471-000-85 Explanation of Remittance Advice and Refund Requests Report

**Use:** The Remittance Advice and Refund Requests report contains information on Medicaid processed claims (paid or denied), adjusted claims and requested refunds. A report is sent weekly when there is reportable activity. While the report can contain both the Remittance Advice and Refund Requests, it is possible to receive only the Remittance Advice portion or the Refund Requests portion, both or neither, depending on the reportable activity that week. This report replaces the MC-7 Explanation of Medical Claims Activity report.

**NOTE:** The Remittance Advice mirrors the content of the national standard electronic Remittance Advice (ASC X12N 835). Only one version, either electronic or paper, will be produced for each provider number, not both. Additionally, when the electronic 835 Remittance Advice is chosen, the Refund Requests report will also only be electronic. For instructions regarding the electronic 835 Remittance Advice, consult the Nebraska Medicaid 835 Remittance Advice Companion Guide at [http://dhhs.ne.gov/medicaid/Pages/edireq-5010.aspx](http://dhhs.ne.gov/medicaid/Pages/edireq-5010.aspx).

Following is an example of the report with descriptions of key fields:

**REMITTANCE ADVICE HEADING SECTION EXAMPLE:**

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MCPWKL7B MCP248 STATE OF NEBRASKA REPORT PAGE 1,046
MCP248 HEALTH AND HUMAN SERVICES FINANCE AND SUPPORT
04:37 PM 06/07/2004
REMITTANCE ADVICE PROV PAGE 001

STATE OF NEBRASKA CONTACT INFORMATION: MEDICAID INQUIRY LINE
(402) 471-9128
(877) 255-3092

FOR PROVIDER NUMBER: 123456789 FTIN: 999999999

FAMILY PRACTICE, INC.
123 MAIN STREET
P O BOX 54321
LINCOLN NE 68509

WARRANT NBR: 990001234 PAYMENT AMOUNT: 164.00 PAYMENT DATE: 06/07/2004
EFT NBR: 999999999 PAYMENT AMOUNT: 999,999,999.99 PAYMENT DATE: WA/RR/DATE

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**KEY FIELDS DESCRIPTION:**

1. Remittance Advice – Report title for this portion of the report.
2. Provider Number and Pay-To Name and Address
3. Warrant Number, payment amount and payment date or EFT (Electronic Fund Transfer) number, payment amount and payment date. Providers will receive either a paper warrant or EFT if there is a payment associated with this report. If the Remittance Advice is produced, but no payment is being made, “WARRANT NBR: NO PAYMENT” will be printed.
4. Payment Date – starts the 90-day time limit for requesting adjustments or appeal hearing. (See Medicaid policy 471 NAC 2-003.02 and 3-002.07.)
REMITTANCE ADVICE PROCESSED CLAIMS SECTION EXAMPLE:

1. **CS** – claim status code; **FT** – frequency type code. These are national codes. When the claim has been reversed (adjusted), the CS value will be “22.”
2. Column heading information printed once per page. Specific claim information follows.
3. Medicaid Claim/Document Number
4. Claim line numbers – match to submitted line for additional information, i.e., tooth number, etc.
5. **CAS** - claim adjustment segments indicate the amounts the claim submitted amount was reduced or disallowed and the national claim adjustment reason code (Code set 139)*
6. Remark Codes – remittance advice remark codes for additional information (Code set 411)*
7. Total claim amount submitted.
8. Claim paid amount.
9. Information if another payer(s) is primary to Medicaid.

*See Web sites for national code information: [http://dhhs.ne.gov/medicaid/Pages/edireq-5010.aspx](http://dhhs.ne.gov/medicaid/Pages/edireq-5010.aspx) or [http://www.wpc-edi.com/codes/codes.asp](http://www.wpc-edi.com/codes/codes.asp)

ADDITIONAL INFORMATION:

- This part contains information on claims that are being paid/denied or adjusted.
- The claims are listed alphabetically by client name.
- Adjusted claims will be reflected in two parts, the original claim (with a CS code “22”) followed by the replacement claim (with CS code 1,2,3 or 4).
- If payment received is incorrect or the claim paid in error, see the adjustment and refund procedures in NAC 471-000-99 and 471-000-100.
REMITTANCE ADVICE END OF REPORT EXAMPLE:

*************************************************************************************************
**********************************END OF REMITTANCE ADVICE***************************************
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REFUND REQUESTS CONTINUED ON NEXT PAGE.

KEY FIELD DESCRIPTIONS:

1. Banner to indicate the end of the Remittance Advice portion of the report.
2. If refunds are requested, the Refund Request Report begins on the next page.

REFUND REQUESTS HEADING SECTION EXAMPLE:

MCPWL7B MCP248                            STATE OF NEBRASKA
MCP248                      HEALTH AND HUMAN SERVICES FINANCE AND SUPPORT
04:37 PM 06/07/2004

STATE OF NEBRASKA CONTACT INFORMATION: MEDICAID INQUIRY LINE
(402)471-9128
(877)255-3092

1. Refund Requests – Title of the Refund Requests portion of the report. This portion is
produced when refunds are requested.
2. Provider Number and Pay-To Name and Address
REFUND REQUESTS PENDING REFUNDS SECTION EXAMPLE:

<table>
<thead>
<tr>
<th>RECIPIENT NAME</th>
<th>RECIPIENT#</th>
<th>RECEIVED</th>
<th>CS</th>
<th>FT</th>
<th>PACCT #</th>
<th>CLAIM#</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMITH PAT</td>
<td>508XXXXXX02</td>
<td>03/10/2004</td>
<td>22</td>
<td></td>
<td>PTACCT00000000000001</td>
<td>711XXXXXX</td>
</tr>
<tr>
<td>001 02/07/2004</td>
<td>99213</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-67.00</td>
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<td>42</td>
<td></td>
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<tr>
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<td>-67.00</td>
<td>-32.17</td>
<td>42</td>
<td></td>
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<td></td>
<td></td>
</tr>
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CLAIM TOTALS: -69.66

ORIGINAL REQUEST DATE: 04/01/2004 REFUND DUE: 69.66

KEY FIELD DESCRIPTIONS:
1. Claim information will appear with same heading and claim information as on the Remittance Advice.
2. Original Request Date starts the 30-day time frame for refunding the requested amount or to appeal the refund request. (See 471 NAC 2-003.02 and 3-002.08.)
3. Claim refund amount requested.

ADDITIONAL INFORMATION:

This section contains refund requests that have not yet been received by the Department. After 30 days of no response or appeal, the amounts will be recouped/withheld from future payments. Refunds that can not be recouped due to lack of available money show up in this section. Once enough money is available, these amounts will be recouped.
REFUND DISPUTES SECTION EXAMPLE:

<table>
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<tr>
<th>LN#</th>
<th>RECIPENT NAME</th>
<th>RECIPIENT#</th>
<th>RECEIVED DATE</th>
<th>CS</th>
<th>FT</th>
<th>PACCT #</th>
<th>CLAIM#</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>JONES PAT</td>
<td>508XXXXX02</td>
<td>03/10/2004</td>
<td>22</td>
<td></td>
<td>PTACCT00000000000001</td>
<td>711XXXXXX</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>02/07/2004</td>
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<td>02/18/2004</td>
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</table>

<table>
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<th>CAS AMT</th>
<th>RSN</th>
<th>QTY</th>
<th>REV</th>
<th>NET AMT</th>
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</thead>
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<td>-32.17</td>
<td>42</td>
<td></td>
<td></td>
<td>-34.83</td>
</tr>
</tbody>
</table>

**CLAIM TOTALS**

-134.00

ORIGINAL REQUEST DATE: 06/05/2004
REFUND DUE: 69.66

KEY FIELD DESCRIPTIONS:

1. Claim information will appear with same heading and claim information as on the Remittance Advice.
2. Original Request Date starts the 30-day time frame for refunding the requested amount or to appeal the refund request. (See 471 NAC 2-003.02 and 3-002.08.)
3. Claim refund amount requested.

ADDITIONAL INFORMATION:

This section contains refunds that are under review by the Department as additional information has been received from the Provider.
**REFUND REQUESTS SECTION EXAMPLE:**

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**KEY FIELD DESCRIPTIONS:**

1. Claim information will appear with same heading and claim information as on the Remittance Advice.
2. Original Request Date starts the 30-day time frame for refunding the requested amount or to appeal the refund request. (See 471 NAC 2-003.02 and 3-002.08.)
3. Claim refund amount requested.
4. TOTAL refund amount requested.

**ADDITIONAL INFORMATION:**

Refund Requests will appear in this Section. This part contains claims for which a refund has been requested but has not been received by the Department.

**KEY FIELD DESCRIPTIONS:**

1. End of Refund Requests banner will run at the end of Refund Requests report.
2. End of Rept (report) banner will run on the last page of the report.

Additional information is available on the Medicaid Electronic Data Interchange (EDI) Customer Service web site at [http://dhhs.ne.gov/medicaid/Pages/edireq_5010.aspx](http://dhhs.ne.gov/medicaid/Pages/edireq_5010.aspx) regarding electronic transactions.

If you have questions regarding the information on the Remittance Advice Refund Requests Report, please call the Medicaid Inquiry Line at 1-877-255-3092 (toll free) or 471-9128 (Lincoln).