Job Aid

Reading a Remittance Advice Report (RA) in the Turquoise Claims Portal

7/23/2026

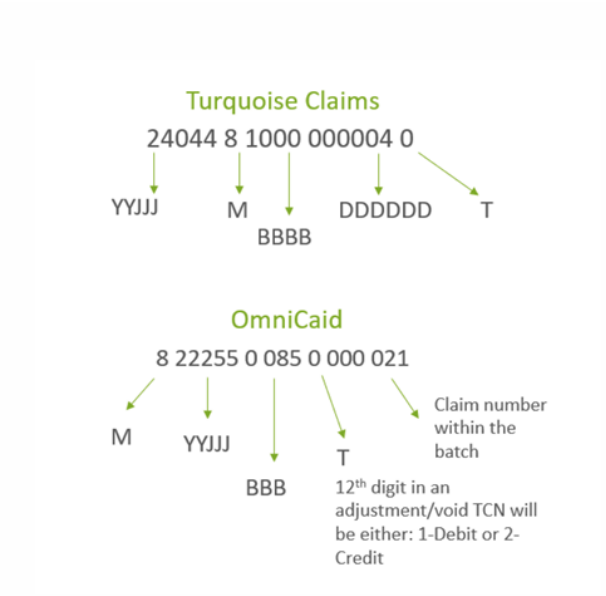
Purpose

To help users understand how to read and interpret a Remittance Advice (RA) report by breaking down its key sections and details.

Prerequisites

- Valid login credentials for the Turquoise Claims Portal
- Access to Payment Inquiry

For instructions on downloading a Remittance Advice (RA) please refer to the steps outlined in this job aid: Microsoft Word - Turquoise Claims - Viewing an RA
To understand an RA's key sections and details please complete the following steps:



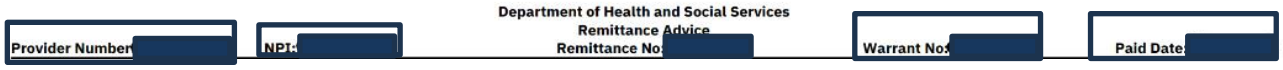
Indicator	Description
YYJJJ	Julian Date
M	Media Source Code
BBBB	Batch Number
DDDDDD	Document Number
T	Transaction Type Number

Media Source Code
1 – Web Submitted Claims 2 – Electronic Crossover Claims 3 – EMC Claims 4 – System Generated Claims 5 – Encounter Claims 6 – Pharmacy Claims 8 – Paper Claims

Indicator	Description
M	Media Source Code
YYJJJ	Julian Date
BBB	Batch Number
T	Transaction Type Number
Last 3 digits	Claim number within the Batch

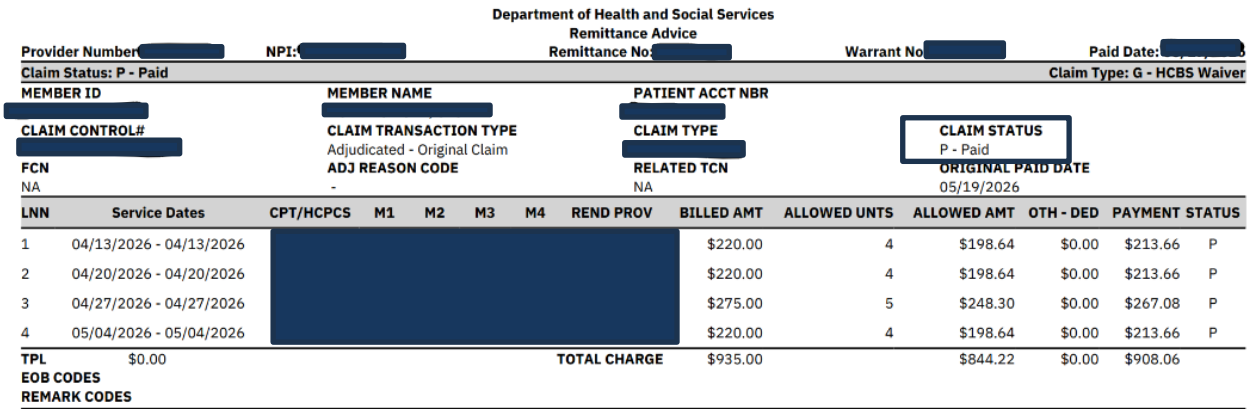
Media Source Code
1 – POS Pharmacy Claim 2 – Claims from Medicare 3 – Other Electronic Claims 4 – System Generated Claim or Adjustment 5 – Managed Care Encounter 8 – Paper Claim 9 – Web Portal Submission

TCN Breakdown –
This shows a comparison between the TCN in Turquoise Claims and the legacy system



1. Header section
   - Provider Number
   - National Provider Identifier (NPI)
   - Warrant Number (Check Number)
   - Payment Date

Review this section to verify that the RA corresponds to the correct provider and payment cycle.
Note: While the alphabetical sorting enhancement is being developed, you can quickly locate information within the Remittance Advice by using Ctrl + F to search by Member ID or Member Last Name.



Department of Health and Social Services
Remittance Advice

Provider Number: [redacted] NPI: [redacted] Remittance No: [redacted] Warrant No [redacted] Paid Date: [redacted]

Claim Status: P - Paid — Claim Type: G - HCBS Waiver

MEMBER ID [redacted] | MEMBER NAME [redacted] | PATIENT ACCT NBR [redacted]

CLAIM CONTROL# [redacted] | CLAIM TRANSACTION TYPE: Adjudicated - Original Claim | CLAIM TYPE [redacted] | CLAIM STATUS: P - Paid

FCN: NA | ADJ REASON CODE: - | RELATED TCN: NA | ORIGINAL PAID DATE: 05/19/2026

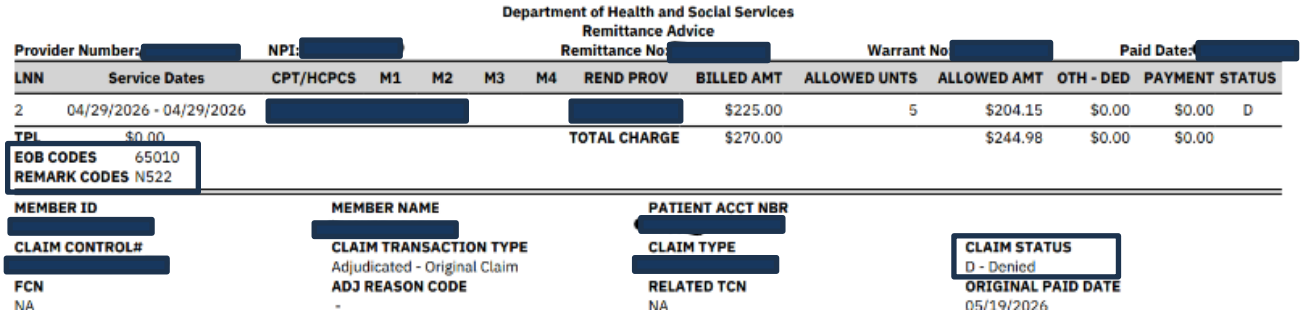
LNN	Service Dates	CPT/HCPCS	M1	M2	M3	M4	REND PROV	BILLED AMT	ALLOWED UNTS	ALLOWED AMT	OTH - DED	PAYMENT	STATUS
1	04/13/2026 - 04/13/2026	[redacted]						$220.00	4	$198.64	$0.00	$213.66	P
2	04/20/2026 - 04/20/2026							$220.00	4	$198.64	$0.00	$213.66	P
3	04/27/2026 - 04/27/2026							$275.00	5	$248.30	$0.00	$267.08	P
4	05/04/2026 - 05/04/2026							$220.00	4	$198.64	$0.00	$213.66	P
TPL	$0.00						TOTAL CHARGE	$935.00		$844.22	$0.00	$908.06	

EOB CODES
REMARK CODES

2. Paid Claim – Are listed at the beginning of the RA report.
    1. Claim Status: **P – Paid**

This status indicates that the claim has been processed and payment has been issued according to Medicaid reimbursement guidelines.

Note: Claim Control# = TCN



Department of Health and Social Services
Remittance Advice

Provider Number: [redacted] NPI: [redacted] Remittance No: [redacted] Warrant No [redacted] Paid Date: [redacted]

LNN	Service Dates	CPT/HCPCS	M1	M2	M3	M4	REND PROV	BILLED AMT	ALLOWED UNTS	ALLOWED AMT	OTH - DED	PAYMENT	STATUS
2	04/29/2026 - 04/29/2026	[redacted]					[redacted]	$225.00	5	$204.15	$0.00	$0.00	D
TPL	$0.00						TOTAL CHARGE	$270.00		$244.98	$0.00	$0.00	

EOB CODES 65010
REMARK CODES N522

MEMBER ID [redacted] | MEMBER NAME [redacted] | PATIENT ACCT NBR [redacted]

CLAIM CONTROL# [redacted] | CLAIM TRANSACTION TYPE: Adjudicated - Original Claim | CLAIM TYPE [redacted] | CLAIM STATUS: D - Denied

FCN: NA | ADJ REASON CODE: - | RELATED TCN: NA | ORIGINAL PAID DATE: 05/19/2026

3. Denied Claims – are listed after paid claims.
    1. Claim Status: **D -Denied**

The associated Explanation of Benefits (EOB) Codes and Remark Codes provide detailed explanations for the denial and should be reviewed to determine any required corrective action.

Note: Claim Control# = TCN

Claim Status: In Process

MEMBER ID	MEMBER NAME	PATIENT ACCT#	CLAIM CONTROL#	CLAIM TYPE	SERVICE DATES	BILLED	EOB CODES
[redacted]					06/02/2026 - 06/02/2026	$1,373.38	65010
					06/12/2026 - 06/12/2026	$3,893.38	65010
					06/24/2026 - 06/24/2026	$3,368.38	49297
					06/08/2026 - 06/08/2026	$3,893.38	65010
					06/05/2026 - 06/05/2026	$3,578.38	65010
					06/03/2026 - 06/03/2026	$3,578.38	65010
					06/01/2026 - 06/01/2026	$3,263.38	65010
					05/29/2026 - 05/29/2026	$3,893.38	65010
					06/15/2026 -		65013,

4. Suspended Claims –
    1. Claim Status: **In Process**
        - This section provides a summary of **In Process** claims, including the Member ID, Member Name, Patient Account Number, TCN, and Claim Type, service dates, billed amount and EOB codes.

Suspended claims represent claims that require additional review before final adjudication.
These claims have not yet been approved for payment or denied and may require further investigation or processing.

Note: Claim Control# = TCN

Department of Health and Social Services
Remittance Advice

Provider Number: [redacted] NPI: [redacted] Remittance No: [redacted] Warrant No: [redacted] Paid Date: [redacted]

LNN	Service Dates	CPT/HCPCS	M1	M2	M3	M4	REND PROV	BILLED AMT	ALLOWED UNTS	ALLOWED AMT	OTH - DED	PAYMENT	STATUS
2	04/29/2026 - 04/29/2026	[redacted]						$225.00	5	$204.15	$0.00	$0.00	D

TPL	$0.00	**TOTAL CHARGE**	$270.00
EOB CODES	65010		
REMARK CODES	N522		

MEMBER ID [redacted]	**MEMBER NAME** [redacted]	**PATIENT ACCT NBR** [redacted]	
CLAIM CONTROL# [redacted]	**CLAIM TRANSACTION TYPE** Adjudicated - Original Claim	**CLAIM TYPE** [redacted]	**CLAIM STATUS** D - Denied
FCN NA	**ADJ REASON CODE** -	**RELATED TCN** NA	**ORIGINAL PAID DATE** 05/19/2026

5. Claim Summary – this section is displayed at the bottom of each claim and includes:
    - EOB and Remark Codes
    - TPL information
    - Total Charges
    - Allowed Amount
    - Member Information
    - Claim Type
    - Claim Status

Use this section to review the outcome and financial details associated with the claim.

Department of Health and Social Services
Remittance Advice

Provider Number: [redacted] NPI: [redacted] Remittance No: [redacted] Warrant No: [redacted] Paid Date: [redacted]

REMITTANCE ADVICE SUMMARY

	FOR PAYMENT COUNT	FOR PAYMENT AMOUNT	HISTORY ONLY COUNT	HISTORY ONLY AMOUNT	PRIOR BALANCE	CYCLE INCREASE	CYCLE DECREASE	NET CYCLE	FORWARD BALANCE
PAID ORIGINAL	8	$4,273.75	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
PAID DEBIT ADJUSTMENT	0	$0.00	0	$0.00					
PAID CREDIT ADJUSTMENT	0	$0.00	0	$0.00					
PAID VOIDED CLAIMS	0	$0.00	0	$0.00					
DENIED (*)	16	$6,799.00	0	$0.00					
FINANCIAL TRANSACTIONS	0	$0.00	0	$0.00					
IN PROCESS (*)	1	$110.00	0	$0.00					
NET CLAIMS TXNS PAID	8	$4,273.75	0	$0.00					

(*) = Includes Original Claims, Voids and Adjustments

FINANCIAL TRANSACTIONS
REFUNDS AND VOIDED CHECK: $0.00
SYSTEM PAYOUTS: $0.00
MANUAL PAYOUTS: $0.00

REMITTANCE CYCLE TOTAL: $4,273.75
YEAR-TO-DATE CLAIMS COUNT: 1,354

CHECK NUMBER [redacted] **WAS ISSUED FOR $4,273.75 WITH THIS REMITTANCE**
YEAR-TO-DATE TOTAL PAID(1099):$531,518.78

6. RA Financial Summary – Provides a consolidated view of all claim activity included in the RA. Review this section to

reconcile payments and understand the overall financial activity.
This section includes:

Claim Totals

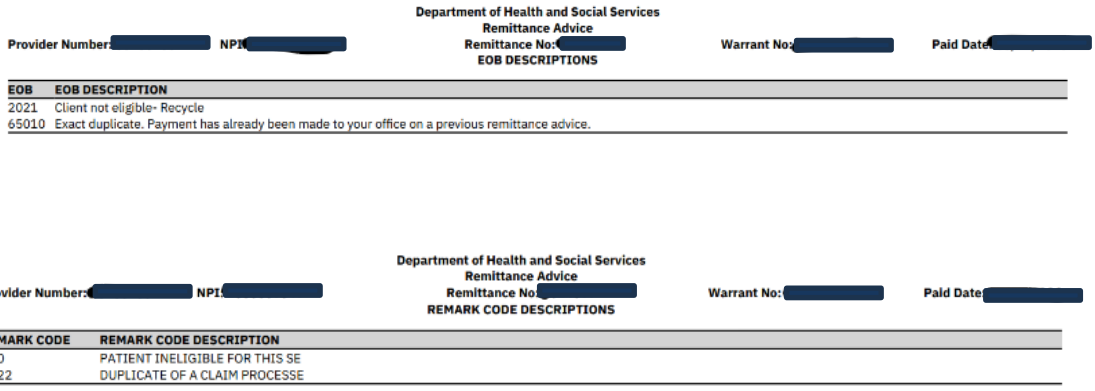
- Total paid claims
- Total denied claims
- Debit adjustments
- Credit adjustments

Financial Transactions

- Refunds
- Voids
- System payouts
- Manual payouts

Code References

- EOB Codes and Descriptions
- Remark Codes and Descriptions



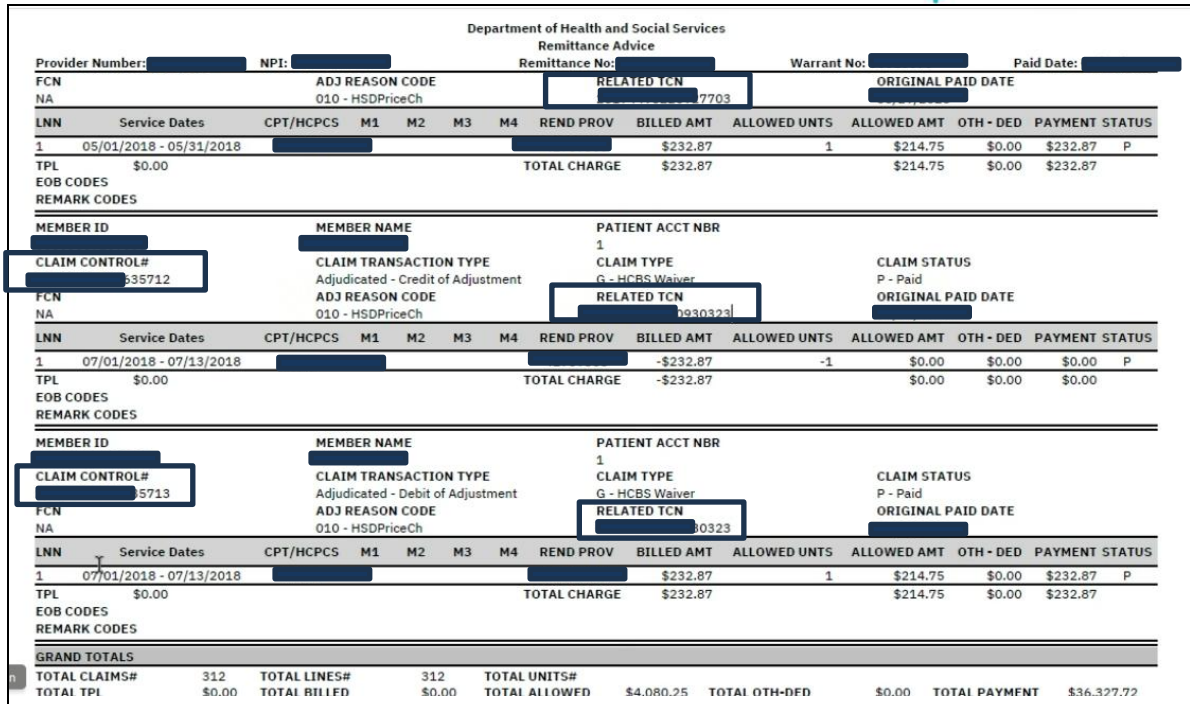
Department of Health and Social Services
Remittance Advice
Provider Number: [redacted] NPI [redacted] Remittance No: [redacted] Warrant No: [redacted] Paid Date [redacted]
EOB DESCRIPTIONS

EOB	EOB DESCRIPTION
2021	Client not eligible- Recycle
65010	Exact duplicate. Payment has already been made to your office on a previous remittance advice.

Department of Health and Social Services
Remittance Advice
Provider Number: [redacted] NPI [redacted] Remittance No: [redacted] Warrant No: [redacted] Paid Date [redacted]
REMARK CODE DESCRIPTIONS

REMARK CODE	REMARK CODE DESCRIPTION
N30	PATIENT INELIGIBLE FOR THIS SE
N522	DUPLICATE OF A CLAIM PROCESSE

7. EOB/CARC/REMARKS
    1. EOB(s) Data – The explanation of benefit (EOB) code, description, and the line number to which the EOB code applies.
    2. CARC – Claim Adjustment Reason Code is a standardized code used in medical billing to explain why an insurance claim was denied or adjusted.
    3. Remark Code – are standardized codes used in medical billing to provide additional context and clarification for why an insurance claim was adjusted or denied.



Department of Health and Social Services
Remittance Advice

Provider Number: [redacted] NPI: [redacted] Remittance No: [redacted] Warrant No: [redacted] Paid Date: [redacted]

FCN	ADJ REASON CODE	RELATED TCN	ORIGINAL PAID DATE
NA	010 - HSDPriceCh	[redacted]7703	[redacted]

LNN	Service Dates	CPT/HCPCS	M1	M2	M3	M4	REND PROV	BILLED AMT	ALLOWED UNTS	ALLOWED AMT	OTH - DED	PAYMENT	STATUS
1	05/01/2018 - 05/31/2018	[redacted]					[redacted]	$232.87	1	$214.75	$0.00	$232.87	P
TPL	$0.00						TOTAL CHARGE	$232.87		$214.75	$0.00	$232.87	

EOB CODES
REMARK CODES

MEMBER ID [redacted] MEMBER NAME [redacted] PATIENT ACCT NBR 1

CLAIM CONTROL# [redacted]35712 CLAIM TRANSACTION TYPE Adjudicated - Credit of Adjustment CLAIM TYPE G - HCBS Waiver CLAIM STATUS P - Paid

FCN	ADJ REASON CODE	RELATED TCN	ORIGINAL PAID DATE
NA	010 - HSDPriceCh	[redacted]930323	[redacted]

LNN	Service Dates	CPT/HCPCS	M1	M2	M3	M4	REND PROV	BILLED AMT	ALLOWED UNTS	ALLOWED AMT	OTH - DED	PAYMENT	STATUS
1	07/01/2018 - 07/13/2018	[redacted]					[redacted]	-$232.87	-1	$0.00	$0.00	$0.00	P
TPL	$0.00						TOTAL CHARGE	-$232.87		$0.00	$0.00	$0.00	

EOB CODES
REMARK CODES

MEMBER ID [redacted] MEMBER NAME [redacted] PATIENT ACCT NBR 1

CLAIM CONTROL# [redacted]5713 CLAIM TRANSACTION TYPE Adjudicated - Debit of Adjustment CLAIM TYPE G - HCBS Waiver CLAIM STATUS P - Paid

FCN	ADJ REASON CODE	RELATED TCN	ORIGINAL PAID DATE
NA	010 - HSDPriceCh	[redacted]30323	[redacted]

LNN	Service Dates	CPT/HCPCS	M1	M2	M3	M4	REND PROV	BILLED AMT	ALLOWED UNTS	ALLOWED AMT	OTH - DED	PAYMENT	STATUS
1	07/01/2018 - 07/13/2018	[redacted]					[redacted]	$232.87	1	$214.75	$0.00	$232.87	P
TPL	$0.00						TOTAL CHARGE	$232.87		$214.75	$0.00	$232.87	

EOB CODES
REMARK CODES

GRAND TOTALS

TOTAL CLAIMS#	312	TOTAL LINES#	312	TOTAL UNITS#			
TOTAL TPL	$0.00	TOTAL BILLED	$0.00	TOTAL ALLOWED	$4,080.25	TOTAL OTH-DED	$0.00	TOTAL PAYMENT	$36,327.72

8. Helpful Hints
    1. Claim Adjustments are composed of two parts on the remittance advice (RA), a credit transaction and a debit transaction.
        - A credit adjustment TCN will have a Transaction Type 2
        - A debit adjustment TCN will have a Transaction Type 3
    2. Credit lines appear as negative transactions. This represents a reversal of the original claim, crediting NM Medicaid for the previous payment.
        - The status of each claim line in the credit section will show the same status as the original claim (e.g., if a claim line was paid (P) on the original claim, it will show paid in the credit section).
    3. Debit lines appear as positive transactions. This represents the new payment to the provider.

The status of each claim line in the debit section will show the new status of each line after being adjusted (e.g., if the adjusted claim line is paid (P), it will show paid in the claim status.

Note: The original TCN associated with the adjustment is identified as the **Related TCN**.