# **PC Print User Guide**

FISS User Manual FISS Reference Area 14

Use or disclosure of the data contained in this section is subject to restrictions of Contract # CIOSP3 HHSN-316-2012-00026W HHSM-500-2017-00007U.

# Contents

Chapter 1	8
Introduction	8
Description and Use	8
Benefits of the PC Print Program	9
Technical Support	9
Comments	9
Chapter 2	10
Glossary	10
Table of Acronyms	10
Chanter 2	11
Getting Started	
Installation Software	11
Uninstall Process	
Installation	
Updating CARC/RARC/Business Scenario	12
Running the PC Print Program	12
ERA Version Information	12
ERA Version 5010	
Printer Setup	
General Text Print File	14
Chapter 4	15
Menu Bar Options	15
Accessing the Screen	15
File Option	16
Edit Option	17
View Option	18
Help Option	19
Chapter 5	20
Tool Bar Ontions	20
X12 Button	20
Data File Segments	
SL Button	23
PS Button	24
BS Button	25
AC Button	26
Active Scroll Bar	27
SC Button	
Printer Button	29

Use or disclosure of the data contained in this section is subject to restrictions of Contract # CIOSP3 HHSN-316-2012-00026W HHSM-500-2017-00007U.

GCR Button	
GCR Code Search	
GCR Display Full Descriptions	
BUS.SCE. Button	
Code Combination Listing	
Dialog Box	
Chapter 6	
Printing Options	
Printing the 'Single Claim' Report	
Printing the 'All Claims' Report	
Printing the 'Provider Summary' Report	
Printing the 'Bill Summary' Report	
Print Example A	
Print Example B	
Print Example C	
Print Example D	
Print Example E	
Chapter 7	
Find Options	
Find Option General	
Single Claim Find	
Find Dialog Box	
Single Claim Screen	
All Claims Find	47
All Claims Find Button	
All Claims Find Dialog Box	
All Claims Search Results	
Application Return Button	
Application Toggling	
Find CARC/RARC	
Find CARC/RARC Dialog Box	
Chapter 8	

Processing Procedures Loading New Data File and PC Print Process	
Chapter 9	65
System Layout/Mapping	65
All Claims Report	65
Single Claim Report	70
Charges	
Days/Vists	
Payment Data	
ADJ Reason Codes	
Single Claim Report Service Lines	76
First Revenue Line Headings	
Second Revenue Line Headings	
Third Revenue Line Headings	
Group/CARC Codes	
RARC Codes	
Bill Type Summary Report	78
Charges	
Days/Visits	
Payment Data	80
Provider Payment Summary Report	
Payment Summary	
Home Health / Hospice All Claims Report Home Health / Hospice Single Claim Report	
Charges	
Days/Visits	
ADJ Reason Codes	
Group/CARC Codes	

RARC Codes	
Single Claim Report – Service Lines	98
First Revenue Line Headings	
Second Revenue Line Headings	
Third Revenue Line Headings	100
Group/CARC Codes	100
RARC Codes	100
Revision History	

# Tables

Table 1. Table of Acronyms	10
Table 2. Loop Segment Data Elements for the 5010 835 to All Claims Report	65
Table 3. Loop Segment Data Elements for the 5010 835 to All Claims Report	70
Table 4. Single Claim Report – Charges	72
Table 5. Single Claim Report – Days/Visits	72
Table 6. Single Claim Report – Payment Data	73
Table 7. Single Claim Report – ADJ Reason Codes	75
Table 8. Single Claim Report - First Revenue Line Headings	76
Table 9. Single Claim Report - Second Revenue Line Headings	77
Table 10. Single Claim Report - Third Revenue Line Headings	77
Table 11. Single Claim Report - Group/CARC Codes	77
Table 12. Single Claim Report - RARC Codes	77
Table 13. Bill Summary - Basic Fields	78
Table 14. Bill Summary – Charges	79
Table 15. Bill Summary - Days/Visits	80
Table 16. Bill Summary - Payment Data	80
Table 17. Provider Payment Summary Report - Basic Fields	83
Table 18. Provider Payment Summary Report - Payment Summary	85
Table 19. Home Health / Hospice All Claims Report - Basic Fields	86
Table 20. Home Health / Hospice Single Claim Report - Basic Fields	91
Table 21. Home Health / Hospice Single Claim Report - Charges	93
Table 22. Home Health / Hospice Single Claim Report - Days/Visits	93
Table 23. Home Health / Hospice Single Claim Report - ADJ Reason Codes	97
Table 24. Home Health / Hospice Single Claim Report - Group/CARC Codes	97

Table 25. Home Health / Hospice Single Claim Report - RARC Codes	97
Table 26. Single Claim Report - First Revenue Line Headings	98
Table 27. Single Claim Report - Second Revenue Line Headings	99
Table 28. Single Claim Report - Third Revenue Line Headings	100
Table 29. Single Claim Report - Group/CARC Codes	100
Table 30. Single Claim Report - RARC Codes	100
Table 31. Revision History	101

## Figures

Figure 1. Printer Setup - Toolbar Option Screen Layout	13
Figure 2. Printer Setup Dialog Box - Printer Drivers Screen Layout	14
Figure 3. Accessing the Screen - Screen Layout	15
Figure 4. File - Tool Bar Function Screen Layout	16
Figure 5. Edit - Toolbar Option Screen Layout	17
Figure 6. View - Toolbar Option Screen Layout	18
Figure 7. Help - Toolbar Option Screen Layout	19
Figure 8. X12 Button - Open Data File Dialog Box Screen Layout	20
Figure 9. Data File Segments and De-blocked Segments Screen Layout	21
Figure 10. Data File Segments and Detail Data Elements Screen Layout	22
Figure 11. SL (Segment List) Button Screen Layout	23
Figure 12. PS (Provider Summary) Button Screen Layout	24
Figure 13. BS (Bill Summary) Button Screen Layout	25
Figure 14. AC (All Claims) Button Screen Layout	26
Figure 15. Active Scroll Bar Screen Layout	27
Figure 16. SC (Single Claim) Button Screen Layout	28
Figure 17. Printer Button Screen Layout	29
Figure 18. GCR (Group, CARC, RARC) Button Screen Layout	30
Figure 19. GCR Code Search Option Screen Layout	31
Figure 20. GCR Display Full CARC/RARC Description Buttons Screen Layout	32
Figure 21. BUS.SCE (Business Scenario) Button Screen Layout	33
Figure 22. Business Scenarios - Code Combination Listing Screen Layout	34
Figure 23. Business Scenario Dialog Box Screen Layout	35
Figure 24. Print Example A	38
Figure 25. Print Example B - Print All Items	39
Figure 26. Print Example C - Mark for Print	40
Figure 27. Print Example D	41
Figure 28. Print Example E - Print Marked Items	42
Figure 29. Find Options General Screen Layout	43

Page vi

Use or disclosure of the data contained in this section is subject to restrictions of Contract # CIOSP3 HHSN-316-2012-00026W HHSM-500-2017-00007U.

Figure 30. Single Claims Find Option Screen Layout	44
Figure 31. Find Dialog Box Screen Layout	45
Figure 32. Single Claim Screen Layout	46
Figure 33. All Claims Screen Layout	47
Figure 34. All Claims Find - AC Button Screen Layout	48
Figure 35. All Claims (AC) Find Dialog Box Screen Layout	49
Figure 36. All Claims (AC) Search Results Screen Layout	50
Figure 37. SC (Single Claim) Format Screen Layout	51
Figure 38. SC (Single Claim) Screen Layout	52
Figure 39. CARC/RARC Find Option Screen Layout	53
Figure 40. Find CARC/RARC Dialog Box Screen Layout	54
Figure 41. Blank SL (Segment List) Screen Layout	55
Figure 42. X12 Button - Open Dialog Box (1 of 2)	56
Figure 43. X12 Button - Open Dialog Box (2 of 2)	57
Figure 44. Data File in Segment List (SL) Format (1 of 2)	58
Figure 45. Data File in Segment List (SL) Format (2 of 2)	59
Figure 46. Provider Summary (PS) Screen Layout	60
Figure 47. Bill Summary (BS) Screen Layout	61
Figure 48. All Claims (AC) Screen Layout	62
Figure 49. All Claims (AC) Screen Layout	63
Figure 50. Single Claim (SC) Screen Layout	64
Figure 51. Mapping 5010 835 to All Claims Report	65
Figure 52. Mapping 5010 835 to Single Claim Report	70
Figure 53. Mapping 5010 835 to Bill Summary Report	78
Figure 54. Mapping 5010 835 to Provider Payment Summary Report	83
Figure 55. Mapping 5010 835 to All Claims Report Header Layout	86
Figure 56. Mapping 5010 835 to Single Claim Report	91
Figure 57. Mapping 5010 835 to Single Claim Report - Service Lines	98

Note: A hyphen (-) in a table cells indicates "N/A" for this document.

# **Chapter 1**

## Introduction

This section provides knowledge on PC Print as well as explains the benefits of using this system.

## **Description and Use**

The PC-based ANSI ASC X12.835 translator program (PC Print) is an interactive program written for the IBM PC and compatibles. It allows the viewing and printing of the Medicare Part A Electronic Remittance Advice received by the Provider in the form of an ANSI ASC X12.835 Electronic Remittance Advice.

The primary purpose of the program is to produce a paper remittance advice containing all of the data residing within the ANSI ASC X12.835 Electronic Remittance Advice transmission. The intent of the paper remittance advice is to facilitate Accounts Receivable processing for the end user, a Provider, who does not have access to sophisticated data processing facilities. Also, to produce a paper remittance advice acceptable for subsequent payers processing when electronic links capable of ANSI ASC X12.835 transmission do not exist.

## **Benefits of the PC Print Program**

Viewing facilities exist to display a Single Claim. Compressed font is incorporated in order to display the detail line item activity of a claim.

The All Claims display allows the operator to view all of the claims in a 25 claim count increment, within the transmission in an abbreviated format. The All Claims display allows for left and right scrolling in order to view the entire Header and Detail of each claim displayed.

A Summary Subtotal/Total Bill Type, Bill Summary, displays the sub-totals for each payment category, per provider fiscal year and the total remittance found within the Single Claim display, accumulated and displayed by TOB (Type of Bill).

A Payment Summary, Provider Summary, identifies the total paid to the Provider for this billing cycle/transmission. It also indicates the total claims within the billing cycle/transmission. Nonclaim payment adjustments are displayed when applicable. These adjustments allow for Provider payments when claims are not present, for example, Periodic Interim Payments, Cost Report Settlements, etc. The adjustment also allow for various other financial transactions required between Fiscal Intermediaries and Providers.

The PC Print program allows the end user to view or print all of the above displays. These displays can be done selectively in all situations.

## **Technical Support**

Within the Standard System Maintainer/MAC community, designated local, FISS Operation support personnel should be contacted for technical support. Updates are distributed through established channels.

## Comments

The Standard System Maintainer receives requests for enhancements and corrections through the existing Question/Problem process.

The PC Print environment has limitations on the size of a data file used. It has been determined that a data file with greater than approximately 80,000 segments does not appropriately process in this PC Print Software. FISS does not recommend using files greater than 80,000 segments. Further in this document, segments are covered.

# **Chapter 2**

## Glossary

This section provides a brief listing of acronyms used in the PC Print Software. This is presented at the beginning of the manual to assist in an understanding.

## Table of Acronyms

Acronym	Description
AC	All Claims Report/Screen
ANSI	American National Standards Institute
ASC	Accredited Standards Committee (ASC X12)
BS	Bill Summary Report/Screen
GCR	Group CARC RARC
MID	Medicare Identification, Beneficiary's Primary Identifier
PHLATS	Phone Logging and Tracking System
PS	Provider Summary Report/Screen
SC	Single Claim Report/Screen
SL	Segment List
X12	835 ERA Data File

Table 1. Table of Acronyms

# Chapter 3

## **Getting Started**

This section provides instructions for getting started using PC Print.

### **Installation Software**

PC Print has been packaged using INNO. This software allows all files needed to install the application to be easily packaged and then installed on the user's machine.

Effective with PC Print version 8.0, released in April 2020, PC Print is compatible with all current Microsoft supported version of Windows (as of 2020).

## **Uninstall Process**

New version of PC Print can be installed without uninstalling the previous version.

- 1. Click Start
- 2. Click Control Panel
- 3. Click Uninstall a Program
- 4. Select PC Print version #.# (# being installed version number)

### Installation

1. Go to the following website:

Medicare Shared Systems Contractor Login

- 2. Login
  - Click on the Fiscal Intermediary Shared System (FISS)
  - Click or scroll down to PC Print
  - Click FISS PC Print 9.X
  - Follow the download instructions provided in the FISS PC Print Download Directions

### **Updating CARC/RARC/Business Scenario**

1. Go to the following website:

Medicare Shared Systems Contractor Login

- 2. Login
  - Click on the Fiscal Intermediary Shared System (FISS)
  - Click or scroll down to PC Print
  - Click FISS PC Print Update #### 20## (# replaces Month and Year)
  - Download the most recent date
  - Follow the download instructions provided in the FISS PC Print Download Directions

## **Running the PC Print Program**

To run the program, simply double-click on the PC Print Icon on the Desktop. The PC Print program runs over a network identically to how it runs locally. Ensure that when saving or archiving transmissions that the appropriate directory is chosen.

## **ERA Version Information**

## ERA Version 5010

The 5010 Version of PC Print allows the end user to load and view a 5010 835 X12 ERA data files. As in the previous PC Print version, for Inpatient claims there are line level adjustments for non-covered and denied charges and claim level adjustments as appropriate. For outpatient claims all adjustments are at the line level, with the exception of Outlier; it is reported at claim level.

The 5010 version reflects the Provider Summary Report (screen and report).

The 5010 version also has modified the Single Claim Report (screen and report) to reflect additional service line information, the Line Item Control Number, the Service Line Description for Not Otherwise Classified and the Health Care Policy Indicator.

The other changes that were implemented for these reports as well as the Bill Summary and the All Claims reports were minimal, such as the removal of fields no longer being used.

## **Printer Setup**

PC Print using WinBld									- a ×
Print Ctrl-P Print Varked Items	- PS	BS BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
Print All Items Print Setup									
Recent 835 ANSI Files(s)									
Exit									
									3:29 PM
	📴 🤇	2 🔛 😣 😒						ጽ ^ 🐁 🧖 🕸	) 12/23/2019

Figure 1. Printer Setup - Toolbar Option Screen Layout

- 1. To set up for printing, select File from the title bar.
  - 2. Then select Print Setup from the pull down menu.

File	CPrint using W Edit View	inBld Help									- 0 ×
$\square$	X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
	rint inter lame: HP E latus: Ready yoe: HP EN Where: USB0 comment: int range ∂ Al ○ Pages from: ○ Selection	NVY 4500 series	Proper	× tites							
	، فر		💽 🤮 🖻	s 💫 🔹	w 📃 🧶					x <sup>q</sup> ^ 🐟 🧖 🗘	)) 12/23/2019 📆

Figure 2. Printer Setup Dialog Box - Printer Drivers Screen Layout

Along with the printer setup in the PC Print application being set up, ensure that the Print Drivers are also set appropriately as one of the reports, Single Claim, uses two print fonts.

**Note:** If the print drivers are not configured correctly, the single claim does not print appropriately, it prints as a single line. PC Print does not print the report; it turns over the print to Windows, which communicates to a selected printer. Therefore, it is very important that the appropriate print drivers are loaded on any network printers or on the PC for any local printers. If there is still an issue printing the reports it may be due to old hardware technology being used with new software technology, thus, an upgrade of printer and/or operating system may be required.

## **General Text Print File**

If the user wants to generate a print file (generate text file) there should be a generic/text print driver loaded. To create the print file, setup the dialog box by:

- 1. Printer Name: Generic/Text Printer
  - 2. Paper Size: Ledger
  - 3. Orientation: Portrait

Once the file is created, it can be downloaded to a mainframe for viewing.

# **Chapter 4**

 $\mathbf{i}$ 

## **Menu Bar Options**

This section focuses on explaining all the options on the Menu Bar that are available through PC Print and their purpose.

## Accessing the Screen

Figure 3. Accessing the Screen - Screen Layout

FIC Print using Winkd     File Edit View Help	0	×
X12         SL         PS         BS         AC         SC         Previous         Next         Print         G C         R	BUS SCE	

Upon double clicking on PC Print Icon, the system displays this screen. Take notice that the SL button is always pre-selected. Before any claim information can be viewed a data file needs to be selected.

## **File Option**

If is int low why         Print       Output       Output	PC Print using WinBld										- 0	×
Print       Cot       PS       B.S       A.C       S.C       Previous       Next       Print       G. R       BUS         Print Manded Ress       B.S       A.C       S.C       Previous       Next       Print       G. R       BUS         Print Manded Ress       B.S       A.C       S.C       Previous       Next       Print       G. R       BUS         Print Steight       B.S       A.C       S.C       Previous       Next       Print       G. R       BUS         Recent 835 ANS Files(s)       Ext       File	File Edit View Help				1			-			1	
	Print Ctrl-P	_	PS	BS	AC	SC	Previous	Next	Print	G	BUS	
	Print All Items	18				1				C N	JUL	
	Print Setup											
	Recent 835 ANSI Files(s)	-										
	Exit											
A □  A												
P □  P												
A □ B C S S M S												
335 PM             335 PM												
#     β     []     []     β     []     []     335 PM       #     β     []     []     []     []     []     335 PM       #     β     []     []     []     []     []     []												
#     β     []     []     β     []     []     335 PM       #     β     []     []     []     []     []     []       #     β     []     []     []     []     []     []												
#     β     []     []     []     335 PM       #     β     []     []     []     []												
#     β     []     []     []     335 PM       #     β     []     []     []     []												
#     β     []     []     []     β     []     []     []     335 PM       #     β     []     []     []     []     []     []     []     []       #     β     []     []     []     []     []     []     []												
12/23/2019 ₹												
# $\mathcal{P}$ ID 📙 🙋 💀 😌 🛤 🔕 😵 💵 💁												
# $\mathcal{P}$ 🗇 🛅 🧮 🥰 😌 🛤 🚱 😻 📓												
	🗄 A 🗆 📄	e	💁 e 💌	s 😵 😵	<u>.</u>					ጽ <sup>ጵ</sup> ^ 💊 <i>ແ</i> ላ	3:36 PM 12/23/2019	0

Figure 4. File - Tool Bar Function Screen Layout

Menu Option – File

- 1. Select the File option from the title bar.
  - 2. When File is selected, various choices display based on the particular format of PC Print. In the above example, PC Print has opened, no data file has been selected, and only certain options are available.

## **Edit Option**

🕌 f	Print using Win Edit View H	nBld elp										- 0 ×
	Mark for Print Find	Ctrl-M Ctrl-F	SL	PS	BS	AC	sc	Previous	Next	Print	G C R	BUS SCE
	Find CARC/RAI	CH-N 4										
ŧ	)) كر	)	e	🙀 e 🕨	s 💫	<b>V</b> I					ጽ ^ 💊 🧖 🕸	3:36 PM 12/23/2019

Figure 5. Edit - Toolbar Option Screen Layout

Menu Option – Edit

- 1. The Edit option offers a Mark for Print, Find, Find Next, and Find CARC/RARC
  - Mark for Print is available for use on the All Claims and Single Claims reports.
  - The **Find Next** becomes available for use after the initial Find when viewing the claims.
  - The **Find CARC/RARC** is available for use in searching for a specific CARC or RARC, the associated effective date, termination date, and the code description.

## **View Option**

🛃 PC Print using Wir	nBld									- 0	×
File Edit View H	lelp										
🛛 🗹 Toolba	ar		0.0	10		Desularia	March	Delat	G	BUS	
X1 🗹 Status	s Bar		BS	AC	SC	Previous	Next	Print	C R	SCE	
🗹 Legen	nd										
Segment	ient List	Ctrl-L									
Provid	der Summary	Ctrl-R									
Billing	g Type Summary	Ctrl-B									
All Cla	aims	Ctrl-A									
Single	e Claim	Ctrl-S									
CARC	/RARC	Ctrl-U									
Displa	ay Business Scenarios	Ctrl-O									
Next		Ctrl+Shift-Period									
Previo	ous	Ctrl+Shift-Comma									
	Display Business Scenarios Ceri-O Next Ceri-Shih-Peric Previous Ceri-Shih-Com										

Figure 6. View - Toolbar Option Screen Layout

Menu Option – View

- 1. The View menu option allows for selection of the Tool Bar, Status Bar and the Legend (Screen Header for the All Claims format).
  - View also identifies the keyboard commands necessary to navigate through the various screens that make up the PC Print Application.
  - Available for use is the Next and Previous options. These can be used to parse backward and forward through the different formats.
  - Provides the ability to view CARC/RARC codes, the associated effective dates, termination dates, and the descriptions. The CARC/RARC option also depicts group codes.
  - Provides the ability to view the four Business Scenarios with the associated CARC/RARC and group codes.

## **Help Option**

🕌 PC Print using File Edit View	Help									- 0	×
X12	About PC Print User Guide Manual	PS	BS	AC	sc	Previous	Next	Print	G C R	BUS SCE	

Figure 7. Help - Toolbar Option Screen Layout

#### Menu Option – **Help**

The Help Menu Option allows for selection of the About PC Print option and the User Guide Manual option.

- About PC Print provides the version number of the PC Print in use.
  - Clicking on the About PC Print button will display a dialog box that displays the version number of PC Print.
- User Guide Manual provides the option to display the User Guide Manual.
  - Clicking on the User Guide button will display the User Guide manual.

## **Chapter 5**

## **Tool Bar Options**

## X12 Button

PoP PC Print using	WinBld Help								-	- 🗆 X
X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
		E L F F	Open Ook In: X12 1015ERATES 020620 TEST	T.txt txt 12 & txt Files			a) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			

Figure 8. X12 Button - Open Data File Dialog Box Screen Layout

- 1. Clicking on the X12 button brings up the Open dialog box.
  - 2. Select Data file for viewing the data files, select one, then click the Open button.
  - 3. Another option to select a Data file is the File name: Once a file has been viewed, it is available to be selected from the 'Drop Down' Box.

### **Data File Segments**



Once the data file is opened, the PC Print application displays (on the left side of the screen) the data file segment listing the GS segment(s).

Also displayed on this screen in a deblocked segment format (one segment per line), is each segment of the transmitted X12.835 file.

**Note:** At the bottom of the screen there is a status bar that provides information about the 835 X12 data file. It provides the total number of claims in the file and the total number of segments in the file. If the total number of segments exceeds the file size limitation of approximately 80,000 segments and the user accesses the All Claims or Single Claims report and encounters the claim that exceeds the limitation, an error message displays. The user needs to shut down PC Print and restart the application.

S	egments			]	Data Elem	ents			
Figure 10. Dat	a File Segme	ents and	Detail D	ata Elen	nents Scre	en Layo	out		
File Edit View Help					/	/			- o ×
<b>X12</b> SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BU S SCE
GS 346000001 GS 34600002 GS 34600003 GS 34600002 GS 34600002 GS 34600002 GS 34600002 GS 34600002 GS 34600002 GS 34600001 GS 34600001 GS 34600003 GS 34600003 GS 34600003 GS 34600003 GS 34600002 GS 34600001 GS 34600002 GS 34600001 GS 34600002 GS 34600002 GS 34600002 GS 34600002 GS 34600002 GS 34600003 GS 3	Non-Worlds           NOA           MOA           MOA           MAD1           DTM           20150210           DTM           20150212           DTM           20150212           DTM           20150210           CAS           CAS           CO           AMT           DTM           20150210           CAS           CA           CAS           CO           AMT           B6           SVC           RC-70030*0.3*80*           DTM           20150212           CAS           CAS           CO           AMT           B6           SVC           HC-70030*0.3*80*           DTM           20150212           CAS           CAS           DTM           20150212           CAS           CAS           DTM           20150212           CAS           CAS           DTM			Date/Tim     Intermed     Time Coc     Date Tim     Date Tim     Date Tim	e Qualifier any Cycle Date de e Period Format Qualifier e Period		233 20150212 Not Used Not Used		

Upon clicking on any segment, the detail data elements for that segment displays on the right side of the screen. This segment list is primarily a diagnostic tool.

### **SL Button**

File Edit View Help									- 0	×
X12 SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE	
GS 346000001	CLP 123456789			<b></b>						
GS 346000002	NM1 TEST									
GS 346000003										
GS 346000001	DTM 20150210									
GS 346000002	DTM 20150212									
GS 346000003										
GS 346000001										
GS 346000002	SVC HC*70030***									
GS 346000001	DTM 20150210									
GS 346000002	CAS OA									
GS 346000003	LQ HE									
GS 346000001	SVC HC*70030*AS*82*									
GS 346000002	DTM 20150211									
GS 346000003	CAS CO									
GS 346000001	AMT B6									
GS 346000002	SVC HC*70380*Q3*80*									
GS 346000003	DTM 20150212									
GS 346000001	CAS CO									
G\$ 346000002	AMT B6									
GS 346000003	SVC HC*70030*Q3*80*									
GS 346000001	DTM 20150211			_						
GS 346000002	CAS CO									
GS 346000003	AMT B6									
GS 346000001	SVC HC*70380*AS*80*									
GS 346000002	DTM 20150212									
GS 346000003	CAS CO									
GS 346000001	AMI B6									
CS 346000002										
33 34000003	SE 45									
	GE 1									
	IFA 1									
ļ				<b>v</b>						
Total Claims: 30 Total Segments:	: 1281									

Figure 11. SL (Segment List) Button Screen Layout

The **SL** (Segment List) button returns the display to the segment list format from any other location in the application.

**Example:** If the current selection is **AC** for the All Claims screen, selection of the SL button returns the user to the segment list display.

### **PS Button**

File Edit View He	-lp	<b>`</b>								- 0	×		
X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BU	5		
WeBICAPE National Standard Intermediary Remittance Advice           PAYEE NAME           123 TEST RD         123 TEST RD           ANYTOWN         FL 123450800           ANYTOWN         FL 123450778           CHECK / FFT NUMBER: 0001305000         PAYTEINTSUMMARY													
PAYMENT TOTAL: TOTAL CLAIMS:	6.0	PAYMENT SUMMARY B BILLING CYCLE 1 TOTAL PIP CLAI	12/12/2014 MS: 0										
BD>BD/ OA>KA/ CS>CA/	: - : -2 : 1	FINANCIAL ADJUSTMENT 21904.00 DM>DM 85932.00 RE>RE 86112.22		: -121674.00 : -106545.00									
Payer Business Contra Telephone: 5555555 Telephone Extension: Facsimile: 5555555 Electronic Mail:	<pre>\S&gt;CA/ : 186112.22 hyper Business Contract Information telephone: SSS5SSS5 telephone: SSS5SSS5 telephone: SSS5SS tersinel:: SSS5SSS5 tersinel:: SSS5SSS5</pre>												
Payer Technical Contr Telephone Extension: Facsimile: Electronic Mail: Uniform Resource Loca Payer Web Site Unifor	ayer Technical Contract Information Lephone Extension: 55555555 actimile: Lectronic Mall: niform Resource Locator (URL): EMAIL@EMAIL.NET/URL ayer Web Site Uniform Resource Locator (URL): EMAIL@EMAIL.NET/URL												

#### Figure 12. PS (Provider Summary) Button Screen Layout

The PS (Provider Summary) button displays the Payment Summary screen format.

The Provider Summary Report (screen and report) now includes the Payer Business and Technical Contact information in addition to the PLB composite data when reporting provider level adjustments.

Note: The Previous/Next buttons allow for the forward and backward parsing through the file.

## **BS Button**

Pop 111920_Test.txt										- 0	×	
File Edit View He	lp											
X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE		
	Medicare Nation	al Standard Intermed	iary Remittance Advic	e								
PAYEE NAME FPE: 12/31/2019 PAYER NAME												
123 TEST RD	PAID: 09/	26/2019 123 TEST RD										
ANYTOWN , FL	123450000 CLM#: 1	ANYTOWN, FL	123450000									
NPI: 1234567890	TOB: 81											
				==								
	SUBTUTAL/TUTAL	FOR BILL TIPE										
CUADCEC .	DAVNENT DATA											
CTARGES:	FATHENT DATA	A DRC ANOUNT	0.000=KEI									
0/30-20=REPORTEL	0.0 TED 0.0	A-DRG /OPER/CAR	0.00=050									
0.00=NCVD/DEN	10 0.0	OEDRG/OPER/CAP	0.00=FR0									
6730 28-COVERED		0-OUTLITER	0.00-PRO									
DAYS/VISITS:	0.0	0-CAP OUTLITER	0100-1110									
31=COST REPT	0.0	Ø=CASH DEDUCT	0.00=ACO	/DC RED								
31=COVD/UTIL	0.0	Ø=BLOOD DEDUCT	0.00=INT	EREST								
Ø=NON-COVER	ED 0.0	0=COINSURANCE	-818,21=CON	TRACT ADJ								
0=COVD VISI	TS 0.0	0=PAT REFUND	0.00=PER	DIEM AMT								
0=NCOV VISI	TS 109.8	7=SEQUESTRATN	0.00=PA	REDUCT								
			5333.50=NET	REIM AMT								

#### Figure 13. BS (Bill Summary) Button Screen Layout

The **BS** (Bill Summary) button allows access to view the Type of Bill summary records generated per provider.

Note: The Previous/Next buttons allow for the forward and backward parsing through the file.

## **AC Button**

PoP 111920_Test.txt											– 🗗 🗙
File Edit View He	lp										
X12	SL		PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
PATIENT NAME ICN NUMBER CLAIM #  CLM STATUS NATIONAL PROVIDER MARKED FOR PRINT	) ID	PATIEN MID MEDIC MID CH	NT CNTRL NUMBER AL REC NUMBER HG=X TOB=XXX	FRM DT THR DT CV LN	COST COVDV NCVDV NCV L	REPTD CHGS NCVD/DENIED CLAIM ADJS COVD CHGS	SN DAYS PT DAYS ST DAYS NEW TCH/ECT	MS DAYS NA DAYS COINS AMT SEQUESTRATN ACO/DC RED	REIMB RATE MSP PRI PAY PROF COMP ESRD AMT ISLET	ALLOW/REIM PROC CD AMT LINE ADJ AMT CONT ADJ AMT PA REDUCT	INTEREST PAT REFUND DEDUCTIBLES NET. REIMB
TEST A 219252000002070HR 1   1 1234567890		123456 1ZZ1ZZ A20194 MID CH	3789 212211 400 4G= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50
TEST B 219252000002070HR 2   1 1234567890		123456 1ZZ1ZZ A20194 MID CH	5789 21ZZ11 400 HG= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50
TEST C 219252000002070HR 3   1 1234567890		123456 1ZZ1ZZ A20194 MID CH	5789 212211 400 4G= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50
TEST D 19252000002070HR     1 234567890		123456 1ZZ1ZZ A20194 MID CH	8789 212211 400 HG= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50
Claims 1-4 of 4							·			·	

#### Figure 14. AC (All Claims) Button Screen Layout

The AC (All Claims) button provides access to the All Claims display.

**Note:** The Previous/Next buttons are available at the top of the screen respectively to move through the "All Claims" screen to view the data in its entirety.

The PreviousNextNextup/down scroll bars are available to move up and down through the "All Claims" screen to view the data in its entirety.

## **Active Scroll Bar**

#### Figure 15. Active Scroll Bar Screen Layout

Pop 111920\_Test.txt File Edit View Help - 0 ×

X12	SL		PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
PATIENT NAME ICN NUMBER CLAIM #] CLM STATU: NATIONAL PROVIDER MARKED FOR PRINT	S R ID	PATIEN MID MEDIC MID CH	IT CNTRL NUMBER AL REC NUMBER IG=x TOB=xxx	FRM DT THR DT CV LN	COST COVDV NCVDV NCV L	REPTD CHGS NCVD/DENIED CLAIM ADJS COVD CHGS	SN DAYS PT DAYS ST DAYS NEW TCH/ECT	MS DAYS NA DAYS COINS AMT SEQUESTRATN ACO/DC RED	REIMB RATE A MSP PRI PAY F PROF COMP L ESRD AMT C ISLET F	ALLOW/REIM PROC CD AMT INE ADJ AMT CONT ADJ AMT PA REDUCT	INTEREST PAT REFUND DEDUCTIBLES NET. REIMB
TEST B 219252000002070HF 2   1 1234567890	٤	123456 1ZZ1ZZ A20194 MID CH	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 5 0.00 0 0.00 0 0.00 -{ 0.00 0	333.50 .00 818.21 .00	0.00 0.00 0.00 5333.50
TEST C 21925200000207OHF 3   1 1234567890	ł	123456 1ZZ1ZZ A20194 MID CH	789 12Z11 00 G= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 5 0.00 0 0.00 0 0.00 -8 0.00 0	333.50 .00 .00 318.21 .00	0.00 0.00 0.00 5333.50
TEST D 219252000002070HF 4   1 1234567890	2	123456 1ZZ1ZZ A20194 MID CH	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 5 0.00 0 0.00 0 0.00 -8 0.00 0	333.50 .00 .00 318.21 .00	0.00 0.00 0.00 5333.50
TEST A 219252000002070HF 5   1 1234567890	2	123456 1ZZ1ZZ A20194 MID CH	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 5 0.00 0 0.00 0 0.00 -{ 0.00 -{ 0.00 0	333.50 .00 .00 818.21 .00	0.00 0.00 0.00 5333.50
TEST B 219252000002070HF 6   1 1234567890	٤	123456 1ZZ1ZZ A20194 MID CH	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 5 0.00 0 0.00 0 0.00 -{ 0.00 0	333.50 .00 .00 318.21 .00	0.00 0.00 0.00 5333.50
TEST C 210252000002070HF	,	123456 177177	789 17711	190401	0	6730.28 0.00	0	0	0.000 5	333.50 .00	0.00

## **SC Button**

PeP 111920_ File Edit	Test.txt View He	elp												-	٥	×
X1	2	SL		PS	BS		AC		SC	Previous	Next	Print	G C R	E	BUS SCE	
PAYEE NAME 123 TEST RI ANYTOWN NPI: 12345	D , FL 67890	Medicare F PA . 123450000 CL T	National Stand PE: 12/31/2019 ID: 09/26/2019 M#: 1 OB: 813	dard Intermedi PAYER NAME 123 TEST RD ANYTOWN, FL 1	ary Remittance 23450000	Advice				2	2	·	^			
PATIENT MID CLAIM STAT COR MI	: TEST : 12212212 : 1 D: 1221221	Z11 ZZ11	SVC FROM: 04/ THRU: 04/	A /01/2019 /30/2019	PCN: 1 MRN: A ICN: 2	23456789 2019400 192520000	102070HR									
CHARGES: 6730. 0. 0.	28=REPORTE 80=NCVD/DE 80=CLAIM A 80=LINE AD	D NIED DJS J AMT	0.000=REIM F 0.00=HHA SM 0.00=HHA PT 0.00=HHA ST	RATE N AMT F AMT F AMT	0. 0. 0. 0.	00=COINSU 00=MSP PF 00=CASH E 00=PAT RE	IRANCE IIM PAYER VEDUCT IFUND									=
6730. DAYS/VISIT	28=COVERED 5: B=COST REP 1=COVD/UTI 8=NON-COVE B=COVD VIS B=NCOV VIS	T L RED ITS	0.00=HHA OT 0.00=HHA MS 0.00=HHA MS 5333.50=HSP RC 0.00=HSP GE 0.00=HSP GE	F AMT 5 AMT A AMT DUT CARE DNT CARE ENERAL EXPTE	0. 5333. 109. 0. -818. 0.	00=PROC ( 50=ALLOW/ 87=SEQUES 00=INTER8 21=CONTR/ 00=ACO/DO	CD AMOUNT (REIM STRATN ST KCT ADJ : RED NICT									
REMARK COD	ES:		0.00=HSP PH 0.00=HSP 01	HYS SVC TH MA01 N793	5333.	50=NET RE	IM AMT									
MARIAL T	ert: If yo o make sur owever, in	u do not agree e that we are order to be e	with what we a fair to you, we ligible for an	approved for t e require anot appeal, you m	hese services, her individual ust write to u	you may that did s within	appeal our o not process 120 days of	decision s your in the date	itial claim to con you received this	duct the appeal ; notice, unless you h	have a good reason for	being late.				-
REV LICN SVC Desc 0651	DATE HC 84/01 Q5	PCS APC/HIPPS HCP 001	MODS I	QTY CHA 31.00 444	RGES ALLOW/R 4.16 5333	EIM GC .50 CO	94 253	AMOUNT -999.21 108.87	REMARK CODES							
Claim 1 of	8															

Figure 16. SC (Single Claim) Button Screen Layout

The SC (Single Claim) button displays individual claims on the screen.

The Single Claim Report (screen and report) reflects the Coordination of Benefits (COB) data when there has been a COB transfer. The name and number of the Trading Partner are reflected on the report. In addition, at the service line, the line item control number, health care policy indicator, and the Not Otherwise Classified service line descriptions are reported.

The Group, CARC, and RARC codes and related descriptions are shown at the claim level and line level on the Single Claim screen and report.

**Note:** Previous/Next arrow buttons are available to parse through the claims forward and backward. The screen also has a split screen display. The upper portion presents the claim level data and the lower portion displays the line item detail of the claim. Both sections of the screen have up/down and right/left movement ability in order to view all data available.

### **Printer Button**

PoP 111920_Test.txt										- 0	×
File Edit View He	lp		1							н	
X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE	
PAYEE NAME 123 TEST RD ANYTOWN , FL NPI: 1234567890	Medicare Natio FPE: 12 PAID: 09 123450000 CLM#: 1 TOB: 81	nal Standard Intermed /31/2019 PAYER NAME /26/2019 123 TEST RD ANYTOWN, FL 3	iary Remittance Advic	e 							
🛃 Print			× N: 1234567	89							
Printer			N: A201940 N: 2192520	0 00002070HR							
Name: Microsof	Print to PDF	✓ Proper	ties								
Status: Ready Type: Microsoft Where: PORTPR Comment:	Print To PDF OMPT:	Print to	0.00=COI 0.00=MSP 0.00=CAS 0.00=PAT	NSURANCE PRIM PAYER H DEDUCT REFUND							-
Print range		Copies	0.00=PR0 333.50=ALL	C CD AMOUNT DW/REIM							
All     Pages from: 1     Selection	to: 9999	Number of <u>c</u> opies:	1	UESTRATN EREST TRACT ADJ /DC RED REDUCT							
		ОК	Cancel 333.50=NET	REIM AMT							
REMARK CODES: RARC Codes: MA01 Alert: If you To make sure However, in	i do not agree with that we are fair t order to be eligibl	MA01 N793 what we approved for o you, we require and e for an appeal, you	these services, you m ther individual that must write to us with	ay appeal our deci: did not process you in 120 days of the	sion ur initial claim to con date you received this	duct the appeal notice, unless you h	ave a good reason for	being late.			
REV DATE HCI	CS APC/HIPPS MODS HCPI	QTY CH	ARGES ALLOW/REIM	GC RSN AM	DUNT REMARK CODES			*****			
SVC Desc 0651 04/01 Q54	901	31.00 44	44.16 5333.50	CO 94 -999 253 101	9.21 8.87						•
Claim 1 of 8											

#### Figure 17. Printer Button Screen Layout

The **Printer** button prints the **Current Single Claim**, the **All Claims Report**, the **Current Bill Summary**, and the **Current Provider Summary**. The printer options are listed in the next chapter.

**Note:** The Previous and Next buttons are available for parsing through to the next claim to be viewed/printed.

### GCR Button

Pile         Edit         View         Height           x122         SL         PS         BS         AC         SC         Previous         Next         Print         C         R         BUS           65         34600001         MM1         TEST         A         C         R         BC         SCE         SCE <th colspan="5">Pedr 020620 TEST.bt</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>– ø ×</th>	Pedr 020620 TEST.bt										– ø ×
X12         SL         PS         BS         AC         SC         Previous         Next         Print         Tot         BC         SCE           65         34600001         ImA         Tit         Tit         Tit         SCE         SC	File Edit View H	elp		24		2	1			<u> </u>	н
S         Machan         Num         TEST           GS         346000002         NGA         MA01         MGA           GS         346000003         NGA         MA01         MGA           GS         34600001         DTM         20150210         DTM           GS         34600002         DTM         20150212         DTM           GS         34600001         AMT         AU         DTM           GS         34600002         NT         201421210         DTM           GS         34600001         AMT         DT         20150210           GS         34600002         DTM         20150210         DTM           GS         346000002         DA         HC         NT           GS         346000002         DA         HE         DE           GS         34600001         CAS         CA         DA           GS         34600001         DTM         20150211         DE           GS         34600001         AMT         BB         DE         DE           GS         34600001         AMT         BB         DE         DE           GS         34600001         AMT <t< td=""><td>X12</td><td>SL</td><td>PS</td><td>BS</td><td>AC</td><td>SC</td><td>Previous</td><td>Next</td><td>Print</td><td>G C R</td><td>BUS SCE</td></t<>	X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
Table Chines 20 Table Chines 2	GS         346000001           GS         346000002           GS         346000003           GS         346000002           GS         346000001           GS         346000003           GS         346000002           GS         346000002 <td>AMM MOA DTM DTM AMT AMT AMT AMT AMT AMT AMT AMT CAS CAS CAS CAS CAS CAS CAS CAS CAS CAS</td> <td>TEST MA01 20150210 20150210 20150212 20141210 AU DY C70030*45*82* 20150210 OA HE HC*70030*A5*82* 20150211 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*A5*80* 20150212 CO B6 HC*70030*Q3*80* 20150211 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150211 CO B6 HC*70030*Q3*80* 20150211 CO B6 HC*70030*Q3*80* 20150211 CO B6 HC*70030*Q3*80* 20150211 CO B6 HC*70030*Q3*80* 20150211 CO B6 HC*70030*Q3*80* 20150211 CO B6 HC*70030*Q3*80* 20150211 CO B6 HC*70030*Q3*80* 20150211 CO B6 HC*70030*Q3*80* 20150211 CO B6 HC*70030*Q3*80* 20150211 CO B6 HC*70030*Q3*80* 20150211 CO B6 HC*70030*Q3*80* 20150211 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	AMM MOA DTM DTM AMT AMT AMT AMT AMT AMT AMT AMT CAS CAS CAS CAS CAS CAS CAS CAS CAS CAS	TEST MA01 20150210 20150210 20150212 20141210 AU DY C70030*45*82* 20150210 OA HE HC*70030*A5*82* 20150211 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*A5*80* 20150212 CO B6 HC*70030*Q3*80* 20150211 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150211 CO B6 HC*70030*Q3*80* 20150211 CO B6 HC*70030*Q3*80* 20150211 CO B6 HC*70030*Q3*80* 20150211 CO B6 HC*70030*Q3*80* 20150211 CO B6 HC*70030*Q3*80* 20150211 CO B6 HC*70030*Q3*80* 20150211 CO B6 HC*70030*Q3*80* 20150211 CO B6 HC*70030*Q3*80* 20150211 CO B6 HC*70030*Q3*80* 20150211 CO B6 HC*70030*Q3*80* 20150211 CO B6 HC*70030*Q3*80* 20150211 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC*70030*Q3*80* 20150212 CO B6 HC								

Figure 18. GCR (Group, CARC, RARC) Button Screen Layout

The **GCR** (**Group**, **CARC**, **RARC**) button displays a listing of Group codes and CARC and RARC codes, associated effective dates, termination dates and description.

## GCR Code Search

#### Figure 19. GCR Code Search Option Screen Layout

POP CARC/	RARC Code and Descrip	tion List	-	- 0	×
CARC Code	Effective	Term Date	CARC Desctription		
1	1/1/1995	Deductible Am	unt		
2	1/1/1995	Coinsurance A	iount		=
3	1/1/1995	Co-payment Am	unt		
4	1/1/1995	The procedure	code is inconsistent with the modifier used or a required modifier is missing. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 5	Service Paymer	1t
5	1/1/1995	The procedure	code/type of bill is inconsistent with the place of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Inf	formation REF)	),
6	1/1/1995	The procedure	revenue code is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information	1 REF), if pre	ese 👘
7	1/1/1995	The procedure	revenue code is inconsistent with the patient's gender. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Informat	:ion REF), if	pr
8	1/1/1995	The procedure	code is inconsistent with the provider type/specialty (taxonomy). Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Paymer	nt Information	1 R
9	1/1/1995	The diagnosis	is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if pre	esent.	
10	1/1/1995	The diagnosis	is inconsistent with the patient's gender. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	present.	
11	1/1/1995	The diagnosis	is inconsistent with the procedure. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present	č.	
12	1/1/1995	The diagnosis	is inconsistent with the provider type. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if pre	sent.	
13	1/1/1995	The date of d	ath precedes the date of service.		
14	1/1/1995	The date of b	rth follows the date of service.		
15	1/1/1995 5/:	1/2018 The authoriza	ion number is missing, invalid, or does not apply to the billed services or provider.		-
•					•
			CARC Code Search Display Full CARC Description		
RARC Code	Effective	Term Date	RARC Desctription		
M1	1/1/1997	X-ray not tak	n within the past 12 months or near enough to the start of treatment.		-
M2	1/1/1997	Not paid sepa	ately when the patient is an inpatient.		
MB	1/1/1997	Equipment is	he same or similar to equipment already being used.		
M4	1/1/1997	Alert: This i	, the last monthly installment payment for this durable medical equipment.		
M5	1/1/1997	Monthly renta	. payments can continue until the earlier of the 15th month from the first rental month, or the month when the equipment is no longer needed.		
M6	1/1/1997	Alert: You mu	t furnish and service this item for any period of medical need for the remainder of the reasonable useful lifetime of the equipment.		
M7	1/1/1997	No rental pay	ents after the item is purchased, returned or after the total of issued rental payments equals the purchase price.		
M8	1/1/1997	We do not acc	pt blood gas tests results when the test was conducted by a medical supplier or taken while the patient is on oxygen.		
M9	1/1/1997	Alert: This i	, the tenth rental month. You must offer the patient the choice of changing the rental to a purchase agreement.		
M10	1/1/1997	Equipment pur	hases are limited to the first or the tenth month of medical necessity.		
M11	1/1/1997	DME, orthotic	and prosthetics must be billed to the DME carrier who services the patient's zip code.		
M12	1/1/1997	Diagnostic te	ts performed by a physician must indicate whether purchased services are included on the claim.		
M13	1/1/1997	Only one init	al visit is covered per specialty per medical group.		
M14	1/1/1997	No separate p	yment for an injection administered during an office visit, and no payment for a full office visit if the patient only received an injection.		-
4	1/1/199/	Separately bi	led services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.		
					<u> </u>
			RARC Code Search Display Full RARC Description		
aroup Coo	Contractual Addus	tment	PT - Pavor Intiated Reductions		
	A _ Other Adjustment	- since i s	PR _ Patient Reconscibility		
	A other Aujustmente				
-					_

The GCR button provides a CARC Code Search and RARC Code Search option to provide specific codes without having to page up and down the listing.

• In the CARC Code Search or RARC Code Search box, key in the code to search on.

The screen automatically scrolls to the code entered; or to the closest known code if the entered code is not located in the listing.

**Note:** There is not a search option for the Group Codes, all available Group Codes are visibly displayed at the bottom of the screen.

## **GCR Display Full Descriptions**

Figure 20. GCR Display Full CARC/RARC Description Buttons Screen Layout

🛃 CA	RC/RARC Code and Descri	ption List		– 🛛 ×
CARC (	Code Effective	Term Date C	RC Desctription	
1	1/1/1995	Deductible Amount		
2	1/1/1995	Coinsurance Amount		
3	1/1/1995	Co-payment Amount		
4	1/1/1995	The procedure code	s inconsistent with the modifier used or a required modifier is missing. Usage: Refer to the 835 Healthcare	Policy Identification Segment (loop 2110 Service Payment
5	1/1/1995	The procedure code/	ype of bill is inconsistent with the place of service. Usage: Refer to the 835 Healthcare Policy Identificat	ion Segment (loop 2110 Service Payment Information REF),
6	1/1/1995	The procedure/rever	e code is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segm	ent (loop 2110 Service Payment Information REF), if prese
7	1/1/1995	The procedure/rever	e code is inconsistent with the patient's gender. Usage: Refer to the 835 Healthcare Policy Identification S	egment (loop 2110 Service Payment Information REF), if pr
8	1/1/1995	The procedure code	s inconsistent with the provider type/specialty (taxonomy). Usage: Refer to the 835 Healthcare Policy Identi	fication Segment (loop 2110 Service Payment Information R
9	1/1/1995	The diagnosis is in	onsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 211	0 Service Payment Information REF), if present.
10	1/1/1995	The diagnosis is in	onsistent with the patient's gender. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop	2110 Service Payment Information REF), if present.
•				▶
			CARC Code Search 10 Display Full CARC Description	
RARC (	Code Effective	Term Date R	C Docchaitian	
M1	1/1/1997	X-ray not taken wit	Description for CARCID: 10	A
M2	1/1/1997	Not paid separately	The diagnosis is inconsistent with the action to conder Upage: Defects the 025	
МЗ	1/1/1997	Equipment is the sa	The diagnosis is inconsistent with the patient's gender. Usage, Refer to the ass	
M4	1/1/1997	Alert: This is the	Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	and do no been and d
MS	1/1/1997	Monthly rental payr	present.	ment is no longer needed.
M6	1/1/1997	Alert: You must fur		of the equipment.
M7	1/1/199/	NO rental payments	Effective Date: 1/1/1995	
M8	1/1/199/	we do not accept bi	Term Date:	n.
M10	1/1/1997	Equipment purchaser		
1120	1/1/1357	Equipilence purchases	OK	
4				· · · · · · · · · · · · · · · · · · ·
			RARC Code Search Display Full RARC Description	
Group	Codes			
di oup	CO - Contractual Adiu	stment	I - Pavor Intiated Reductions	
	OA - Other Adjustment		R - Patient Responsibility	
	-			
				11.24 414
H	<u>ا</u> ت	l 🥰 🔄 🤤	🐱 😣 🕅 💁	R <sup>R</sup> ^ 🚱 🦟 (۱) 11:34 AM

The GCR button provides a Display Full CARC Description and Display Full RARC Description buttons to provide the full description of a given CARC/RARC that is too long to display on the screen.

- 1. Select the CARC or RARC code.
- 2. Click on the Display Full CARC Description or Display Full RARC Description box.

A Description dialog box displays with the full description of the selected CARC or RARC code.

## **BUS.SCE.** Button

POP PC Print using WinBld						_			- 0	×
X12 SL	PS	B\$	AC	SC	Previous	Next	Print	G CR	BUS SCE	
								^ /		

Figure 21. BUS.SCE (Business Scenario) Button Screen Layout

The BUS.SCE. (Business Scenario) button displays a listing of CARC codes with associated RARC and Group codes that are associated with the Business Scenario. Each of the Business Scenario's 1 through 4 are accessible for viewing.

## **Code Combination Listing**

#### Figure 22. Business Scenarios - Code Combination Listing Screen Layout

Business Scenarios - Code Combination Listing

🍰 Business Scer	narios - Code Combination Listing		-	٥	$\times$
	Code Combinations For: Business Scenario #1 🔻 Additional Information Required - Missing/Invalid/Incomplete Documentation				
CARC	RARC Codes	Group Codes			
116	NONE	CO or PI			
163	NONE, M19, M23, M29, M30, M31, M60, M127, M130, M135, M141, N3, N4, N26, N40, N42, N146, N178, N186, N214, N221, N223, N375, N391, N393, N395, N398, N403, N439, N445,	NCO or PI			
164	NONE. N42, N764, N796	CO or PI			
250	M19, M23, M29, M30, M31, M60, M124, M127, M130, M131, M132, M135, M141, M142, MA04, MA92, N3, N4, N26, N40, N42, N80, N146, N170, N175, N178, N186, N206, N214, N221, N2	2CO or PI			
251	M42, M135, MA04, MA75, MA81, MA88, MA111, N4, N28, N78, N80, N170, N205, N214, N222, N224, N226, N227, N228, N231, N232, N233, N234, N235, N236, N237, N238, N239, N24	ICO or PI			
252	M19, N21, M23, M29, M30, N31, M42, M60, M125, M127, M130, M131, M132, M135, M141, N142, M143, MA04, MA27, MA64, MA75, MA76, MA81, MA88, MA92, MA111, N3, N4, N26, N28, N	CO or PI			
	LARC LOUE SEGICIT: LOCATE BUSINESS SCENATIO				

The BUS.SCE. Button provides a CARC Code Search option to locate the CARC code specific to a Business Scenario without having to go through each Business Scenario.

In the CARC Code search box, key in the code to search on.

The screen automatically goes to the Business Scenario for the CARC Code entered, after pressing the "Locate Business Scenario" button. If the entered code is not located in a Business Scenario, a dialog box displays with the message, "CARC not found."

- 0 ×

## **Dialog Box**

#### Figure 23. Business Scenario Dialog Box Screen Layout

Business Scenarios - Code Combination Listing

	Code Combinations For: Business Scenario #1 💌 Additional Information Required - Missing/Invalid/Incomplete Documentation	
CARC	RARC Codes	Group Codes
116	NONE	CO or PI
163	NONE, M19, M23, M29, M30, M31, M60, M127, M130, M135, M141, N3, N4, N26, N40, N42, N146, N178, N186, N214, N221, N223, N375, N391, N393, N395, N398, N403, N439, N445,	CO or PI
164	NONE, N42, N764, N796	CO or PI
250	M19, M23, M29, M30, M31, M60, M124, M127, M130, M131, M132, M135, M141, M142, MA04, MA92, N3, N4, N26, N40, N42, N80, N146, N170, N175, N178, N186, N206, N214, N221, N2	CO or PI
251	M42, M135, MA04, MA75, MA81, MA88, MA111, N4, N28, N78, N80, N170, N205, N214, N222, N224, N226, N227, N228, N231, N232, N233, N234, N235, N236, N237, N238, N239, N24	(CO or PI
252	M19, M21, M23, M29, M30, M31, M42, M60, M125, M127, M130, M131, M132, M135, M141, M142, M143, MA04, MA27, MA64, MA75, MA76, MA81, MA88, MA92, MA111, N3, N4, N26, N28, N	ICO or PI
	Message X CARC not found CK	
	CARC Code Search: p19 Locate Business Scenario	

# **Chapter 6**

## **Printing Options**

This section provides various options used to print each report.

## Printing the 'Single Claim' Report

- 1. The print button on the Tool Bar can be utilized when in the **Single Claim** format. The previous and next buttons are available to parse through the claims. Refer to example A.
- 2. To print all of the claims in the data file in the single claim format, from the menu bar click **File**, then **Print All** Items. All of the claims print in the single claim format. Refer to example B.
- 3. While in the single claim and parsing through, certain claims can be selected to be printed. This process is done by selecting **Edit** then **Mark for Print**. Refer to example C.

When **Mark for Print** is selected, a box displays that shows the number(s) of claim(s) that has/have been selected. Refer to example D.

Continue this process until all claims have been selected to print. Select **File** then **Print Marked Items** and the claims that were marked are printed. Refer to example E.
### Printing the 'All Claims' Report

- 1. When in the All Claims format, printing the entire report can be done by clicking on the Printer button.
- 2. When in the All Claims format and the user would like to print only selected claims, but in the single claim format, first select the claims to be printed on by clicking on Edit then Mark for Print for all the claims to be printed. Once the selection is complete click on the SC button. This displays the single claims format, then select File then Print Marked Items. The claims selected from the AC format are printed in the SC format.
- 3. Another way to print the entire All Claims report is to select File then Print (or CTRL+P).

### Printing the 'Provider Summary' Report

- 1. When in the Provider Summary format, click on the Print button on the Tool Bar and the current summary prints. To print additional summaries, parse through using the previous/next buttons and use the Printer button.
- 2. Another way to print the Provider Summary report(s) is to select File then Print (or CTRL-P).

### Printing the 'Bill Summary' Report

- 1. When in the Bill Summary format, click on the Printer button on the Tool Bar and the current summary prints. To print additional summaries, parse through using the previous/next buttons and use the Printer button.
- 2. Another way to print the Bill Summary report(s) is to select File then Print (or CTRL-P).

Note: It is not necessary to go to File/Print if using the CTRL-P sequence.

Print E	Examp	le A						/	/	
Figure 2	4. Print	Example I	4		/					- a ×
File Edit View H	elp				▶		1	¥	-	
X12	SL	PS	BS	AC	SC	Previous	Next	Print	CR	SCE
PAYEE NAME 123 TEST RD NPT: 1234567890 Print: Printer Name: Micross Status: Peach Status: Peach Nere: PORTP Comment: Print range @ Al O Pages from: Selection	PRD:04FF         121           PFE:         12           123450000         CLMH:           1         TOR:           AR Print to PDF         1           1         Market           1         Directory           1         Lor:           1         Lor:	a) Schward Interneo:           a) Schward Interneo:           3) Zidip Payer Nave           a) NYTON, FL :           3           Proper           Print to           Copies           Number of gopies:           1122333           OK	23450000 23450000 × 1: 123465 0. 08-00 0.	**** *** *** *** *** *** *** *** *** *						E
REMARK CODES: RARC Codes:		MA01 N793								
MA01 Alert: If y To make su However, in	u do not agree with re that we are fair t order to be eligibl	what we approved for o you, we require ano e for an appeal, you	these services, you m ther individual that nust write to us with	ay appeal our decisi did not process your in 120 days of the d	on initial claim to con ate you received this	duct the appeal notice, unless you h	nave a good reason fo	or being late.		<b>.</b>
REV DATE H LICN SVC Desc	PCS APC/HIPPS MODS HCPI	QTY СН/	RGES ALLOW/REIM	GC RSN AMOU	NT REMARK CODES					
0651 04/01 Q	001	31.00 44	4.16 5333.50	CO 94 -999. 253 108.	21 87					_
Claim 1 of 8										•

### **Print Example B**

#### Figure 25. Print Example B - Print All Items

PeP 111920_Test.txt										- 0	×
File Edit View Help											
Print Ctrl-P									G	BUS	
Print Marked Items	-	PS	BS	AC	SC	Previous	Next	Print	CR	SCE	
Print All Items	are Nationa	al Standard Intermedi	iary Remittance Advic	e			1	1		Л	
Print Setup	FPE: 12/3	1/2019 PAYER NAME		-							
	PAID: 09/2	26/2019 123 TEST RD									
Recent 835 ANSI Files(S)	CLM#: 1	ANYTOWN, FL 1	123450000								
Exit	TOB: 813										
PATTENT: TEST		۵	PCN: 1234567	==							
MTD: 17717717711	SVC ER	2011 04/01/2019	MRN: 4201940	a							
CLAIM STAT: 1	TH	RU: 04/30/2019	TCN: 2192528	- 88882870HR							
COR MID: 1ZZ1ZZ1ZZ11											
CHARGES:	0.000	B=REIM RATE	0.00=COI	NSURANCE							
6730.28=REPORTED	0.00	B=HHA SN AMT	0.00=MSP	PRIM PAYER							
0.00=NCVD/DENIED	0.00	B=HHA PT AMT	0.00=CAS	H DEDUCT							
0.00=CLAIM ADJS	0.00	B=HHA ST AMT	0.00=PAT	REFUND							=
0.00=LINE ADJ AMT											
6730.28=COVERED	0.00	B=HHA OT AMT	0.00=PR0	C CD AMOUNT							
DAYS/VISITS:	0.00	B=HHA MS AMT	5333.50=ALL	OW/REIM							
0=COST REPT	0.00	B=HHA NA AMT	109.87=SEQ	UESTRATN							
31=COVD/UTIL	5333.50	B=HSP ROUT CARE	0.00=INT	EREST							
Ø=NON-COVERED	0.00	B=HSP CONT CARE	-818.21=CON	TRACT ADJ							
0=COVD VISITS	0.00	B=HSP GENERAL	0.00=ACO	/DC RED							
0=NCOV VISIIS	0.00	HSP RESPITE	0.00=PA	REDUCT							
	0.00		5555.50=NC1	KEIM ANI							
	0.00	-NER OTH									
REMARK CODES:	0.00	MAR1 N793									
RARC Codes:											
MA01 Alert: If you do not ag	ree with wh	nat we approved for t	these services, you m	av appeal our deci	sion						
To make sure that we an	re fair to	you, we require anot	ther individual that	did not process yo	our initial claim to con	duct the appeal					
However, in order to be	e eligible	for an appeal, you m	must write to us with	in 120 days of the	date you received this	notice, unless you ha	ave a good reason for	being late.			-
REV DATE HCPCS APC/HI	PPS MODS	QTY CH/	ARGES ALLOW/REIM	GC RSN AN	IOUNT REMARK CODES						-
LICN	ICPI										
SVC Desc											
0651 04/01 Q5001		31.00 444	44.16 5333.50	LU 94 -99	9.21						
				253 16	8.8/						-
1											-
Claim 1 of 8											

### **Print Example C**

#### Figure 26. Print Example C - Mark for Print

Pop 111920_Test.txt										- 0	×
File Edit View Help			1		_				1	1	
Find Ctrl-F	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE	
Find Next Ctrl-N	icare Nation	al Standard Intermed	liary Remittance Advic	e							
PAYEE Find CARC/RARC Ctrl-U	FPE: 12/	31/2019 PAYER NAME									
123 Test ND	PAID: 09/	26/2019 123 TEST RD									
ANYTOWN , FL 12345000	00 CLM#: 1	ANYTOWN, FL	123450000								
NPI: 1234567890	TOB: 813										
				==							
PATIENT: TEST		Α	PCN: 1234567	89							
MID: 12212212211	SVC F	ROM: 04/01/2019	MRN: A201940	9							
CLAIM STAT: 1	Т	HRU: 04/30/2019	ICN: 2192520	00002070HR							
COR MID: 12212212211											
	0.00		0.00.001								
CTARGES:	0.00	O UNA CN ANT	0.00=001	DOTH DAVED							
0/30.28=REPORTED	0.0	O-HHA DT AMT	0.00=050	PRIM PATER							
0.00=NCVD/DENTED	0.0	O-HHA FI ANT	0.00=CAS	PECUND							=
	0.0	Centra ST APT	0.00=FAI	REPORD							
6720 28-COVERED		A-UUA OT AMT	0.00-000								
DAVE //TETTE:	0.0		E222 E0-ALI								
P-COST REPT	0.0	P-HHA NA AMT	109 87-550	UESTRATN							
31-COVD/UTTI	5333 5	0-HSP ROUT CARE	0 00-TNT	FREST							
0-NON-COVERED	0.0	0-HSP CONT CARE	-818.21-CON	TRACT AD1							
R=COVD_VISITS	0.0	0=HSP GENERAL	0.00-400	/DC RED							
R=NCOV VISITS	0.0	0=HSP_RESPITE	0.00=PA	REDUCT							
			5333.50=NET	RETM AMT							
	0.0	0=HSP PHYS SVC									
	0.0	0=HSP OTH									
REMARK CODES:		MA01 N793									
RARC Codes:											
MA01 Alert: If you do not	agree with w	hat we approved for	these services, you m	ay appeal our deci	sion						
To make sure that we	e are fair to	you, we require and	ther individual that	did not process yo	our initial claim to con	duct the appeal					
However, in order to	be eligible	for an appeal, you	must write to us with	in 120 days of the	date you received this	notice, unless you h	ave a good reason for	being late.			•
REV DATE HCPCS APC/	HIPPS MODS	QTY CH	ARGES ALLOW/REIM	GC RSN AN	IOUNT REMARK CODES						-
LICN	HCPI										
SVC Desc											
0651 04/01 Q5001		31.00 44	44.16 5333.50	CO 94 -95	9.21						
				253 16	8.87						_
I											•
Claim 1 of 8											

### **Print Example D**

#### Figure 27. Print Example D



### **Print Example E**

PCP 111920_Test.txt										-	٥	×
		1										
Print Ctrl-P		PS	BS	AC	SC	Previous	Next	Print	G	B	US	
Print Marked Items									CR	5	CE	
Print All Items	are Nation	al Standard Interme	diary Remittance Adv	ice								-
Print Setup	FPE: 12/	31/2019 PAYER NAME										
Recent 835 ANSI Files(s)	PAID: 09/	26/2019 123 TEST RE										
E :	CLM#: 1	ANYTOWN, FL	123450000									
Exit	TOB: 813	,										
PATTENT: TEST		A	PCN: 12345	5789								
MTD: 17717717711	SVC F	ROM: 04/01/2019	MRN: A2019	400								
CLAIM STAT: 1	т	HRU: 04/30/2019	ICN: 21925	2000002070HR								
COR MID: 1ZZ1ZZ1ZZ11												
CHARGES:	0.00	0=REIM RATE	0.00=0	DINSURANCE								
6730.28=REPORTED	0.0	0=HHA SN AMT	0.00=M	SP PRIM PAYER								
0.00=NCVD/DENIED	0.0	0=HHA PT AMT	0.00=C	ASH DEDUCT								
0.00=CLAIM ADJS	0.0	0=HHA ST AMT	0.00=P/	AT REFUND								=
0.00=LINE ADJ AMT												
6730.28=COVERED	0.0	0=HHA OT AMT	0.00=P	ROC CD AMOUNT								
DAYS/VISITS:	0.0	0=HHA MS AMT	5333.50=A	LLOW/REIM								
0=COST REPT	0.0	00=HHA NA AMT	109.87=S	EQUESTRATN								
31=COVD/UTIL	5333.5	0=HSP ROUT CARE	0.00=1	NTEREST								
Ø=NON-COVERED	0.0	0=HSP CONT CARE	-818.21=C	DNTRACT ADJ								
0=COVD VISITS	0.0	0=HSP GENERAL	0.00=A	CO/DC RED								
0=NCOV VISITS	0.0	0=HSP RESPITE	0.00=P/	A REDUCT								
			5333.50=N	ET REIM AMT								
	0.0	0=HSP PHYS SVC										
	0.0	0=HSP OTH										
REMARK CODES:		MA01 N793										
RARC Codes:												
MA01 Alert: If you do not a	agree with w	hat we approved for	these services, you	may appeal our deci	LS10n							
To make sure that we	are fair to	you, we require an	other individual that	t did not process yo	our initial claim to cor	nduct the appeal		hadaa taka				
However, in order to	be eligible	e for an appeal, you	must write to us wi	thin 120 days of the	e date you received this	s notice, uniess you n	ave a good reason for	being late.				-
REV DATE HCPCS APC/H	IPPS MODS	OTY (	HARGES ALLOW/RFTM	GC RSN AM	OUNT REMARK CODES	***************************************						
LICN	HCPI											
SVC Desc												
0651 04/01 Q5001		31.00 4	444.16 5333.50	CO 94 -99	99.21							
				253 16	38.87							
												•
Claim 1 of 8						Claim le M	larked For Print					
						Ciulin 13 m	arnou i or i fillit					

#### Figure 28. Print Example E - Print Marked Items

# **Chapter 7**

# **Find Options**

This chapter offers instructions on how to locate claims, both "All Claims and Single Claims" and how to locate specific CARCs, RARCs, and Group Codes.

### **Find Option General**

Figure 29. Find Options General Screen Layout

Pop 11192	0_Test.txt													-	<b>O</b>	$\times$
File Ed	it View	Help														
Ma	rk for Prin	nt Ctrl- Ctrl-	M F	PS		BS	A	:	SC	Previous	Next	Print	G C R		BUS SCE	
Fir	d Next	Ctrl-	N icare Na	ational Standard 1	ntermediary	Remittance Advio	ce			· · · · · · · · · · · · · · · · · · ·		1				
PAYEE Fir	d CARC/RA	ARC Ctrl-	U FPE:	12/31/2019 PAYER	NAME											
123 Test	NU		PAID:	09/26/2019 123 1	EST RD											
ANYTOWN	,	FL 1234	50000 CLM#:	: 1 ANYTO	WN, FL 1234	50000										
NPI: 123	4567890		TOB:	813												
PATIE	NT: TEST			A		PCN: 123456	789									
CLATH CT	1D: 122122	12211	-	SVC FROM: 04/01/20	19	MKN: A201944	90									
COR	NTD: 17717	717711		111101 04/ 30/ 20	15	100. 2152520	00002070HK									
CHARGES:				0.000=REIM RATE		0.00=CO	INSURANCE									
673	0.28=REPOR	TED		0.00=HHA SN AMT		0.00=MSI	P PRIM PAYER									
	0.00=NCVD/	DENIED		0.00=HHA PT AMT		0.00=CA	5H DEDUCT									
	0.00=CLAIM	AD35		0.00=HHA ST AMT		0.00=PA	F REFUND									=
	0.00=LINE	ADJ AMT														
673	0.28=COVER	ED		0.00=HHA OT AMT		0.00=PR0	DC CD AMOUNT									
DAYS/VIS	ITS:			0.00=HHA MS AMT		5333.50=ALI	LOW/REIM									
	0=COST R	IEPT		0.00=HHA NA AMT		109.87=SE	QUESTRATN									
	31=COVD/U	VEDED	53	0 00 USD CONT C	RE DE	0.00=IN	TEREST									
		TETTE		0.00=HSP CONT C	nc .	-010.21=00	VIRACT ADJ									
	R=NCOV V	TSTTS		0.00=HSP RESPITE		0.00=AC	REDUCT									
						5333.50=NE	REIM AMT									
				0.00=HSP PHYS SV	c											
				0.00=HSP OTH												
REMARK C	ODES:			MA01	N793											
RARC Cod	es:															
MA01	Alert: If	you do i	not agree wi	ith what we approv	ed for these	e services, you m	may appeal o	ur decision								
	To make s	ure tha	t we are fai	ir to you, we requ	ire another	individual that	did not pro	cess your i	nitial claim to con	duct the appeal						
	However,	in orde	r to be elig	gible for an appea	1, you must	write to us with	nin 120 days	of the dat	e you received this	notice, unless you h	ave a good reason for	being late.				-
REV	DATE	HCPCS	APC/HIPPS N	IODS OTY	CHARGE	5 ALLOW/REIM	GC RSN	AMOUNT	REMARK CODES							
LICN			HCPI													=
SVC Desc																
0651	04/01	Q5001		31.00	4444.16	5 5333.50	CO 94	-999.21								
							253	108.87								_
I																-
Claim 1	of 8									Claim Is M	arked For Print					

The **Find** option is available on the **All Claims** and the **Single Claim** screens. Each are addressed separately.

### Single Claim Find

PoP 111920_Test.txt									- 0	×
File Edit View Help										
Mark for Print Ctrl-M								C	DUE	
Find Ctrl-F SL	PS	BS	AC	SC	Previous	Next	Print	CR	SCE	
Find Next Ctrl-N ican	e National Standard Intermed	iary Remittance Advic	e							-
PAYEE Find CARC/RARC Ctrl-U	FPE: 12/31/2019 PAYER NAME									
123 Test NO P	AID: 09/26/2019 123 TEST RD									
ANYTOWN , FL 123450000 C	LM#: 1 ANYTOWN, FL	123450000								
NPI: 1234567890	TOB: 813									
			==							
PATIENT: TEST	A	PCN: 1234567	89							
MID: 1ZZ1ZZ1ZZ11	SVC FROM: 04/01/2019	MRN: A201940	9							
CLAIM STAT: 1	THRU: 04/30/2019	ICN: 2192520	00002070HR							
COR MID: 1ZZ1ZZ1ZZ11										
CHARGES:	0.000=REIM RATE	0.00=COI	NSURANCE							
6730.28=REPORTED	0.00=HHA SN AMT	0.00=MSP	PRIM PAYER							
0.00=NCVD/DENIED	0.00=HHA PT AMT	0.00=CAS	H DEDUCT							
0.00=CLAIM ADJS	0.00=HHA ST AMT	0.00=PAT	REFUND							=
0.00=LINE ADJ AMT										
6730.28=COVERED	0.00=HHA OT AMT	0.00=PRO	C CD AMOUNT							
DAYS/VISITS:	0.00=HHA MS AMT	5333.50=ALL	OW/REIM							
0=COST REPT	0.00=HHA NA AMT	109.87=SE0	UESTRATN							
31=COVD/UTIL	5333.50=HSP ROUT CARE	0.00=INT	EREST							
Ø=NON-COVERED	0.00=HSP CONT CARE	-818.21=CON	TRACT ADJ							
0=COVD VISITS	0.00=HSP GENERAL	0.00=ACO	/DC RED							
0=NCOV VISITS	0.00=HSP RESPITE	0.00=PA	REDUCT							
		5333.50=NET	REIM AMT							
	0.00=HSP PHYS SVC									
	0.00=HSP OTH									
REMARK CODES:	MA01 N793									
RARC Codes:										
MA01 Alert: If you do not agree	e with what we approved for	these services, you m	ay appeal our decisi	on						
To make sure that we are	fair to you, we require ano	ther individual that	did not process your	initial claim to con	duct the appeal					
However, in order to be	eligible for an appeal, you	must write to us with	in 120 days of the d	ate you received this	notice, unless you h	ave a good reason for	being late.			-
						-	-			
REV DATE HCPCS APC/HIPP	S MODS QTY CH	ARGES ALLOW/REIM	GC RSN AMOU	NT REMARK CODES						
LICN HC	PI									
SVC Desc										
0651 04/01 Q5001	31.00 44	44.16 5333.50	CO 94 -999.	21						
			253 108.	87						
										-
Claim 1 of 8					Claim le M	Jarkod For Drint				
					Ciaiill IS M					

Figure 30. Single Claims Find Option Screen Layout

- 1. Access the single claim screen by clicking the SC button.
- 2. Click on Edit, then click on Find.

### **Find Dialog Box**

PcP 111920_Test.txt											- 0	$\times$
File Edit View	Help											
X12		SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE	
PAYEE NAME 123 TEST RD ANYTOWN PATIENT: TEST MID: 1234 CLAIM STAT: COR MID: 1224 CLAGES: 6730.28.REP 0.00-CLA 0.00-CLA 0.00-CLA	254 11 15 10 10 10 10 10 10 10 10 10 10	atient Name	Find TEST	umber O MID O Pa	atient Control Numbo	eel						
DAYS/VISITS: @=COST 31=COVD 0=NON- @=COVD @=NCOV REMARK CODES: RARC CODES:	REPT /UTIL COVERED VISITS VISITS	0. 0. 5333. 0. 0. 0. 0.	DBEHHA NG AMT BBEHHA NA AMT BBEHHA NA AMT BBEHSP CONT CARE BBEHSP CONT CARE BBEHSP CONT CARE BBEHSP GENERAL BBEHSP PHYS SVC BBEHSP OTH NAB1 N793	5333.50=AL 109.87=5E 0.08=111 -818.21=C0 0.08=AL 5333.50=NE1	.OW/REIM QUESTRATN TEREST ITRACT ADJ D/DC RED REDUCT r REIM AMT							_
MA01 Alert: I To make However REV DATE LICN SVC Desc 0651 04/01	f you do no sure that , in order HCPCS AP Q5001	t agree with we are fair t to be eligibl C/HIPPS MODS HCPI	what we approved for o you, we require and e for an appeal, you QTY CH 31.00 44	these services, you m ther individual that must write to us with HARGES ALLOW/REIM 444.16 5333.50	nay appeal our deci did not process yo hin 120 days of the GC RSN AM CO 94 -99 253 10	sion ur initial claim to co date you received thi DUNT REMARK CODES 9.21 8.87	nduct the appeal s notice, unless you h	nave a good reason fo	r being late.			
Claim 1 of 8												•

#### Figure 31. Find Dialog Box Screen Layout

In the Find dialog box there are options as to which data field to do a find on (patient last name, medical record number, MID number, and the patient control number).

- 1. In the Find box, key in the data to search on.
- 2. Click on the appropriate search field, then click OK.

The application searches for the selection and brings it to the screen for viewing, or it brings up the message: "No Claim found."

### Single Claim Screen

X12         SL         PS         BS         AC         SC         Previous         Next         Print         G         BUS SCE           PAYEE NAME PAYEE NAME PAYEE NAME PATE 12/31/2019 PAYEA NAME PATE 10/31/2019 PAYEA NAME PATE 10/32/2019 PAYEA PATE 10/32/2019 PAYEA PATE 10/3	- 0 ×									File Edit View Help
Medicare National Standard Intermediary Remittance Advice           PAYEE NAME         PPE: 12/31/2019 PAYEN NAME           123 TEST R0         PAID: 09/26/2019 123 TEST R0           ANYTONN         FL 122450000 CUM*: 1           NYTONN         FL 122450000 CUM*: 1           PATEENT: TEST         A           PATEENT: TEST         A           PATEENT: TEST         A           POT: 122452000         MNT: 00: 122122121           SVC FROM: 04/01/2019         MN: A2019400           CLAID STAT: 1         THRU: 04/30/2019           COR NID: 1221221221         SVC FROM: 04/01/2019           CARDES:         0.000-REEUR RATE           0.000-REEUR RATE         0.000-RCOUNDANCE           6730-28-EFORTED         0.000-REEUR RATE           0.000-LINE AD ANT         0.000-REEUR RATE           0.000-LINE AD ANT         0.000-REEUR RATE           0.000-LINE AD ANT         0.000-REEUR RATE	Next Print G BUS C R SCE	Next	Previous	SC	AC		BS	PS	SL	X12
e.dee:Logi/Logi/Logi/Logi         e.dee:HA         ri         e.dee:Logi/Logi/Logi/Logi/Logi/Logi/Logi/Logi/					r R	ICCE 1789 1000 10000002070HR 10000002070HR 10000002070HR 10000002070HR 10000002070HR 10000002070HR 100000002070HR 1000000000000000000000000000000000000	Remittance Adv 00000 PCN: 12345 MRN: A2019 ICN: 21925 0.00=C 0.00=C	Standard Intermediar; 2019 PAYER NAME (2019 123 TEST RD ANYYTOWN, FL 123- A 4: 04/01/2019 1: 04/08/2019 HEIM RATE HEA SN AMT	Medicare Nation FPE: 12/ PAID: 09/ 450000 CLMM: 1 TOB: 813 SVC F T 0.00 0.00 0.00 0.00	PAYEE NAME 123 TEST KD ANYTOWN , FL 123 NPTI 1234567890 PATIENT: TEST MUD: 12212722711 CLAIM STAT: 1 COR MUD: 1221272271 CHARGES: 6738.28-EEPORTED
DAYS/VISITS: 0.00-M4A NS ANT 5333.50-MET KEIN 0-COST REPT 0.00-M4A NS ANT 109.37-SEQUESTRATN 31-COVD/UTL 5333.50-MS ROUT CARE 0.00-ENTREEST 0-MOOL OVISITS 0.00-MSP ROUT CARE 0.00-ENTREEST 0-MOOL VISITS 0.00-MSP REPT E 0.00-MAR ROUCT 0-MOOL VISITS 0.00-MSP REPT E 0.00-MAR ROUCT 0.00-MSP REPT SVC 0.00-MSP REPT E NAME NO NOT	=				νT	INT REFUND	0.00-C 0.00-P 5333.50=A 109.87~5 0.00=I -818.21=C 0.00=P 0.00=P 5333.50=N	HA PT ANT HA OT ANT HA OT ANT HA NS ANT HA NS ANT HA NS ANT SP ROUT CARE ISP CONT CARE ISP CONT CARE ISP CONT CARE ISP ENTE SP PHYS SVC ISP PHYS SVC ISP OTH MAG1 N793	• 0.8 0.9 0.0 0.0 0.0 5333.5 0.0 0.0 0.0 0.0 0.0 0.0 0.0	e.ede.uctopionice e.ede.uctariano e.ede.uctariano e.ede.uctariano e.ede.uctariano pars/visits: e.edo.correp e.edo.visits
RARE Codes: Mag Alert: If you do not agree with what we approved for these services, you may appeal our decision To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late. REV DATE HCPCS APC/HIPPS MODS QTY CHARGES ALLOW/REIM GC REN AMOUNT REMARK CODES LICN HCPI SVC Desc B651 04/01 Q5001 31.00 4444.16 5333.50 CO 94 -999.21 253 108.87	good reason for being late.	ave a good reason for	duct the appeal notice, unless you h	nitial claim to cor e you received this REMARK CODES	our decision rocess your i ys of the dat AMOUNT -999.21 108.87	GC RSN GC 94 253	e services, you individual tha write to us wi ALLOW/REIM 5 5333.50	we approved for the: yu, we require another or an appeal, you must QTY CHARGE 31.00 4444.:	anot agree with w at we are fair to ier to be eligible APC/HIPPS MODS HCPI	RARC Codes: MA01 Alert: If you do To make sure th However, in ord REV DATE HCPCS LICN SVC Desc SVC Desc 8651 04/01 Q5001

In this application is the capability to toggle between the single claim screen and the all claims screen. If in the **Single Claim** view, and the **AC** button is clicked when the **All Claims** screen comes up, the single claim is highlighted in the all claims view.

### **All Claims Find**

#### Figure 33. All Claims Screen Layout

PoP 111920_Test.txt											- 0 >	×
File Edit View He	elp											
X12	SL		PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE	
PATIENT NAME ICN NUMBER CLAIM #  CLM STATUS NATIONAL PROVIDER MARKED FOR PRINT	S R ID	PATIEN MID MEDICA MID CH	T CNTRL NUMBER IL REC NUMBER G=x TOB=xxx	FRM DT THR DT CV LN	COST COVDV NCVDV NCVL	REPTD CHGS NCVD/DENIED CLAIM ADJS COVD CHGS	SN DAYS PT DAYS ST DAYS NEW TCH/ECT	MS DAYS NA DAYS COINS AMT SEQUESTRATN ACO/DC RED	REIMB RATE MSP PRI PAY PROF COMP ESRD AMT ISLET	ALLOW/REIM PROC CD AMT LINE ADJ AMT CONT ADJ AMT PA REDUCT	INTEREST PAT REFUND DEDUCTIBLES NET. REIMB	
TEST A 219252000002070HF 1   1 1234567890	٤	1234567 1ZZ1ZZ1 A201940 MID CH0	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	^
TEST B 219252000002070HF 2   1 1234567890	2	1234567 1ZZ1ZZ1 A201940 MID CH0	789 1ZZ11 30 3= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	
TEST C 219252000002070HF 3   1 1234567890	٤	1234567 1ZZ1ZZ A201940 MID CH0	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	
TEST D 219252000002070HF 4   1 1234567890	2	1234567 1ZZ1ZZ A201940 MID CH0	789 1ZZ11 00 3= C TOB=813	190401 190430 31	0 0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	-
TEST A 219252000002070HF 5   1 1234567890	ξ	1234567 1ZZ1ZZ A201940 MID CH0	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	
TEST B 210252000002070HE	,	123456	789 17711	190401 190430	0	6730.28 0.00	0	0	0.000	5333.50 0.00	0.00	-

Select **Edit/Find** and input the search criteria and click OK. Once the claim is found it is highlighted. To view the claim in the single claim format, click on the highlighted claim and then click on the **SC** button and the application goes directly to the single claim format for that particular claim.

### **All Claims Find Button**

#### Figure 34. All Claims Find - AC Button Screen Layout

PoP 111920_Test.txt									- 0	×
File Edit View Help										
Mark for Print Ctrl-M Find Ctrl-F	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE	
PATI IFINI (Find CARCIRARC CH-U)           ICN [ Find CARCIRARC CH-U)           ICN [ Find CARCIRARC CH-U)           ICN [ Find CARCIRARC CH-U)           NATIONAL PROVIDER ID           MARKED FOR PRINT           TEST A           219252000002070HR           1           1           1234567890	PATIENT CNTRL NUMBER MID MEDICAL REC NUMBER MID CHG=x T08=xxx 123456789 12212212211 A2019400 MID CHG= C T08=813	FRM DT THR DT CV LN 190401 190430 31	COST COVDV NCVDV NCV L 0 0 0	REPTD CHGS NCVD/DENIED CLAIM ADJS COVD CHGS 6730.28 0.00 0.00 6730.28	SN DAYS PT DAYS ST DAYS NEW TCH/ECT 0 0.00 3 0	MS DAYS NA DAYS COINS AMT SEQUESTRATN ACO/DC RED 0 0 0 0.00 109.87 0.00	REIMB RATE MSP PRI PAY PROF COMP ESRD AMT ISLET 0.000 0.00 0.00 0.00 0.00	ALLOW/REIM PROC CD AMT LINE ADJ AMT CONT ADJ AMT PA REDUCT 5333.50 0.00 0.00 -818.21 0.00	INTEREST PAT REFUND DEDUCTIBLES NET. REIMB 0.00 0.00 0.00 5333.50	
TEST B 21925200000207OHR 2   1 1234567890	123456789 1ZZ1ZZ1ZZ11 A2019400 MID CHG= C TOB=813	190401 190430 31	0 0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	=
TEST C 21925200002070HR 3   1 1234567890	123456789 1ZZ1ZZ1ZZ11 A2019400 MID CHG= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	
TEST D 21925200000207OHR 4   1 1234567890	123456789 1ZZ1ZZ1ZZ11 A2019400 MID CHG= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	
TEST A 21925200000207OHR 5   1 1234567890	123456789 1ZZ1ZZ1ZZ11 A2019400 MID CHG= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	
TEST B 219252000002070HR	123456789 17717717711	190401	0	6730.28 0.00	0	0	0.000	5333.50 0.00	0.00	<b>•</b>

Claims 1-8 of 8

- 1. Access the all claims screen by clicking the AC button.
- 2. Click on Edit, in the pull down menu click on Find.

**Note:** If the Find returns more than one claim with the same search criteria, then the Find Next is available.

### **All Claims Find Dialog Box**

FOP 111920_Test.txt File Edit View He	lp									- 0 >	×
X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE	
PATIENT NAME ICN NUMBER CLAIM #] CLM STAT NATIONAL PROVIE MARKED FOR PRI	P Find	Find TEST		:	EPTD CHGS CVD/DENIED LAIM ADJS OVD CHGS	SN DAYS PT DAYS ST DAYS NEW TCH/ECT	MS DAYS NA DAYS COINS AMT SEQUESTRATN ACO/DC RED	REIMB RATE MSP PRI PAY PROF COMP ESRD AMT ISLET	ALLOW/REIM PROC CD AMT LINE ADJ AMT CONT ADJ AMT PA REDUCT	INTEREST PAT REFUND DEDUCTIBLES NET. REIMB	
TEST A 21925200000207C 1   1 1234567890					730.28 00 00 730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	-
TEST B 21925200000207C 2   1 1234567890	Patient Nar	ne 🔾 Medical Record Nu	nber OMID OPa	tient Control Number	730.28 00 00 730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	=
TEST C 21925200000207OHR 3   1 1234567890	12 12 A2 MI	23456789 2712212211 2019400 D CHG= C TOB=813	190401 190430 31	0 0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	
TEST D 21925200000207OHR 4   1 1234567890	12 12 A2 MI	23456789 2712212211 2019400 D CHG= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	_
TEST A 219252000002070HR 5   1 1234567890	12 12 A2 MI	23456789 2712212211 1019400 D CHG= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	
TEST B 210252000002070HR Claims 1-8 of 8	12	3456789	190401 190430	0	6730.28 0.00	0	0	0.000	5333.50 0.00	0.00	-

#### Figure 35. All Claims (AC) Find Dialog Box Screen Layout

In the **Find** dialog box there are options as to which data field to do a find on (patient last name, medical record number, MID number, and the patient control number).

- 1. In the **Find** box, key in the data to search on.
- 2. Click on the appropriate search field, then click **OK**.

The application searches for the selection and brings it to the screen for viewing or it brings up the message "Claim not found."

### **All Claims Search Results**

Pop 111920_Test.txt File Edit View He	lp										- 0	×
X12	SL		PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE	
PATIENT NAME ICN NUMBER CLAIM #  CLM STATU: NATIONAL PROVIDER MARKED FOR PRINT	S ≹ID	PATIEN MID MEDICA MID CH	T CNTRL NUMBER NL REC NUMBER G=x TOB=xxx	FRM DT THR DT CV LN	COST COVDV NCVDV NCV L	REPTD CHGS NCVD/DENIED CLAIM ADJS COVD CHGS	SN DAYS PT DAYS ST DAYS NEW TCH/ECT	MS DAYS NA DAYS COINS AMT SEQUESTRATN ACO/DC RED	REIMB RATE MSP PRI PAY PROF COMP ESRD AMT ISLET	ALLOW/REIM PROC CD AMT LINE ADJ AMT CONT ADJ AMT PA REDUCT	INTEREST PAT REFUND DEDUCTIBLES NET. REIMB	
TEST A 219252000002070HF 1   1 1234567890	2	1234567 1ZZ1ZZ1 A201940 MID CH0	789 12Z11 00 G= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	-
TEST B 219252000002070HF 2   1 1234567890	2	1234567 1ZZ1ZZ <sup>-</sup> A201940 MID CH0	789 1ZZ11 30 G= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 5333.50	
TEST C 219252000002070HF 3   1 1234567890	2	1234567 1ZZ1ZZ A201940 MID CH0	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	
TEST D 21925200000207OHF 4   1 1234567890	2	1234567 1ZZ1ZZ A201940 MID CH0	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	_
TEST A 21925200000207OHF 5   1 1234567890	2	1234567 1ZZ1ZZ A201940 MID CH0	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	
TEST B 210252000002070HE	,	123456	789 17711	190401	0	6730.28 0.00	0	0	0.000	5333.50 0.00	0.00	-

#### Figure 36. All Claims (AC) Search Results Screen Layout

The search found the requested patient and highlighted the claim. By clicking on the highlighted claim and then the **SC** button, the application displays the single claim format of that claim.

## **Application Return Button**

PCP 111920_Test.txt File Edit View He	Ip									- 0	×
X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE	
PAYEE NAME 123 TEST RD ANYTOWN , FL PATIENT: TEST MUD: 12214567890 TE2125212 CLAIM STAT: 1 COA MID: 12212212 CHARGES: 6730.28=REPORTE 9.00=NCV/DO 9.00=(1710)	Medicare Nation FPE: 12/ PATD: 09/ 123450000 CLMW: 2 TO8: 813 Z11 SVC F Z211 T Z211 T 0.000 0 0.0 NIED 0.0	al standard Intermed. 31/2019 PAYER NAME 1 26/2019 123 TEST RD ANYTOWN, FL : 8 ROM: 04/01/2019 HRU: 04/30/2019 MAREIM RATE MO-HRA XA MAT HO-HHA SA MAT	123450000 PCN: 1234567 MON: A201940 ICN: 2192520 0.000-CD 0.000-CD 0.000-CD 0.000-CD	== 39 39 39 30002070HR == USURANCE PRIM PAYER 4 DEDUCT 5EEUND	, 	<u>,                                     </u>	^	<u>, , , , , , , , , , , , , , , , , , , </u>		70	
0.08∞(LAIM A) 0.08∞(LIM A) 6738.28=C0VERED DAYS/VISITS: 0=COVD/UT 0=COVD/UT 0=NON-COVE 0=COVD VIS 0=NCOV VIS 0=NCOV VIS	DIS 8.8 3 ANT 8.8 T 8.8 L 5333.5 RED 8.8 ITS 8.8 ITS 8.8 8.8 8.8 8.8 8.8 8.8 8.8 8.8 8.8 8.8	Healman ST ANT           Healman ST ANT           Healman ST ANT           Healman NA SANT           Healman NA ANT           Healman NA ANT	0.08#P7 0.08#P7 533.50#ALL 109.87%52 0.08DTT -818.21=C0N 0.08#PA 5333.50#NET	REFUND C CD ANOUNT DW/REIM UESTRATN EREST FRACT ADJ TOC RED REDUCT REIM AMT							
RARC Codes: MA01 Alert: If yo To make suru- However, in REV DATE HC LICN SVC Desc 0651 04/01 Q5	u do not agree with w e that we are fair to order to be eligible PCS APC/HIPPS MODS HCPI 001	what we approved for ' p you, we require ano' for an appeal, you QTY CH 31.00 44	these services, you m ther individual that must write to us with ARGES ALLOW/REIM 44.16 5333.50	ay appeal our decisi did not process your In 120 days of the di 5C RSN AMOU CO 94 -999. 253 108.0	on initial claim to com ate you received this NT REMARK CODES 21 87	duct the appeal notice, unless you h	nave a good reason fo	<pre>^ being late.</pre>			
Claim 2 of 8											

Figure 37. SC (Single Claim) Format Screen Layout

This screen displayed from the previous application request. From here (**SC**), click on the AC button and the application returns to the claim in the **all claims** format.

## **Application Toggling**

Figure	38.	SC	(Single	Claim)	Screen	Lavout
I ignic	20.	50	Single	Cicini	Screen	Layou

For 111920_Test.txt File Edit View He	lp									- c	7	×
X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BU	IS E	
PAYEE NAME 123 TEST RD ANYTOWN , FL NPI: 1234567890 PATIENT: TEST MID: 12212212 CLAIM STAT: 1 COR MID: 12212212	Medicare Natio FPE: 12 PAID: 00 123450000 CLM#: 2 TOB: 81 708:	nal Standard Intermed /31/2019 PAYER NAWE 1 /26/2019 123 TEST RD ANYTOWN, FL 3 B FROM: 04/01/2019 THRU: 04/30/2019	iary Remittance Advid 123450000 PCN: 1234567 MRN: A201944 ICN: 2192526	те 189 190002070HR		<u>.</u>	^	^	<u>, , , , , , , , , , , , , , , , , , , </u>	1		
CHARGES: 6739.28=REPORTE: 0.00=NCVD/DEI 0.00=NCVD/DEI 0.00=NC1NH A0. 6739.28=COVRED DAYS/VISTS: 0=COV UTS: 0=NON-COVE 0=NOV VIS: 0=NCOV VIS: REMARK CODES:	0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0	00-RETH RATE 00-HRA PT ANT 00-HRA PT ANT 00-HRA ST ANT 00-HRA OT ANT 00-HRA NA ANT 00-HRA NA ANT 00-HRA NA ANT 00-HRSP CONT CARE 00-HRSP CONT CARE 00-HSP FORKRAL 00-HSP PTH MAD N793	0.08=C0 0.08=K3 0.08=K4 0.08=PR 533.58=AL 199.87=K5 0.08=PR -818.21=C0 0.08=PA 5333.58=hE1	NSURANCE PAIN PAYER H ADEVICT REFUND CC CD AMOUNT GW/REIM UESTRATN EREST TRACT ADJ TOC RED REDUCT REDI ANT								
RARC Codes: MA01 Alert: If you To make sur- However, in REV DATE HCU	do not agree with that we are fair t order to be eligibl PCS APC/HIPPS MODS	what we approved for o you, we require and e for an appeal, you QTY CH	these services, you m other individual that must write to us with MARGES ALLOW/REIM	ay appeal our decis did not process you in 120 days of the GC RSN AMO	ion r initial claim to con date you received this UNT REMARK CODES	duct the appeal notice, unless you h	have a good reason for	being late.				
SVC Desc 0651 04/01 Q54 Claim 2 of 8	301	31.00 44	444.16 5333.50	CO 94 -999 253 108	.21 .87							-

In this application is the capability to toggle between the "Single Claim" screen and the "All Claims" screen. If in the "Single Claim" view and the AC button is clicked when the "All Claims" screen comes up, the "Single Claim" is available in the "All Claims" view.

### Find CARC/RARC

Pop 11192	0_Test.txt														-	٥	×
File Ed	t View	Help															
Ma Fin	rk for Prin d	nt Ctr Ctr	I-M I-F		PS		BS	A	с	SC	Previous	Next	Print	G C R	E	BUS SCE	
Fin	d Next	Ctr	I-N icar	e Nation	al Standard Interme	diary Re	emittance Advi	ce					1				
PAYEE Fin	d CARC/R/		I-U	FPE: 12/	31/2019 PAYER NAME	1											
123 Test	RU		P	AID: 09/	26/2019 123 TEST RD												
ANYTOWN		FL 1234	450000 C	LM#: 2	ANYTOWN, FL	1234506	999										
NPI: 123	4567890			TOB: 813													
PATIE	VI: 1ESI			5V/5 5	B		PCN: 123456	/89									
CLATH CT	ID: 122122	12211		SVC P	NUM: 04/01/2019		TCN: 210252	00									
COR	41. I (TD: 17717	717711			HKU: 04/30/2013		ICN: 219252	0000020/UHK									
CONT	10. 1111																
CHARGES:				0.00	0=REIM RATE		0.00=CO	INSURANCE									
673	3.28=REPOR	TED		0.0	0=HHA SN AMT		0.00=MS	P PRIM PAYER									
	.00=NCVD/	DENIED		0.0	0=HHA PT AMT		0.00=CA	SH DEDUCT									
	0.00=CLAIM	ADJS		0.0	0=HHA ST AMT		0.00=PA	T REFUND									=
	0.00=LINE	ADJ AM	r														
673	0.28=COVER	ED		0.0	0=HHA OT AMT		0.00=PR	OC CD AMOUNT									
DAYS/VIS	ETS:			0.0	0=HHA MS AMT		5333.50=AL	LOW/REIM									
	0=COST R	EPT		0.0	0=HHA NA AMT		109.87=SE	QUESTRATN									
	31=COVD/U	ITIL		5333.5	0=HSP ROUT CARE		0.00=IN	TEREST									
	0=NON-CO	VERED		0.0	0=HSP CONT CARE		-818.21=CO	NTRACT ADJ									
	0=COVD V	ISITS		0.0	0=HSP GENERAL		0.00=AC	O/DC RED									
	0=NCOV V	ISITS		0.0	0=HSP RESPITE		0.00=PA	REDUCT									
							5333.50=NE	T REIM AMT									
				0.0	0=HSP PHYS SVC												
PEMARK C	DEC :			0.0	MAD1 N702												
RARC Cod	AC.				PPHD1 11755												
MAR1	lect: Tf	vou do	not agre	e with w	hat we approved for	these s	services, you u	may anneal c	ur decision								
10102	To make s	ure th	at we are	fair to	vou, we require an	other in	ndividual that	did not pro	cess your i	nitial claim to cor	nduct the appeal						
	However,	in orde	er to be	eligible	for an appeal, you	must wr	ite to us wit	hin 120 days	of the date	e you received this	notice, unless you h	nave a good reason fo	r being late.				-
REV	DATE	HCPCS	APC/HIPP	S MODS	QTY C	HARGES	ALLOW/REIM	GC RSN	AMOUNT	REMARK CODES							-
LICN			HC	PI													
SVC Desc																	
0651	04/01	Q5001			31.00 4	444.16	5333.50	CO 94	-999.21								
								253	108.87								-
I																	-
Claim 2	of 8																

Figure 39. CARC/RARC Find Option Screen Layout

- 1. Access the single claim screen by clicking the SC button.
- 2. Click on Edit, then click on Find CARC/RARC.

### Find CARC/RARC Dialog Box

#### Figure 40. Find CARC/RARC Dialog Box Screen Layout

POP CARC/	RARC Code and Descrip	ption List	- 🗆	$\times$
CARC Code	Effective	Term Date CARC Desctription		
1	1/1/1995	Deductible Amount		-
2	1/1/1995	Coinsurance Amount		
3	1/1/1995	Co-payment Amount		
4	1/1/1995	The procedure code is inconsistent with the modifier used or a required modifier is missing. Usage: Refer to the 835 Healthcare	Policy Ident:	ific
5	1/1/1995	The procedure code/type of bill is inconsistent with the place of service. Usage: Refer to the 835 Healthcare Policy Identifica	tion Segment	(loc
6	1/1/1995	The procedure/revenue code is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Seg	ment (loop 21	.10 9
7	1/1/1995	The procedure/revenue code is inconsistent with the patient's gender. Usage: Refer to the 835 Healthcare Policy Identification	Segment (loop	211
8	1/1/1995	The procedure code is inconsistent with the provider type/specialty (taxonomy). Usage: Refer to the 835 Healthcare Policy Ident	ification Seg	ment
9	1/1/1995	The diagnosis is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 21	10 Service Pay	ymer
10	1/1/1995	The diagnosis is inconsistent with the patient's gender. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop	2110 Service	: Pay
11	1/1/1995	The diagnosis is inconsistent with the procedure. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 S	ervice Payment	t Ir
12	1/1/1995	The diagnosis is inconsistent with the provider type. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 21	10 Service Pa	ymer
13	1/1/1995	The date of death precedes the date of service.		
14	1/1/1995	The date of birth follows the date of service.		
15	1/1/1995 5/1/	1/2018 The authorization number is missing, invalid, or does not apply to the billed services or provider.		
16	1/1/1995	Claim/service lacks information or has submission/biling error(s). Usage: Do not use this code for claims attachment(s)/other	Jocumentation	• At
4		IN THE REPORT OF A LEAST OF A LEA	red of alther	
		CARC Code Search Display Full CARC Description		
RARC Code	Effective	Term Date RARC Description		
M1	1/1/1997	X-ray not taken within the past 12 months or near enough to the start of treatment.	-	
M2	1/1/1997	Not paid separately when the patient is an inpatient.		
MB	1/1/1997	Equipment is the same or similar to equipment already being used.		
M4	1/1/1997	Alert: This is the last monthly installment payment for this durable medical equipment.		
M5	1/1/1997	Monthly rental payments can continue until the earlier of the 15th month from the first rental month, or the month when the equ	ipment is no :	long
M6	1/1/1997	Alert: You must furnish and service this item for any period of medical need for the remainder of the reasonable useful lifetim	a of the equip	.pmer
M7	1/1/1997	No rental payments after the item is purchased, returned or after the total of issued rental payments equals the purchase price	•	
M8	1/1/1997	We do not accept blood gas tests results when the test was conducted by a medical supplier or taken while the patient is on oxy	gen.	
M9	1/1/1997	Alert: This is the tenth rental month. You must offer the patient the choice of changing the rental to a purchase agreement.		
M10	1/1/1997	Equipment purchases are limited to the first or the tenth month of medical necessity.		
M11	1/1/1997	DME, orthotics and prosthetics must be billed to the DME carrier who services the patient's zip code.		
M12	1/1/1997	Diagnostic tests performed by a physician must indicate whether purchased services are included on the claim.		
M13	1/1/199/	unly one initial visit is covered per specialty per medical group.		
M14	1/1/199/	No separate payment for an injection doministered during an office visit, and no payment for a full office visit if the particle	only received	u ar
M15	1/1/1997	Separately billed services/tests have been oundred as they are considered components of the same procedure, separate payment is Alarty Black as any mark site mailing, an bullating for more details, concerning this pality/aperdure/dericion	not allowed.	
110	1/1/1997	Alert. Freese see our web site, mainings, of builetins for more details concerning this point/y procedure/detision.		-
•				
Coour Code		RARC Code Search Display Full RARC Description		
Group code:	- Contractual Adjust	ctment DT _ Pavor Intiated Peductions		
04	- Other Adjustment	PR = Atlant Resonability		
UA	o and industrielle			

In the **Find CARC/RARC** dialog box provides a code search option to locate specific codes without having to page up and down the listing.

• In the CARC Code Search or RARC Code Search box, key in the code to search on.

The screen automatically scrolls to the code entered; or the closest code if the entered code is not located in the listing.

# **Chapter 8**

## **Processing Procedures**

This section explains directions necessary to load a new data file and to process claims once the data file has been successfully loaded.

### Loading New Data File and PC Print Process

Each new 835 mailbox transmission received needs to be copied or transferred from the data set file into the PC Print data file before viewing and or printing in the PC Print application. The recommended data file naming convention is YYMMDDX.X12 (example: 981128A.X12, remittance advice date).

- 1. Copy or transfer from the system remittance advice mailbox an 835 X12 File, then place it in a folder that can be accessed by the PC Print Application.
- 2. Upon double clicking the PC Print icon this screen displays and the SL button is selected.

Figure 41. Blank SL (Segment List) Screen Layout



3. Clicking on the X12 button brings up the Open dialog box. Select the Data folder for viewing the data files, then click Open.

PoP PC Print using File Edit View	WinBld Help								-	- 🗆 X
X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
			Open Ook In: X12 O20620 TEST O20620 TEST Ciles of Type: X	.txt 12 & txt Files		(a)	a a se			SCE

Figure 42. X12 Button - Open Dialog Box (1 of 2)

Page 56

4. Select a data file and click on Open. If the data file selected is not the correct one, click the X12 button again and make another selection.

POP PC Print using WinBld File Edit View Help								-	×
X12	SL PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
		Image: Open         Look In:         Image: Open         Image: Open	12 ST.bd 020620 TEST.bt X12 & bt Files		▼ a	S 🔂 🗖 BB B	×		

Figure 43. X12 Button - Open Dialog Box (2 of 2)

5. Once the data file is selected it appears on the screen in the segment list format. Starting from the left, the first column shows the GS segments, the second column shows the segments within the GS and the third column reflects the data in each segment (example follows).

**Note:** On the bottom left of the screen it states the total number of claims and total number of segments in the data file.

File	e Edit View	Help									
	X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
<b>G S</b> <b>G S</b> <b>S</b> <b>G S</b> <b>S G S</b> <b>S G S</b> <b>S G S S G S S G S S G S S G S S S G S S S G S S S G S S S S G S S S S S S S S S S</b>	346000001 34600002 34600001 346000003 346000003 346000001 346000002 346000001 3460000001 3460000001 346000001 346000001 346000000000000000000000000000000000000		N3         123 TEST RD           N4         ANYTOWN           REF         272691609           REF         272691609           X         851511           TS3         1255430757           CLP         123456789           MMA         TEST           MOA         MA01           DTM         20150210           DTM         20150210           DTM         20150210           CAS         OA           LQ         HE           SVC         HC*70030*A           DTM         20150210           CAS         OA           LQ         HE           SVC         HC*70030*C           DTM         20150211           CAS         CO           AMT         B6           SVC         HC*70030*C           DTM         20150212           CAS         CO           DTM         20150212           CAS         CO           DTM         20150212           CAS         CO           DTM         20150212           CAS         CO           DTM         20150212     <	, 	μ						
Tot	-1	Takal Company									

Figure 44. Data File in Segment List (SL) Format (1 of 2)

/

6. This screen shows the data in each segment as selected. A vertical scroll bar is available for parsing through the data file.

**Note:** In the Status Bar at the bottom of the screen it states the total number of claims and total number of segments in the data file.

The PC Print environment has limitations on the size of a data file used. It has been determined that a data file with greater than approximately 80,000 segments does not appropriately process in this PC Print Software. FISS does not recommend using files greater than 80,000 segments. Further in this document, segments are covered

Pop 1015ERATEST.txt								/		- 🗆 ×
File Edit View H	elp				10			/	1	M.
X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
SS 28700001 SS 28700002 SS 28700003 SS 28700003 SS 28700004 SS 28700009 SS 28700009 SS 28700009 SS 287000012 SS 287000012		NEF         27291003*           LX         851511           TS3         1255430757           CLP         123456789           NM1         TES1           DTM         20150210           DTM         20150210           DTM         20150212           DTM         20150210           CAS         OA           LQ         HE           SVC         HC*70030**           DTM         20150211           CAS         CO           AMT         B6           SVC         HC*70030*Q           DTM         20150211           CAS         CO           AMT         B6           SVC         HC*70300*Q           DTM         20150212           CAS         CO           AMT         B6           SVC         HC*70380*Q           DTM         20150212           CAS         CO           AMT         B6           SVC         HC*70380*Q           DTM         20150212           CAS         CO           AMT         B6           SVC         HC*70380*Q </td <td>* \$*82* 3*80* \$*80*</td> <td></td> <td><ul> <li>Patien</li> <li>Patien</li> <li>Claim</li>     &lt;</ul></td> <td>Control Number Status Code Reported Charge Payment Amount rry Amount Iriling Indicator Code I Control Number I Bill Summary I Bill Frequency /eight rge Fraction</td> <td></td> <td>123456789 1 2000 6.08 MA 21434400060 85 1</td> <td>D108TXA</td> <td></td>	* \$*82* 3*80* \$*80*		<ul> <li>Patien</li> <li>Patien</li> <li>Claim</li>     &lt;</ul>	Control Number Status Code Reported Charge Payment Amount rry Amount Iriling Indicator Code I Control Number I Bill Summary I Bill Frequency /eight rge Fraction		123456789 1 2000 6.08 MA 21434400060 85 1	D108TXA	

Figure 45. Data File in Segment List ( $\Re$ L) Format (2 of 2)

7. Selecting the PS button brings up the Provider Summary screen. The Provider Summary is available from the View menu and as a keyboard sequence CTRL-R.

Note: The Status Bar at the bottom of the screen displays the total number of claims.

Figure 46. Provider Summary (PS) Screen Layout

File Edit View	Help									
X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
Medicar	e National Standar	rd Intermediary Rem	nittance Advice							
PAYEE NAME		PAYER	R NAME							
123 TEST RD		123 1	TEST RD							
ANYTOWN ,	FL 123450000	ANYTO	WN, FL 123450000							
NPI: 1234567778										
CHECK / EFT NUMBER	: 0001305900									
		PAYMENT	SUMMARY							
PAYMENT TOTAL:		6.08 BILLIM	IG CYCLE: 12/12/20	014						
TOTAL CLAIMS:		1 IOTAL	PIP CLAIMS: 0							
		ETNANCTAL AD	USTMENTS							
BD>BD/		: -21904.00	DM>DM		: -121674.00					
OA>KA/		: -205932.00	RE>RE		: -106545.00					
CS>CA/		: 186112.22								
Payer Business Con	tract Information									
Telephone: 55555	5555									
Telephone Extensio	n: 55555									
Facsimile: 55555	5555									
Electronic Mail:										
Payer Technical Co	ntract Information	1								
Telephone Extensio	n: 555555555									
Facsimile:										
Electronic Mail:										
Davan Web Site Uni	form Docourse Los:		OFMATE NET (UD)							
rayer web Site Unit	TOTIL RESOURCE LOCA	ILUI (UKL): EMAIL	GENHTE MEI/OKE							

8. Selecting the BS button brings up the Bill Summary screen. The Bill Type Summary is available from the View menu and as a keyboard sequence CTRL-B.

Pop 111920_Test.txt										- 0	×
File Edit View He	elp										
X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE	
	Medicare Nation	al Standard Intermed	iary Remittance Advic								
PAYEE NAME	FPE: 12/	31/2019 PAYER NAME									
123 TEST RD	PAID: 09/	26/2019 123 TEST RD									
ANYTOWN , FL	123450000 CLM#: 1	ANYTOWN, FL 1	123450000								
NPI: 1234567890	TOB: 81										
	SUBTOTAL/TOTAL	FOR BILL TYPE									
CHARGES:	PAYMENT DATA	d	0.000=REI	1 RATE							
6730.28=REPORTE	D 0.0	0=DKG AMOUNT	0.00=MSP	PRIM PAYER							
0.00=NCVD/DE	NIED 0.0	Ø=DRG/OPER/CAP	0.00=PR0	COMPONENT							
0.00=CLAIM A	035		0.00=LIN	ADJ AMT							
6/30.28=COVERED	0.0	Ø=OUTLIER	0.00=PRO	CD AMOUNT							
DAYS/VISIIS:		0=CAP OUTLIER		0.0 000							
31=COST REP		0=CASH DEDUCT	0.00=ALO	OC RED							
31=COVD/UTI	L 0.0	0=BLOOD DEDUCT	0.00=111	REST							
Ø=NON-COVE	RED 0.0	Ø=COINSURANCE	-818.21=CON	IRACI ADJ							
0=COVD VIS	ITS 0.0	Ø=PAT REFUND	0.00=PER	DIEM AMT							
0=NCOV VIS	109.8	7=SEQUESTRATN	0.00=PA	REDUCT							
			5333.50=NET	REIM AMT							

Figure 47. Bill Summary (BS) Screen Layout

- 9. Selecting the AC button brings up the All Claims screen. The All Claims screen is available from the View menu and as a keyboard sequence CTRL-A.
- 10. View menu and as a keyboard sequence CTRL-A.

**Note:** In the status bar at the bottom of the screen, it states which claims are being displayed, the total number of claims in the data file, and which claim is currently selected/highlighted. To view a second set of claims, click on the next arrow in the tool bar.

PCP 111920_Test.txt File Edit View He	lp										- 0	×
X12	SL		PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE	
PATIENT NAME ICN NUMBER CLAIM #  CLM STATUS NATIONAL PROVIDER MARKED FOR PRINT	) ID	PATIEN MID MEDICA MID CH	T CNTRL NUMBER	FRM DT THR DT CV LN	COST COVDV NCVDV NCVL	REPTD CHGS NCVD/DENIED CLAIM ADJS COVD CHGS	SN DAYS PT DAYS ST DAYS NEW TCH/ECT	MS DAYS NA DAYS COINS AMT SEQUESTRATN ACO/DC RED	REIMB RATE MSP PRI PAY PROF COMP ESRD AMT ISLET	ALLOW/REIM PROC CD AMT LINE ADJ AMT CONT ADJ AMT PA REDUCT	INTEREST PAT REFUND DEDUCTIBLES NET. REIMB	3
TEST A 21925200000207OHR 1   1 1234567890		1234567 1ZZ1ZZ A201940 MID CH0	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	-
TEST B 21925200000207OHR 2   1 1234567890		1234567 1ZZ1ZZ A201940 MID CH0	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	=
TEST C 21925200000207OHR 3   1 1234567890		1234567 1ZZ1ZZ A201940 MID CH0	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	
TEST D 219252000002070HR 4   1 1234567890	:	1234567 1ZZ1ZZ A201940 MID CH0	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	
TEST A 21925200000207OHR 5   1 1234567890		1234567 1ZZ1ZZ A201940 MID CH0	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	
TEST B 210252000002070HR		123456	789 17711	190401 190430	0	6730.28	0	0	0.000	5333.50 0.00	0.00	-

Figure 48. All Claims (AC) Screen Layout

o ×

#### Figure 49. All Claims (AC) Screen Layout

Pop 111920\_Test.txt

X12	SL		PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
PATIENT NAME ICN NUMBER CLAIM #  CLM STATUS NATIONAL PROVIDER MARKED FOR PRINT	) ID	PATIEN MID MEDICA MID CH	T CNTRL NUMBER	FRM DT THR DT CV LN	COST COVDV NCVDV NCVL	REPTD CHGS NCVD/DENIED CLAIM ADJS COVD CHGS	SN DAYS PT DAYS ST DAYS NEW TCH/ECT	MS DAYS NA DAYS COINS AMT SEQUESTRATN ACO/DC RED	REIMB RATE AL MSP PRI PAY PI PROF COMP LLI ESRD AMT C ISLET PA	LLOW/REIM ROC CD AMT INE ADJ AMT ONT ADJ AMT A REDUCT	INTEREST PAT REFUND DEDUCTIBLES NET. REIMB
TEST A 219252000002070HF 1   1 1234567890		123456 1ZZ1ZZ A20194 MID CH	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 53 0.00 0./ 0.00 0./ 0.00 -8 0.00 0./	333.50 00 00 118.21 00	0.00 0.00 0.00 5333.50
TEST B 219252000002070HF 2   1 1234567890		123456 1ZZ1ZZ A201940 MID CH	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 53 0.00 0.1 0.00 0.1 0.00 -8 0.00 0.1	333.50 00 00 118.21 00	0.00 0.00 0.00 5333.50
TEST C 219252000002070HF 3   1 1234567890		123456 1ZZ1ZZ A201940 MID CH	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 53 0.00 0.1 0.00 0.1 0.00 -8 0.00 0.1	333.50 00 00 118.21 00	0.00 0.00 0.00 5333.50
TEST D 219252000002070HF 4   1 1234567890		123456 1ZZ1ZZ A201940 MID CH	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 53 0.00 0.1 0.00 0.1 0.00 -8 0.00 0.1	333.50 00 00 118.21 00	0.00 0.00 0.00 5333.50
TEST A 219252000002070HF 5   1 1234567890		123456 1ZZ1ZZ A201940 MID CH	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 53 0.00 0.1 0.00 0.1 0.00 0.1 0.00 -8 0.00 0.1	333.50 00 00 118.21 00	0.00 0.00 0.00 5333.50
TEST B 210252000002070HE		123456	789	190401	0	6730.28	0	0	0.000 53	333.50	0.00

11. Selecting the SC, Single Claim button accesses the single claim. Single Claim is available from the View menu and as a keyboard sequence CTRL-S.

Note: The Status Bar at the bottom of the screen displays the total number of claims.

Figure 50. Single Claim (SC) Screen Layout

Pop 111920_Test.b	at Uole												- 0	×
X12	vneip	SL	PS		BS	AC	:	SC	Previous	Next	Print	G	BUS	
		Medicare Natio	nal Standard Inte	rmediary R	Remittance Advi	ce		Single Cla	im		J			
PAYEE NAME		FPE: 12	/31/2019 PAYER NA	ME										
123 TEST RD		PAID: 09	/26/2019 123 TEST	RD										
ANYTOWN	, FL 12345	50000 CLM#: 1	ANYTOWN,	FL 123450	9999									
NPI: 1234567890		TOB: 81	3											
PATIENT: TES	т		A		PCN: 123456	789								
MID: 1ZZ	17717711	SVC	FROM: 04/01/2019		MRN: A20194	99								
CLAIM STAT: 1			THRU: 04/30/2019		ICN: 219252	000002070HR								
COR MID: 1Z	212212211													
CHARGES:		0.0	00=REIM RATE		0.00=CO	INSURANCE								
6730.28=RE	PORTED	0.	00=HHA SN AMT		0.00=MS	P PRIM PAYER								
0.00=NC	VD/DENIED	0.	00=HHA PT AMT		0.00=CA	SH DEDUCT								
0.00=CL	AIM ADJS	0.	00=HHA ST AMT		0.00=PA	T REFUND								
0.00=L1	NE ADJ AMI				0 00 00									
6730.28=CU	VERED	0.	DO UNA NE ANT		0.00=PK	UC CD AMOUNT								
DAT5/VISIIS:	T DEDT		DO-HHA PIS APIT		100 07 CC	CUECTDATN								
31-00		e	DOTINA NA ANI		105.0/=30	TERECT								
0-NON	COVERED	55555.	DO-USP CONT CARE		0.00=10	NTRACT ADD								
0=000		0.	00-UCP GENERAL		-010.21=00									
0=COV	V VISITS	0.	00-HSP GENERAL		0.00-AC	PEDUCT								
					5333.50=NE	T RETM AMT								
		0.	00=HSP PHYS SVC											
		0.	00=HSP OTH											
REMARK CODES:			MA01 N7	93										
RARC Codes:														
MA01 Alert:	If you do n	not agree with	what we approved	for these	services, you	may appeal ou	ur decision							
To mak	e sure that	t we are fair t	o you, we require	another i	individual that	did not prod	ess your in	nitial claim to co	onduct the appeal					
Howeve	r, in order	to be eligibl	e for an appeal,	you must w	write to us wit	hin 120 days	of the date	e you received thi	is notice, unless you h	ave a good reason fo	r being late.			
REV DATE	HCPCS /	APC/HIPPS MODS	QTY	CHARGES	ALLOW/REIM	GC RSN	AMOUNT	REMARK CODES						4
LICN		HCPI												
SVC Desc														
0651 04/01	Q5001		31.00	4444.16	5333.50	CO 94	-999.21							
						253	108.87							
Claim 1 of 8														

# Chapter 9

# System Layout/Mapping

This section provides the information necessary to see and understand the mapping for each report.

# **All Claims Report**

#### Figure 51. Mapping 5010 835 to All Claims Report

File Edit View He	lp										- 0	×
X12	SL		PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE	
PATIENT NAME ICN NUMBER CLAIM #  CLM STATUS NATIONAL PROVIDER MARKED FOR PRINT	S RID	PATIEN MID MEDICA MID CH	T CNTRL NUMBER	FRM DT THR DT CV LN	COST COVDV NCVDV NCVL	REPTD CHGS NCVD/DENIED CLAIM ADJS COVD CHGS	SN DAYS PT DAYS ST DAYS NEW TCH/ECT	MS DAYS NA DAYS COINS AMT SEQUESTRATN ACO/DC RED	REIMB RATE MSP PRI PAY PROF COMP ESRD AMT ISLET	ALLOW/REIM PROC CD AMT LINE ADJ AMT CONT ADJ AMT PA REDUCT	INTEREST PAT REFUND DEDUCTIBLES NET. REIMB	
TEST A 219252000002070HR 1   1 1234567890	2	1234567 1ZZ1ZZ A201940 MID CH0	789 12Z11 30 G= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	
TEST B 219252000002070HR 2   1 1234567890	2	1234567 1ZZ1ZZ A201940 MID CH0	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	=
TEST C 219252000002070HR 3   1 1234567890	ł	1234567 1ZZ1ZZ A201940 MID CH0	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	_
TEST D 219252000002070HR 4   1 1234567890	2	1234567 1ZZ1ZZ A201940 MID CH0	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	_
TEST A 219252000002070HR 5   1 1234567890	2	1234567 1ZZ1ZZ A201940 MID CH0	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	
TEST B 210252000002070HR	,	123456	789 17711	190401	0	6730.28	0	0	0.000	5333.50 0.00	0.00	_

Table 2. Loop Segment Data Elements for the 5010 835 to All Claims Report

Field	Loop Segment Data Element
PROVIDER NUMBER/NPI	Loop 1000B, N1 Payee Identification, N104 when N103 equals XX, else Loop 1000B, REF Payee Additional Identification, REF02 when REF01 equals PQ
PATIENT CNTRL NUMBER	Loop 2100, CLP Claim Payment Information, CLP01 Claim Submitter's Identifier
FRM DT	Loop 2100, DTM Statement From or To Date, DTM02 Claim Date when DTM01 equals 232

Field	Loop Segment Data Element
COST	Loop 2100, MIA Inpatient Adjudication Information, MIA15 Cost Report Day Count
REPTD CHGS	Loop 2100, CLP Claim Payment Information, CLP03 Total Claim Charge Amount
DRG NBR	Loop 2100, CLP Claim Payment Information, CLP11 Diagnosis Related Group (DRG) Code
OUTLIER AMT	Loop 2100, AMT Claim Supplemental Information, AMT02 when AMT01 equals ZM PIP Outlier Add-on
REMIB RATE	Loop 2100, MOA Outpatient Adjudication Information, MOA01 Reimbursement Rate
ALLOW/REIM	Loop 2110, SVC Service Payment Information, SVC03 Line Item Provider Payment Amount, this is the sum of all revenue lines
INTEREST	Loop 2100, AMT Claim Supplemental Information, AMT02 Claim Supplemental Information Amount when AMT01 equals I Interest
ICN NUMBER	Loop 2100, CLP Claim Payment Information, CLP07 Payer Claim Control Number
MID NUMBER	Loop 2100, NM1 Patient Name, NM109 Patient Identifier
THR DT	Loop 2100, DTM Statement From or To Date, DTM02 Claim Date when DTM01 equals 233
COVDV	Loop 2100, MIA Inpatient Adjudication Information, MIA01 Covered Days or Visits Count
NCVD/DENIED	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when adjustment code in CAS02, 05, 08, 11, 14, 17 equals any adjustment code except 1, 2, 3, 23, 45, 66, 70, 89, 94, 118, 122, 247, 248 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals any adjustment code except 1, 2, 3, 23, 45, 66, 70, 89, 94, 118, 122, 247, 248
DRG AMT	Loop 2100, MIA Inpatient Adjudication Information, MIA04 Claim DRG Amount

Field	Loop Segment Data Element
DEDUCTIBLE	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when adjustment code in CAS02, 05, 08, 11, 14, 17 equals 1 and or 66 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals adjustment codes 1, 66, and 247
MSP PRI PAY	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 23 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 23
PROC CD AMT	Loop 2100, MOA Outpatient Adjudication Information, MOA02 Claim HCPC Payable Amount
PAT REFUND	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals A0 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals A0
CLAIM #	PC Print Assigned
CLAIM STATUS	Loop 2100, CLP Claim Payment Information, CLP02 Claim Status Code
MEDICAL REC NUMBER	Loop 2100, REF Other Claim Related Identification REF02 Other Claim Related Identifier when REF01 is EA
NCVDV	Loop 2100, QTY Claim Supplemental Information Quantity, QTY02 when QTY01 equals NE
CLAIM ADJ	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when CAS01 equals OA and Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 121
DRG O-C	Loop 2100, MIA Inpatient Adjudication Information equals MIA06 Claim Disproportionate Share Amount + MIA08 Claim PPS Capital Amount + MIA18 Claim Indirect Teaching Amount

Field	Loop Segment Data Element
COIN AMT	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 2, 3 and 122 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 2, 3, and 248
PROF COMP	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 89 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 89
LNE ADJ AMT	Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when CAS01 equals OA and Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 121
PER DIEM AMT	Loop 2100, AMT Claim Supplemental Information, AMT02 Claim Supplemental Information Amount when AMT01 equals DY Per Day Limit
NATIONAL PROVIDER ID (NPI)	Loop 1000B, N1 Payee Identification, N104 Payee Identification Code when N103 equals XX
MID CHG = X	Loop 2100, NM1 Corrected Patient/Insured Name, NM108 equal C if present. Else, Loop 2100, NM1 Patient/Insured Name, NM108 equal HN or MI
TOB = XXX	Loop 2100, CLP Claim Payment Information, CLP08 Facility Type Code in the first two positions of the XX and CLP09 Claim Frequency Code in the third position, last X
CV LN	Loop 2100, QTY Claim Supplemental Information, QTY02 Claim Supplemental Information Quantity when QTY01 equals CA Covered - Actual
NCV L	Not Used
COVD CHGS	Loop 2100, AMT Claim Supplemental Information, AMT02 Claim Supplemental Information Amount when AMT01 equals AU Coverage Amount
NEW TECH/ECT	Loop 2100, AMT Claim Supplemental Information, AMT02 Claim Supplemental Information Amount when AMT01 equals ZL New Tech Add On

Field	Loop Segment Data Element
ISLET ISOLATION ADD-ON	Loop 2100, report the Islet Add-on payment in the AMT02 segment when AMT01 segment equals ZO
SEQUESTRATN	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 223 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 223
ACO/DC RED	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 132 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 132
ESRD AMT	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118
CONT ADJ AMT	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 45 and 59 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 45 and 59
PA REDUCT	Loop 2100, CAS Line Adjustment, CAS03, 06, 09, 12, 15, and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 197
NET REIMB	Loop 2100, CLP Claim Payment Information, CLP04 Claim Payment Amount
MPA AMT	Loop 2100, Medicare Performance Adjustment Amount

### Single Claim Report

Dep 111020 Test bat													_	69	×
File Edit Man									/					0	^
File Edit View	Help					1		/				1			
X12		SL	PS		BS	AC		sc 🗡	Previous	Next	Print	G C R		BUS SCE	
	Medi	care Nation	al Standard Inter	mediary Re	emittance Advi	ce									-
PAYEE NAME		FPE: 12/	31/2019 PAYER NAM	E											- F
123 TEST RD		PAID: 09/	26/2019 123 TEST	RD											
ANYTOWN ,	FL 123450000	CLM#: 1	ANYTOWN,	FL 1234500	990										
NPI: 1234567890		TOB: 813													
PATIENT: TEST			A		PCN: 123456	789									
MID: 122122	17711	SVC F	ROM: 04/01/2019		MRN: A201944	30									
CLAIM STAT: 1		т	HRU: 04/30/2019		ICN: 2192520	90002070HR									
COR MID: 1ZZ1Z	212211														
CHARGES:		0.00	0=REIM RATE		0.00=CO	INSURANCE									
6730.28=REPOR	RTED	0.0	Ø=HHA SN AMT		0.00=MSF	P PRIM PAYER									
0.00=NCVD/	DENIED	0.0	0=HHA PT AMT		0.00=CA	5H DEDUCT									
0.00=CLAIM	1 ADJS	0.0	0=HHA ST AMT		0.00=PA	r REFUND									=
0.00=LINE	ADJ AMT														
6730,28=COVER	RED	0.0	0=HHA OT AMT		0.00=PR	C CD AMOUNT									
DAYS/VISITS:		0.0	0=HHA MS AMT		5333,50=ALI	OW/REIM									
0=COST R	REPT	0.0	0=HHA NA AMT		109.87=SE	DUESTRATN									
31=C0VD/U	ITTI	5333.5	0=HSP_ROUT_CARE		0.00=TN	TEREST									
0=NON-CO	VERED	0.0	0=HSP CONT CARE		-818,21=CO	VTRACT ADJ									
e=covp v	/ISITS	0.0	Ø=HSP GENERAL		0.00=AC	D/DC RED									
R=NCOV V	ISTIS	0.0	0=HSP RESPITE		0.00=PA	REDUCT									
					5333 50-NE	RETM AMT									
		0.0	0-HSP PHYS SVC												
		0.0	R=HSP OTH												
REMARK CODES:			MAR1 N79	3											
RARC Codes:			1002 1003	-											
MAR1 Alert: If	you do not a	gree with w	hat we approved f	or these	services, you u	nav anneal ou	r decision								
To make s	sure that we	are fair to	vou, we require	another in	dividual that	did not proc	ess your i	itial claim to co	nduct the anneal						
However	in order to	he eligible	for an anneal v	ou must w	ite to us with	in 120 days	of the date	you received thi	s notice unless you b	have a good reason for	heing late				
			·····												
REV DATE	HCPCS APC/H	IPPS MODS	QTY	CHARGES	ALLOW/REIM	GC RSN	AMOUNT	REMARK CODES							-
LICN		HCPI	-												
SVC Desc															
0651 04/01	05001		31.00	4444.16	5333.50	CO 94	-999.21								
	-					253	108.87								
															-

Figure 52. Mapping 5010 835 to Single Claim Report

Table 3. Loop Segment Data Elements for the 5010 835 to All Claims Report

Field	Loop Segment Data Element
PROVIDER NAME	Loop 1000B, N1 Payee Identification, N102 Payee Name
FPE	Loop 2000, TS3 Provider Summary Information, TS303 Fiscal Period Date
INTERMEDIARY NAME	Loop 1000A, N1 Payer Identification, N102 Payer Name
PAYEE ADDRESS	Loop 1000B, N3 Payee Address, N301 Payee Address Line
PAID	Header, BPR Financial Information, BPR16 Check/EFT Date
INTERMEDIARY ADDRESS	Loop 1000A, N3 Payer Address, N301 Payer Address Line
PROVIDER CITY/ST/ZIP	Loop 1000B, N4 Payee City, State, Zip Code, N401 City, N402 State, N403 Zip Code
CLM#	PC Print Assigned
INTERMEDIARY CITY/ST/ZIP	Loop 1000A, N4 Payer City, State, Zip Code, N401 City, N401 State, N403 Zip Code

Field	Loop Segment Data Element
NPI	Loop 1000B, N1 Payee Identification, N104 Payee Identification Code when N103 equals XX, else Loop 1000B, REF Payee Additional Identification, REF02 when REF01 equals PQ
ТОВ	Loop 2100, CLP Claim Payment Information, CLP08 Facility Type Code and CLP09 Claim Frequency Code
TRANSFER TO (COB)	Loop 2100, NM1 Crossover Carrier Name, NM103 Coordination of Benefits Carrier Name
ID Code	Loop 2100, NM1 Crossover Carrier Name, NM109 Coordination of Benefits Carrier Identifier when NM108 is 'PI' – Payor Identification
PATIENT	Loop 2100, NM1 Patient Name, NM103 Patient Last Name, NM104 Patient First Name Initial
PCN	Loop 2100, CLP Claim Payment Information, CLP01 Patient Control Number
MID	Loop 2100, NM1 Patient Name, NM109 Patient Identifier
SVC FROM	Loop 2100, DTM Statement From or To Date, DTM02 when DTM01 is '232' – Claim Statement Period Start
MRN	Loop 2100, REF Other Claim Related Identification, REF02 when REF01 is 'EA'- Medical Record Identification Number
CLAIM STAT	Loop 2100, CLP Claim Payment Information, CLP02 Claim Status Code
THRU	Loop 2100, DTM Statement From or To Date, DTM02 when DTM01 is '233'- Claim Statement Period End
ICN	Loop 2100, CLP Claim Payment Information, CLP07 Claim Payment Control Number
COR MID	Loop 2100, NM1 Corrected Patient Name, NM109 Patient identifier

### Charges

Field	Loop Segment Data Element
REPORTED	Loop 2100, CLP Claim Payment Information, CLP03 Total Claim Charge Amount
NCVD/DENIED	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15, 18 when CAS02, 05, 08, 11, 14, 17 does not equal 1, 2, 3, 23, 45, 66, 70, 89, 94, 118, 122, 247, and 248) and Loop 2110, CAS Claim Adjustment, CAS03, 06, 09, 12, 15, 18 when CAS02, 05, 08, 11, 14, 17 does not equal 1, 2, 3, 23, 45, 66, 70, 89, 94, 118, 122, 247, and 248)
CLAIM ADJS	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when CAS01 equals OA and Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 121
COVERED	Loop 2100, AMT Claim Supplemental Information, AMT02 when AMT01 is 'AU' Coverage Amount
REPORTED	Loop 2100, CLP Claim Payment Information, CLP03 Total Claim Charge Amount

Table 4. Single Claim Report – Charges

### **Days/Vists**

Field	Loop Segment Data Element
COST REPT	Loop 2100, MIA Inpatient Adjudication Information, MIA15 Total Cost Report Day Count
COV/UTIL	Loop 2100, MIA Inpatient Adjudication Information, MIA01 Total Covered Days or Visits Count
NON-COVERED	Loop 2100, QTY Claim Supplemental Information Quantity, QTY02 when QTY01 equals NE
COVD VISITS	Loop 2100, QTY Claim Supplemental Information Quantity, QTY02 Claim Supplemental Information Quantity when QTY01 equals 'CA'- Covered -Actual.
NCOVD VISITS	Loop 2100, QTY Claim Supplemental Information Quantity, QTY02 Claim Supplemental Information Quantity when QTY01 equals 'NE' – Non-Covered - Estimated.

Use or disclosure of the data contained in this section is subject to restrictions of Contract # CIOSP3 HHSN-316-2012-00026W HHSM-500-2017-00007U.
## Payment Data

Field	Loop Segment Data Element
DRG	Loop 2100, CLP Claim Payment Information, CLP11 Diagnosis Related Group – DRG Code.
DRG AMOUNT	Loop 2100, MIA Inpatient Adjudication Information, MIA04 Claim DRG Amount.
DRG/OPER/CAP	Loop 2000, MIA Inpatient Adjudication Information, MIA06 Claim Disproportionate Share Amount, plus MIA08 Claim PPS Capital Amount, plus MIA 18 Claim Indirect Teaching Amount.
LINE ADJ AMT	Loop 2110, Service Line Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when CAS01 equals OA and Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 121.
OUTLIER	Loop 2100, AMT Claim Supplemental Information, Amt02 when Amt01 is 'ZM' Add-on Outlier.
CAP OUTLIER	Loop 2100, MIA Inpatient Adjudication Information, MIA17 Claim PPS Capital Outlier Amount.
CASH DEDUCT	Loop 2100, CAS Claim Adjustment, CAS03 Adjustment Amount, CAS06 Adjustment Amount, CAS09 Adjustment Amount, CAS12 Adjustment Amount, CAS15 Adjustment Amount, CAS18 Adjustment Amount when CAS02 is 1 and 247.
BLOOD DEDUCT	Loop 2100, CAS Claim Adjustment, CAS03 Adjustment Amount, CAS06 Adjustment Amount, CAS09 Adjustment Amount, CAS12 Adjustment Amount, CAS15 Adjustment Amount, CAS18 Adjustment Amount when CAS02 is '66'.
COINSURANCE	Loop 2100, CAS Claim Adjustment, CAS03 Adjustment Amount, CAS06 Adjustment Amount, CAS09 Adjustment Amount, CAS12 Adjustment Amount, CAS15 Adjustment Amount, CAS18 Adjustment Amount when CAS02 is 2, 3, 122, and 248.
PAT REFUND	Loop 2100, CAS Claim Adjustment, CAS03 Adjustment Amount, CAS06 Adjustment Amount, CAS09 Adjustment Amount, CAS12 Adjustment Amount, CAS15 Adjustment Amount, CAS18 Adjustment Amount when CAS02 is 'A0'.

 Table 6. Single Claim Report – Payment Data

Field	Loop Segment Data Element
MPA AMT	Loop 2100, Medicare Performance Adjustment Amount.
REIM RATE	Loop 2100, MOA Outpatient Adjudication Information, MOA01 Reimbursement Rate.
MSP PRIM PAYER	Loop 2100, CAS Claim Adjustment, CAS03 Adjustment Amount, CAS06 Adjustment Amount, CAS09 Adjustment Amount, CAS12 Adjustment Amount, CAS15 Adjustment Amount, CAS18 Adjustment Amount when CAS02 is '23'.
PROF COMPONENT	Loop 2100, CAS Claim Adjustment, CAS03 Adjustment Amount, CAS06 Adjustment Amount, CAS09 Adjustment Amount, CAS12 Adjustment Amount, CAS15 Adjustment Amount, CAS18 Adjustment Amount when CAS02 is '89'.
ESRD AMOUNT	Loop 2100, CAS Claim Adjustment, CAS03 Adjustment Amount, CAS06 Adjustment Amount, CAS09 Adjustment Amount, CAS12 Adjustment Amount, CAS15 Adjustment Amount, CAS18 Adjustment Amount when CAS02 is '118'.
PROC CD AMOUNT	Loop 2100, MOA Outpatient Adjudication Information, MOA02 Claim HCPCS Payable Amount.
ALLOW/REIM	Loop 2110, SVC Service Payment Information, SVC03 Line Item Provider Payment Amount, this is the sum of all revenue lines.
SEQUESTRATN	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 223 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 223
INTEREST	Loop 2100, AMT Claim Supplemental Information, AMT02 Claim Supplemental information Amount when AMT01 equals 'I'.
CONTRACT ADJ	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 45 and 59 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 45 and 59.

Field	Loop Segment Data Element
PER DIEM AMT	Loop 2100, AMT Claim Supplemental Information, AMT02 Claim Supplemental information Amount when AMT01 equals 'DY'.
ACO/DC RED	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 132 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 132
PA REDUCT	Loop 2100, CAS Line Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 197.
	Loop 2110, CAS Line Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 197.
NET REIM AMT	Loop 2100, CLP Claim Payment Information, CLP04 Claim Payment Amount.

### **ADJ Reason Codes**

Table 7.	Single	Claim	Report	-ADJ	Reason	Codes
	0		1			

Field	Loop Segment Data Element
GROUP CODES	Loop 2100, CAS Claim Adjustment, CAS01 Claim Adjustment Group Code.
ADJUSTMENT REASON CODES	Loop 2100, CAS Claim Adjustment, Adjustment Reason Codes CAS02, CAS05, CAS08, CAS11, CAS14, CAS17.
ADJUSTMENT AMOUNT	Loop 2100, CAS Claim Adjustment, Adjustment Amount CAS03, CAS06, CAS09, CAS12, CAS15, CAS18.
REMARK CODES	Loop 2100, MIA Inpatient Adjudication Information, Claim Payment Remark Codes MIA05, MIA20, MIA21, MIA22, MIA23. And Loop 2100, MOA Outpatient Adjudication Information, Claim Payment Remark Code MOA03, MOA04, MOA05, MOA06, MOA07.

### **Single Claim Report Service Lines**

#### **First Revenue Line Headings**

Field	Loop Segment Data Element
REV	Loop 2110, SVC Service Payment Information, SVC01- 2 when SVC01-1 is 'NU' – National Uniform Billing Committee (NUBC) Codes.
DATE	Loop 2110, DTM Service Date, DTM02 when DTM01 is '472 – Service.
HCPCS	Loop 2110, SVC Service Payment Information, SVC01- 2 when SVC01-1 is 'HC' - Health Care Common Procedural Coding System (HCPCS).
APC/HIPPS	Loop 2110, REF Service Identification, REF02 when REF01 is 'APC' – Ambulatory Payment Classification or REF01 is '1S' – Ambulatory Patient Group (APG) Number. And Loop 2110, SVC Service Payment Information, SVC01-2 when SVC01-1 is 'HP' – Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code.
MODS	Loop 2110, SVC Service Payment Information, Procedure Modifiers SVC01-3, SVC01-4, SVC01-5, SVC01-6.
QTY	Loop 2110, SVC Service Payment Information, SVC05 Units of Service Paid Count.
CHARGES	Loop 2110, SVC Service Payment Information, SVC02 Line Item Charge Amount.
ALLOW/REIM	Loop 2110, SVC Service Payment Information, SVC03 Line Item Provider Payment Amount.
GC	Loop 2110, CAS Claim Adjustment, CAS01 Claim Adjustment Group Code.
RSN	Loop 2110, CAS Claim Adjustment, Adjustment Reason Codes CAS02, 05, 08, 11, 14, 17.
AMOUNT	Loop 2110, CAS Claim Adjustment, Adjustment Amount CAS03, 06, 09, 12, 15, 18.
REMARK CODES	Loop 2110, LQ Health Care Remark Codes, LQ02 when LQ01 is 'HE' – Claim Payment Remark Codes.

Table 8. Single Claim Report - First Revenue Line Headings

#### **Second Revenue Line Headings**

Field	Loop Segment Data Element
LICN	Loop 2110, REF Line Item Control Number, REF02 when REF01 is equal 6R.
НСРІ	Loop 2110, REF Healthcare Policy Identification, REF02 when REF01 is 0K.

Table 9. Single Claim Report - Second Revenue Line Headings

#### Third Revenue Line Headings

Table 10. Single Claim Report - Third Revenue Line Headings

Field	Loop Segment Data Element
SVC DESC	Loop 2110, SVC Service Payment Information, when SVC06-7 is present and greater than spaces.

#### Group/CARC Codes

Table 11. Single Claim Report - Group/CARC Codes

Field	Loop Segment Data Element
GROUP CODES	Loop 2100, CAS Claim Adjustment, CAS01 Claim Adjustment Group Code.
ADJUSTMENT REASON CODES	Loop 2100, CAS Claim Adjustment, Adjustment Reason Codes CAS02, CAS05, CAS08, CAS11, CAS14, CAS17.

#### **RARC Codes**

Table 12. Single Claim Report - RARC Codes

Field	Loop Segment Data Element
REMITTANCE ADVICE REASON CODES	Loop 2110, LQ Health Care Remark Codes, LQ02 when LQ01 is 'HE' – Claim Payment Remark Codes.

# **Bill Type Summary Report**

#### Figure 53. Mapping 5010 835 to Bill Summary Report

PoP 111920_Test.txt File Edit View He	lp									- 0	×
X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE	
Medicare Netional Standard Intermediary Remittance Advice       PAYEE NAME       FPE: 12/31/2019 PAYEN NAME       123 TEST R0       PAID: 09/26/2019 123 TEST R0       ANYTOWN       , FL 122450000       LUM: 1       ANYTOWN       , FL 12245000       TOR: 11       ANYTOWN											
	SUBTOTAL/TOTAL	FOR BILL TYPE		-							
				-							
CHARGES:	PAYMENT DATA	±	0.000=REI	I RATE							
6730.28=REPORTED	0.0	Ø=DRG AMOUNT	0.00=MSP	PRIM PAYER							
0.00=NCVD/DEN	IED 0.0	Ø=DRG/OPER/CAP	0.00=PRO	COMPONENT							
0.00=CLAIM AD	35		0.00=LINE ADJ AMT								
6730.28=COVERED	0.0	0=OUTLIER	0.00=PRO	0.00=PROC CD AMOUNT							
DAYS/VISITS:	0.0	0=CAP OUTLIER	=CAP OUTLIER								
31=COST REPT	0.0	Ø=CASH DEDUCT	0.00#ACO/DC RED								
31=COVD/UTIL	0.0	0=BLOOD DEDUCT	0.00=INTE	REST							
Ø=NON-COVER	ED 0.0	0=COINSURANCE	-818.21=CON	RACT ADJ							
0=COVD VISI	TS 0.0	Ø=PAT REFUND	0.00=PER DIEM AMT								
0=NCOV VISI	TS 109.8	7=SEQUESTRATN	0.00=PA REDUCT								
			5333.50=NET	REIM AMT							

Table 13. Bill Summary - Basic Fields

Field	Loop Segment Data Element
PROVIDER NAME	Loop 1000B, N1 Payee Identification, N102 Payee Name when N101 equals PE
FPE	Loop 2000, TS3 Provider Summary Information, TS303 Fiscal Period Date
INTERMEDIARY NAME	Loop 1000A, N1 Payer Identification, N102 Payer Name when N101 equals PR
PAYEE ADDRESS	Loop 1000B, N3 Payee Address, N301 Payee Address Line
PAID	Header, BPR Financial Information, BPR16 Check/EFT Date
INTERMEDIARY ADDRESS	Loop 1000A, N3 Payer Address, N301 Payer Address Line
PROVIDER CITY/ST/ZIP	Loop 1000B, N4 Payee City, State, and Zip Code, N401 City, N402 State or Province Code, N403 Postal Code
CLM#	Loop 2000, TS3 Provider Summary Information, TS304 Total Claim Count

Field	Loop Segment Data Element
INTERMEDIARY CITY/ST/ZIP	Loop 1000A, N4 Payer City, State and Zip Code, N401 City, N402 State or Province Code, N403 Postal Code
NPI	Loop 1000B, N1 Payee Identification, N104 Payee Identification Code when N103 equals XX, else Loop 1000B, REF Payee Additional Identification, REF02 when REF01 equals PQ
ТОВ	Loop 2000, TS3 Provider Summary Information, TS302 Facility Type Code

# Charges

Table 14	. Bill Sumn	nary – Charges
----------	-------------	----------------

Field	Loop Segment Data Element
REPORTED	Loop 2000, TS3 Provider Summary Information, T305 Total Claim Charge Amount
NCVD/DENIED	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15, and 18 Adjustment Amount when CAS01 Group Code equals CO and CAS02, 05, 08, 11, 14, and 17 Reason Code does NOT equal 1, 2, 3, 23, 45, 59, 66, 70, 89, 118, 122, A0, and 121 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15, and 18 Adjustment Amount when CAS01 Group Code equals CO and CAS02, 05, 08, 11, 14, and 17 Reason Code does NOT equal 1, 2, 3, 23, 45, 59, 66, 70, 89, 118, 122, A0, and 121, 247, and 248
CLAIM ADJS	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when CAS01 equals OA and Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals A7
COVERED	Loop 2100, AMT Claims Supplemental Information, sum of AMT02 when AMT01 equals AU

### Days/Visits

Table 15.	Bill Summary	- Days/Visits
-----------	--------------	---------------

Field	Loop Segment Data Element
COST REPT	Loop 2000, TS2 Provider Supplemental Summary Information, TS212 Total Cost Report Day Count
COV/UTIL	Loop 2000, TS2 Provider Supplemental Summary Information, TS213 Total Covered Day Count
NON-COVERED	Loop 2000, TS2 Provider Supplemental Summary Information, TS214 Total Non-Covered Day Count
COVD VISITS	Loop 2100, QTY Claim Supplemental Information Quantity, QTY02 Claim Supplemental Information Quantity when QTY01 equals VS. This is the sum of all claims in the LX loop.
NCOVD VISITS	Loop 2100, QTY Claim Supplemental Information Quantity, QTY02 Claim Supplemental Information Quantity when QTY01 equals NE. This is the sum of all claims in the LX loop.

### Payment Data

Table 10	6. Bill	Summary	- I	Payment Date	l
----------	---------	---------	-----	--------------	---

Field	Loop Segment Data Element
DRG AMOUNT	Loop 2000, TS2 Provider Supplemental Summary Information, TS201 Total DRG Amount
DRG/OPER/CAP	Loop 2000, TS2 Provider Supplemental Summary Information, TS202 Total Federal Specific Amount plus TS203 Total Hospital Specific Amount plus TS204 Total Disproportionate Share Amount plus TS206 Total Indirect medical Education Amount
OUTLIER	Loop 2000, TS2 Provider Supplemental Summary Information, TS208 Total Day Outlier Amount plus TS209 Total Cost Outlier Amount
CAP OUTLIER	Loop 2100, MIA Inpatient Adjudication Information, MIA17 Claim PPS Capital Outlier Amount. This is the sum of all claims in the LX Loop.

Field	Loop Segment Data Element
CASH DEDUCT	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15, and 18 Adjustment Amount when CAS01 Group Code equals PR and CAS02, 05, 08, 11, 14, and 17 Reason Code equals 1 Deductible and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15, and 18 Adjustment Amount when CAS01 Group Code equals PR and CAS02, 05, 08, 11, 14, and 17 Reason Code equals 1 Deductible
BLOOD DEDUCT	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15, and 18 Adjustment Amount when CAS01 Group Code equals PR and CAS02, 05, 08, 11, 14, and 17 Reason Code equals 66 Blood Deductible and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15, and 18 Adjustment Amount when CAS01 Group Code equals PR and CAS02, 05, 08, 11, 14, and 17 Reason Code equals 66 Blood Deductible
COINSURANCE	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15, and 18 Adjustment Amount when CAS01 Group Code equals PR and CAS02, 05, 08, 11, 14, and 17 Reason Code equals 2 Coinsurance, 3 Co-Payment, and 122 Psychiatric Reduction and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15, and 18 Adjustment Amount when CAS01 Group Code equals PR and CAS02, 05, 08, 11, 14, and 17 Reason Code equals 2 Coinsurance, 3 Co-Payment, and 122 Psychiatric Reduction
PAT REFUND	Loop 2000, TS3 Provider Summary Information, TS322 Total Patient Reimbursement Amount
SEQUESTRATN	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 223 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 223
ACO/DC RED	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 132 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 132

Field	Loop Segment Data Element
REIM RATE	Loop 2100, MOA Outpatient Adjudication Information, MOA01 Reimbursement Rate
MSP PRIM PAYER	Loop 2000, TS3 Provider Summary Information, TS313 Total MSP Payer Amount
PROF COMPONENT	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15, and 18 Adjustment Amount when CAS01 Group Code equals CO and CAS02, 05, 08, 11, 14, and 17 Reason Code equals 89 Professional Fees removed from charges and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15, and 18 Adjustment Amount when CAS01 Group Code equals CO and CAS02, 05, 08, 11, 14, and 17 Reason Code equals 89 Professional Fees removed from charges
LINE ADJ	Loop 2110, Service Line Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when CAS01 equals OA and Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 121
PROC CD AMOUNT	Loop 2000, TS3 Provider Summary Information, TS318 Total HCPCS Payable Amount
INTEREST	Loop 2100, AMT Claim Supplemental Information, AMT02 Claim Supplemental Information Amount when AMT01 equals I Interest. This is the sum of all claims in the LX Loop.
CONTRACT ADJ	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 45 and 59 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 45 and 59
PER DIEM AMT	Loop 2100, AMT Claim Supplemental Information, AMT02 Claim Supplemental information Amount when AMT01 equals 'DY'. This is the sum of all claims in the LX Loop.
NET REIM AMT	Loop 2100, CLP Claim Payment Information, CLP04 Claim Payment Amount. This is the sum of all claims in the LX Loop.

#### **Provider Payment Summary Report**

Figure 54. Mapping 5010 835 to Provider Payment Summary Report

File Edit View	Help									
X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
Medicar	e National Standa	rd Intermediary Re	mittance Advice							
PAYEE NAME		PAYE	R NAME							
123 TEST RD		123	TEST RD							
ANYTOWN ,	FL 123450000	ANYT	DWN, FL 123450000							
NPI: 1234567778										
CHECK / EFT NUMBER	: 0001305900									
		DAVMENT	CLIMMARY							
PAYMENT TOTAL -		6.08 BTLLT	30000ART	914						
TOTAL CLAIMS:		1 TOTAL	PTP CLATMS: 0							
		FINANCIAL AD	JUSTMENTS							
BD>BD/		: -21904.00	DM>DM		: -121674.00					
OA>KA/		: -205932.00	RE>RE		: -106545.00					
CS>CA/		: 186112.22								
Payer Business Con	tract Information									
Telephone: 55555	5555									
Telephone Extensio	n: 55555									
Facsimile: 55555	5555									
Electronic Mail:										
Paver Technical Co	ntract Informatio	n								
Telephone Extensio	n: 555555555									
Facsimile:										
Electronic Mail:										
Uniform Resource L	ocator (URL):									
Payer Web Site Uni	form Resource Loca	ator (URL): EMAI	L@EMAIL.NET/URL							

Table 17. Provider Payment Summary Report - Basic Fields

Field	Loop Segment Data Element
PROVIDER NAME	Loop 1000B, N1 Payee Identification, N102 Payee Name when N101 equals PE
INTERMEDIARY NAME	Loop 1000A, N1 Payer Identification, N102 Payer Name when N101 equals PR
PAYEE ADDRESS	Loop 1000B, N3 Payee Address, N301 Payee Address Line
INTERMEDIARY ADDRESS	Loop 1000A, N3 Payer Address, N301 Payer Address Line
PROVIDER CITY/ST/ZIP	Loop 1000B, N4 Payee City, State, and Zip Code, N401 City, N402 State or Province Code, N403 Postal Code
INTERMEDIARY CITY/ST/ZIP	Loop 1000A, N4 Payer City, State and Zip Code, N401 City, N402 State or Province Code, N403 Postal Code

Field	Loop Segment Data Element
NPI	Loop 1000B, N1 Payee Identification, N104 Payee Identification Code when N103 equals XX, else Loop 1000B, REF Payee Additional Identification, REF02 when REF01 equals PQ
CHECK/EFT NUMBER	Header TRN Re-association Trace Number, TRN02 Check or EFT Trace Number

### **Payment Summary**

Field	Loop Segment Data Element
PAYMENT TOTAL	Header, BPR Financial Information, BPR02 Total Actual Provider Payment Amount
BILLING CYCLE	Header, BPR Financial Information, BPR16 Check/EFT Effective Date
TOTAL CLAIMS	Loop 2000, TS3 Provider Summary Information, TS304 Total Claim Count
TOTAL PIP CLAIMS	Loop 2000, TS3 Provider Summary Information, TS323 Total PIP Claim Count

Table 18. Provider Payment Summary Report - Payment Summary

# Home Health / Hospice All Claims Report

#### Figure 55. Mapping 5010 835 to All Claims Report Header Layout

Pop 111920_Test.txt File Edit View He	lp											- 0	×
X12	SL		PS	BS	AC	;	SC	Previous	Next	Print	G C R	BUS SCE	
PATIENT NAME ICN NUMBER CLAIM #  CLM STATUS NATIONAL PROVIDER MARKED FOR PRINT	s ID	PATIEN MID MEDICA MID CH	T CNTRL NUMBER AL REC NUMBER G=x TOB=xxx	FRM DT THR DT CV LN		ST /DV /DV /L	REPTD CHGS NCVD/DENIED CLAIM ADJS COVD CHGS	SN DAYS PT DAYS ST DAYS NEW TCH/ECT	MS DAYS NA DAYS COINS AMT SEQUESTRATN ACO/DC RED	REIMB RATE MSP PRI PAY PROF COMP ESRD AMT ISLET	ALLOW/REIM PROC CD AMT LINE ADJ AMT CONT ADJ AMT PA REDUCT	INTEREST PAT REFUND DEDUCTIBLES NET. REIMB	3
TEST A 21925200000207OHR 1   1 1234567890		1234567 1ZZ1ZZ A201940 MID CH0	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0		6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	-
TEST B 21925200000207OHR 2   1 1234567890		1234567 1ZZ1ZZ <sup>-</sup> A201940 MID CH0	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0		6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	
TEST C 21925200000207OHR 3   1 1234567890	1	1234567 1ZZ1ZZ1 A201940 MID CH0	789 12211 00 G= C TOB=813	190401 190430 31	0 0 0		6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	
TEST D 219252000002070HR 4   1 1234567890	1	1234567 1ZZ1ZZ <sup>-</sup> A201940 MID CH0	789 1ZZ11 00 G= C TOB=813	190401 190430 31	0 0 0		6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	_
TEST A 219252000002070HR 5   1 1234567890	L.	1234567 1ZZ1ZZ1 A201940 MID CH0	789 12Z11 00 G= C TOB=813	190401 190430 31	0 0 0		6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0 0.00 109.87 0.00	0.000 0.00 0.00 0.00 0.00 0.00	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	
TEST B 219252000002070HR		1234567	789 17711	190401	0		6730.28 0.00	0	0	0.000	5333.50 0.00	0.00	-

Claims 1-8 of 8

 Table 19. Home Health / Hospice All Claims Report - Basic Fields

Field	Loop Segment Data Element
PATIENT NAME	Loop 2100, NM1 Patient Name, NM103 Last Name and NM104 First Name Initial
PATIENT CNTRL NUMBER	Loop 2100, CLP Claim Payment Information, CLP01 Claim Submitter's Identifier
FRM DT	Loop 2100, DTM Statement From or To Date, DTM02 Claim Date when DTM01 equals 232
COST	Loop 2100, MIA Inpatient Adjudication Information, MIA15 Cost Report Day Count
REPTD CHGS	Loop 2100, CLP Claim Payment Information, CLP03 Total Claim Charge Amount
SN DAYS	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 55X or SVC04 equals 55X, this field value is equal to SVC05
MS DAYS	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 56X or SVC04 equals 56X, this field value is equal to SVC05

Field	Loop Segment Data Element
REIMB RATE	Loop 2100, MOA Outpatient Adjudication Information, MOA01 Reimbursement Rate
ALLOW/REIM	Loop 2110, SVC Service Payment Information, SVC03 Line Item Provider Payment Amount, this is the sum of all revenue lines
INTEREST	Loop 2100, AMT Claim Supplemental Information, AMT02 Claim Supplemental Information Amount when AMT01 equals I Interest
ICN NUMBER	Loop 2100, CLP Claim Payment Information, CLP07 Payer Claim Control Number
MID NUMBER	Loop 2100, NM1 Patient Name, NM109 Patient Identifier
THR DT	Loop 2100, DTM Statement From or To Date, DTM02 Claim Date when DTM01 equals 233
COVDV	Loop 2100, MIA Inpatient Adjudication Information, MIA01 Covered Days or Visits Count
NCVD/DENIED	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when adjustment code in CAS02, 05, 08, 11, 14, 17 equals any adjustment code except 1, 2, 3, 23, 45, 66, 70, 89, 94, 97, 118, 122 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals any adjustment code except 1, 2, 3, 23, 45, 66, 70, 89, 94, 97, 118, 122
PT DAYS	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 42X, 58X, 59X or 997, this field value is equal to SVC05
NA DAYS	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 57X or SVC04 equals 57X, this field value is equal to SVC05
MSP PRI PAY	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 23 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 23
PROC CD AMT	Loop 2100, MOA Outpatient Adjudication Information, MOA02 Claim HCPC Payable Amount

Field	Loop Segment Data Element
PAT REFUND	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals A0 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals A0
CLAIM #	PC Print Assigned
CLAIM STATUS	Loop 2100, CLP Claim Payment Information, CLP02 Claim Status Code
MEDICAL REC NUMBER	Loop 2100, REF Other Claim Related Identification REF02 Other Claim Related Identifier when REF01 is EA
NCVDV	Loop 2100, QTY Claim Supplemental Information Quantity, QTY02 when QTY01 equals NE
CLAIM ADJ	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 45, 94 and 97 Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 45, 94 and 97
ST DAYS	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 44X, this field value is equal to SVC05
COINS AMT	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 2, 3 and 122 Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 2, 3 and 122
PROF COMP	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 89 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 89
LINE ADJ AMT	Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 45, 94 and 97

Field	Loop Segment Data Element
DEDUCTIBLES	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when adjustment code in CAS02, 05, 08, 11, 14, 17 equals 1 and or 66 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals adjustment codes 1 and 66
NATIONAL PROVIDER ID	Loop 1000B, N1 Payee Identification, N104 Payee Identification Code when N103 equals XX
MID CHG = X	Loop 2100, NM1 Corrected Patient/Insured Name, NM108 equal C if present. Else, Loop 2100, NM1 Patient/Insured Name, NM108 equal HN or MI.
TOB = XXX	Loop 2100, CLP Claim Payment Information, CLP08 Facility Type Code in the first two positions of the XX and CLP09 Claim Frequency Code in the third position, last X
CV LN	Loop 2100, QTY Claim Supplemental Information, QTY02 Claim Supplemental Information Quantity when QTY01 equals CA Covered – Actual
NCV L	Not Used
COVD CHGS	Loop 2100, AMT Claim Supplemental Information, AMT02 Claim Supplemental Information Amount when AMT01 equals AU Coverage Amount
OT DAYS	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 43X, this field value is equal to SVC05
SEQUESTRATN	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 223 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 223
ESRD AMT	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118

Field	Loop Segment Data Element
CONT ADJ AMT	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 45 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 45
NET REIMB	Loop 2100, CLP Claim Payment Information, CLP04 Claim Payment Amount

### Home Health / Hospice Single Claim Report

Figure 56. Mapping 5010 835 to Single Claim Report

Pep 111920_Test.txt File Edit View He	D									-	٥	×
X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R		BUS SCE	
PAYEE NAME 123 TEST RD ANYTON , FL NPI: 1234567890 PATIENT: TEST MID: 122122122 CLAIM STAT: 1 COR MID: 12212212 CLAIM STAT: 1 COR MID: 12212212 CLAIM STAT: 1 COR MID: 12212212 CLAIM STAT: 1 COR MID: 12212212 CLAIM STAT: 1 COM STATE 0.000-LINE AD 0.000-LINE AD 0.000-LI	Medicare Natio FPE: 12, PATD: 99 123450000 (LMW: 2 TOB: 81 11 SVC 1 708: 81 11 SVC 1 8 11 SVC 1 8 11 SVC 1 8 12 11 SVC 1 8 10 10 10 10 10 10 10 10 10 10 10 10 10	III         Intermet           IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cc     Cc     T39     P000     C0     P000     P00     P000     P00		1	<u>л</u>	<u>л</u>				=
e-NON-COVE e-COVD VISI e-NCOV VISI RARC CODES: RARC CODES: MADI ALErt: If you To make sure HONEVER, IN REV DATE HCP LICN DATE HCP SVC DESC 0651 04/01 Q50	ED 0 0. T5 0. T5 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	08-HSP CONT CARE           08-HSP CONTRAL           08-HSP CONTRAL           08-HSP CONTRAL           08-HSP OTH           MeB1 N793           what we approved for           0 you, we require and           0 (TY Cr           01-000           01-000           01-000           01-000           01-000           01-000	-818.21-CO 0.00-AC 0.00-AC 5333.50-NE these services, you ther individual that must write to us wit makes ALLOW/REIM 444.16 5333.50	NTRACT ADJ O/CC RED REDUCT T REIM AMT may appeal our dec did not processy GC RSN A CO 94 -9 253 1	ision our initial claim to cor date you received this MOUNT REMARK CODES 99.21 88.87	duct the appeal notice, unless you h	iave a good reason fo	r being late.				

Table 20. Home Health / Hospice Single Claim Report - Basic Fields

Field	Loop Segment Data Element
PROVIDER NAME	Loop 1000B, N1 Payee Identification, N102 Payee Name
FPE	Loop 2000, TS3 Provider Summary Information, TS303 Fiscal Period Date
INTERMEDIARY NAME	Loop 1000A, N1 Payer Identification, N102 Payer Name
PAYEE ADDRESS	Loop 1000B, N3 Payee Address, N301 Payee Address Line
PAID	Header, BPR Financial Information, BPR16 Check/EFT Date
INTERMEDIARY ADDRESS	Loop 1000A, N3 Payer Address, N301 Payer Address Line
PROVIDER CITY/ST/ZIP	Loop 1000B, N4 Payee City, State, Zip Code, N401 City, N402 State, N403 Zip Code
CLM#	PC Print Assigned
INTERMEDIARY CITY/ST/ZIP	Loop 1000A, N4 Payer City, State, Zip Code, N401 City, N401 State, N403 Zip Code

Page 91

Field	Loop Segment Data Element
NPI	Loop 1000B, N1 Payee Identification, N104 Payee Identification Code when N103 equals XX, else Loop 1000B, REF Payee Additional Identification, REF02 when REF01 equals PQ
ТОВ	Loop 2100, CLP Claim Payment Information, CLP08 Facility Type Code and CLP09 Claim Frequency Code
TRANSFER TO (COB)	Loop 2100, NM1 Crossover Carrier Name, NM103 Coordination of Benefits Carrier Name
ID CODE	Loop 2100, NM1 Crossover Carrier Name, NM109 Coordination of Benefits Carrier Identifier when NM108 is 'PI' – Payor Identification
PATIENT	Loop 2100, NM1 Patient Name, NM103 Patient Last Name, NM104 Patient First Name and NM105 Patient Middle Name or Initial
PCN	Loop 2100, CLP Claim Payment Information, CLP01 Patient Control Number
MID	Loop 2100, NM1 Patient Name, NM109 Patient Identifier
SVC FROM	Loop 2100, DTM Statement From or To Date, DTM02 when DTM01 is '232' – Claim Statement Period Start
MRN	Loop 2100, REF Other Claim Related Identification, REF02 when REF01 is 'EA'- Medical Record Identification Number
CLAIM STAT	Loop 2100, CLP Claim Payment Information, CLP02 Claim Status Code
THRU	Loop 2100, DTM Statement From or To Date, DTM02 when DTM01 is '233'- Claim Statement Period End
ICN	Loop 2100, CLP Claim Payment Information, CLP07 Claim Payment Control Number

### Charges

Field	Loop Segment Data Element
REPORTED	Loop 2100, CLP Claim Payment Information, CLP03 Total Claim Charge Amount
NCVD/DENIED	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15, 18 when CAS02, 05, 08, 11, 14, 17 does not equal 1, 2, 3, 23, 45, 66, 70, 89, 94, 97, 118, 122) and Loop 2110, CAS Claim Adjustment, CAS03, 06, 09, 12, 15, 18 when CAS02, 05, 08, 11, 14, 17 does not equal 1, 2, 3, 23, 45, 66, 70, 89, 94, 97, 118, 122)
CLAIM ADJS	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15, 18
LINE ADJ AMT	Loop 2110, CAS Claim Adjustment, CAS03 Adjustment Amount, CAS06 Adjustment Amount, CAS09 Adjustment Amount, CAS12 Adjustment Amount, CAS15 Adjustment Amount, CAS18 Adjustment Amount
COVERED	Loop 2100, AMT Claim Supplemental Information, AMT02 when AMT01 is 'AU' Coverage Amount

Table 21. Home Health / Hospice Single Claim Report - Charges

# Days/Visits

Table 22. Home Health / Hospice Single Claim Report - Days/Visits

Field	Loop Segment Data Element
COST REPT	Loop 2100, MIA Inpatient Adjudication Information, MIA15 Total Cost Report Day Count
COV/UTIL	Loop 2100, MIA Inpatient Adjudication Information, MIA01 Total Covered Days or Visits Count
NON-COVERED	Loop 2100, QTY Claim Supplemental Information Quantity, QTY02 when QTY01 equals NE
COVD VISITS	Loop 2100, QTY Claim Supplemental Information Quantity, QTY02 Claim Supplemental Information Quantity when QTY01 equals 'CA'- Covered -Actual
NCOVD VISITS	Loop 2100, QTY Claim Supplemental Information Quantity, QTY02 Claim Supplemental Information Quantity when QTY01 equals 'NE' – Non-Covered - Estimated

Field	Loop Segment Data Element
REIM RATE	Loop 2100, MOA Outpatient Adjudication Information, MOA01 Reimbursement Rate
HHA SN AMT	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 55X or SVC04 equals 55X, this field value is equal to SVC05
HHA PT AMT	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 42X, this field value is equal to SVC05
HHA ST AMT	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 44X, this field value is equal to SVC05
HHA OT AMT	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 43X, 978 this field value is equal to SVC05
HHA MS AMT	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 56X or SVC04 equals 56X, this field value is equal to SVC05
HHA NA AMT	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 57X or SVC04 equals 57X, this field value is equal to SVC05
HSP ROUT CARE	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 651, this field value is equal to SVC05
HSP CONT CARE	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 652, this field value is equal to SVC05
HSP GENERAL	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 656, this field value is equal to SVC05
HSP RESPITE	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 655, this field value is equal to SVC05
HSP PHYS SVC	Loop 2110, SVC Service Payment Information, when SVC01-1 equals HC and SVC01-2 equals 657, this field value is equal to SVC05
HSP OTH	Loop 2110, SVC Service Payment Information, when SVC01-1 equals HC and SVC01-2 equals 659, this field value is equal to SVC05

Field	Loop Segment Data Element
COINSURANCE	Loop 2100, CAS Claim Adjustment, CAS03 Adjustment Amount, CAS06 Adjustment Amount, CAS09 Adjustment Amount, CAS12 Adjustment Amount, CAS15 Adjustment Amount, CAS18 Adjustment Amount when CAS02 is '2, 3 and 122'
MSP PRIM PAYER	Loop 2100, CAS Claim Adjustment, CAS03 Adjustment Amount, CAS06 Adjustment Amount, CAS09 Adjustment Amount, CAS12 Adjustment Amount, CAS15 Adjustment Amount, CAS18 Adjustment Amount when CAS02 is '23'
CASH DEDUCT	Loop 2100, CAS Claim Adjustment, CAS03 Adjustment Amount, CAS06 Adjustment Amount, CAS09 Adjustment Amount, CAS12 Adjustment Amount, CAS15 Adjustment Amount, CAS18 Adjustment Amount when CAS02 is '1'
PAT REFUND	Loop 2100, CAS Claim Adjustment, CAS03 Adjustment Amount, CAS06 Adjustment Amount, CAS09 Adjustment Amount, CAS12 Adjustment Amount, CAS15 Adjustment Amount, CAS18 Adjustment Amount when CAS02 is 'A0'
PROC CD AMOUNT	Loop 2100, MOA Outpatient Adjudication Information, MOA02 Claim HCPCS Payable Amount.
ALLOW/REIM	Loop 2110, SVC Service Payment Information, SVC03 Line Item Provider Payment Amount, this is the sum of all revenue lines
SEQUESTRATN	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 223 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 223
INTEREST	Loop 2100, AMT Claim Supplemental Information, AMT02 Claim Supplemental information Amount when AMT01 equals I
CONTRACT ADJ	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 45 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 45

Page 95

Field	Loop Segment Data Element
PA REDUCT	Loop 2100, CAS Line Adjustment, CAS03, 06, 09, 12, 15, and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 197
	Loop 2110, CAS Line Adjustment, CAS03, 06, 09, 12, 15, and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 197
NET REIM AMT	Loop 2100, CLP Claim Payment Information, CLP04 Claim Payment Amount

Page 96

#### **ADJ Reason Codes**

Table 23. Home Health / Hospice Single	e Claim Report - ADJ Reason Codes
--	-----------------------------------

Field	Loop Segment Data Element
GROUP CODES	Loop 2100, CAS Claim Adjustment, CAS01 Claim Adjustment Group Code
ADJUSTMENT REASON CODES	Loop 2100, CAS Claim Adjustment, Adjustment Reason Codes CAS02, CAS05, CAS08, CAS11, CAS14, CAS17
ADJUSTMENT AMOUNT	Loop 2100, CAS Claim Adjustment, Adjustment Amount CAS03, CAS06, CAS09, CAS12, CAS15, CAS18
REMARK CODES	Loop 2100, MIA Inpatient Adjudication Information, Claim Payment Remark Codes MIA05, MIA20, MIA21, MIA22, MIA23. And Loop 2100, MOA Outpatient Adjudication Information, Claim Payment Remark Code MOA03, MOA04, MOA05, MOA06, MOA07

#### Group/CARC Codes

Table 24. Home Health / Hospice Single Claim Report - Group/CARC Codes

Field	Loop Segment Data Element
Home Health / Hospice Single Claim	Home Health / Hospice Single Claim Report – ADJ
Report – ADJ Reason Codes	Reason Codes
Home Health / Hospice Single Claim	Home Health / Hospice Single Claim Report – ADJ
Report – ADJ Reason Codes	Reason Codes

#### **RARC Codes**

Table 25. Home Health / Hospice Single Claim Report - RARC Codes

Field	Loop Segment Data Element
REMITTANCE ADVICE REASON CODES	Loop 2110, LQ Health Care Remark Codes, LQ02 when LQ01 is 'HE' – Claim Payment Remark Codes

### Single Claim Report – Service Lines

Figure 57. Mapping 5010 835 to Single Claim Report - Service Lines

	X12	SL	PS	BS	A	2	SC	Previous	Next	Print	G C R	BUS SCE
		Medicare	National Standard	Intermediary Re	mittance Advi	.ce		1	1		JI	J
V	DATE	HCPCS APC/HIPPS	MODS QTY	CHARGES	ALLOW/REIM	GC RS	5N AMOUNT	REMARK CODES				
		HCP	1									
200	02/10		0.00	70030 00	0 00		a a aa					
6	02/10		0.00	70030.00	0.00		0 0.00					
90	02/12		0.00	70380.00	0.00		0 0.00					
0	02/11		0.00	70030.00	0.00		0 0.00					
0	02/12		2.00	600.00	1.48	C0 5	59 598.10					
						25	53 0.03					
						23	87 0.39					
up (	lodes:											
0 -	Contractua	al Obligation (Pat	ient may not be bi	led for these)								
A -	Other Adju	ustment										
C	odes:											
	59 Process	sed based on multi	ple or concurrent	rocedure rules								
	-											
	(For exam	nple multiple surg	ery or diagnostic	maging, concurr	ent anesthesi	.a.) Usag	ge: Refer to the a	335 Healthcare Poli	cy Identification	Segment (loop 2110	9 Service Payment I	nformation RE
2	(For exar	mple multiple surg tration - reductio	ery or diagnostic n in federal payme	maging, concurr t	ent anesthesi	.a.) Usag	ge: Refer to the #	335 Healthcare Poli	cy Identification	Segment (loop 2110	9 Service Payment I	nformation RE
2	(For exar 253 Sequest 237 Legisla	mple multiple surg tration - reductio ated/Regulatory Pe	ery or diagnostic n in federal payme nalty ust be provided (m	maging, concurr t	ent anesthesi	.a.) Usag	ge: Refer to the a	335 Healthcare Polic	cy Identification :	Segment (loop 2110	) Service Payment I	nformation RE
1	(For exan 253 Sequest 237 Legisla At least	mple multiple surg tration - reductio ated/Regulatory Pe one Remark Code m	ery or diagnostic n in federal payme nalty ust be provided (m	maging, concurr t w be comprised	ent anesthesi of either the	.a.) Usag NCPDP F	ge: Refer to the A Reject Reason Code	335 Healthcare Polic e, or Remittance Adv	cy Identification : vice Remark Code t	Segment (loop 2116 hat is not an ALEF	9 Service Payment I RT.)	nformation RE
2	(For exar 253 Sequest 237 Legisla At least	mple multiple surg tration - reductio ated/Regulatory Pe one Remark Code m	ery or diagnostic n in federal payme nalty ust be provided (m	maging, concurr t y be comprised	ent anesthesi of either the	.a.) Usag : NCPDP F	ge: Refer to the a	335 Healthcare Polic e, or Remittance Adv	cy Identification : vice Remark Code t	Segment (loop 2110 hat is not an ALEF	9 Service Payment I RT.)	nformation RE
2	(For exam 253 Sequest 237 Legisla At least	mple multiple surg tration - reductio ated/Regulatory Pe one Remark Code m	ery or diagnostic n in federal payme nalty ust be provided (m	maging, concurr H W be comprised	ent anesthesi of either the	a.) Usag NCPDP F	ge: Refer to the a	335 Healthcare Polic a, or Remittance Adv	cy Identification : vice Remark Code t	Segment (loop 2116 hat is not an ALEF	9 Service Payment I	nformation RE
2	(For exam 253 Sequest 237 Legisla At least	mple multiple surg tration - reductio ated/Regulatory Pe one Remark Code m	ery or diagnostic n in federal payme nalty ust be provided (m	maging, concurr t	ent anesthesi of either the	a.) Usag : NCPDP F	ge: Refer to the a	335 Healthcare Polic	cy Identification : vice Remark Code t	Segment (loop 2116 hat is not an ALEF	) Service Payment ] RT.)	nformation RI
	(For exam 253 Sequest 237 Legisla At least	mple multiple surg tration - reductio ated/Regulatory Pe one Remark Code m	ery or diagnostic n in federal payme nalty ust be provided (m	maging, concurr H	ent anesthesi of either the	a.) Usag : NCPDP F	ge: Refer to the a	835 Healthcare Poli	cy Identification : vice Remark Code t	Segment (loop 2116 hat is not an ALEF	9 Service Payment I श्र.)	nformation RI
3	(For exam 253 Sequest 237 Legisla At least	mple multiple surg tration - reductio ated/Regulatory Pe one Remark Code m	ery or diagnostic n in federal payme nalty ust be provided (m	maging, concurr t	ent anesthesi of either the	a.) Usag : NCPDP F	ge: Refer to the A	335 Healthcare Poli	cy Identification : vice Remark Code t	Segment (loop 2116 hat is not an ALEF	ð Service Payment 1 शा.)	nformation R
3	(For exam 253 Sequest 237 Legisla At least	mple multiple surg tration - reductio ated/Regulatory Pe one Remark Code m	ery or diagnostic n in federal payme nalty ust be provided (m	maging, concurr Ht y be comprised	ent anesthesi	a.) Usag	ge: Refer to the a	335 Healthcare Poli	cy Identification : vice Remark Code t	Segment (loop 2114	∂ Service Payment I	nformation R
3	(For exam 253 Sequest 237 Legisla At least	mple multiple sung tration - reductio sted/Regulatory Pe one Remark Code m	ery or diagnostic n in federal payme nalty ust be provided (m	maging, concurr t	ent anesthesi	a.) Usag	ge: Refer to the a	335 Healthcare Poli	cy Identification :	Segment (loop 2116 hat is not an ALEF	ð Service Payment I	nformation R
2	(For exam 253 Sequest 237 Legisla At least	mple multiple surg tration - reductio ated/Regulatory Pe one Remark Code m	ery or diagnostic n in federal payme nalty ust be provided (m	maging, concurr tt y be comprised	rent anesthesi	a.) Usag	ge: Refer to the a	335 Healthcare Poli	cy Identification : vice Remark Code t	Segment (loop 2110	∂ Service Payment I	nformation R
	(For exam 253 Sequest 237 Legisla At least	mple multiple surg tration - reductio tad/Regulatory Pe one Remark Code m	ery or diagnostic n in federal payme nalty ust be provided (m	maging, concurr t	rent anesthesi	a.) Usag	ge: Refer to the a	335 Healthcare Poli	cy Identification : vice Remark Code t	Segment (loop 2116 hat is not an ALEF	) Service Payment ] शा.)	nformation F
2	(For exam 253 Sequest 237 Legisla At least	mpie multiple surg cration - reduction ated/Regulatory Pe one Remark Code m	ery or diagnostic n in federal payme nalty ust be provided (m	maging, concurr t	rent anesthesi	a.) Usag	ge: Refer to the a	335 Healthcare Poli	cy Identification : vice Remark Code t	Segment (loop 2116	) Service Payment I	nformation F
2	(For exam 253 Sequest 237 Legisl At least	mpie multiple surg Cration - reduction etad/Regulatory Pe one Remark Code m	ery or diagnostic n in federal payme nalty ust be provided (m	maging, concurr t	rent anesthesi	a.) Usag	ge: Refer to the B	335 Healthcare Poli	cy Identification :	Segment (loop 2116	) Service Payment ] ₹₹.)	nformation F
2	(For exam 253 Sequest 237 Legisla At least	mpie multiple surg cration - reductio acid Aegulatory Pe one Remark Code m	ery or diagnostic n in federal payme nalty ust be provided (m	maging, concurr t	ent anesthesi	a.) Usag	ze: Refer to the a	335 Healthcare Poli	cy Identification :	Segment (loop 2116	) Service Payment ] २७.)	nformation F
3	(For exam 253 Sequest 237 Legisla At least	mple multiple surg tration - reduction atd/Regulatory Pe one Remark Code m	ery or diagnostic n in federal payme nalty ust be provided (m	maging, concurr t	rent anesthesi	.a.) Usag	ge: Refer to the B	335 Healthcare Poli	cy Identification :	Segment (loop 2116	) Service Payment I	nformation R
2	(For exam 253 Sequest 237 Legisla At least	mpie multiple surg Cration - reduction etad/Regulatory Pe one Remark Code m	ery or diagnostic n in federal payme nalty ust be provided (m	maging, concurr t	rent anesthesi	.a.) Usag	ge: Refer to the a	335 Healthcare Poli	cy Identification :	Segment (loop 2116	) Service Payment ] RT.)	nformation R
1	(For exam 253 Seques 237 Legisla At least	mple multiple surg Tration - reduction etad/Regulatory Pe one Remark Code m	ery or diagnostic n in federal payme nalty ust be provided (m	maging, concurr t	ent anesthesi	.a.) Usag	ge: Refer to the U	335 Healthcare Poli	cy Identification :	Segment (loop 2116	) Service Payment I	nformation R
1	(For exam 153 Seques 137 Legisla At least	mpie multiple surg Tration - reduction def Regulatory Pe one Remark Code m	ery or diagnostic n in federal payme nalty ust be provided (m	maging, concurr t	ent anesthesi	.a.) Usaş	ge: Refer to the E	335 Healthcare Poli	cy Identification :	Segment (loop 2116	) Service Payment ] (T.)	nformation R
1	(For exam 253 Sequest 237 Legisl At least	mpie multiple surg Tration - reduction etad/Regulatory Pe one Remark Code m	ery or diagnostic n in federal payme nalty ust be provided (m	maging, concurr t	ent anesthesi	.a.) Usag	ge: Refer to the a	335 Healthcare Poli	cy Identification :	Segment (loop 2116	) Service Payment ] RT.)	nformation RE
	(For exam 153 Sequest 153 At least	mple multiple surg Tration - reduction etad/Regulatory Pe one Remark Code m	ery or diagnostic n in federal payme nalty ust be provided (m	maging, concurr t	ent anesthesi	a.) Usag	ge: Refer to the U	335 Healthcare Poli	cy Identification :	Segment (loop 2116	) Service Payment I	nformation RE

### **First Revenue Line Headings**

	Table	26.	Single	Claim	Report	- First	Revenue	Line	Headings
--	-------	-----	--------	-------	--------	---------	---------	------	----------

Field	Loop Segment Data Element
REV	Loop 2110, SVC Service Payment Information, SVC01- 2 when SVC01-1 is 'NU' – National Uniform Billing Committee (NUBC) Codes
DATE	Loop 2110, DTM Service Date, DTM02 when DTM01 is '472 – Service
HCPCS	Loop 2110, SVC Service Payment Information, SVC01- 2 when SVC01-1 is 'HC' - Health Care Common Procedural Coding System (HCPCS)

Field	Loop Segment Data Element
APC/HIPPS	Loop 2110, REF Service Identification, REF02 when REF01 is 'APC' – Ambulatory Payment Classification or REF01 is '1S' – Ambulatory Patient Group (APG) Number. And Loop 2110, SVC Service Payment Information, SVC01-2 when SVC01-1 is 'HP' – Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code.
MODS	Loop 2110, SVC Service Payment Information, Procedure Modifiers SVC01-3, SVC01-4, SVC01-5, SVC01-6
QTY	Loop 2110, SVC Service Payment Information, SVC05 Units of Service Paid Count
CHARGES	Loop 2110, SVC Service Payment Information, SVC02 Line Item Charge Amount
ALLOW/REIM	Loop 2110, SVC Service Payment Information, SVC03 Line Item Provider Payment Amount
GC	Loop 2110, CAS Claim Adjustment, CAS01 Claim Adjustment Group Code
RSN	Loop 2110, CAS Claim Adjustment, Adjustment Reason Codes CAS02, 05, 08, 11, 14, 17
AMOUNT	Loop 2110, CAS Claim Adjustment, Adjustment Amount CAS03, 06, 09, 12, 15, 18
REMARK CODES	Loop 2110, LQ Health Care Remark Codes, LQ02 when LQ01 is 'HE' – Claim Payment Remark Codes

### **Second Revenue Line Headings**

Table 27. Single Claim Report - Second Revenue Line Headings

Field	Loop Segment Data Element
LICN	Loop 2110, REF Line Item Control Number, REF02 when REF01 is equal 6R
HCPI	Loop 2110, REF Healthcare Policy Identification, REF02 when REF01 is 0K

#### **Third Revenue Line Headings**

Field	Loop Segment Data Element
SVC Desc	Loop 2110, SVC Service Payment Information, when SVC06-7 is present and greater than spaces

Table 28. Single Claim Report - Third Revenue Line Headings

#### **Group/CARC Codes**

Table 29. Single Claim Report - Group/CARC Codes

Field	Loop Segment Data Element
GROUP CODES	Loop 2100, CAS Claim Adjustment, CAS01 Claim Adjustment Group Code
ADJUSTMENT REASON CODES	Loop 2100, CAS Claim Adjustment, Adjustment Reason Codes CAS02, CAS05, CAS08, CAS11, CAS14, CAS17

#### **RARC Codes**

Table 30. Single Claim Report - RARC Codes

Field	Loop Segment Data Element
REMITTANCE ADVICE REASON CODES	Loop 2110, LQ Health Care Remark Codes, LQ02 when LQ01 is 'HE' – Claim Payment Remark Codes.
REMITTANCE ADVICE REMARK CODES	Loop 2110, LQ Health Care Remark Codes, LQ02 when LQ01 is 'HE' – Claim Payment Remark Codes.

# **Revision History**

#### Table 31. Revision History

Date	Revised By	Reason	Release	Description
06/13/13	D. Skladnowski	FISS Doc Redesign	N/A	FISS documentation redesign
2/14/14	Terry Fenton	Updates	C2014200	Added ACO PIONEER information
03/31/14	Karen Bryan and Jeanette Walden	CR8140 and CR8479	C2014200	Added Group, CARC and RARC display function (GCR) and related screen prints. Added headers per User Manual Template.
04/30/14	D. Angeloff	FISS Doc Redesign	N/A	Made 508 Compliant
04/24/14	Jeanette Walden	CR8479U1	C201422P	Updated the SC Button, SC Report Service Line sections and replaced the Single Claim screen prints to depict the changes made to add the Group, CARC and RARC information at the line level of the Single Claim screen view and report.
10/06/14	Diane Floyd	CR8479R1	C201441P	Updated to add new Business Scenario button Bus.Sce.and related screen prints.
11/18/14	Sandra Brunson	R11565	C201513B	Changed PC-Print Version to 5.0.1
12/15/14	Larry Rogers	FS9702	C201511P	Changed PC-Print Version to 5.0.2
02/10/15	Rick Gualdoni	R21565	C201522B	Changed PC-Print Version to 5.0.3
03/18/15	Diane Floyd	CR8479R1	C2015300	Updated with new screen prints showing the button BUS. SCE. and all documents have been desensitized with no PHI.
04/01/15	Larry Rogers	FS8664	C201523P	Changed PC-Print Version to 5.0.4

Date	Revised By	Reason	Release	Description
04/21/15	Sandra Brunson	CR9050	C2015300	Changed PC-Print Version to 5.0.5 and replaced CARC A7 with CARC 121
4/22/15	Larry Rogers	JN0005	C2015300	Modified processing for 247 and 248 carc to assign for co- insurance and remove same from noncovered changes Remove .hlp drop down option
05/08/15	Rick Gualdoni	R31534	C201531B	Updated CARC and RARC data files with current Excel spreadsheet files provided by Washington Publishing Company (WPC); Version is now 5.0.6.
6/16/15	Larry Rogers	FS7476	C201531P	Modified install module to allow for user determined install location. Removed admin requirements. Modified user1 to user2 for install via networking personnel.
7/01/15	Rick Gualdoni	R41565	C201540B	Updated the Business Scenario data file and spreadsheet link; Spreadsheet version is 3.2.0; PC PRINT version is now 5.0.8.
8/05/15	Rick Gualdoni	R41534	C201542B	Updated CARC and RARC Master files; PC PRINT version is now 5.0.9.
10/08/15	Diane Floyd	CR9151A	C201613B	Changed field name from Pioneer ACO to PBP REDUCT in the AC, SC and BS reports.
07/29/16	Pam Webb	CR9570	C2016400	Added ISLET amount to the All Claims Report; using the amount in Loop 2100 AMT02 segment when AMT01 segment equals ZO; when applicable.
08/02/16	Rick Gualdoni	R41565 / R41634	C201641B	Updated the Business Scenario data file and spreadsheet link; Spreadsheet version is 3.3.0; Updated CARC and RARC Master files; PC PRINT version is now 5.1.5

Date	Revised By	Reason	Release	Description
10/24/16	Rick Gualdoni	R11765	C201710B	Updated the Business Scenario data file and spreadsheet link; Spreadsheet version is 3.3.1; PC PRINT version is now 5.1.6
12/15/16	Mark Roberts	R21734	C201720B	Updated the RARC and CARC Master Files; PC PRINT version is now 5.1.7
02/09/17	Mark Roberts	R21765	C201723B	Updated the Business Scenario data file and spreadsheet link; Spreadsheet version is 3.3.2; PC PRINT version is now 5.1.8
3/16/2017	Mark Roberts	R31634	C201730B	Updated the RARC and CARC Master Files; PC PRINT version is now 5.1.9
04/03/17	Angel Morgan	CR9915	C201730B	Added PA REDUCT field to the AC, SC, and BS reports; PC Print version is now 6.0
07/24/17	Rick Gualdoni	R41765 / R41734	C201740B	Updated the Business Scenario data file and spreadsheet link; Spreadsheet version is 3.4.0; Updated CARC and RARC Master files; PC PRINT version is now 6.0.1
09/19/17	Deb Musiak	C10137	C201810B	Updated Single Claims, All Claims, and Search window for SSNRI changes, replacing HICN with MID and adding a new MID field to Single Claims. PC PRINT version is now 7.0.0
10/18/17	Rick Gualdoni	R11865	C201810B	Updated the Business Scenario data file and spreadsheet link; Spreadsheet version is 3.4.1; Version number remains 7.0.0 for C201810B
11/21/17	Larry Rogers	FS0542	C201811P	Updated directory reference to validate path and default to root drive. Version change to 7.0.1 with uninstall option and website correction.

Date	Revised By	Reason	Release	Description
01/20/18	Rick Gualdoni	R21834	C201820B	Updated the RARC and CARC Master Files; PC PRINT version is now 7.0.2.; Added System Restore Point.
02/13/18	Rick Gualdoni	R21865	C2018200	Updated the Business Scenario data file and spreadsheet link; Spreadsheet version is 3.4.2; PC Print Version is 7.0.3.
04/10/18	Rick Gualdoni	R31834	C201830B	Updated the RARC and CARC Master Files; PC PRINT version is now 7.0.4.;
07/11/18	Angel Morgan	C10565	C201840B	Updated the Loop 2100 Patient Name Segment NM108 value from HN to MI. PC Print version is now 7.0.5.
7/20/18	Rick Gualdoni	R41834 / R41865	C201840B	Updated the CARC and RARC Master Files; Updated the CAQH Business Scenario data file and corresponding desktop link; CAQH spreadsheet version is 3.5.0; PC PRINT version is now 7.0.6.
10/15/18	Rick Gualdoni	R11965	C201910B	Updated the CAQH Business Scenario data file and corresponding desktop link; CAQH spreadsheet version is 3.5.1; PC PRINT version is now 7.0.7.
01/22/19	Scott Hostler	R21934	A201920B	Updated the CARC and RARC Master Files; PC PRINT version is now 7.0.8.
02/01/19	Scott Hostler	R21965	A20192CB	Updated the CAQH Business Scenario data file and corresponding desktop link; CAQH spreadsheet version is 3.5.2; PC PRINT version is now 7.0.9
03/29/19	Rick Gualdoni	R31934	A201930B	Updated the CARC and RARC Master Files; PC PRINT version is now 7.0.10.

Date	Revised By	Reason	Release	Description
04/26/19	Beau Boucha	C10971	A201930B	Updated All Claims and Single Claims view to add the new MPA AMT field. PC PRINT version is now 7.1.0
07/25/19	Rick Gualdoni	R41934 / R41965	A201940B	Updated the CAQH Business Scenario data file and corresponding desktop link; CAQH spreadsheet version is 3.5.3; Updated the CARC and RARC Master Files; PC PRINT version is now 7.1.1.
10/15/19	Rick Gualdoni	R12065	A202010B	Updated the CAQH Business Scenario data file and corresponding desktop link; CAQH spreadsheet version is 3.5.4; PC PRINT version is now 7.1.2.
11/25/19	Rick Gualdoni	FS1051	A20201CB	Emergency fix to RARC file to correct the Narrative for RARC N793. PC Print version number is now 7.1.3
01/15/20	Rick Gualdoni	R22034	A202020B	Updated the CARC and RARC Master Files; PC PRINT version is now 7.1.4
02/19/20	Rick Gualdoni	R22065	A2020200	Updated the CAQH Business Scenario data file and corresponding desktop link; CAQH spreadsheet version is 3.6.0; PC PRINT version is now 7.1.5.
02/20/20	J. Coleman	C11070C	A2020200	User Guide updated to reflect PC Print Version 8 Java updates
02/27/2020	Communication Services Team	FISS Special Project	N/A	Moved the manual into the latest Word version and brought it up to the latest 508 standards
05/18/2020	J. White	QCN 200514003	A2020300	Updated Loop Segment Data Element for SN DAYS, MS DAYS, NA DAYS, HHA SN AMT, HHA MS AMT and HHA NA AMT

Date	Revised By	Reason	Release	Description
11/19/20	J. Flores	C11768	A2021200	User guide updated to reflect PC Print Version 9.X. Updated the PBP REDUCT field to ACO/DC RED throughout the document and in the screenshots.