Anthem Blue Cross and Blue Shield - National System Provider (Voucher)
Remittance Advice Explanation

Header Information
- Address and telephone number for inquiries
- Payee information (Provider name and remittance address)
- Provider number (NPI or system assigned)
- Tax Identification Number
- Reference number (check or EFT (ACH) deposit)
- Payment date
- EFT date (field will be present only if payment is made electronically)

Detail Line Content

Line 1
- Claim type (e.g. PPO Paid Claims, Adjustment Claims, etc.)

Line 2
- Subscriber identification number and patient name

Line 3
- Claim and provider patient account number

Detail Column Content

Service Dates From/To
- Dates of service billed
- The rendering provider NPI is also displayed in this column

Procedure Code / CVD/NCVD (Covered Day/Non-Covered Day)
- First single byte field represents the place of service (e.g. 3=11 Office)
- Second single byte field represents the type of service (e.g.2=Surgery)
- Third five byte field displays the procedure code billed
- Covered day/non-covered day will be reflected in the total service days.

Total Charges
- Amount billed for procedure/service/item

Allowed Amount
- Contractual allowed amount (including reductions due to clinical claim edits and/or reimbursement policies)

Other Insurance Dollars
- Amount paid for the service by other insurance, including Medicare

Provider’s Liability
- Currently this field is not currently being used and will be blank

Subscriber’s Liability
- Amount of patient’s liability for the procedure/service/item

Approved to Pay
- Amount approved for payment after taking subscriber liability into consideration

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Detail Column Content continued

Amount Paid
- Amount paid to the provider

RSN (Reason) Code
- Code that pertains to claim line
  - Codes are translated beneath each claim

Subtotals appear by Claim type (e.g. PPO Paid Claims, Adjustment Claims, etc.)