Appendix 9

Sample Remittance and Status (R/S) Report Displaying a Prior Authorization Request

Refer to Appendix 10 of this section for information on reading R/S Reports.

REMITTANCE AND STATUS REPORT

EDS – Fiscal Agent for
Wisconsin Medicaid
6406 Bridge Road
Madison, WI 53784

Automated Voice Response (800) 947-3544 (608) 221-4247
Provider Service (800) 947-9627 (608) 221-9883
Eligibility (608) 221-9254

I.M. BILLILNG
1 W. WILLIAMS
ANYTOWN, WI 55555

R/S NUMBER 1234567

PAYMENT ID NUMBER 87654321 REPORT SEQ NUMBER 3 DATE 06/03/99 PAGE 2

PATIENT NAME/ID NUMBER	MEDICAL RECORD NO	ACCOUNTING NO	CLAIM NUMBER	TOTAL ALLOWED	OTHER DEDUCTED CHARGES	COPAY	PAID AMOUNT	EOB CODES
SERVICE DATES FROM | TO / U D / N S / PERF PROV/ RX NUMBER	DAYS QTY / T S PROC/ACCOM/ DRUG CDE/M1 M2	PROCEDURE/ACCOMODATION/DRUG DESCRIPTION	TOTAL BILLED					
CLAIMS RETURNED – LETTER OF EXPLANATION WILL BE FORWARDED WITH EACH CLAIM RETURNED								
1A RECIPIENT IM/1234567890 2A	1234567 T 3A	249299XXXXXXXXX 5A	400 3A					423 423 18A
Returned Claim Totals	1		400					
CLAIMS PAYMENT SUMMARY								
	CLAIMS PAID	CLAIMS AMOUNT	WITHHELD AMOUNT		CREDIT AMOUNT		NET 1099 AMOUNT	
CURRENT PROCESSED		.00	00		00		00	
YEAR TO DATE TOTAL		.00	00		00		00	
THE FOLLOWING IS A DESCRIPTION OF THE EXPLANATION CODES UTILIZED ABOVE 423 THE PRIOR AUTHORIZATION REQUEST HAS BEEN RETURNED.								