



North Dakota Workforce  
Safety & Insurance

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**(A)** CLINIC NAME  
123 MAIN ST  
ANY TOWN ND 58503

REMITTANCE ADVICE

**SAMPLE ONLY**

<b>(B)</b>	Run Date 11/16/2017
<b>(C)</b>	Federal Tax ID 123456789 000
<b>(D)</b>	Check Number 1234567
<b>(E)</b>	Total Remittance Amount \$115.24

**(F)** BUSINESS ALIAS: Clinic Name      **(G)** BUSINESS NPI:      **(B)** RUN DATE: 11/16/2017      **(H)** LEGAL ENTITY: 123456      PAGE: 1 OF 2

Injured Worker WSI Claim #	Bill or RX # Pt. Account #	Date of Service	Rev/ DRG	Procedure/ Other Code	APC Return Code	Submitted Amount	WSI Fee Schedule	Injured Worker Responsibility	Provider Responsibility	Approved Amount	Paid Amount	Reason Codes	Remarks
<b>(I)</b>	<b>(K)</b>	<b>(N)</b>	<b>(O)</b>	<b>(P)</b>	<b>(Q)</b>	<b>(R)</b>	<b>(S)</b>	<b>(T)</b>	<b>(U)</b>	<b>(V)</b>	<b>(W)</b>	<b>(X)</b>	
Doe, John 2016-123456	12345678-1 EP1234567891011	08/02/17		73110-26-RT		24.00	17.05	0.00	6.95	17.05	17.05	54 - - - - -	
<b>Bill Total:</b>						<b>24.00</b>	<b>17.05</b>	<b>0.00</b>	<b>6.95</b>	<b>17.05</b>	<b>17.05</b>		
<b>Injured Worker Total:</b>						<b>24.00</b>	<b>17.05</b>	<b>0.00</b>	<b>6.95</b>	<b>17.05</b>	<b>17.05</b>		
Doe, Jane 2016-123456	12345678-2 EP1234567891011	07/11/17		99213		158.00	98.19	0.00	59.81	98.19	98.19	54 - - - - -	
<b>Bill Total:</b>						<b>158.00</b>	<b>98.19</b>	<b>0.00</b>	<b>59.81</b>	<b>98.19</b>	<b>98.19</b>		
<b>Injured Worker Total:</b>						<b>158.00</b>	<b>98.19</b>	<b>0.00</b>	<b>59.81</b>	<b>98.19</b>	<b>98.19</b>		
<b>Provider Total:</b>						<b>182.00</b>	<b>115.24</b>	<b>0.00</b>	<b>66.76</b>	<b>115.24</b>	<b>115.24</b>		

**REASON CODE**      **DESCRIPTION**

**(X)** 54      WSI paid this charge per WSI's Medical and Hospital Fee Schedule. To request reconsideration, complete the Medical Bill Appeal form (M6) and submit to WSI within 30 days from the date of the remittance advice. This charge is not billable to the patient or other insurance. The remaining balance is not billable to the patient or other insurance.

# How to Read the WSI Remittance Advice

- A Business Name and Address:** “Doing business as” name of the clinic or facility and the check payment address.
- B Run Date:** Date on which WSI prepared the Remittance Advice.
- C Federal Tax Identification and WSI Location Code:** Unique number assigned by the Internal Revenue Service (IRS). The WSI Location Code is a three-digit number assigned by WSI.
- D Check Number:** Number assigned by WSI to each individual check.
- E Total Remittance Amount:** Total amount paid to the clinic or facility per a specific Check Number.
- F Business Alias:** “Doing business as” or operating name used by the clinic or facility for identification purposes.
- G Business National Provider Identification (NPI):** NPI assigned by the CMS National Plan and Provider Enumeration System (NPPES) to the clinic or facility.
- H Legal Entity:** Internal number assigned to the clinic or facility by WSI.
- I Injured Worker:** First and last name of the injured worker who received the medical care.
- J WSI Claim Number:** Number assigned by WSI to the injured worker’s claim, which is specific to a date of injury.
- K Bill Number:** Number assigned by WSI to a charge for a medical service performed or provided.
- L Identifier of the Bill:** Number located after the bill number to indicate whether the bill is original or adjusted.
  - Number 1 indicates an original bill.
  - Number 2 or greater indicates an adjusted bill.
- M Patient Account Number:** Number assigned by the clinic or facility to identify a specific patient account or date(s) of service.
- N Date of Service:** Date that the injured worker received the medical service or product.
- O Revenue or Diagnosis Related Grouper (DRG) Code:** Revenue or DRG code corresponding to the medical service performed or provided.
- P Procedure/Other Code:** Specific procedure code and modifier corresponding to the medical service performed or provided.
- Q Ambulatory Payment Classification (APC) Return Code:** APC return code as determined by the 3M™ APC Grouper.
- R Submitted Amount:** Amount the clinic or facility billed for a medical service performed or provided.
- S WSI Fee Schedule:** Amount established by the [WSI Fee Schedule](#) for payment of the medical service performed or provided.
- T Injured Worker Responsibility:** Amount the injured worker is responsible to pay to the clinic or facility.
- U Provider Responsibility:** Amount the provider is responsible to write off. When the fee schedule is more than the charged amount on a UB-04, the provider responsibility amount will display as a negative amount.
- V Approved Amount:** Amount WSI allowed for the medical service performed or provided.
- W Paid Amount:** Net amount WSI paid for the medical service performed or provided, as reflected by the applicable [Remittance Advice Reason Code](#).
- X Remittance Advice Reason Codes:** Code(s) that correlate to an explanation of the payment, denial, or adjustment of a bill.