

# Remittance Advice Details (RAD) Examples: Pharmacy

Page updated: August 2020

This section explains the *Remittance Advice Details* (RAD) fields and shows examples of the various types of reimbursement data received during a payment period. Refer to the *Remittance Advice Details (RAD)* section in this manual for details about the RAD.

RAD codes appear in the far right column for each claim line and their full explanation appears at the bottom of the RAD. The RAD includes a maximum of three denial code messages. Codes with the prefix "9" indicate a free-form error message, which allows Medi-Cal claims examiners to return unique free-form messages that more accurately describe claim submittal errors and denial reasons.

CA-MEDI-CAL REMITTANCE-ADVICE DETAILS										TO:→ ABC-PHARMACY → P.O. BOX-999 → ANYTOWN, CA-99999-1234 REFER TO PROVIDER MANUAL FOR DEFINITION OF RAD-CODES									
18	PROVIDER-NUMBER	19	CLAIM-TYPE	20	WARRANT-NO	16	ACS-SEQ-NO	21	DATE	22	PAGE:-1 of 1 pages								
11	RECIPIENT-NAME	21	RECIPIENT-MEDI-CAL-ID-NO	31	CLAIM-CONTROL-NUMBER	41	SERVICE-DATES	51	FROM	61	TO	71	81	91	101	111	121	131	
APPROVES-(RECONCILE-TO-FINANCIAL-SUMMARY)=																			
	JONES-MAR	90000000A95001	5079410416401	100107	100107	8880120	0010	20.00	17.73	00087662	17.73	0401							
			5079410416402	122107	122107	388020	0010	20.00	17.73	00087662	17.73	0401							
			*****TOTALS FOR APPROVES=					40.00	35.46		35.46								
DENIES-(DO-NOT-RECONCILE-TO-FINANCIAL-SUMMARY)=																			
	BELL-DAVID	90000000A95001	5030412006101	032107	032107	220815	0100	100.00		PQ9943H		0024							
			5004410510001	032107	032107	220816	0098	86.53		WH9932C		0024							
							TOTAL	186.53											
	JOHNSON-J	90000000A95001	5004410810001	032707	032707	2268662	0100	12.57		54807022									
			TOTALS-NUMBER-OF-DENIES=					0003	199.10										
SUSPENDS-(DO-NOT-RECONCILE-TO-FINANCIAL-SUMMARY)=																			
	DAVIS-JOH	90000000A95001	5030412008701	111507	111507	1000147	0010	23.00		18393027		0603							
	SMITH-MAR	90000000A95001	5030412008702	122207	122207	56558873	0040	12.00		51010018		0602							
			PAT-LIAB=	932.00	OTH=	COVG=	0.00	3.92											
			TOTALS-NUMBER-OF-SUSPENDS=					0002	35.00										
EXPLANATION-OF-DENIALS/ADJUSTMENT-CODES																			
	0401→ PAYMENT-ADJUSTED-TO-MAXIMUM-ALLOWABLE																		
	0024→ THIS-PATIENT-IS-NOT-ELIGIBLE-FOR-THE-DRUG-OR-MEDICAL-SUPPLY-BILLED																		
	0010→ THIS-SERVICE-IS-A-DUPLICATE-OF-A-PREVIOUSLY-PAID-CLAIM-ON-XX-XX-XX																		
	0603→ PENDING-EDS-REVIEW																		
	0602→ PENDING-ADJUDICATION																		
	OHC-CARRIER-NAME-AND-ADDRESS																		
	NO49→ 123-NATIONAL-LIFE		100-MAIN-STREET		ANYTOWN		MN		99999										

**Figure 1 Image:** Completed Sample Pharmacy Remittance Advice Details (RAD). Actual size is 8½ by 11 inches.

## Explanation of RAD Form Items

The following items refer to the corresponding circled numbers on the RAD.

### «Table of Form Items on Remittance Advice Details Form»

Item	Description
1	<b>Recipient Name.</b> Listed last name first.
2	<b>Recipient Medi-Cal I.D. No.</b> The recipient's Medi-Cal identification number.
3	<b>Claim Control Number.</b> A unique 13-digit number assigned by the California MMIS Fiscal Intermediary to track each claim line or CIF. See Figure 2 on a following page for a detailed description. This number will appear on the RAD accompanying a warrant. Use this number when submitting a Claims Inquiry Form (CIF) or Appeal Form (90-1) to request adjustments to paid claims or reconsideration of denied claims. Refer to the Claim Submission and Timeliness Overview section in the Part 1 manual for an illustration of a Claim Control Number (CCN).
4	<b>Service Dates.</b> Date(s) that service was rendered to a recipient.
5	This field is blank.
6	<b>Prescription Number.</b> The prescription number entered on the claim. This is for the provider's reference. This column is blank.
7	<b>Unit.</b> Quantity billed from applicable claim form.
8	<b>Billed Amount.</b> Amount billed by provider.
9	<b>Allowed Amount.</b> Amount allowed for the procedure billed.
10	<b>Drug Code.</b> Manufacturer and type code for medical supplies; NDC number for drugs.
11	This field is blank.
12	<b>Paid Amount.</b> Amount paid. When reconciling the amount paid to the warrant amount, add the line amounts, not the claim summary amount. Payment appears on the warrant on the same page where the line amount appears.
13	<b>RAD Code.</b> Denial code that appears beside each claim line billed.
14	<b>RAD Message.</b> Code and abbreviated message appear on the first line. If the claim is an adjustment or a denial due to duplicate billing, the warrant number of the original claim appears on the second line.

«Table of Form Items on Remittance Advice Details Form (continued)»

Item	Description
15	<b>Denial Codes and Messages.</b> Denial codes with their full explanation appear at the bottom of the RAD under a summary header.
16	<b>ACS Sequence Number.</b> An eight-digit sequence number that appears on the RAD and warrant. This number serves as an additional tracking device on the warrant along with the warrant number from the State Controller's Office (SCO).
17	<b>Other Health Coverage Billing Message.</b> This includes name and address of recipient's insurance carrier and the policyholder's Social Security Number (SSN). This information is included on the RAD when the claim has been denied because proof of Other Health Coverage (OHC) billing was required and did not accompany the claim. (RAD code 657 is used to indicate this denial.)
18	<b>Provider Number.</b> A National Provider Identifier (NPI).
19	<b>Claim Type.</b> The type of claim submitted for reimbursement.
20	<b>Warrant No.</b> An eight-digit number assigned by the SCO.
21	<b>Date.</b> SCO issue date of the RAD.
22	<b>Page.</b> Number of pages of the RAD.
23	<b>Patient Liability/Other Health Coverage/Sales Tax.</b> A recipient's copay, coinsurance, Share of Cost (SOC) or OHC. Any sales tax amount included in the payment also appears in this area. On crossover claims, the notation "sales tax included" appears; however, a dollar amount is not specified.  <b>Note:</b> Sales tax applies to Pharmacy providers

CA-MEDI-CAL REMITTANCE-ADVICE DETAILS										TO: -> ABC-PHARMACY -> P.O.-BOX-999 -> ANYTOWN,-CA-99999-1234 REFER TO PROVIDER-MANUAL FOR DEFINITION OF RAD-CODES		
PROVIDER-NUMBER 0123456789		CLAIM-TYPE MCARE-CROSSOVER		WARRANT-NO 39248026		ACS-SEQ.-NO 99999999		DATE 07/30/08		PAGE:-1-of-1-pages		
RECIPIENT-NAME	RECIPIENT-MEDI-CAL-ID-NO	CLAIM-CONTROL-NUMBER	SERVICE-DATES FROM TO MMDDYY MMDDYY	PROC-CODE	PRESCR-NUMBER	DAYS	MEDICARE-ALLOWED	MEDI-CAL-ALLOWED	COMPUTED-MEDICARE-AMOUNT	PAID-AMOUNT	RAD-CODE	
APPROVES-(RECONCILE-TO-FINANCIAL-SUMMARY)												
DAVIS-JANE	90000000A95001	5079171505699	061107	51	039634		716.00	8	9	10	0469	
BLOOD-DEDUCT	0.00	DEDUCTIBLE	716.00	COINSUR	0.00	CUTBACK	716.00		SALES-TAX-INCL			
DENIES-(DO-NOT-RECONCILE-TO-FINANCIAL-SUMMARY)												
JOHNSON-MA	90000000A95001	5006170703899	040308	040708	039305		696.00				0036	
BLOOD-DEDUCT	0.00	DEDUCTIBLE	696.00	COINSUR	0.00	CUTBACK	696.00					
SUSPENDS-(DO-NOT-RECONCILE-TO-FINANCIAL-SUMMARY)												
JONES-DAVID	90000000A95001	5033172401899	041608	042308	039357		696.00				0602	
BLOOD-DEDUCT	0.00	DEDUCTIBLE	696.00	COINSUR	0.00	CUTBACK	696.00					
EXPLANATION-OF-DENIALS/ADJUSTMENT-CODES												
0469	-> PAYMENT-REDUCED-TO-ZERO-AS-MEDI-CAL'S-MAX-REIMBURSEMENT-MAY-NOT-EXCEED-MEDICARE'S-PAYMENT.-CUTBACK-IS-IN-NON-COVERED-COLUMN.											
0036	-> RTD-WAS-EITHER-NOT-RETURNED-OR-WAS-RETURNED-UNCORRECTED;-THEREFORE-YOUR-CLAIM-IS-FORMALLY-DENIED.											
0602	-> PENDING-ADJUDICATION.											

**Figure 2:** Completed Sample Medicare Crossover Remittance Advice Details (RAD). Actual form is 8½ by 11 inches.

## Crossover Payments

The following items appear on RADs for crossover payments only. (See preceding Figure 2.) Refer to the *Medicare/Medi-Cal Crossover Claims: Pharmacy Services* section in this manual for additional information.

### «Table of Items Appearing Only on Crossover RADs»

Item	Description
5	<b>Accommodation/Procedure Code.</b> CPT® or HCPCS procedure code.
8	<b>Medicare Allowed.</b> Amount allowed by Medicare.
9	<b>Medi-Cal Allowed.</b> Amount allowed by Medi-Cal or the amount allowed by Medicare, whichever is less.
10	<b>Computed Medicare Amount.</b> Amount paid by Medicare.

<b>CA-MEDI-CAL<sup>†</sup></b> <b>REMITTANCE-ADVICE<sup>†</sup></b> <b>DETAILS<sup>α</sup></b>							TO: → ABC-PHARMACY <sup>†</sup> → P.O. BOX-999 <sup>†</sup> → ANYTOWN, CA- 99999-1234 <sup>†</sup> <sup>†</sup> REFER TO PROVIDER-MANUAL FOR DEFINITION OF RAD-CODES <sup>†</sup> <sup>α</sup>					
PROVIDER-NUMBER <sup>†</sup> 0123456789 <sup>α</sup>		CLAIM-TYPE <sup>†</sup> DRUG <sup>α</sup>		WARRANT-NO <sup>†</sup> 39248026 <sup>α</sup>		ACS-SEQ.-NO. <sup>†</sup> 99999999 <sup>α</sup>		DATE <sup>†</sup> 01/30/08 <sup>α</sup>		PAGE:--1-of-1-pages <sup>α</sup>		
RECIPIENT-NAME <sup>α</sup>	RECIPIENT-MEDI-CAL-ID-NO. <sup>α</sup>	CLAIM-CONTROL-NUMBER <sup>α</sup>	SERVICE-DATES <sup>α</sup> FROM <sup>α</sup> TO <sup>α</sup> MMDDYY <sup>α</sup> MMDDYY <sup>α</sup>		PRESCR-NUMBER <sup>α</sup>	UNIT <sup>α</sup>	BILLED-AMOUNT <sup>α</sup>	ALLOWED-AMOUNT <sup>α</sup>	DRUG-CODE <sup>α</sup>	PAID-AMOUNT <sup>α</sup>	RAD-CODE <sup>†</sup> <sup>α</sup>	
SMITH JO <sup>α</sup>	90000000A95001 <sup>α</sup>	5079171505699 <sup>α</sup>	070107 <sup>α</sup>	073107 <sup>α</sup>	98892 <sup>α</sup>	31 <sup>α</sup>	6.00 <sup>α</sup>	6.00 <sup>α</sup>		6.00 <sup>α</sup>	0572 <sup>α</sup>	
							-8.00 <sup>α</sup>	-8.00 <sup>α</sup>		-8.00 <sup>α</sup>	0572 <sup>α</sup>	
			*****.TOTALS FOR ADJUSTMENTS <sup>α</sup>				-2.00 <sup>α</sup>	-2.00 <sup>α</sup>		-2.00 <sup>α</sup>		

Figure 3: Adjustment Code 0572.

PROVIDER-NUMBER <sup>†</sup> 0123456789 <sup>α</sup>		CLAIM-TYPE <sup>†</sup> DRUG <sup>α</sup>		WARRANT-NO <sup>†</sup> 39248026 <sup>α</sup>		ACS-SEQ.-NO. <sup>†</sup> 99999999 <sup>α</sup>		DATE <sup>†</sup> 01/30/08 <sup>α</sup>		PAGE:--1-of-1-pages <sup>α</sup>		
RECIPIENT-NAME <sup>α</sup>	RECIPIENT-MEDI-CAL-ID-NO. <sup>α</sup>	CLAIM-CONTROL-NUMBER <sup>α</sup>	SERVICE-DATES <sup>α</sup> FROM <sup>α</sup> TO <sup>α</sup> MMDDYY <sup>α</sup> MMDDYY <sup>α</sup>		PRESCR-NUMBER <sup>α</sup>	UNIT <sup>α</sup>	BILLED-AMOUNT <sup>α</sup>	ALLOWED-AMOUNT <sup>α</sup>	DRUG-CODE <sup>α</sup>	PAID-AMOUNT <sup>α</sup>	RAD-CODE <sup>†</sup> <sup>α</sup>	
SMITH JO <sup>α</sup>	90000000A95001 <sup>α</sup>	5079171505699 <sup>α</sup>	070107 <sup>α</sup>	071207 <sup>α</sup>	8880126 <sup>α</sup>	0010 <sup>α</sup>	20.00 <sup>α</sup>	17.73 <sup>α</sup>	00087662 <sup>α</sup>	17.73 <sup>α</sup>	0401 <sup>α</sup>	
		5079171505700 <sup>α</sup>	072107 <sup>α</sup>	072107 <sup>α</sup>	388020 <sup>α</sup>	0010 <sup>α</sup>	20.00 <sup>α</sup>	21.54 <sup>α</sup>	00087662 <sup>α</sup>	17.73 <sup>α</sup>	0401 <sup>α</sup>	
			*****.TOTALS FOR APPROVES <sup>α</sup>				40.00 <sup>α</sup>	35.46 <sup>α</sup>		35.48 <sup>α</sup>		

Figure 4: Approve Reason Code 0401.

PROVIDER-NUMBER <sup>†</sup> 0123456789 <sup>α</sup>		CLAIM-TYPE <sup>†</sup> DRUG <sup>α</sup>		WARRANT-NO <sup>†</sup> 39248026 <sup>α</sup>		ACS-SEQ.-NO. <sup>†</sup> 99999999 <sup>α</sup>		DATE <sup>†</sup> 01/30/08 <sup>α</sup>		PAGE:--1-of-1-pages <sup>α</sup>		
RECIPIENT-NAME <sup>α</sup>	RECIPIENT-MEDI-CAL-ID-NO. <sup>α</sup>	CLAIM-CONTROL-NUMBER <sup>α</sup>	SERVICE-DATES <sup>α</sup> FROM <sup>α</sup> TO <sup>α</sup> MMDDYY <sup>α</sup> MMDDYY <sup>α</sup>		PRESCR-NUMBER <sup>α</sup>	UNIT <sup>α</sup>	BILLED-AMOUNT <sup>α</sup>	ALLOWED-AMOUNT <sup>α</sup>	DRUG-CODE <sup>α</sup>	PAID-AMOUNT <sup>α</sup>	RAD-CODE <sup>†</sup> <sup>α</sup>	
JONES JOHN <sup>α</sup>	90000000A95001 <sup>α</sup>	5079171505699 <sup>α</sup>	072107 <sup>α</sup>	072107 <sup>α</sup>	220615 <sup>α</sup>	0100 <sup>α</sup>	100.00 <sup>α</sup>		PQ9934H <sup>α</sup>		0024 <sup>α</sup>	
		5079171505700 <sup>α</sup>	072107 <sup>α</sup>	072107 <sup>α</sup>	220616 <sup>α</sup>	0096 <sup>α</sup>	86.53 <sup>α</sup>		WH9932C <sup>α</sup>		0024 <sup>α</sup>	
						TOTAL <sup>α</sup>	186.53 <sup>α</sup>					
SMITH JO <sup>α</sup>	90000000A95001 <sup>α</sup>	5079171505699 <sup>α</sup>	072707 <sup>α</sup>	072707 <sup>α</sup>	226662 <sup>α</sup>	0100 <sup>α</sup>	12.57 <sup>α</sup>		54807022 <sup>α</sup>		0009 <sup>α</sup>	
			*****.TOTALS NUMBER OF DENIES <sup>α</sup>			0003 <sup>α</sup>	199.10 <sup>α</sup>					

Figure 5: Denial Reason Code 0009.

<b>CA-MEDI-CAL<sup>†</sup></b> <b>REMITTANCE-ADVICE<sup>†</sup></b> <b>DETAILS<sup>Ⓜ</sup></b>							TO: → ABC-PHARMACY <sup>†</sup> → P.O.-BOX-999 <sup>†</sup> → ANYTOWN, CA- 99999-1234 <sup>†</sup> <sup>†</sup> REFER TO PROVIDER-MANUAL FOR DEFINITION OF RAD-CODES <sup>†</sup> <sup>Ⓜ</sup>					
PROVIDER-NUMBER <sup>†</sup> 0123456789 <sup>Ⓜ</sup>		CLAIM-TYPE <sup>†</sup> DRUG <sup>Ⓜ</sup>		WARRANT-NO <sup>†</sup> 39248026 <sup>Ⓜ</sup>		ACS-SEQ.-NO. <sup>†</sup> 99999999 <sup>Ⓜ</sup>		DATE <sup>†</sup> 01/30/08 <sup>Ⓜ</sup>		PAGE:--1-of-1-pages <sup>Ⓜ</sup>		
RECIPIENT-NAME <sup>Ⓜ</sup>	RECIPIENT-MEDI-CAL-ID-NO. <sup>Ⓜ</sup>	CLAIM-CONTROL-NUMBER <sup>Ⓜ</sup>	SERVICE DATES <sup>Ⓜ</sup> FROM <sup>Ⓜ</sup> TO <sup>Ⓜ</sup> MMDDYY <sup>Ⓜ</sup> MMDDYY <sup>Ⓜ</sup>		PRESCB-NUMBER <sup>Ⓜ</sup>	UNIT <sup>Ⓜ</sup>	BILLED-AMOUNT <sup>Ⓜ</sup>	ALLOWED-AMOUNT <sup>Ⓜ</sup>	DRUG-CODE <sup>Ⓜ</sup>	PAID-AMOUNT <sup>Ⓜ</sup>	RAD-CODE <sup>†</sup> <sup>Ⓜ</sup>	
SUSPENDS (DO NOT RECONCILE TO FINANCIAL SUMMARY) <sup>Ⓜ</sup>												
JONES-JANE <sup>Ⓜ</sup>	90000000A95001 <sup>Ⓜ</sup>	5079171505699 <sup>Ⓜ</sup>	071507 <sup>Ⓜ</sup>	071507 <sup>Ⓜ</sup>	1000147 <sup>Ⓜ</sup>	0010 <sup>Ⓜ</sup>	23.00 <sup>Ⓜ</sup>		18393027 <sup>Ⓜ</sup>		0603 <sup>Ⓜ</sup>	
		PAT-LIAB <sup>Ⓜ</sup>	932.00 <sup>Ⓜ</sup>	OTH <sup>Ⓜ</sup>	COVG <sup>Ⓜ</sup>	0.00 <sup>Ⓜ</sup>						
DAVIS-MAR <sup>Ⓜ</sup>	90000000A95001 <sup>Ⓜ</sup>	4357950000301 <sup>Ⓜ</sup>	072207 <sup>Ⓜ</sup>	072207 <sup>Ⓜ</sup>	5956873 <sup>Ⓜ</sup>	0040 <sup>Ⓜ</sup>	12.00 <sup>Ⓜ</sup>		51010018 <sup>Ⓜ</sup>		0601 <sup>Ⓜ</sup>	
		*****-TOTALS-NUMBER-OF-SUSPENDS <sup>Ⓜ</sup>				0002 <sup>Ⓜ</sup>	35.00 <sup>Ⓜ</sup>					

Figure 6: Suspended Reason Code 0601.

PROVIDER-NUMBER <sup>†</sup> 0123456789 <sup>Ⓜ</sup>		CLAIM-TYPE <sup>†</sup> DRUG <sup>Ⓜ</sup>		WARRANT-NO <sup>†</sup> 39248026 <sup>Ⓜ</sup>		ACS-SEQ.-NO. <sup>†</sup> 99999999 <sup>Ⓜ</sup>		DATE <sup>†</sup> 01/30/08 <sup>Ⓜ</sup>		PAGE:--1-of-1-pages <sup>Ⓜ</sup>		
RECIPIENT-NAME <sup>Ⓜ</sup>	RECIPIENT-MEDI-CAL-ID-NO. <sup>Ⓜ</sup>	CLAIM-CONTROL-NUMBER <sup>Ⓜ</sup>	SERVICE DATES <sup>Ⓜ</sup> FROM <sup>Ⓜ</sup> TO <sup>Ⓜ</sup> MMDDYY <sup>Ⓜ</sup> MMDDYY <sup>Ⓜ</sup>		PRESCB-NUMBER <sup>Ⓜ</sup>	UNIT <sup>Ⓜ</sup>	BILLED-AMOUNT <sup>Ⓜ</sup>	ALLOWED-AMOUNT <sup>Ⓜ</sup>	DRUG-CODE <sup>Ⓜ</sup>	PAID-AMOUNT <sup>Ⓜ</sup>	RAD-CODE <sup>†</sup> <sup>Ⓜ</sup>	
DO NOT RECONCILE TO FINANCIAL SUMMARY <sup>Ⓜ</sup>												
A/R-TRANS.-NO. <sup>Ⓜ</sup>	90000000A95001 <sup>Ⓜ</sup>									156.76 <sup>Ⓜ</sup>	0730 <sup>Ⓜ</sup>	

Figure 7: Accounts Receivable Transaction Code 0730.

**<<Legend>>**

<<Symbols used in the document above are explained in the following table.>>

<b>Symbol</b>	<b>Description</b>
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.