or service. Providers can bill the member for this amount.
	Coinsurance – The total amount of the member's coinsurance applied to the procedure or service.
Total Payment	Net Paid – Total amount paid for the procedure or service.
Remark Code	Explanation / ANSI Code(s) – Payment, reduction <u>or</u> rejection reason code(s).
New field – This field did not exist prior to November 1, 2013	Place of Service (POS) –Place of service code.
New field – This field did not exist prior to November 1, 2013	Allowed – The contracted amount allowed for the procedure or service.
New field – This field did not exist prior to November 1, 2013	Contractual difference – This field may be blank. When information is present, this is the contracted rate (discount) between you and HealthKeepers, Inc.
New field – This field did not exist prior to November 1, 2013	Provider Responsibility Amount – This field may be blank. When information is present, this is the amount you are contracted to write off, outside of your contractual amount (e.g., contractual discount or bundled charges).