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# **PC Print User Guide**

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**FISS User Manual**  
**FISS Reference Area 14**

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Contract # CIOSP3 HHSN-316-2012-00026W HHSM-500-2017-00007U.

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

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# Chapter 1

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## 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. Non-claim 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.

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## Chapter 2

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### 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

*Table 1. 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

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## Chapter 3

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### 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.

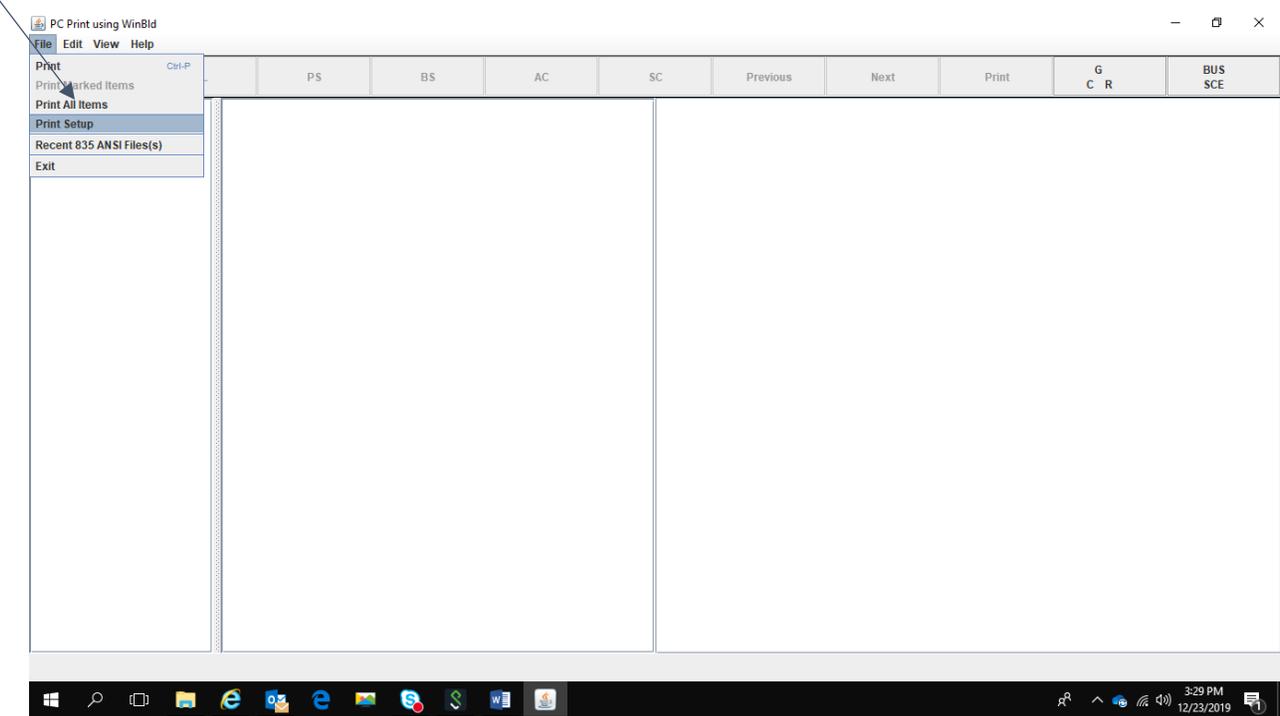
The 5010 version reflects the Provider Summary Report (screen and report).

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.

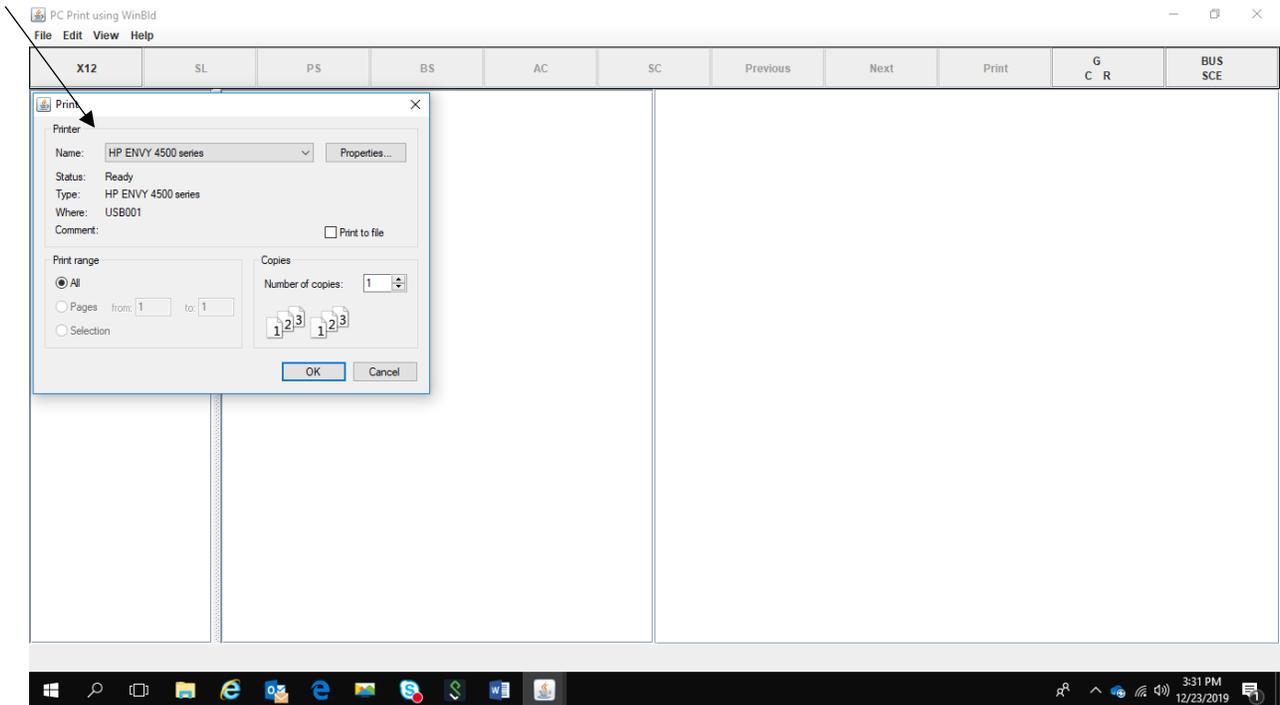
# Printer Setup

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.

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.

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## Chapter 4

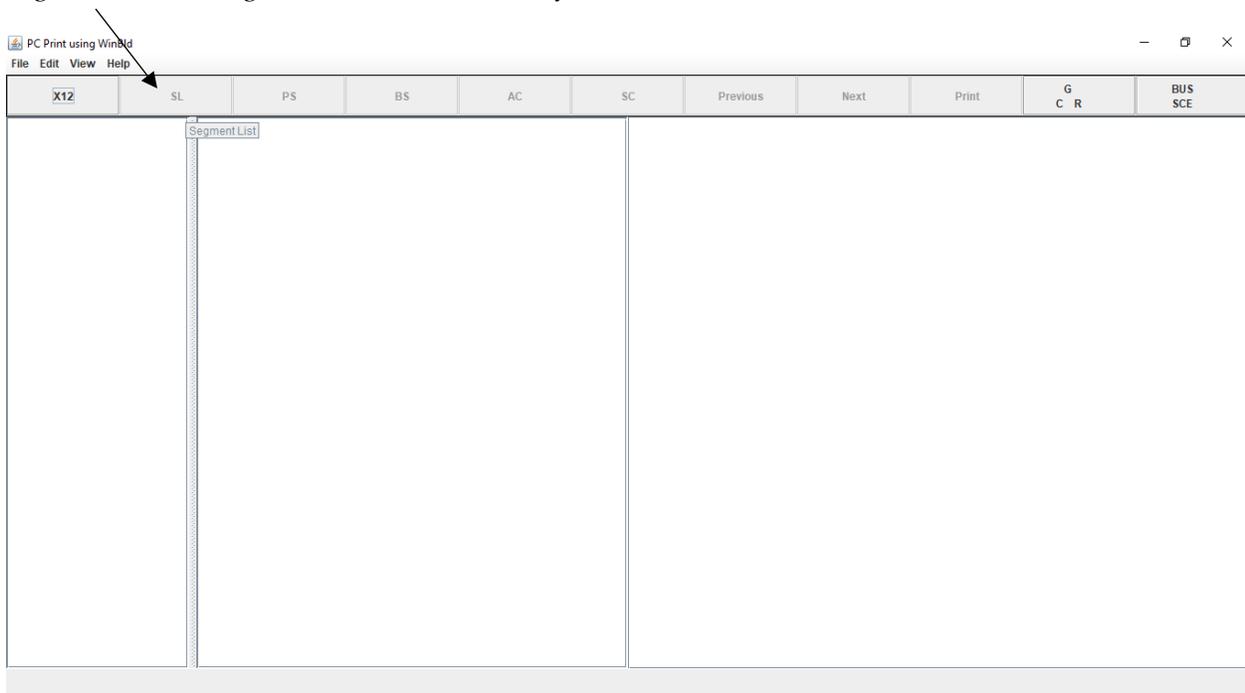
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### Menu Bar Options

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

### Accessing the Screen

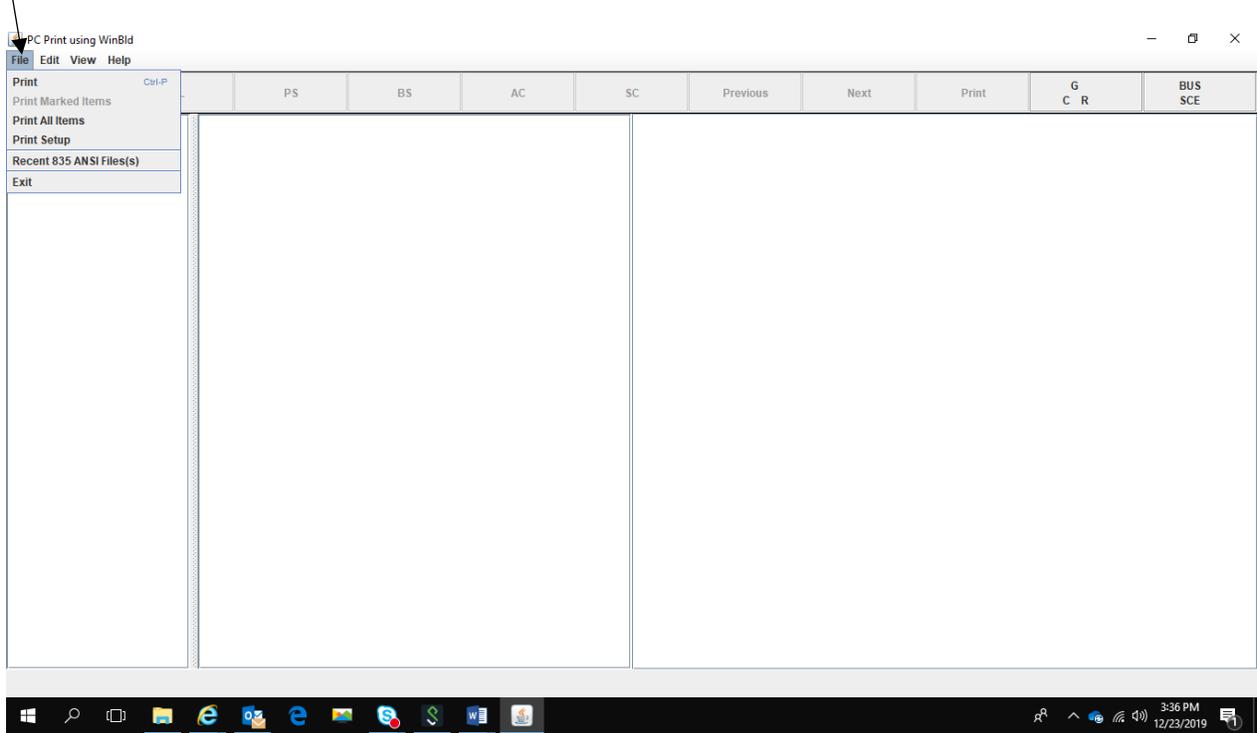
*Figure 3. Accessing the Screen - Screen Layout*



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

Figure 4. File - Tool Bar Function Screen Layout

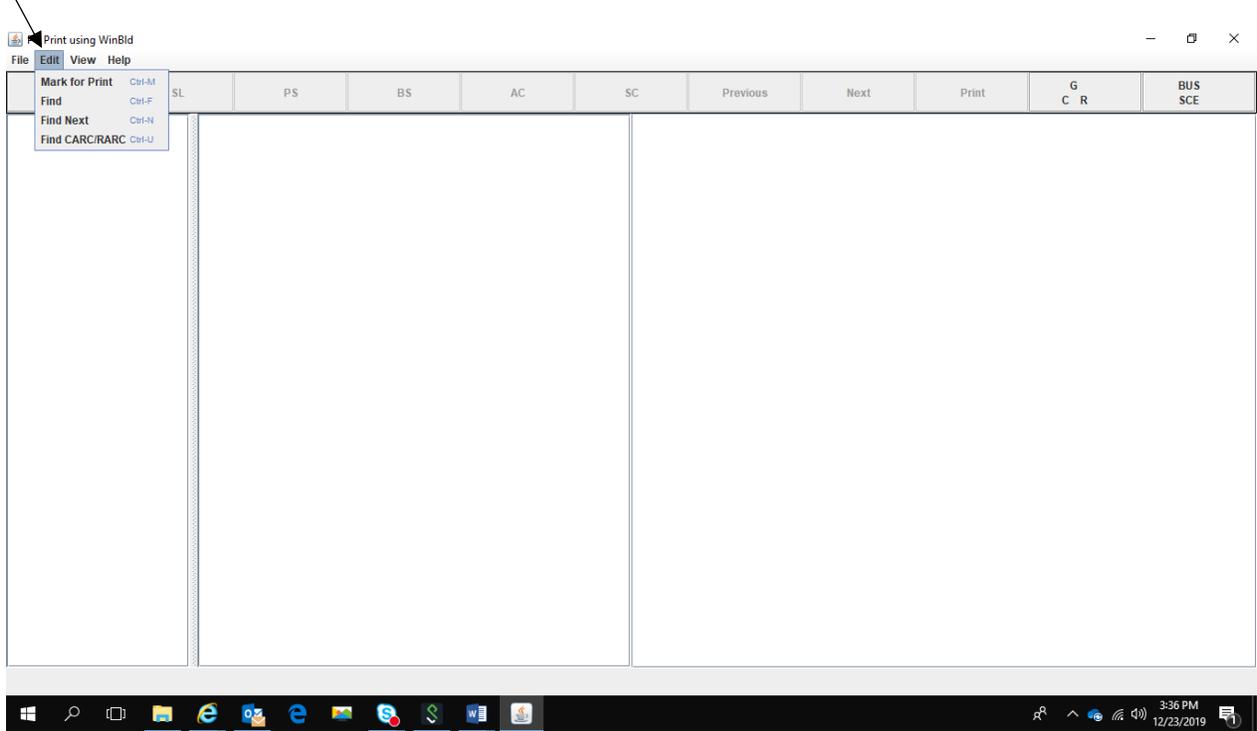


### Menu Option – File

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

Figure 5. Edit - Toolbar Option Screen Layout

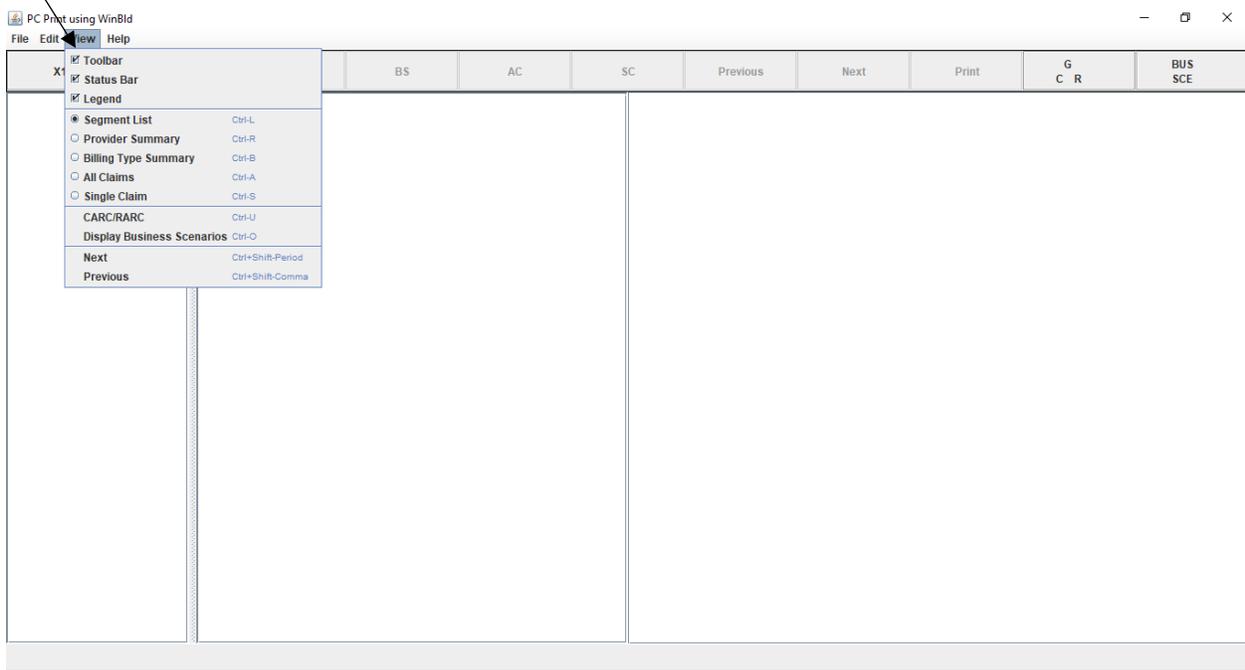


### Menu Option – **Edit**

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

Figure 6. View - Toolbar Option Screen Layout

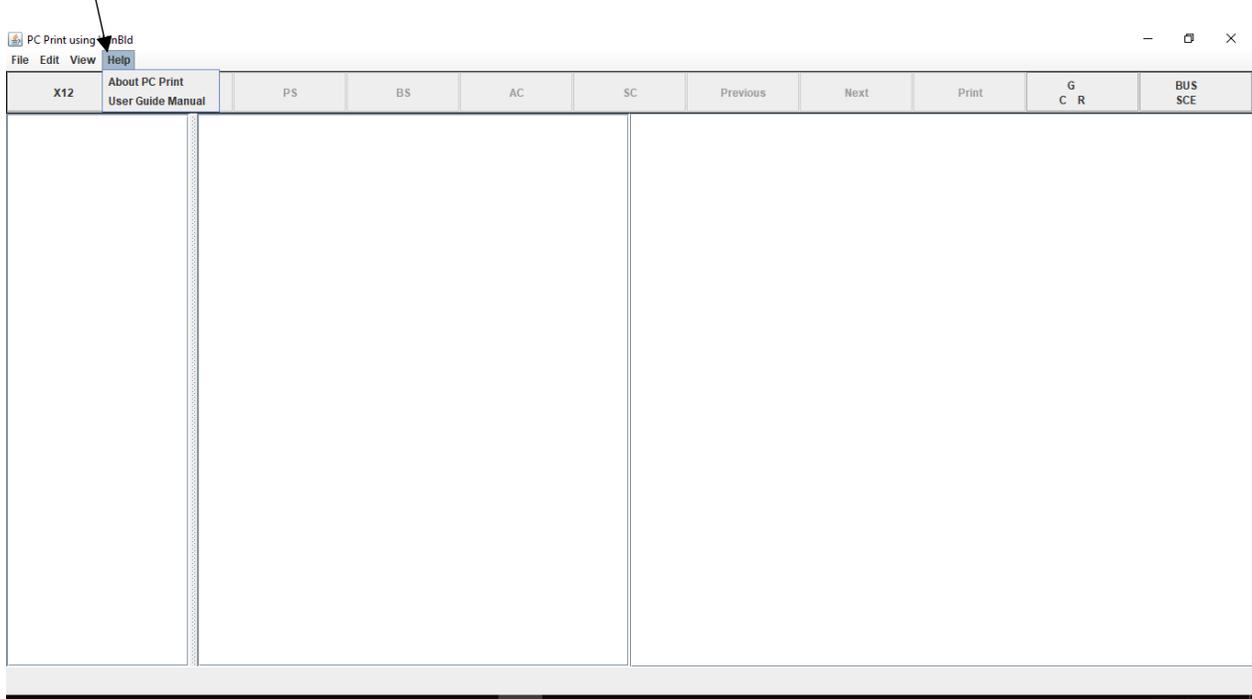


### Menu Option – View

- 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

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.

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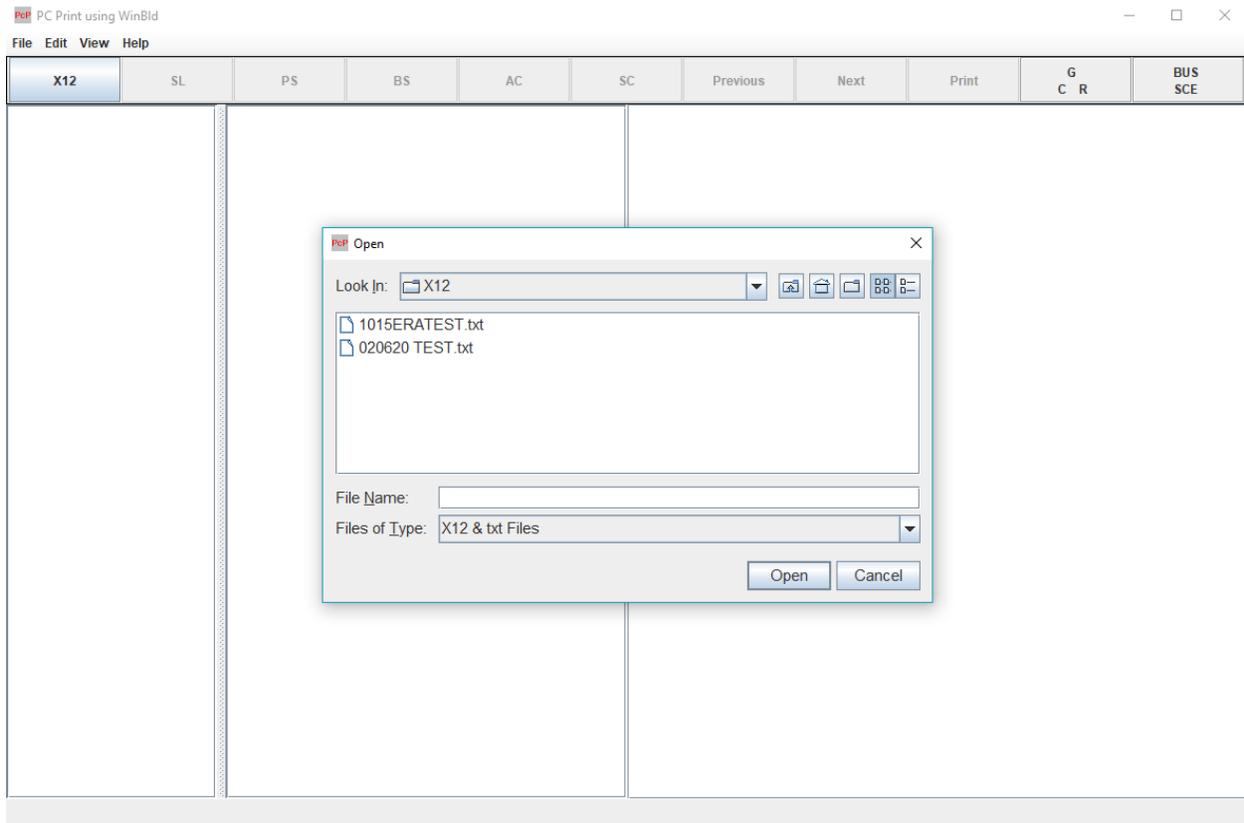
## Chapter 5

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### Tool Bar Options

#### X12 Button

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



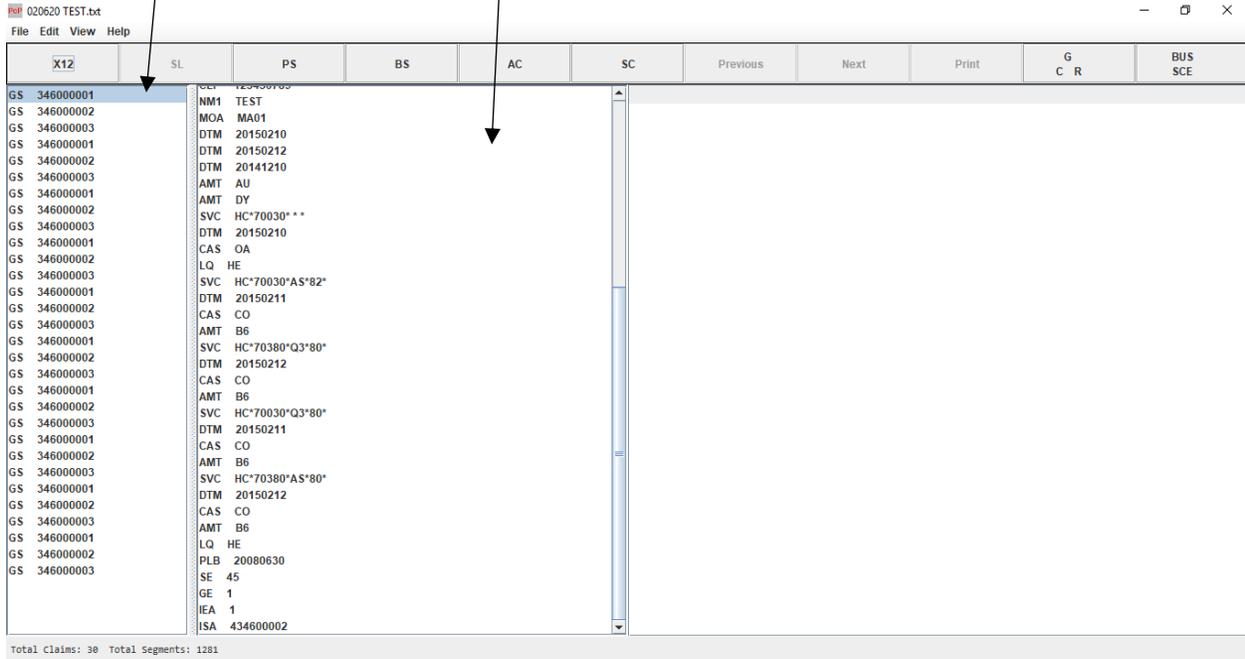
1. Clicking on the X12 button brings up the Open dialog box.
2. Select Data file for viewing the data files, select one, then click the Open button.
3. Another option to select a Data file is the File name: Once a file has been viewed, it is available to be selected from the 'Drop Down' Box.

## Data File Segments

Data Blocked Segments

Deblocked Segments

Figure 9. Data File Segments and De-blocked Segments Screen Layout



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).

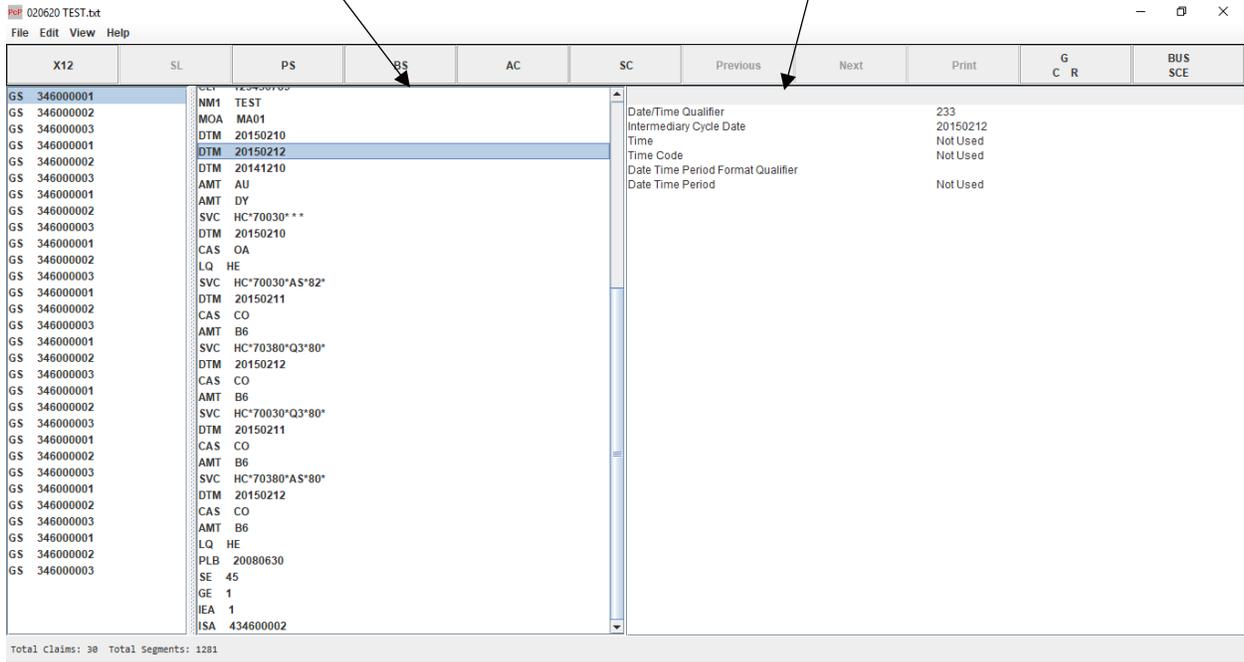
Also displayed on this screen in a deblocked segment format (one segment per line), is each segment of the transmitted X12.835 file.

**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.

Segments

Data Elements

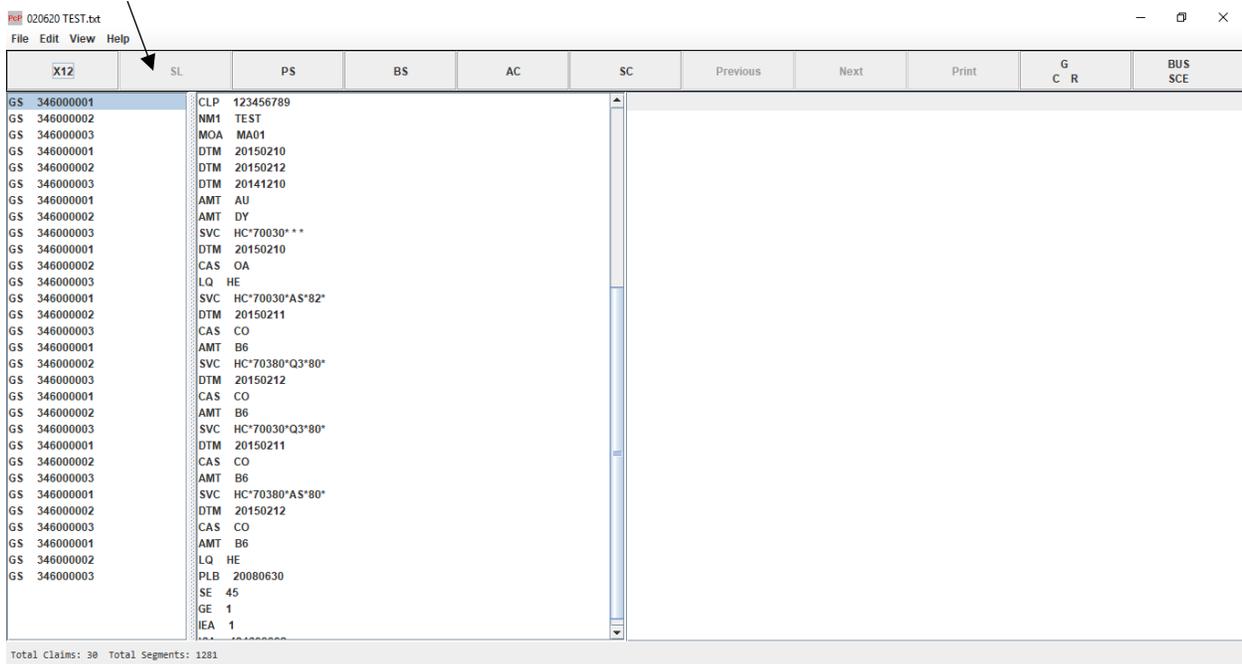
Figure 10. Data File Segments and Detail Data Elements Screen Layout



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

Figure 11. SL (Segment List) Button Screen Layout

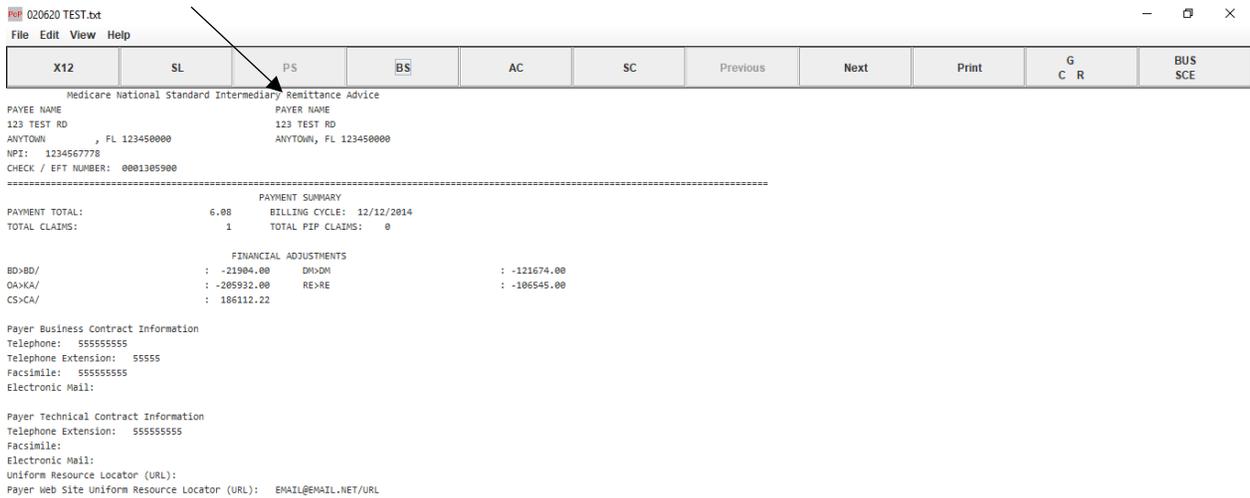


The **SL** (Segment List) button returns the display to the segment list format from any other location in the application.

**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

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

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

Figure 14. AC (All Claims) Button Screen Layout

111920\_Test.txt  
File Edit View Help

X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
PATIENT NAME ICN NUMBER CLAIM # CLM STATUS NATIONAL PROVIDER ID MARKED FOR PRINT	PATIENT CNTRL NUMBER MID MEDICAL REC NUMBER MID CHG=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 ACODC RED	REIMB RATE MSP PRI PAY PROF COMP ESRD AMT ISLET	ALLOW/REIM PROC CD AMT LINE ADJ AMT COIT ADJ AMT PA REDUCT	INTEREST PAT REFUND DEDUCTIBLES NET. REIMB	
TEST A 21925200000207OHR 1   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 21925200000207OHR 2   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 C 21925200000207OHR 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	

Claims 1-4 of 4

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

111920\_Test.txt

File Edit View Help

X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
PATIENT NAME ICN NUMBER CLAIM # CLM STATUS NATIONAL PROVIDER ID MARKED FOR PRINT	PATIENT CNTRL NUMBER MID MEDICAL REC NUMBER MID CHG=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 TCHCT	MS DAYS NA DAYS COINS AMT SEQUESTRATN ACOIDC 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 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	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	
TEST C 21925200000207OHR 3   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	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 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 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 6   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	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	
TEST C 21925200000207OHR 7   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	5333.50 0.00 0.00 -818.21 0.00	0.00 0.00 0.00 5333.50	

Claims 1-8 of 8

## SC Button

Figure 16. SC (Single Claim) Button Screen Layout

111920\_Test.txt

File Edit View Help

X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
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Medicare National Standard Intermediary Remittance Advice

PAYEE NAME: 123 TEST RD  
 FPE: 12/31/2019 PAYER NAME: ANYTOWN, FL 123450000  
 PAID: 09/26/2019 123 TEST RD  
 CLM#: 1 ANYTOWN, FL 123450000  
 NPI: 1234567890 TOB: 813

PATIENT: TEST A PCN: 123456789  
 MID: 12212212211 SVC FROM: 04/01/2019 MRN: A2019400  
 CLAIM STAT: 1 THRU: 04/30/2019 ICN: 219252000002070HR  
 COR MID: 12212212211

CHARGES:

CHARGE	AMOUNT	REMARK
6730.28=REPORTED	0.00	HHA SN AMT
0.00=NCVD/DENIED	0.00	HHA PT AMT
0.00=CLAIM ADJS	0.00	HHA ST AMT
0.00=LINE ADJ AMT	0.00	HHA OT AMT
6730.28=COVERED	0.00	HHA MS AMT
DAYS/VISITS:		
0=COST REPT	0.00	HHA NA AMT
31=COVD/UTL	5333.50	HSP ROUT CARE
0=NON-COVERED	0.00	HSP CONT CARE
0=COVD VISITS	0.00	HSP GENERAL
0=NCVD VISITS	0.00	HSP RESPETE
	0.00	HSP PHYS SVC
	0.00	HSP OTH
	5333.50	ALLOW/REIM
	109.87	SEQUSTRATN
	0.00	INTEREST
	-818.21	CONTRACT ADJ
	0.00	ACD/DC RED
	0.00	PA REDUCT
	5333.50	NET REIM AMT

REMARK CODES: MA01 N793

RARC Codes: MA01 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	MOOS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
SVC Desc				HCP1							
0651	04/01	Q5001			31.00	4444.16	5333.50	CO	94	-999.21	
									253	108.87	

Claim 1 of 8

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

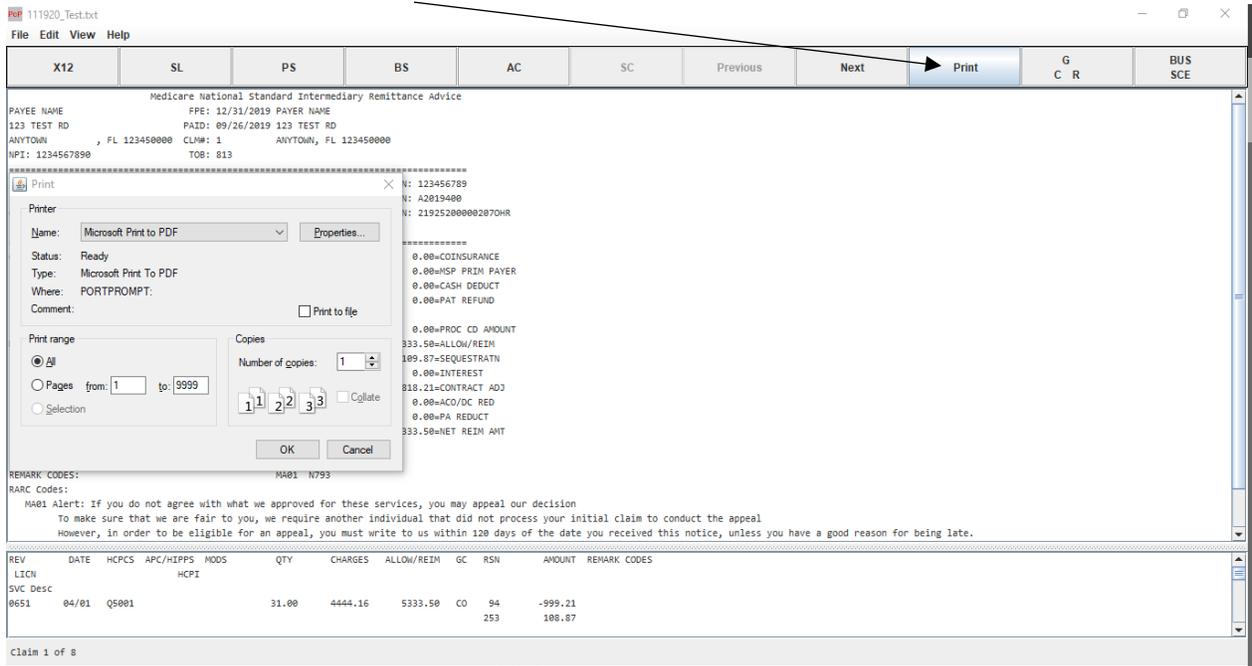
The Single Claim Report (screen and report) reflects the Coordination of Benefits (COB) data when there has been a COB transfer. The name and number of the Trading Partner are reflected on the report. In addition, at the service line, the line item control number, health care policy indicator, and the 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

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

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

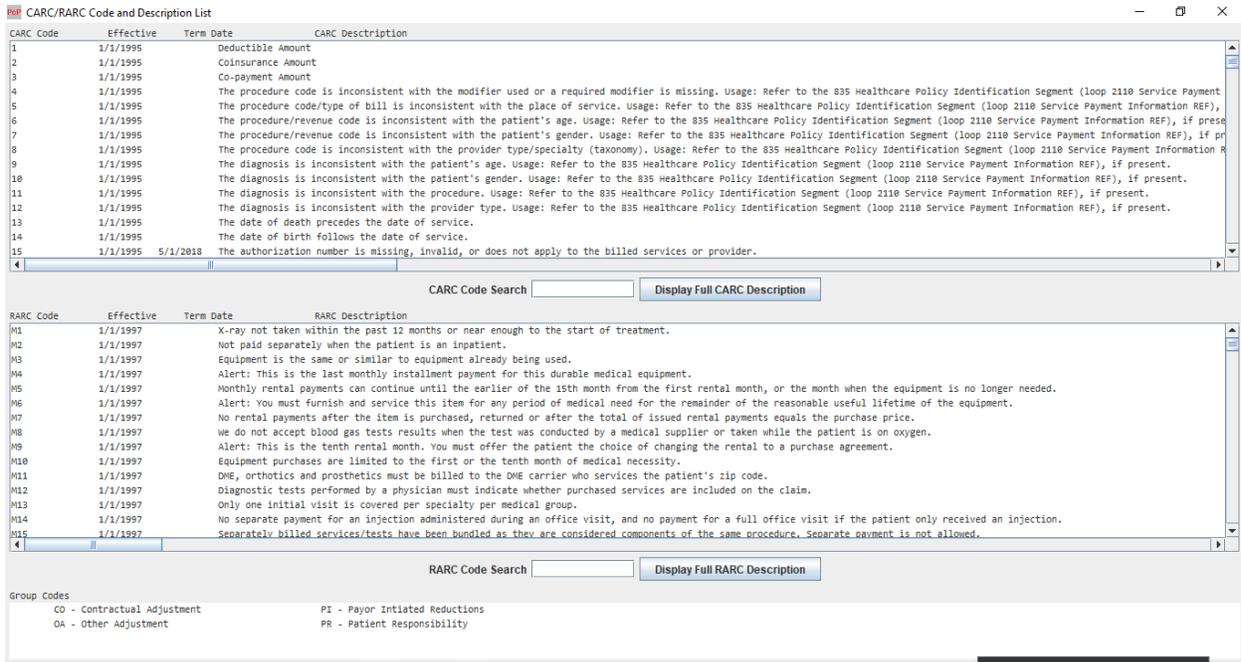
X12	SL	PS	BS	AC	SC	Previous	Next	Print	GCR	BUS SCE
GS 346000001		NM1								
GS 346000002		MOA								
GS 346000003		DTM								
GS 346000001		DTM								
GS 346000002		DTM								
GS 346000003		AMT								
GS 346000001		AMT								
GS 346000002		SVC								
GS 346000003		DTM								
GS 346000001		CAS								
GS 346000002		LQ								
GS 346000003		SVC								
GS 346000001		DTM								
GS 346000002		CAS								
GS 346000003		AMT								
GS 346000001		SVC								
GS 346000002		DTM								
GS 346000003		CAS								
GS 346000001		AMT								
GS 346000002		SVC								
GS 346000003		DTM								
GS 346000001		CAS								
GS 346000002		AMT								
GS 346000003		SVC								
GS 346000001		DTM								
GS 346000002		CAS								
GS 346000003		AMT								
GS 346000001		LQ								
GS 346000002		PLB								
GS 346000003		SE								
GS 346000001		GE								
GS 346000002		IEA								
GS 346000003		ISA								

Total Claims: 30 Total Segments: 1281

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



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.

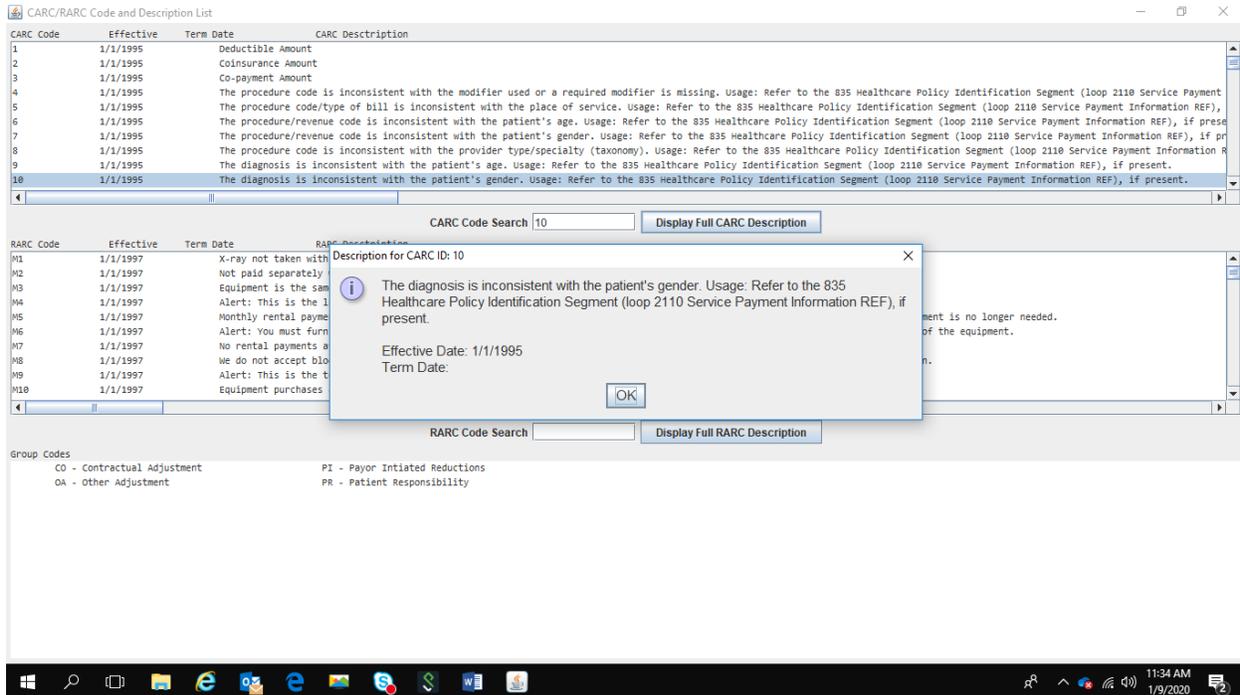
- In the CARC Code Search or RARC Code Search box, key in the code to search on.

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



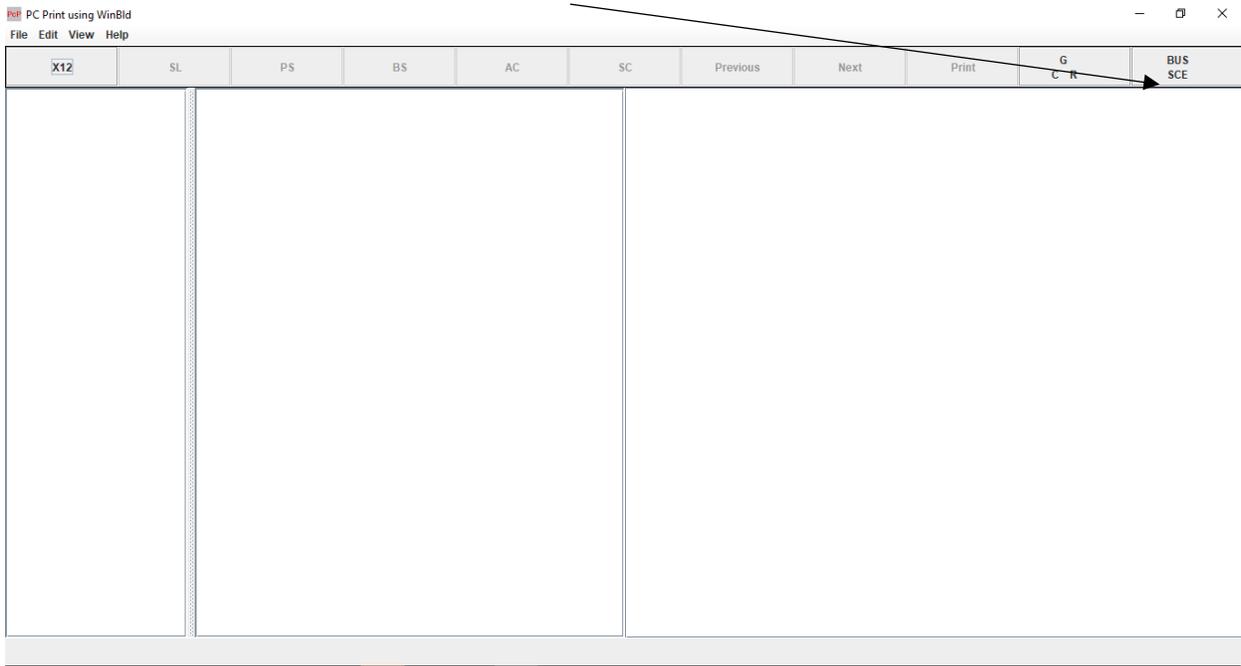
The GCR button provides a Display Full CARC Description and Display Full RARC Description buttons to provide the full description of a given CARC/RARC that is too long to display on the screen.

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

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

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	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, N2CO	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, N24CO	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, NICO	CO or PI

CARC Code Search:

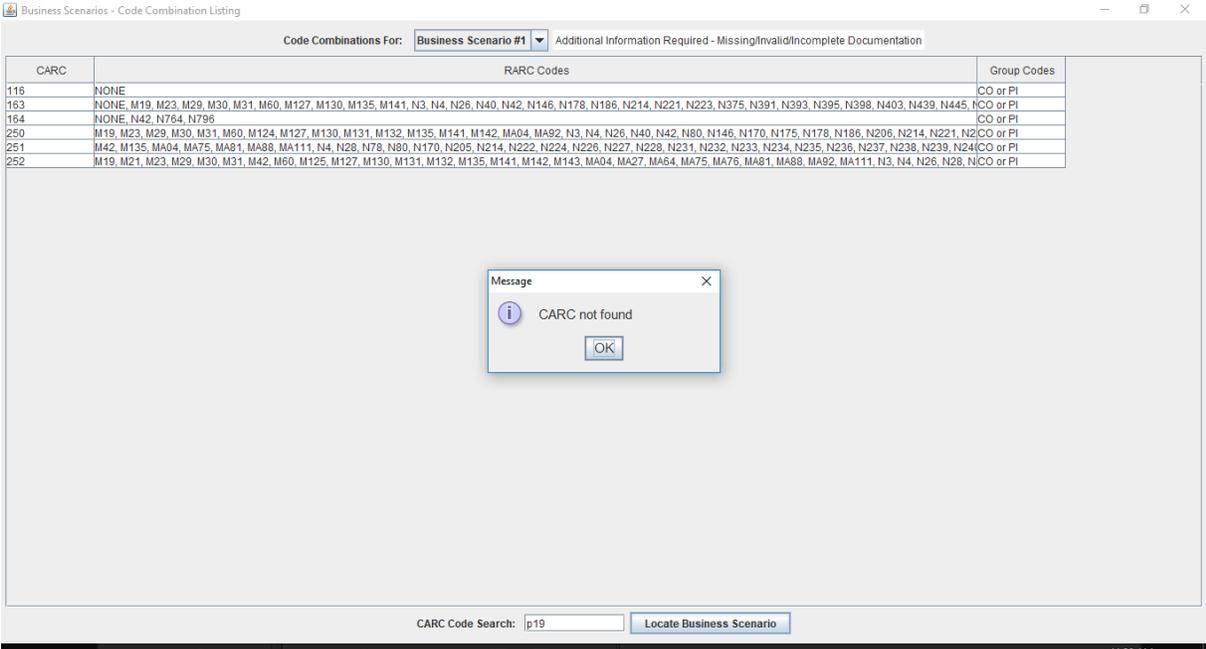
The BUS.SCE. Button provides a **CARC Code Search** option to locate the CARC code specific to a Business Scenario without having to go through each Business Scenario.

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."

# Dialog Box

Figure 23. Business Scenario Dialog Box Screen Layout



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## Chapter 6

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### 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 Example A

Figure 24. Print Example A

Medicare National Standard Intermediary Remittance Advice

PAYEE NAME: 123 TEST RD, ANYTOWN, FL 1234567890  
 FPE: 12/31/2019 PAYER NAME: 123 TEST RD, ANYTOWN, FL 1234567890  
 PAID: 09/26/2019  
 CLM#: 1 TOB: 813

**Print Dialog Box:**

- Name: Microsoft Print to PDF
- Status: Ready
- Type: Microsoft Print To PDF
- Where: PORTPROMPT
- Print range:  All
- Copies: Number of copies: 1
- Collate:

**Remittance Codes:**

- 0.00=CASH DEDUCT
- 0.00=COINSURANCE
- 0.00=HSP PRIN PAYER
- 0.00=PA REFUND
- 0.00=PROC CD AMOUNT
- 333.50=ALLOW/REIM
- 109.87=SEQUESTRAIN
- 0.00=INTEREST
- 818.21=CONTRACT ADJ
- 0.00=AC/DC RED
- 0.00=PA REDUCT
- 333.50=NET REIM AMT

**REMARK CODES:** M481 N793

**RARC Codes:**

M481 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	RSN	AMOUNT	REMARK CODES
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

# Print Example B

Figure 25. Print Example B - Print All Items

111920\_Test.txt

File Edit View Help

Print	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
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Print Marked Items

Print All Items are National Standard Intermediary Remittance Advice

Print Setup FPE: 12/31/2019 PAYER NAME

Recent 835 ANSI Files(s) PAID: 09/26/2019 123 TEST RD

Exit CLMW: 1 ANYTOWN, FL 123450000  
TOB: 813

=====

PATIENT: TEST A PCN: 123456789  
MID: 12212212211 SVC FROM: 04/01/2019 MRN: A2019400  
CLAIM STAT: 1 THRU: 04/30/2019 ICN: 219252000002070HR  
COR MID: 12212212211

=====

CHARGES:

6730.28=REPORTED	0.00=REIM RATE	0.00=COINSURANCE
0.00=NCVD/DENIED	0.00=HHA SN AMT	0.00=MSP PRIM PAYER
0.00=CLAIM ADJS	0.00=HHA PT AMT	0.00=CASH DEDUCT
0.00=LINE ADJ AMT	0.00=HHA ST AMT	0.00=PAT REFUND
6730.28=COVERED	0.00=HHA OT AMT	0.00=PROC CD AMOUNT

DAYS/VISITS:

0=COST REPT	0.00=HHA MS AMT	5333.50=ALLOW/REIM
31=COVD/UTL	0.00=HHA NA AMT	109.87=SEQUESTRATN
0=NON-COVERED	5333.50=HSP ROUT CARE	0.00=INTEREST
0=COVD VISITS	0.00=HSP CONT CARE	-818.21=CONTRACT ADJ
0=NCVD VISITS	0.00=HSP GENERAL	0.00=ACD/DC RED
	0.00=HSP RESPETE	0.00=PA REDUCT
	0.00=HSP PHYS SVC	5333.50=NET REIM AMT
	0.00=HSP OTH	

REMARK CODES: MA01 N793

RARC Codes:

MA01 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	MOOS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
LICN				HCP1							
SVC Desc											
0651	04/01	Q5001			31.00	4444.16	5333.50	CO	94	-999.21	
									253	108.87	

Claim 1 of 8

# Print Example C

Figure 26. Print Example C - Mark for Print

111920\_Test.txt

File Edit View Help

Mark for Print	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
Find Find Next Find CARC/RARC										

icare National Standard Intermediary Remittance Advice

PAYEE: 123 TEST RD  
 FPE: 12/31/2019 PAYER NAME  
 PAID: 09/26/2019 123 TEST RD  
 ANYTOWN, FL 123450000 CLMW: 1 ANYTOWN, FL 123450000  
 NPI: 1234567890 TOB: 813

=====

PATIENT: TEST A PCN: 123456789  
 MID: 12212212211 SVC FROM: 04/01/2019 MRN: A2019400  
 CLAIM STAT: 1 THRU: 04/30/2019 ICN: 219252000002070HR  
 COR MID: 12212212211

=====

CHARGES:

Code	Description	Amount
6730.28=REPORTED	0.00=REIM RATE	0.00=COINSURANCE
0.00=NCVD/DENIED	0.00=HHA SN AMT	0.00=MSP PRIM PAYER
0.00=CLAIM ADJS	0.00=HHA PT AMT	0.00=CASH DEDUCT
0.00=LINE ADJ AMT	0.00=HHA ST AMT	0.00=PAT REFUND
6730.28=COVERED	0.00=HHA OT AMT	0.00=PROC CD AMOUNT

DAYS/VISITS:

Code	Description	Amount
0=COST REPT	0.00=HHA MS AMT	5333.50=ALLOW/REIM
31=COVD/UTL	0.00=HHA NA AMT	109.87=SEQUESTRATN
0=NON-COVERED	5333.50=HSP ROUT CARE	0.00=INTEREST
0=COVD VISITS	0.00=HSP CONT CARE	-818.21=CONTRACT ADJ
0=NCVD VISITS	0.00=HSP GENERAL	0.00=ACD/DC RED
	0.00=HSP RESPITE	0.00=PA REDUCT
	0.00=HSP PHYS SVC	5333.50=NET REIM AMT
	0.00=HSP OTH	

REMARK CODES:  
 MA01 N793

RARC Codes:  
 MA01 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	MOOS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
SVC Desc				HCP1							
0651	04/01	Q5001			31.00	4444.16	5333.50	CO	94	-999.21	
									253	108.87	

Claim 1 of 8

# Print Example D

Figure 27. Print Example D

111920\_Test.txt

File Edit View Help

X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
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Medicare National Standard Intermediary Remittance Advice

PAYEE NAME FPE: 12/31/2019 PAYER NAME  
 123 TEST RD PAID: 09/26/2019 123 TEST RD  
 ANYTOWN, FL 123450000 CLMM: 1 ANYTOWN, FL 123450000  
 NPI: 1234567890 TOB: 813

PATIENT: TEST A PCN: 123456789  
 MID: 12212212211 SVC FROM: 04/01/2019 HRN: A2019400  
 CLAIM STAT: 1 THRU: 04/30/2019 ICN: 219252000002070HR  
 COR MID: 12212212211

CHARGES:

6730.28=REPORTED	0.00=REIM RATE	0.00=COINSURANCE
0.00=NCVD/DENIED	0.00=HHA SN AMT	0.00=MSP PRIM PAYER
0.00=CLAIM ADJS	0.00=HHA PT AMT	0.00=CASH DEDUCT
0.00=LINE ADJ AMT	0.00=HHA ST AMT	0.00=PAT REFUND
6730.28=COVERED	0.00=HHA OT AMT	0.00=PROC CD AMOUNT

DAYS/VISITS:

0=COST REPT	0.00=HHA MS AMT	5333.50=ALLOW/REIM
31=COVD/UTIL	0.00=HHA NA AMT	109.87=SEQUESTRATN
0=NON-COVERED	5333.50=HSP ROUT CARE	0.00=INTEREST
0=COVD VISITS	0.00=HSP CONT CARE	-818.21=CONTRACT ADJ
0=NCOV VISITS	0.00=HSP GENERAL	0.00=ACD/DC RED
	0.00=HSP RESPITE	0.00=PA REDUCT
	0.00=HSP PHYS SVC	5333.50=NET REIM AMT
	0.00=HSP OTH	

REMARK CODES: MA01 N793

RARC Codes:  
 MA01 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	RSN	AMOUNT	REMARK CODES
SVC Desc			HCP1								
0651	04/01	Q5001			31.00	4444.16	5333.50	CO	94	-999.21	
									253	108.87	

Claim 1 of 8

# Print Example E

Figure 28. Print Example E - Print Marked Items

111920\_Test.txt

File Edit View Help

Print	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
-------	----	----	----	----	----------	------	-------	----------	------------

Print Marked Items

Print All Items are National Standard Intermediary Remittance Advice

Print Setup FPE: 12/31/2019 PAYER NAME

Recent 835 ANSI Files(s) PAID: 09/26/2019 123 TEST RD

Exit CLMW: 1 ANYTOWN, FL 123450000  
TOB: 813

PATIENT: TEST A PCN: 123456789  
MID: 12212212211 SVC FROM: 04/01/2019 MRN: A2019400  
CLAIM STAT: 1 THRU: 04/30/2019 ICN: 219252000002070HR  
COR MID: 12212212211

CHARGES:

6730.28=REPORTED	0.00=REIM RATE	0.00=COINSURANCE
0.00=NCDV/DENIED	0.00=HHA SN AMT	0.00=MSP PRIM PAYER
0.00=CLAIM ADJS	0.00=HHA PT AMT	0.00=CASH DEDUCT
0.00=LINE ADJ AMT	0.00=HHA ST AMT	0.00=PAT REFUND
6730.28=COVERED	0.00=HHA OT AMT	0.00=PROC CD AMOUNT

DAYS/VISITS:

0=COST REPT	0.00=HHA MS AMT	5333.50=ALLOW/REIM
31=COVD/UTL	0.00=HHA NA AMT	109.87=SEQUESTRATN
0=NON-COVERED	5333.50=HSP ROUT CARE	0.00=INTEREST
0=COVD VISITS	0.00=HSP CONT CARE	-818.21=CONTRACT ADJ
0=NCDV VISITS	0.00=HSP GENERAL	0.00=ACD/DC RED
	0.00=HSP RESPETE	0.00=PA REDUCT
	0.00=HSP PHYS SVC	5333.50=NET REIM AMT
	0.00=HSP OTH	

REMARK CODES: MA01 N793

RARC Codes:

MA01 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	MOOS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
LICN				HCP1							
SVC Desc											
0651	04/01	Q5001			31.00	4444.16	5333.50	CO	94	-999.21	
									253	108.87	

Claim 1 of 8

Claim Is Marked For Print

# 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

The screenshot shows a software window titled '111920\_Test.txt'. The menu bar includes 'File', 'Edit', 'View', and 'Help'. A dropdown menu is open under 'Edit', showing options: 'Mark for Print' (Ctrl-M), 'Find' (Ctrl-F), 'Find Next' (Ctrl-N), and 'Find CARC/RARC' (Ctrl-U). The main area displays claim details for 'icare National Standard Intermediary Remittance Advice'. The patient is 'TEST' with ID '12212212211'. The claim status is '1' and the date is '04/30/2019'. A table of charges and payments is shown, including reported amounts, HHA SN AMT, HHA PT AMT, HHA ST AMT, HHA OT AMT, HHA MS AMT, HHA NA AMT, HSP ROUT CARE, HSP CONT CARE, HSP GENERAL, HSP RESPITE, HSP PHYS SVC, HSP OTH, COINSURANCE, MSP PRIN PAYER, CASH DEDUCT, PAT REFUND, PROC CD AMOUNT, ALLOW/REIM, SEQUESTRAIN, INTEREST, CONTRACT ADJ, ACO/DC RED, and PA REDUCT. A remark code 'M001 N793' is present. At the bottom, a table lists claim details with columns: REV, DATE, HCPCS, APC/HIPPS, MOOS, QTY, CHARGES, ALLOW/REIM, GC, RSN, AMOUNT, and REMARK CODES. The table shows one row for 'SVC Desc' with date '04/01', code 'Q5001', quantity '31.00', charges '4444.16', allow/reim '5333.50', GC 'CO', RSN '94', amount '-999.21', and remark code '253'. The status bar at the bottom indicates 'Claim 1 of 8' and 'Claim Is Marked For Print'.

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

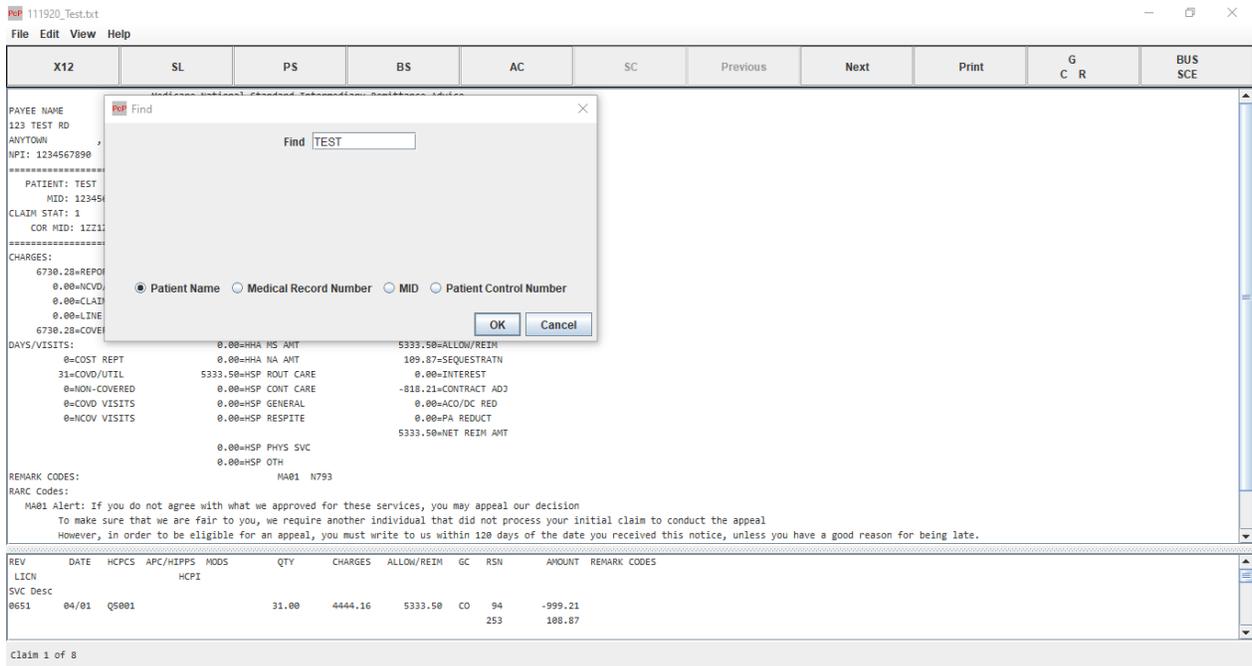
# Single Claim Find

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

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

Figure 32. Single Claim Screen Layout

111920\_Test.txt

File Edit View Help

X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
-----	----	----	----	----	----	----------	------	-------	-------------	------------

Medicare National Standard Intermediary Remittance Advice

PAYEE NAME: 123 TEST RD, ANYTOWN, FL 123450000  
 FPE: 12/31/2019 PAYER NAME: 123 TEST RD  
 PAID: 09/26/2019  
 CLM#: 1 TOB: 813  
 NPI: 1234567890

PATIENT: TEST A PCN: 123456789  
 MID: 12212212211 SVC FROM: 04/01/2019 MRN: A2019400  
 CLAIM STAT: 1 THRU: 04/30/2019 ICN: 219252000002070HR  
 COR MID: 12212212211

CHARGES:

CHARGE	AMOUNT	REIM	REMARK
6730.28=REPORTED	0.00	0.00	HHA SN AMT
0.00=NCVD/DENIED	0.00	0.00	HHA PT AMT
0.00=CLAIM ADJS	0.00	0.00	HHA ST AMT
0.00=LINE ADJ AMT	0.00	0.00	HHA OT AMT
6730.28=COVERED	0.00	0.00	HHA MS AMT
0=COST REPT	0.00	0.00	HHA NA AMT
31=COVD/UTL	5333.50	5333.50	HSP ROUT CARE
0=NON-COVERED	0.00	0.00	HSP CONT CARE
0=COVD VISITS	0.00	0.00	HSP GENERAL
0=NCVD VISITS	0.00	0.00	HSP RESPITE
	0.00	0.00	HSP PHYS SVC
	0.00	0.00	HSP OTH

REMARK CODES: MA01 N793

RARC Codes: MA01 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	MOOS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
SVC Desc				HCP1							
0651	04/01	Q5001			31.00	4444.16	5333.50	CO	94	-999.21	
									253	108.87	

Claim 1 of 8

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

111920\_Test.txt

File Edit View Help

X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE	
PATIENT NAME ICN NUMBER CLAIM # CLM STATUS NATIONAL PROVIDER ID MARKED FOR PRINT		PATIENT CNTRL NUMBER MID MEDICAL REC NUMBER MID CHG=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 TCHCT	MS DAYS NA DAYS COINS AMT SEQUESTRATN ACOIDC 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 21925200000207OHR 1   1 1234567890	123456789 1ZZ1ZZ1ZZ11 A2019400 MID CHG= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 6730.28	0 0.00 3 0	0 0.00 109.87 0.00	0 0.00 0.00 0.00	0.000 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	123456789 1ZZ1ZZ1ZZ11 A2019400 MID CHG= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 6730.28	0 0.00 3 0	0 0.00 109.87 0.00	0 0.00 0.00 0.00	0.000 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	123456789 1ZZ1ZZ1ZZ11 A2019400 MID CHG= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 6730.28	0 0.00 3 0	0 0.00 109.87 0.00	0 0.00 0.00 0.00	0.000 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 6730.28	0 0.00 3 0	0 0.00 109.87 0.00	0 0.00 0.00 0.00	0.000 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 6730.28	0 0.00 3 0	0 0.00 109.87 0.00	0 0.00 0.00 0.00	0.000 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	123456789 1ZZ1ZZ1ZZ11	190401 190430	0 0	6730.28 0.00	0 0.00	0 0.00	0 0.00	0.000 0.00	5333.50 0.00	0.00 0.00	

Claims 1-8 of 8

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

SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
1	1	31	0	6730.28	0	0.00	0.00	5333.50	0.00
2	1	31	0	6730.28	0	0.00	0.00	5333.50	0.00
3	1	31	0	6730.28	0	0.00	0.00	5333.50	0.00
4	1	31	0	6730.28	0	0.00	0.00	5333.50	0.00
5	1	31	0	6730.28	0	0.00	0.00	5333.50	0.00
6	1	31	0	6730.28	0	0.00	0.00	5333.50	0.00
7	1	31	0	6730.28	0	0.00	0.00	5333.50	0.00

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

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

X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
PATIENT NAME ICN NUMBER CLAIM # CLM STA NATIONAL PROVID MARKED FOR PRI					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 219252000002070 1   1 1234567890					730.28 00 00 730.28	0 0.00 3 0	0 0.00 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 219252000002070 2   1 1234567890					730.28 00 00 730.28	0 0.00 3 0	0 0.00 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 219252000002070 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 0.00 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 219252000002070 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 0.00 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 219252000002070 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 0.00 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 219252000002070 6   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 0.00 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

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

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

111920\_Test.txt  
File Edit View Help

X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE	
PATIENT NAME ICN NUMBER CLAIM # CLM STATUS NATIONAL PROVIDER ID MARKED FOR PRINT		PATIENT CNTRL NUMBER MID MEDICAL REC NUMBER MID CHG=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 TCHCT	MS DAYS NA DAYS COINS AMT SEQUESTRATN ACOIDC 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 21925200000207OHR 1   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 0.00 0 109.87 0.00	0 0 0.00 0.00 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	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 0.00 0 109.87 0.00	0 0 0.00 0.00 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	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 0.00 0 109.87 0.00	0 0 0.00 0.00 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 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0.00 0 109.87 0.00	0 0 0.00 0.00 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 0	6730.28 0.00 0.00 6730.28	0 0.00 3 0	0 0.00 0 109.87 0.00	0 0 0.00 0.00 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	123456789 1ZZ1ZZ1ZZ11	190401 190430	0 0	6730.28 0.00	0 0.00	0 0	0 0	0.000 0.00	5333.50 0.00	0.00 0.00	

Claims 1-8 of 8

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

Figure 37. SC (Single Claim) Format Screen Layout

111920\_Test.txt

File Edit View Help

X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
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Medicare National Standard Intermediary Remittance Advice

PAYEE NAME: 123 TEST RD, ANYTOWN, FL 123450000  
 FPE: 12/31/2019 PAYER NAME 1  
 PAID: 09/26/2019 123 TEST RD  
 CLM#: 2 ANYTOWN, FL 123450000  
 NPI: 1234567890 TOB: 813

PATIENT: TEST B PCN: 123456789  
 MID: 12212212211 SVC FROM: 04/01/2019 MRN: A2019400  
 CLAIM STAT: 1 THRU: 04/30/2019 ICN: 219252000002070HR  
 COR MID: 12212212211

CHARGES:

6730.28=REPORTED	0.00=REIM RATE	0.00=COINSURANCE
0.00=NCDV/DENIED	0.00=HHA SN AMT	0.00=MSP PRIM PAYER
0.00=CLAIM ADJS	0.00=HHA PT AMT	0.00=CASH DEDUCT
0.00=LINE ADJ AMT	0.00=HHA ST AMT	0.00=PAT REFUND
6730.28=COVERED	0.00=HHA OT AMT	0.00=PROC CD AMOUNT

DAYS/VISITS:

0=COST REPT	0.00=HHA MS AMT	5333.50=ALLOW/REIM
31=COVD/UTIL	0.00=HHA NA AMT	109.87=SEQUESTRAIN
0=NON-COVERED	5333.50=HSP ROUT CARE	0.00=INTEREST
0=COVD VISITS	0.00=HSP CONT CARE	-818.21=CONTRACT ADJ
0=NCDV VISITS	0.00=HSP GENERAL	0.00=ACD/DC RED
	0.00=HSP RESPITE	0.00=PA REDUCT
	0.00=HSP PHYS SVC	5333.50=NET REIM AMT
	0.00=HSP OTH	

REMARK CODES: MA01 N793

RARC Codes:  
 MA01 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	MOOS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
SVC Desc				HCP1							
0651	04/01	Q5001			31.00	4444.16	5333.50	CO	94	-999.21	
									253	108.87	

Claim 2 of 8

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 Layout

111920\_Test.txt

File Edit View Help

X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
-----	----	----	----	----	----	----------	------	-------	-------------	------------

Medicare National Standard Intermediary Remittance Advice

PAYEE NAME FPE: 12/31/2019 PAYER NAME 1  
 123 TEST RD PAID: 09/26/2019 123 TEST RD  
 ANYTOWN, FL 123450000 CLM#: 2 ANYTOWN, FL 123450000  
 NPI: 1234567890 TOB: 813

PATIENT: TEST B PCN: 123456789  
 MID: 12212212211 SVC FROM: 04/01/2019 MRN: A2019400  
 CLAIM STAT: 1 THRU: 04/30/2019 ICN: Z19252000002070HR  
 COR MID: 12212212211

CHARGES:

CHARGE	0.00=REIM RATE	0.00=COINSURANCE
6730.28=REPORTED	0.00=HHA SN AMT	0.00=MSP PRM PAYER
0.00=NCDV/DENIED	0.00=HHA PT AMT	0.00=CASH 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=PROC CD AMOUNT

DAYS/VISITS:

CHARGE	0.00=HHA MS AMT	5333.50=ALLOW/REIM
0=COST REPT	0.00=HHA NA AMT	109.87=SEQUESTRATN
31=COVD/UTL	5333.50=HSP ROUT CARE	0.00=INTEREST
0=NON-COVERED	0.00=HSP CONT CARE	-818.21=CONTRACT ADJ
0=COVD VISITS	0.00=HSP GENERAL	0.00=ACD/DC RED
0=NCDV VISITS	0.00=HSP RESPITE	0.00=PA REDUCT
	0.00=HSP PHYS SVC	5333.50=NET REIM AMT
	0.00=HSP OTH	

REMARK CODES: MA01 N793

RARC Codes: MA01 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	MOOS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
SVC Desc				HCP1							
0651	04/01	Q5001			31.00	4444.16	5333.50	CO	94	-999.21	
									253	108.87	

Claim 2 of 8

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

Figure 39. CARC/RARC Find Option Screen Layout

111920\_Test.txt

File Edit View Help

Mark for Print Find Find Next

SL PS BS AC SC Previous Next Print G C R BUS SCE

icare National Standard Intermediary Remittance Advice

PAYER: TEST FPE: 12/31/2019 PAYER NAME 1  
 123 TEST MRN: A2019400  
 ANYTOWN, FL 123450000 CLM#: 2 ANYTOWN, FL 123450000  
 NPI: 1234567890 TOB: 813

PATIENT: TEST B PCN: 123456789  
 MID: 12212212211 SVC FROM: 04/01/2019 MRN: A2019400  
 CLAIM STAT: 1 THRU: 04/30/2019 ICN: 219252000002070HR  
 COR MID: 12212212211

CHARGES:

6730.28=REPORTED	0.00=REIM RATE	0.00=COINSURANCE
0.00=NCDV/DENIED	0.00=HHA SN AMT	0.00=MSP PRIM PAYER
0.00=CLAIM ADJS	0.00=HHA PT AMT	0.00=CASH DEDUCT
0.00=LINE ADJ AMT	0.00=HHA ST AMT	0.00=PAT REFUND
6730.28=COVERED	0.00=HHA OT AMT	0.00=PROC CD AMOUNT

DAYS/VISITS:

0=COST REPT	0.00=HHA MS AMT	5333.50=ALLOW/REIM
31=COVD/UTL	0.00=HHA NA AMT	109.87=SEQUESTRATN
0=NON-COVERED	5333.50=HSP ROUT CARE	0.00=INTEREST
0=COVD VISITS	0.00=HSP CONT CARE	-818.21=CONTRACT ADJ
0=NCDV VISITS	0.00=HSP GENERAL	0.00=ACD/DC RED
	0.00=HSP RESPITE	0.00=PA REDUCT
	0.00=HSP PHYS SVC	5333.50=NET REIM AMT
	0.00=HSP OTH	

REMARK CODES: MA01 N793

RARC Codes: MA01 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.

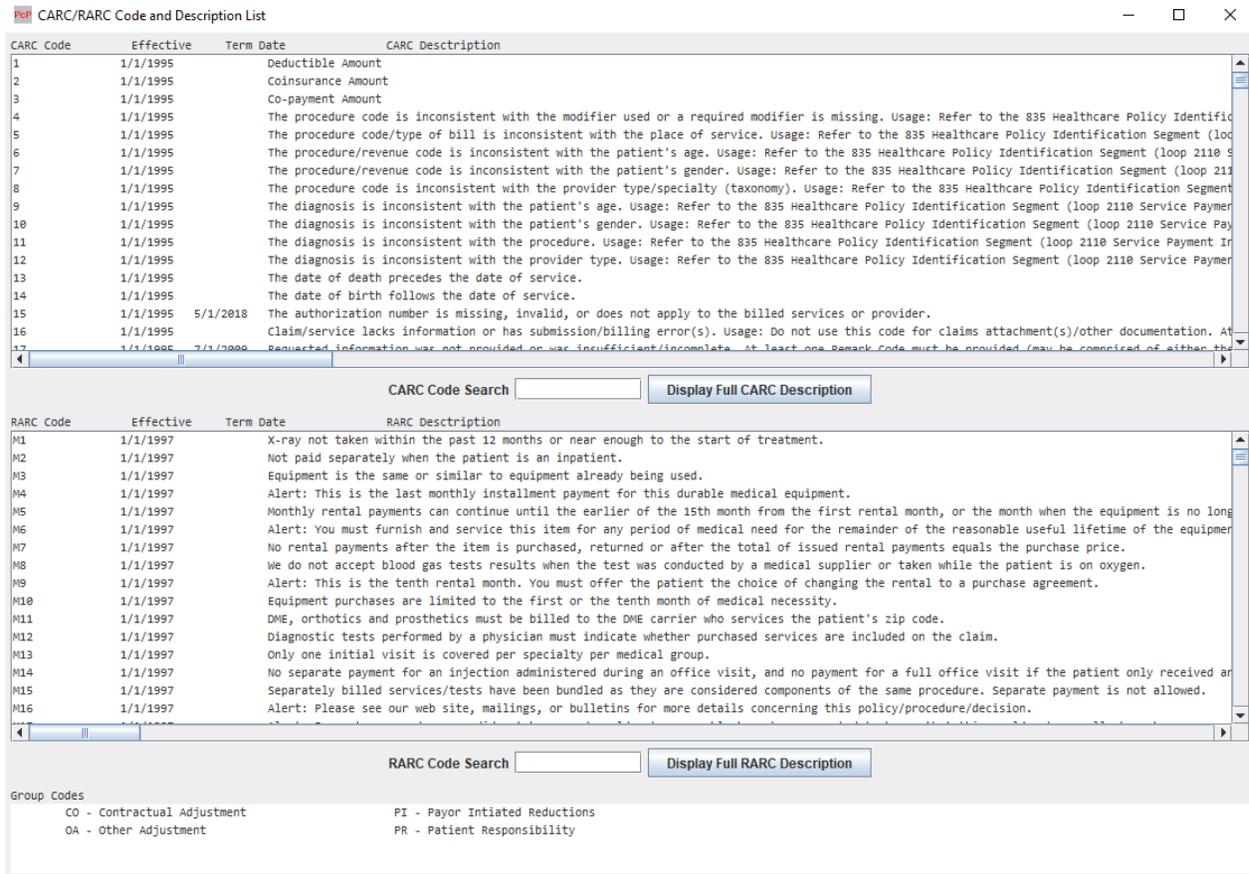
REV	DATE	HCPCS	APC/HIPPS	MOOS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
SVC Desc				HCP1							
0651	04/01	Q5001			31.00	4444.16	5333.50	CO	94	-999.21	
									253	108.87	

Claim 2 of 8

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



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

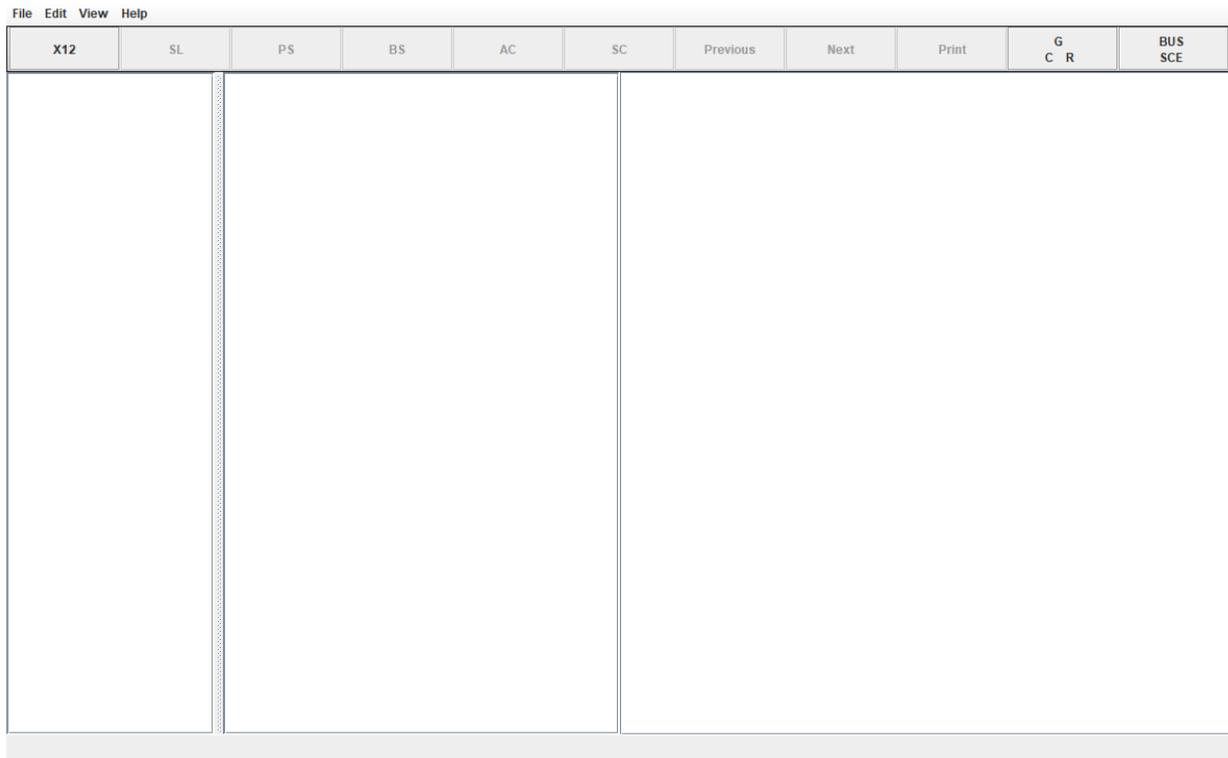
This section explains directions necessary to load a new data file and to process claims once the data file has been successfully loaded.

### 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).

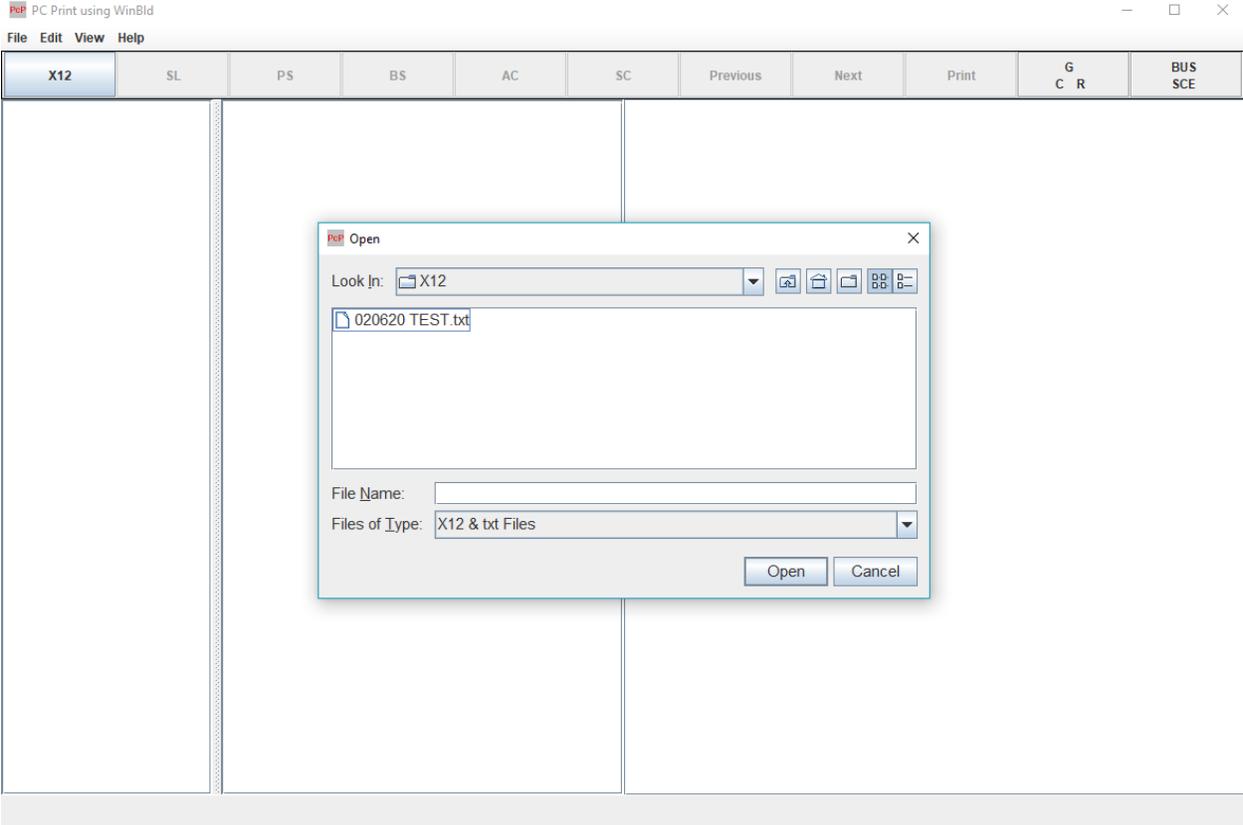
1. Copy or transfer from the system remittance advice mailbox an 835 X12 File, then place it in a folder that can be accessed by the PC Print Application.
2. Upon double clicking the PC Print icon this screen displays and the SL button is selected.

*Figure 41. Blank SL (Segment List) Screen Layout*



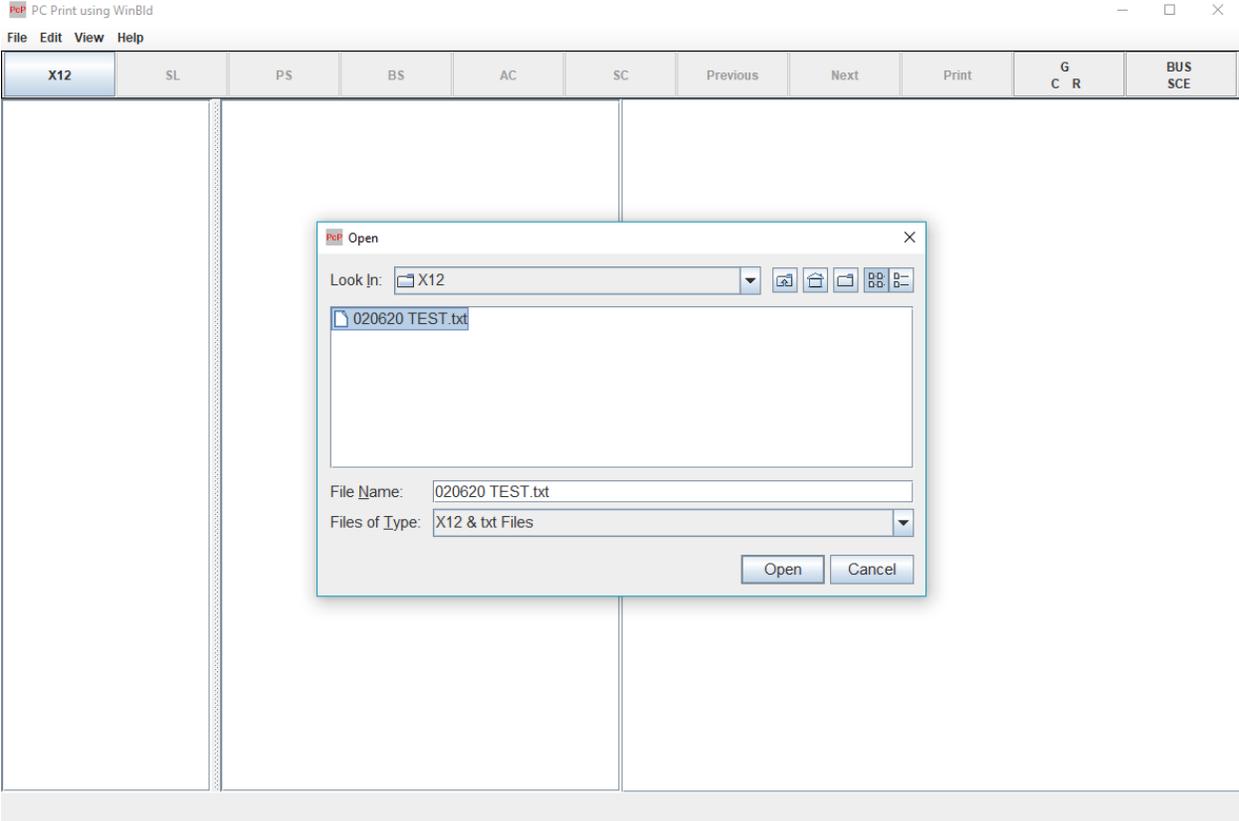
- 3. Clicking on the X12 button brings up the Open dialog box. Select the Data folder for viewing the data files, then click Open.

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



- 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.

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



- 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.

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

File Edit View Help										
X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
GS 346000001		N3	123	TEST RD						
GS 346000002		N4		ANYTOWN						
GS 346000003		REF	272691609							
GS 346000001		LX	851511							
GS 346000002		TS3	1255430757							
GS 346000003		CLP	123456789							
GS 346000001		NM1	TEST							
GS 346000002		MOA	MA01							
GS 346000003		DTM	20150210							
GS 346000001		DTM	20150212							
GS 346000002		DTM	20141210							
GS 346000003		AMT	AU							
GS 346000001		AMT	DY							
GS 346000002		SVC	HC*70030* **							
GS 346000003		DTM	20150210							
GS 346000001		CAS	QA							
GS 346000002		LQ	HE							
GS 346000003		SVC	HC*70030*AS*82*							
GS 346000001		DTM	20150211							
GS 346000002		CAS	CO							
GS 346000003		AMT	B6							
GS 346000001		SVC	HC*70380*Q3*80*							
GS 346000002		DTM	20150212							
GS 346000003		CAS	CO							
GS 346000001		AMT	B6							
GS 346000002		SVC	HC*70030*Q3*80*							
GS 346000003		DTM	20150211							
GS 346000001		CAS	CO							
GS 346000002		AMT	B6							
GS 346000003		SVC	HC*70380*AS*80*							
GS 346000001		DTM	20150212							
GS 346000002		CAS	CO							
GS 346000003		AMT	B6							
GS 346000001		LQ	HE							
GS 346000002		PLB	20080630							
GS 346000003		SE	45							
GS 346000001		CF	4							

Total Claims: 30 Total Segments: 1281

- 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

Figure 45. Data File in Segment List (SL) Format (2 of 2)

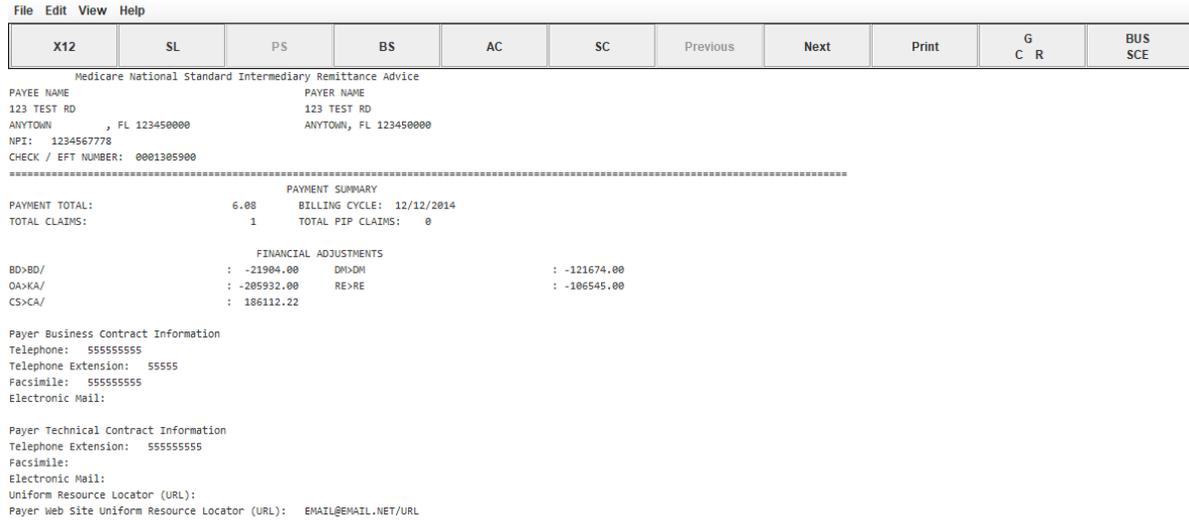
X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
GS 287000001	REF	272091009								
GS 287000002	LX	851511								
GS 287000003	TS3	1255430757								
GS 287000004	CLP	123456789								
GS 287000007	NM1	TEST								
GS 287000009	MOA	MA01								
GS 287000010	DTM	20150210								
GS 287000012	DTM	20150212								
	DTM	20141210								
	AMT	AU								
	AMT	DY								
	SVC	HC*70030**								
	DTM	20150210								
	CAS	OA								
	LQ	HE								
	SVC	HC*70030*AS*82*								
	DTM	20150211								
	CAS	CO								
	AMT	B6								
	SVC	HC*70380*Q3*80*								
	DTM	20150212								
	CAS	CO								
	AMT	B6								
	SVC	HC*70030*Q3*80*								
	DTM	20150211								
	CAS	CO								
	AMT	B6								
	SVC	HC*70380*AS*80*								
	DTM	20150212								
	CAS	CO								
	AMT	B6								
	LQ	HE								
	PLB	20080630								
	SE	45								
	GE	1								
	IEA	1								
	ISA	434600002								

Total Claims: 27 Total Segments: 483

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



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.

Figure 47. Bill Summary (BS) Screen Layout

The screenshot shows a window titled '111920\_Test.txt' with a menu bar (File, Edit, View, Help) and a toolbar with buttons for X12, SL, PS, BS, AC, SC, Previous, Next, Print, GCR, and BUS SCE. The main content area displays 'Medicare National Standard Intermediary Remittance Advice' with the following details:

PAYEE NAME: 123 TEST RD  
 FFE: 12/31/2019 PAYER NAME  
 PAID: 09/26/2019 123 TEST RD  
 ANYTOWN, FL 123450000 CLNH: 1 ANYTOWN, FL 123450000  
 NPI: 1234567890 TOB: 81

=====  
 SUBTOTAL/TOTAL FOR BILL TYPE  
 =====

CHARGES:	PAYMENT DATA:	
6730.28=REPORTED	0.00=DRG AMOUNT	0.00=REIM RATE
0.00=NCVD/DENIED	0.00=DRG/OPER/CAP	0.00=MSP PRIM PAYER
0.00=CLAIM ADJ5		0.00=PROF COMPONENT
6730.28=COVERED	0.00=OUTLIER	0.00=LINE ADJ AMT
		0.00=PROC CD AMOUNT
DAYS/VISITS:		
31=COST REPT	0.00=CASH DEDUCT	0.00=ACO/DC RED
31=COVD/UTL	0.00=BLOOD DEDUCT	0.00=INTEREST
0=NON-COVERED	0.00=COINSURANCE	-818.21=CONTRACT ADJ
0=COVD VISITS	0.00=PAT REFUND	0.00=PER DIEH AMT
0=NCOV VISITS	109.87=SEQUESTRATN	0.00=PA REDUCT
		5333.50=NET REIM AMT

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.

Figure 48. All Claims (AC) Screen Layout

X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE	
PATIENT NAME ICN NUMBER CLAIM #   CLM STATUS NATIONAL PROVIDER ID MARKED FOR PRINT		PATIENT CNTRL NUMBER MID MEDICAL REC NUMBER MID CHG=x TOB=xxx		FRM DT THR DT CV LN	COST COVD NCVDV NCV L	REPTD CHGS NCVD/DENIED CLAIM ADJS COVD CHGS	SN DAYS PT DAYS ST DAYS NEW TCHIECT	MS DAYS NA DAYS COINS AMT SEQUESTRATN ACOIDC 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 21925200000207OHR 1   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 0.00 0.00 109.87 0.00	0 0 0.00 0.00 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	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 0.00 0.00 109.87 0.00	0 0 0.00 0.00 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	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 0.00 0.00 109.87 0.00	0 0 0.00 0.00 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 0.00 0.00 109.87 0.00	0 0 0.00 0.00 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 0.00 0.00 109.87 0.00	0 0 0.00 0.00 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 6   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 0.00 0.00 109.87 0.00	0 0 0.00 0.00 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	

Claims 1-8 of 8

Figure 49. All Claims (AC) Screen Layout

111920\_Test.txt

File Edit View Help

X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE	
PATIENT NAME ICN NUMBER CLAIM #  CLM STATUS NATIONAL PROVIDER ID MARKED FOR PRINT		PATIENT CNTRL NUMBER MID MEDICAL REC NUMBER MID CHG= x TOB=xxx		FRM DT THR DT CV LN	COST COVDV NCVDV NCV L	REPTD CHGS NOVD/DENIED CLAIM ADJS COVD CHGS	SN DAYS PT DAYS ST DAYS NEW TCHIECT	MS DAYS NA DAYS COINS AMT SEQUESTRATN ACOIDC 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 21925200000207OHR 1   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 21925200000207OHR 2   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 C 21925200000207OHR 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 21925200000207OHR 6   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

Claims 1-8 of 8

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

111920\_Test.txt

File Edit View Help

X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
-----	----	----	----	----	----	----------	------	-------	-------------	------------

Medicare National Standard Intermediary Remittance Advice

Single Claim

PAYEE NAME: 123 TEST RD  
 FPE: 12/31/2019 PAYER NAME  
 PAID: 09/26/2019 123 TEST RD  
 ANYTOWN, FL 123450000 CLM#: 1 ANYTOWN, FL 123450000  
 NPI: 1234567890 TOB: 813

PATIENT: TEST A PCN: 123456789  
 MID: 12212212211 SVC FROM: 04/01/2019 MRN: A2019400  
 CLAIM STAT: 1 THRU: 04/30/2019 ICN: 219252000002070HR  
 COR MID: 12212212211

CHARGES:

6730.20=REPORTED	0.00=REIM RATE	0.00=COINSURANCE
0.00=NCVD/DENIED	0.00=HHA SN AMT	0.00=HSP PRIEM PAYER
0.00=CLAIM ADJ3	0.00=HHA PT AMT	0.00=CASH DEDUCT
0.00=LINE ADJ AMT	0.00=HHA ST AMT	0.00=PAT REFUND
6730.20=COVERED	0.00=HHA OT AMT	0.00=PROC CD AMOUNT
DAYS/VISITS:	0.00=HHA MS AMT	5333.50=ALLOW/REIM
0=COST REPT	0.00=HHA NA AMT	109.87=SEQUESTRAIN
31=COVD/UTIL	5333.50=HSP ROUT CARE	0.00=INTEREST
0=NON-COVERED	0.00=HSP CONT CARE	-818.21=CONTRACT ADJ
0=COVD VISITS	0.00=HSP GENERAL	0.00=ACO/DC RED
0=NCOV VISITS	0.00=HSP RESPITE	0.00=PA REDUCT
	0.00=HSP PHYS SVC	5333.50=NET REIM AMT
	0.00=HSP OTH	

REMARK CODES: MA01 N793

RARC Codes:

MA01 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	MOOS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
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

X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
<small>PATIENT NAME ICN NUMBER CLAIM #/ CLM STATUS NATIONAL PROVIDER ID MARKED FOR PRINT</small>										
<small>PATIENT CNTRL NUMBER MID MEDICAL REC NUMBER MID CHG=x TOB=xxx</small>										
<small>FRM DT THR DT CV LN</small>										
<small>COST COVDV NCVDV NCV L</small>										
<small>REPTD CHGS NCVD/DENIED CLAIM ADJS COVD CHGS</small>										
<small>SN DAYS PT DAYS ST DAYS NEW TCH/ECT</small>										
<small>MS DAYS NA DAYS COINS AMT SEQUESTRATN ACODIC RED</small>										
<small>REIMB RATE MSP PRI PAY PROF COMP ESRD AMT ISLET</small>										
<small>ALLOW/REIM PROC CD AMT LINE ADJ AMT CONT ADJ AMT PA REDUCT</small>										
<small>INTEREST PAT REFUND DEDUCTIBLES NET. REIMB</small>										
TEST A 21925200000207OHR 1   1 1234567890	123456789 1ZZ1ZZ1ZZ11 A2019400 MID CHG= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 6730.28	0 0.00 3 0	0 0.00 3 0	0 0.00 109.87 0.00	0.000 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	123456789 1ZZ1ZZ1ZZ11 A2019400 MID CHG= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 6730.28	0 0.00 3 0	0 0.00 3 0	0 0.00 109.87 0.00	0.000 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	123456789 1ZZ1ZZ1ZZ11 A2019400 MID CHG= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 6730.28	0 0.00 3 0	0 0.00 3 0	0 0.00 109.87 0.00	0.000 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 6730.28	0 0.00 3 0	0 0.00 3 0	0 0.00 109.87 0.00	0.000 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 6730.28	0 0.00 3 0	0 0.00 3 0	0 0.00 109.87 0.00	0.000 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 6   1 1234567890	123456789 1ZZ1ZZ1ZZ11 A2019400 MID CHG= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 6730.28	0 0.00 3 0	0 0.00 3 0	0 0.00 109.87 0.00	0.000 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 1-8 of 8

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

Figure 52. Mapping 5010 835 to Single Claim Report

111920\_Test.txt

File Edit View Help

Medicare National Standard Intermediary Remittance Advice

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: 813

PATIENT: TEST A PCN: 123456789  
 MID: 12212212211 SVC FROM: 04/01/2019 MRN: A2019400  
 CLAIM STAT: 1 THRU: 04/30/2019 ICN: 219252000002070HR  
 COR MID: 12212212211

CHARGES: 0.00=REIM RATE 0.00=COINSURANCE  
 6730.28=REPORTED 0.00=HHA SN AMT 0.00=MSP PRIM PAYER  
 0.00=NCVD/DENIED 0.00=HHA PT AMT 0.00=CASH 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=PROC CD AMOUNT

DAYS/VISITS: 0.00=HHA MS AMT 5333.50=ALLOW/REIM  
 0=COST REPT 0.00=HHA NA AMT 109.87=SEQUESTRATN  
 31=COVD/UTL 5333.50=HSP ROUT CARE 0.00=INTEREST  
 0=NON-COVERED 0.00=HSP CONT CARE -818.21=CONTRACT ADJ  
 0=COVD VISITS 0.00=HSP GENERAL 0.00=ACD/DC RED  
 0=NCVD VISITS 0.00=HSP RESPETE 0.00=PA REDUCT  
 0.00=HSP PHYS SVC 5333.50=NET REIM AMT  
 0.00=HSP OTH

REMARK CODES: MA01 N793

RARC Codes:  
 MA01 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	MOODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
SVC Desc				HCP1							
0651	04/01	Q5001			31.00	4444.16	5333.50	CO	94	-999.21	
									253	108.87	

Claim 1 of 8

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
TOB	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

Table 4. Single Claim Report – 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

## Days/Visits

Table 5. 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.

## Payment Data

Table 6. Single Claim Report – 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'.

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

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

Table 8. 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).
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 9. 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

*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

111920\_Test.txt

File Edit View Help

X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
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Medicare National Standard Intermediary Remittance Advice

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

-----  
 SUBTOTAL/TOTAL FOR BILL TYPE  
 -----

CHARGES: PAYMENT DATA: 0.00=REIM RATE

6730.29=REPORTED	0.00=DRG AMOUNT	0.00=MSP PRIM PAYER
0.00=NCVD/DENIED	0.00=DRG/OPER/CAP	0.00=PROF COMPONENT
0.00=CLAIM ADJ3		0.00=LINE ADJ AMT
6730.28=COVERED	0.00=OUTLIER	0.00=PROC CD AMOUNT

DAYS/VISITS:

31=COST REPT	0.00=CASH DEDUCT	0.00=ACO/DC RED
31=COVD/UTIL	0.00=BLOOD DEDUCT	0.00=INTEREST
0=NON-COVERED	0.00=COINSURANCE	-818.21=CONTRACT ADJ
0=COVD VISITS	0.00=PAT REFUND	0.00=PER DIEM AMT
0=NCOV VISITS	109.87=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
TOB	Loop 2000, TS3 Provider Summary Information, TS302 Facility Type Code

## Charges

Table 14. Bill Summary – 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 16. Bill Summary - Payment Data

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

X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
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Medicare National Standard Intermediary Remittance Advice

PAYEE NAME: 123 TEST RD, ANYTOWN, FL 123450000  
 PAYER NAME: 123 TEST RD, ANYTOWN, FL 123450000  
 NPI: 1234567778  
 CHECK / EFT NUMBER: 0001305900

---

PAYMENT SUMMARY

PAYMENT TOTAL: 6.08      BILLING CYCLE: 12/12/2014  
 TOTAL CLAIMS: 1      TOTAL PIP CLAIMS: 0

FINANCIAL ADJUSTMENTS

BD>BD/ : -21904.00      DM>DM : -121674.00  
 OA>KA/ : -205932.00      RE>RE : -106545.00  
 CS>CA/ : 186112.22

Payer Business Contract Information  
 Telephone: 55555555  
 Telephone Extension: 5555  
 Facsimile: 55555555  
 Electronic Mail:

Payer Technical Contract Information  
 Telephone Extension: 55555555  
 Facsimile:  
 Electronic Mail:  
 Uniform Resource Locator (URL):  
 Payer Web Site Uniform Resource Locator (URL): EMAIL@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

*Table 18. Provider Payment Summary Report - Payment Summary*

<b>Field</b>	<b>Loop Segment Data Element</b>
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

# Home Health / Hospice All Claims Report

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

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File Edit View Help

X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE	
PATIENT NAME ICN NUMBER CLAIM # CLM STATUS NATIONAL PROVIDER ID MARKED FOR PRINT		PATIENT CNTRL NUMBER MID MEDICAL REC NUMBER MID CHG=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 TCHIECT	MS DAYS NA DAYS COINS AMT SEQUESTRATN ACOIDC 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 21925200000207OHR 1   1 1234567890	123456789 1ZZ1ZZ1ZZ11 A2019400 MID CHG= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 6730.28	0 0.00 3 0	0 0.00 0 109.87 0.00	0 0.00 0.00 0.00 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	123456789 1ZZ1ZZ1ZZ11 A2019400 MID CHG= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 6730.28	0 0.00 3 0	0 0.00 0 109.87 0.00	0 0.00 0.00 0.00 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	123456789 1ZZ1ZZ1ZZ11 A2019400 MID CHG= C TOB=813	190401 190430 31	0 0 0	6730.28 0.00 6730.28	0 0.00 3 0	0 0.00 0 109.87 0.00	0 0.00 0.00 0.00 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 6730.28	0 0.00 3 0	0 0.00 0 109.87 0.00	0 0.00 0.00 0.00 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 6730.28	0 0.00 3 0	0 0.00 0 109.87 0.00	0 0.00 0.00 0.00 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	123456789 1ZZ1ZZ1ZZ11	190401 190430	0 0	6730.28 0.00	0 0.00	0 0.00	0 0.00	0.000 0.00	5333.50 0.00	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

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File Edit View Help

X12	SL	PS	BS	AC	SC	Previous	Next	Print	G C R	BUS SCE
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Medicare National Standard Intermediary Remittance Advice

PAYEE NAME FPE: 12/31/2019 PAYER NAME 1  
123 TEST RD PAID: 09/26/2019 123 TEST RD  
ANYTOWN, FL 123450000 CLM#: 2 ANYTOWN, FL 123450000  
NPI: 1234567890 TOB: 813

PATIENT: TEST B PCN: 123456789  
MID: 12212212211 SVC FROM: 04/01/2019 MRN: A2019400  
CLAIM STAT: 1 THRU: 04/30/2019 ICN: 219252000002070HR  
COR MID: 12212212211

CHARGES:

6730.28=REPORTED	0.00=REIM RATE	0.00=COINSURANCE
0.00=NCVD/DENIED	0.00=HHA SN AMT	0.00=MSP PRIM PAYER
0.00=CLAIM ADJS	0.00=HHA PT AMT	0.00=CASH DEDUCT
0.00=LINE ADJ AMT	0.00=HHA ST AMT	0.00=PAT REFUND
6730.28=COVERED	0.00=HHA OT AMT	0.00=PROC CD AMOUNT

DAYS/VISITS:

0=COST REPT	0.00=HHA MS AMT	5333.50=ALLOW/REIM
31=COVD/UTL	0.00=HHA NA AMT	109.87=SEQUESTRATN
0=NON-COVERED	5333.50=HSP ROUT CARE	0.00=INTEREST
0=COVD VISITS	0.00=HSP CONT CARE	-818.21=CONTRACT ADJ
0=NCVD VISITS	0.00=HSP GENERAL	0.00=ACD/DC RED
	0.00=HSP RESPETE	0.00=PA REDUCT
	0.00=HSP PHYS SVC	5333.50=NET REIM AMT
	0.00=HSP OTH	

REMARK CODES: MA01 N793

RARC Codes:  
MA01 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	MOOS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
SVC Desc				HCP1							
0651	04/01	Q5001			31.00	4444.16	5333.50	CO	94	-999.21	
									253	108.87	

Claim 2 of 8

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

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
TOB	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

Table 21. Home Health / Hospice Single Claim Report - 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

## 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

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

## ADJ Reason Codes

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

REV	DATE	HCPCS	APC/HIPPS	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
0000	02/10				0.000	70030.00	0.00		0	0.00	
0000	02/11				0.000	70030.00	0.00		0	0.00	
0000	02/12				0.000	70380.00	0.00		0	0.00	
0000	02/11				0.000	70030.00	0.00		0	0.00	
0000	02/12				2.000	600.00	1.48	CO	59	598.10	
									253	0.03	
									237	0.39	

Group Codes:  
 CO - Contractual Obligation (Patient may not be billed for these)  
 OA - Other Adjustment

CARC Codes:  
 59 Processed based on multiple or concurrent procedure rules  
 (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), i  
 253 Sequestration - reduction in federal payment  
 237 Legislated/Regulatory Penalty  
 At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

## 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

Table 28. 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 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

<b>Date</b>	<b>Revised By</b>	<b>Reason</b>	<b>Release</b>	<b>Description</b>
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.