

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 494	Date: May 15, 2009
	Change Request 6473

We are resending CR 6473 with the latest version of the Attachment. All other information remains the same.

SUBJECT: MREP Update for 835 Version 5010

I. SUMMARY OF CHANGES: This Change request (CR) instructs VIPs to implement Health Insurance Portability and Accountability Act (HIPAA) new standards for remittance advice - transaction 835 for Medicare Remit Easy Print (MREP) Software

NEW / REVISED MATERIAL

EFFECTIVE DATE: *October 1, 2009

IMPLEMENTATION DATE: October 5, 2009

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers: **N/A**

SECTION B: For Medicare Administrative Contractors (MACs): **N/A**

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 494	Date: May 15, 2009	Change Request: 6473
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We are resending CR 6473 with the latest version of the Attachment. All other information remains the same.

SUBJECT: MREP Update for 835 Version 5010

EFFECTIVE DATE: October 1, 2009

IMPLEMENTATION DATE: October 5, 2009

I. GENERAL INFORMATION

A. Background: Medicare Remit Easy Print (MREP) was implemented in October, 2005 to help providers view and print compliant Electronic Remittance Advice (ERA) in a readable format – MREP remittance. CMS is currently implementing the new standard for HIPAA (ASC X12 835 version 5010) for use on January 1, 2012. MREP needs to be upgraded to incorporate the 835 version 5010 format changes to enable providers to view and print 835s received in the new 5010 format. CMS will:

- Have the 5010 version of the MREP software (MREP RA v5010) available to providers on January 1, 2011.
- Maintain one MREP software able to accommodate both versions 4010A1 and 5010 until a future date (to be determined).
- Providers shall be able to test and transition to the 5010 version between January 1, 2011, December 31, 2011.

The changes defined for the 835 version 5010 processing will be used for both DMEPOS and Part B claims.

MREP shall be modified to:

- Create MREP remittance using the new 835 ERA version 5010 data mapping.
- Remove obsolete codes for functions not required for the new HIPAA compliant 5010 version.

B. Policy: Medicare Remit Easy Print software will be updated to enable professional providers to view and print 835s received in 5010 format. The new 5010 version of the software will continue to be available to providers without any charge.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)
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		A / B M A C	D M E M A C	F I I E R	C A R R I E R	R H H I	Shared-System Maintainers				O T H E R
							F	M	V	C	
							I S S	I C S	M S S	W F	
6473.1	VIPs shall make MREP changes per attached crosswalk to incorporate the HIPAA 5010 version for 835 transaction to meet the defined requirements while continuing to support the existing MREP 4010A1 version till December 31, 2011.								X		
6473.2	835v5010 native file and the layout of the MREP remittance shall be based on the updated layout of the professional SPR.								X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I I E R	C A R R I E R	R H H I	Shared-System Maintainers				O T H E R
							F	M	V	C	
		I S S	I C S	M S S	W F						
	None										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Sumita Sen (410) 786 -6755

Post-Implementation Contact(s): Sumita Sen (410) 786-6755

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers*: N/A

Section B: For *Medicare Administrative Contractors (MACs)*: N/A

Attachment

This analysis compares the Remittance Advice (RA) that generates from Medicare Remit Easy Print (MREP) software to the X12 835 format, version 4010A1.

Sources include ACS X12N 835 (004010X091A1) Implementation Guide and Appendix A of the MREP Manual.

In completing this analysis, each field that appears on the MREP RA was tested for maximum size as indicated in the 835 V4010A1 Implementation Guide. Note that while fields may be marked YES that they match the 835 format, data in the maximum size may distort the format of the MREP RA. For example, the MOA03 has a maximum size of 30 characters, however the healthcare usage of this element is to hold an ANSI Remark Code which would not exceed 5 characters. Displaying a 5 character Remark Code fits, but a 30 character data element would push MOA04 so far to the right it would not appear at all. This field was marked "YES" as a match since the usage of the element will fit in the MREP RA format.

There may be differences between the preview of the MREP RA versus the printed MREP RA, due to paper margin constraints. Unless otherwise specified, analysis is for the printed MREP RA.

MREP 5010 and ASX X12 835 version 5010 Crosswalk

X12 Element Attributes-----								Element not on 4010A1 MREP RA	Element on 5010 MREP RA	MREP RA matches 835 format YES/NO	Comments
Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values				
ISA	Interchange Control Header		1	R	-----	1		X		--	
ISA01	Authorization Information Qualifier	ID	2--2	R			00,03	X		--	
ISA02	Authorization Information	AN	10--10	R				X		--	
ISA03	Security Information Qualifier	ID	2--2	R			00,01	X		--	
ISA04	Security Information	AN	10--10	R				X		--	
ISA05	Interchange ID Qualifier	ID	2--2	R			01,14,20,27,28,29,3 0,33,ZZ	X		--	
ISA06	Interchange Sender ID	AN	15--15	R				X		--	
ISA07	Interchange ID Qualifier	ID	2--2	R			01,14,20,27,28,29,3 0,33,ZZ	X		--	
ISA08	Interchange Receiver ID	AN	15--15	R				X		--	
ISA09	Interchange Date	DT	6--6	R			YYMMDD	X		--	
ISA10	Interchange Time	TM	4--4	R			HHMM	X		--	
ISA11	Interchange Control Standards ID	ID	1--1	R			U	X		--	
ISA12	Interchange Control Version Number	ID	5--5	R			00401	X		--	
ISA13	Interchange Control Number	NO	9--9	R			=IEA02	X		--	
ISA14	Acknowledgement Requested	ID	1--1	R			0	X		--	
ISA15	Usage Indicator	ID	1--1	R			P,T	X		--	
ISA16	Component Element Separator		1--1	R				X		--	
GS	Functional Group Header		1	R	-----	1		X		--	
GS01	Functional Identifier Code	ID	2--2	R			HP	X		--	
GS02	Application Sender's Code	AN	2--15	R				X		--	
GS03	Application Receiver's Code	AN	2--15	R				X		--	
GS04	Date	DT	8--8	R			CCYYMMDD	X		--	
GS05	Time	TM	4--8	R			HHMM	X		--	
GS06	Group Control Number	NO	1--9	R			=GE02	X		--	
GS07	Responsible Agency Code	ID	1--2	R			X	X		--	
GS08	Version/Release/Industry Id code	AN	1--12	R			004010X091A1	X		--	
ST	Transaction Set Header		1	R	-----	1					
ST01	Transaction Set Identifier Code	ID	3--3	R			835	X		--	
ST02	Transaction Set Control Number	AN	4--9	R			=SE02	X		--	
BPR	Financial Information		1	R	-----	1					
BPR01	Transaction Handling Code	ID	1--2	R			C,D,H,I,P	X		--	
BPR02	Total Actual Provider Payment Amt S9(8)V99	R	1--18	R					X	YES	Per IG, data cannot exceed 11 digits, including decimal.
BPR03	Credit or Debit Flag Code	ID	1--1	R			C	X		--	
BPR04	Payment Method Code	ID	3--3	R			ACH,CHK,NON	X		--	
BPR05	Payment Format Code	ID	1--10	S			CCP,CTX	X		--	
BPR06	DFI ID # Qualifier	ID	2--2	S			01	X		--	
BPR07	Sender DFI Identifier	AN	3--12	S				X		--	
BPR08	Acct # Qualifier	ID	1--3	S			DA	X		--	
BPR09	Sender Bank Acct #	AN	1--35	S				X		--	
BPR10	Payer Identifier	AN	10--10	S			=TRN03	X		--	
BPR11	Originating Co Supplemental Code	AN	9--9	S			N/A Medicare	X		--	
BPR12	DFI ID # Qualifier	ID	2--2	S			01	X		--	
BPR13	Receiver or Provider Bank ID #	AN	3--12	S				X		--	
BPR14	Acct # Qualifier	ID	1--3	S			DA,SG	X		--	
BPR15	Receiver or Provider Acct #	AN	1--35	S				X		--	
BPR16	Check Issue or EFT Effective Date	DT	8--8	R					X	YES	
BPR17-	Not Used							X		--	
-21	Not Used							X		--	

MREP 5010 and ASX X12 835 version 5010 Crosswalk

X12 Element Attributes-----								Element not on 4010A1 MREP RA	Element on 5010 MREP RA	MREP RA matches 835 format YES/NO	Comments
Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values				
TRN	Reassociation Trace Number		1	R	-----	1					
TRN01	Trace Type Code	ID	1--2	R			1	X		--	
TRN02	Check or EFT Trace #	AN	1--50	R					X	YES	
TRN03	Payer Identifier	AN	10--10	R			=BPR10	X		--	
TRN04	Originating Co Supplemental Code	AN	1--30	S			N/A Medicare	X		--	
CUR	Foreign Currency Information		1	S	-----	1	N/A	X		--	
REF	Reference Identification		1	S	-----	1					
REF01	Receiver ID Qualifier	ID	2--3	R			EV	X		--	
REF02	Receiver Identifier	AN	1--50	R				X		--	
REF03	Description	AN	1-80	N/U				X		--	
REF04	Not Used							X		--	
REF	Version Identification		1	S	-----	1					
REF01	Receiver ID Qualifier	ID	2--3	R			F2	X		--	
REF02	Version ID Code	AN	1--50	R				X		--	
REF03	Description	AN	1-80	N/U				X		--	
REF04	Not Used							X		--	
DTM	Production Date		1	S	-----	1					
DTM01	Date Time Qualifier	ID	3--3	R			405	X		--	
DTM02	Production Date	DT	8--8	R			CCYYMMDD	X		--	
DTM03	Not Used							X		--	
DTM04	Not Used							X		--	
DTM05	Not Used							X		--	
DTM06	Not Used							X		--	
N1	Payer Identification		1	R	1000A	1					
N101	Entity Identifier Code	ID	2--3	R			PR	X		--	
N102	Payer Name	AN	1--60	S					X	YES	
N103	ID Code Qualifier	ID	1--2	S			XV	X		--	
N104	Payer Identifier	AN	2--80	S				X		--	
N105-	Not Used							X		--	
-106								X		--	
N3	Payer Address		1	R	1000A						
N301	Payer Address Line	AN	1--55	R					X	YES	
N302	Payer Address Line	AN	1--55	S					X	YES	
N4	Payer City, State, Zip		1	R	1000A						
N401	Payer City Name	AN	2--30	R					X	YES	
N402	Payer State Code	ID	2--2	R					X	YES	
N403	Payer Postal Zone or ZIP Code	ID	3--15	R					X	YES	
N404-	Country Code	ID	2--3	N/U				X		--	
-406								X		--	
REF	Additional Payer Identification		4	S	1000A						

MREP 5010 and ASX X12 835 version 5010 Crosswalk

X12 Element Attributes-----								Element not on 4010A1 MREP RA	Element on 5010 MREP RA	MREP RA matches 835 format YES/NO	Comments
Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values				
REF01	Reference Identification Qualifier	ID	2--3	R			2U	X		--	
REF02	Additional Payer ID	AN	1--50	R				X			
REF03-	Not Used							X		--	
04								X		--	
PER	Payer Business Contact Information		1	S	1000A						
PER01	Contact Function Code	ID	2--2	R			CX	X		--	
PER02	Payer Contact Name	AN	1--60	S				X	X	YES	
PER03	Communication # Qualifier	ID	2--2	S			EM,FX,TE	X		--	
PER04	Payer Contact Communication #	AN	1--256	S				X	X	YES	
PER05	Communication Number Qualifier 2	ID	2--2	S			EM,EX,FX,TE	X		--	
PER06	Payer Contact Communication #	AN	1--256	S				X	X	YES	
PER07	Communication Number Qualifier 3	ID	2--2	S			EX	X		--	
PER08	Payer Contact Communication #	AN	1--256	S				X	X	YES	
PER09	Contact Inquiry Reference	AN	1-20	N/U							
PER	Payer Technical Contact Information		1	S	1000A						
PER01	Contact Function Code	ID	2--2	R			BL				
PER02	Payer Contact Name	AN	1--60	S					X	YES	
PER03	Communication # Qualifier	ID	2--2	S			EM,TE, UR				
PER04	Payer Contact Communication #	AN	1--256	S					X	YES	
PER05	Communication Number Qualifier 2	ID	2--2	S			EM,EX,FX,TE, UR				
PER06	Payer Contact Communication #	AN	1--256	S					X	YES	
PER07	Communication Number Qualifier 3	ID	2--2	S			EM, EX, FX, UR				
PER08	Payer Contact Communication #	AN	1--256	S					X	YES	
PER09	Contact Inquiry Reference	AN	1-20	N/U							
PER	Payer Web Site		1	S	1000A						
PER01	Contact Function Code	ID	2--2	R			1C				
PER02	Name	AN	1--60	N/U							
PER03	Communication # Qualifier	ID	2--2	R			UR				
PER04	Payer Contact Communication #	AN	1--256	R					X	YES	
PER05	Communication Number Qualifier 2	ID	2--2	N/U							
PER06	Payer Contact Communication #	AN	1--256	N/U							
PER07	Communication Number Qualifier 3	ID	2--2	N/U							
PER08	Payer Contact Communication #	AN	1--256	N/U							
PER09	Contact Inquiry Reference	AN	1-20	N/U							
N1	Payee Identification		1	R	1000B	1					
N101	Entity Identifier Code	ID	2--3	R			PE	X		--	
N102	Payee Name	AN	1--60	S					X	YES	
N103	Identification Code Qualifier	ID	1--2	R			XX, F1, XV	X			
N104	Payee ID Code	AN	2--80	R					X	NO	The NPI # field in the header may display this data truncated to 28 (print) or 30 (preview) characters, which is short of the maximum length of this element (80 per IG) but sufficient to display the full NPI #. However, this data may also be used to populate the Rendering Provider in the claim detail, in which case the data will be truncated to 10 characters for preview and print of the MREP RA.
N105-	Not Used							X		--	
-106								X		--	
N3	Payee Address		1	S	1000B						
N301	Payee Address Line	AN	1--55	R					X	YES	
N302	Payee Address Line	AN	1--55	S					X	YES	

MREP 5010 and ASX X12 835 version 5010 Crosswalk

X12 Element Attributes-----								Element not on 4010A1 MREP RA	Element on 5010 MREP RA	MREP RA matches 835 format YES/NO	Comments
Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values				
N4	Payee City,State,Zip		1	S	1000B						
N401	Payee City Name	AN	2--30	R					X	YES	
N402	Payee State Code	ID	2--2	R					X	YES	
N403	Payee Postal Zone or ZIP Code	ID	3-15	R					X	YES	
N404	Country Code	ID	2--3	S				X		--	
N405-	Not Used							X		--	
-406								X		--	
REF	Payee Additional Identification		>1	S	1000B						
REF01	Reference Identification Qualifier	ID	2--3	R			TJ	X		--	
REF02	Additional Payee ID #	AN	1--50	R					X	NO	The PROVIDER # field in the header may display this data truncated to 28 (print) characters, which is short of the maximum length of this element (30 per IG) but sufficient to display the full provider number. However, this data may also be used to populate the Rendering Provider in the claim detail, in which case the data will be truncated to 10 characters for the preview and print of the MREP RA.
REF03-	Not Used							X		--	
-04								X		--	
RDM	Remittance Delivery Method										Not used at this time
LX	Header Number		1	S	2000	>1					
LX01	Assigned #	NO	1--6	R			1,0	X		--	
TS3	Provider Summary Information		1	S	2000	1					
TS301	Reference Identification	AN	1--30	R			NPI	X		--	
TS302	Facility Code Value	AN	1--2	R			POS Code	X		--	
TS303	Date	DT	8--8	R			CCYYMMDD	X		--	
TS304	Quantity	R	1--15	R				X		--	
TS305	Monetary Amount	R	1--18	R				X		--	
TS306	Not Used							X		--	
-TS324								X		--	
TS2	Provider Supplemental Summary Info		1	S	2000		N/A	X		--	
CLP	Claim Level Data		1	R	2100	>1					
CLP01	Patient Control #	AN	1--38	R					X	NO	
CLP02	Claim Status Code	ID	1--2	R			1,2,3,4,5,10,13,15,16,17,19,20,21,22,23	X		--	
CLP03	Total Claim Charge Amount S9(7)V99	R	1--18	R					X	NO	See comments for 2110.SVC02. Maximum size per IG causes format distortion of the MREP RA.
CLP04	Claim Payment Amount S9(7)V99	R	1--18	R					X	YES	Maximum size per IG causes format distortion of the MREP RA.
CLP05	Patient Responsibility Amount S9(7)V99	R	1--18	S					X	YES	Maximum size per IG causes format distortion of the MREP RA.
CLP06	Claim Filling Indicator Code	ID	1--2	R			MB	X		--	
CLP07	Payer Claim Control #	AN	1--50	S					X	NO	MREP RA will display the first 16 characters, not 30 (per IG).
CLP08	Facility Type Code	AN	1--2	S				X		--	
CLP09	Claim Frequency Code	ID	1--1	S				X		--	
CLP10	Patient Status Code	ID	1--2	N/U				X		--	
CLP11	DRG Code	ID	1--4	S			N/A Carriers	X		--	
CLP12	DRG Weight	R	1--15	S			N/A Carriers	X		--	
CLP13	Discharge Fraction	R	1--10	S			N/A Carriers	X		--	
CAS	Claim Adjustment		99	S	2100						
CAS01	Claim Adjustment Group Code	ID	1--2	R			CO,CR,OA,PR		X	YES	
CAS02	Adjustment Reason Code	ID	1--5	R					X	YES	

MREP 5010 and ASX X12 835 version 5010 Crosswalk

X12 Element Attributes-----								Element not on 4010A1 MREP RA	Element on 5010 MREP RA	MREP RA matches 835 format YES/NO	Comments
Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values				
CAS03	Adjustment Amount S9(7)V99	R	1--18	R					X	YES	Data displays immediately following CAS02, without a space to separate the two fields.
CAS04	Adjustment Quantity 9(7)	R	1--15	S				X		--	
NM1	Patient Name		1	R	2100						
NM101	Entity Identifier Code	ID	2--3	R			QC	X		--	
NM102	Entity Type Qualifier	ID	1--1	R			1	X		--	
NM103	Patient Last Name	AN	1--60	R					X	NO	Although these elements are mapped to MREP RA, the maximum size will not fit. MREP RA allows for a maximum of 22 positions for Patient Last Name, then a comma and space, then Patient First Name.
NM104	Patient First Name	AN	1--35	R					X	NO	Anything beyond the 22nd position will be truncated.
NM105	Patient Middle Name	AN	1--25	S					X	NO	This element is not displayed on MREP RA.
NM106	Name Prefix	AN	1-10	N/U				X		--	
NM107	Patient Name Suffix	AN	1--10	S				X		--	
NM108	ID Code Qualifier	ID	1--2	S			MI	X		--	
NM109	Patient Identifier	AN	2--80	S					X	NO	MREP RA will display a maximum of 12 characters, not 80 (per IG).
NM110-	Not Used							X		--	
-111								X		--	
NM1	Insured's Name		1	S	2100		N/A	X		--	
NM1	Corrected Patient/Insured Name		1	S	2100			X		--	
NM101	Entity Identifier Code	ID	2--3	R			74	X		--	
NM102	Entity Type Qualifier	ID	1--1	R			1	X		--	
NM103	Corrected Patient/Ins Last Name	AN	1--60	S				X	X	NO	Although these elements are mapped to MREP RA, the maximum sizes will not fit. MREP RA allows for a maximum of 22 positions for Patient Last Name, then a comma and space, then Patient First Name.
NM104	Corrected Patient/Ins First Name	AN	1--35	S				X	X	NO	Anything beyond the 22nd position will be truncated.
NM105	Corrected Patient/Ins Middle Name	AN	1--25	S				X	X	NO	This element is not displayed on MREP RA.
NM106	Name Prefix	AN	1-10	N/U				X		--	
NM107	Corrected Patient Name Suffix	AN	1--10	S				X		--	
NM108	Identification Code Qualifier	ID	1--2	S			C	X		--	
NM109	Corrected Ins Identification Indicator	AN	2--80	S				X		--	
NM110-	Not Used							X		--	
-111								X		--	
NM1	Service Provider Name		1	S	2100						
NM101	Entity Identifier Code	ID	2--3	R			82	X		--	
NM102	Entity Type Qualifier	ID	1--1	R			1, 2	X		--	
NM103	Rendering Provider Last/Org Name	AN	1--60	S			N/A Medicare	X		--	
NM104	Rendering Provider First Name	AN	1--35	S			N/A Medicare	X		--	
NM105	Rendering Provider Middle Name	AN	1--25	S			N/A Medicare	X		--	
NM106	Name Prefix	AN	1-10	N/U				X		--	
NM107	Rendering Provider Name Suffix	AN	1--10	S			N/A Medicare	X		--	
NM108	ID Code Qualifier	ID	1--2	R			XX	X		--	
NM109	Rendering Provider Identifier	AN	2--80	R					X	NO	MREP RA will display a maximum of 12 characters, not 80 (per IG).
NM110-	Not Used							X		--	
-111								X		--	
NM1	Crossover Carrier Name		1	S	2100						
NM101	Entity Identifier Code	ID	2--3	R			TT	X		--	
NM102	Entity Type Qualifier	ID	1--1	R			2	X		--	
NM103	COB Carrier Name	AN	1--60	R					X	YES	
NM104	First name	AN	1--35	N/U				X		--	
NM105	Middle name	AN	1-25	N/U				X		--	
NM106	Not Used	AN	1-10	N/U				X		--	

MREP 5010 and ASX X12 835 version 5010 Crosswalk

X12 Element Attributes-----								Element not on 4010A1 MREP RA	Element on 5010 MREP RA	MREP RA matches 835 format YES/NO	Comments
Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values				
NM107	name suffix	AN	1-10	N/U				X		--	
NM108	ID Code Qualifier	ID	1-2	R			PI,XV	X		--	
NM109	COB Carrier Identifier	AN	2--80	R				X	X	Yes	
NM110-	Not Used							X		--	
-111								X		--	
NM1	Corrected Priority Payer Name		2	S	2100						
NM101	Entity Identifier Code	ID	2-3	R			PR	X		--	
NM102	Entity Type Qualifier	ID	1--1	R			2	X		--	
NM103	Corrected Priority Payer Name	AN	1--60	R				X	X	Y	
NM104	First name	AN	1--35	N/U				X		--	
NM105	middle name	AN	1--25	N/U				X		--	
NM106	Not Used							X		--	
NM107	name suffix	AN	1--10	N/U				X		--	
NM108	ID Code Qualifier	ID	1-2	R			PI,XV	X		--	
NM109	Corrected Priority Payer ID	AN	2--80	R				X	X	Y	
NM110-	Not Used							X		--	
-111								X		--	
MIA	Inpatient Adjudication Information		1	S	2100		N/A	X		--	
MOA	Outpatient Adjudication Information		1	S	2100						
MOA01	Reimbursement Rate 9(3)V99	R	1--10	S			N/A Carriers	X		--	
MOA02	Claim HCPCS Payable Amount S9(7)V99	R	1--18	S			N/A Carriers	X		--	
MOA03	Remark Code	AN	1--50	S					X	YES	MREP RA can only display the first 21 characters of the value before running off the page, not 30 (per IG). However, healthcare usage of this field (ANSI Remark Codes) is limited to 5 characters at this time.
MOA04	Remark Code	AN	1--50	S					X	YES	Due to the placement of this field on the MREP RA, the number of positions that will display depends on the length of MOA03 which precedes it. If MOA03 is longer than 6 positions, MOA03 will be shifted to the right until it may be pushed off the page and not displayed at all. However, this is not likely since ANSI Remark Codes are only 5 characters long.
MOA05	Remark Code	AN	1--50	S					X	YES	
MOA06	Remark Code	AN	1--50	S					X	YES	
MOA07	Remark Code	AN	1--50	S					X	YES	
MOA08	Claim ESRD Payment Amount S9(7)V99	R	1--18	S			N/A Carriers	X		--	
MOA09	Nonpayable Professional Comp Amt S9(7)V99	R	1--18	S			N/A Carriers	X		--	
REF	Other Claim-Related Identification		5	S	2100		N/A	X		--	
REF	Rendering Provider Identification ?		10	S	2100		N/A	X		--	
DTM	Claim Payment Date		4	S	2100						
DTM01	Date Time Qualifier	ID	3--3	R			050	X		--	
DTM02	Claim Date	DT	8--8	R			CCYYMMDD	X		--	
DTM03-	Not Used										
-06											
PER	Claim Contact Information		3	S	2100						
PER01	Contact Function Code	ID	2--2	R			CX	X		--	
PER02	Claim Contact Name	AN	1--60	S				X		--	
PER03	Communication # Qualifier	ID	2--2	S			EM,FX,TE	X		--	
PER04	Claim Contact Communication #	AN	1--256	S				X		--	
PER05	Communication # Qualifier	ID	2--2	S			EM,EX,FX,TE	X		--	
PER06	Claim Contact Communication #	AN	1--256	S				X		--	

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X12 Element Attributes-----								Element not on 4010A1 MREP RA	Element on 5010 MREP RA	MREP RA matches 835 format YES/NO	Comments
Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values				
PER07	Communication # Qualifier	ID	2--2	S			EX	X		--	
PER08	Communication # Extension	AN	1--256	S				X		--	
PER09	Not Used							X		--	
AMT	Claim Payment Information		14	S	2100						
AMT01	Amount Qualifier Code	ID	1--3	R			F5,I	X		--	
AMT02	Claim Supplemental Information Amt S9(7)V99	R	1--18	R					X	YES	
AMT03	Not Used							X		--	
QTY	Claim Supplemental Infor Quantity		15	S	2100		N/A	X		--	
SVC	Service Payment Information		1	S	2110	999					
SVC01	Composite Medical Procedure Identifier			R				X		--	
-01-1	Product or Service ID Qualifier	ID	2--2	R			HC,N4	X		--	
-01-2	Procedure Code	AN	1--48	R					X	NO	MREP RA will display the first 5 positions of the value, not 48 (per IG)
-01-3	Procedure Modifier	AN	2--2	S					X	YES	
-01-4	Procedure Modifier	AN	2--2	S					X	YES	
-01-5	Procedure Modifier	AN	2--2	S					X	YES	
-01-6	Procedure Modifier	AN	2--2	S					X	YES	
-01-7	Procedure Code Description	AN	1--80	S			N/A Medicare	X		--	
SVC02	Line Item Charge Amount S9(7)V99	R	1--18	R					X	YES	The individual SVC02s are displayed at the line level for the submitted/billed amount. Additionally, MREP computes the claim level submitted/billed total by adding all SVC02s rather than mapping the CLP03 element data.
SVC03	Line Item Provider Payment S9(7)V99	R	1--18	R					X	YES	
SVC04	NUBC Revenue Code	AN	1--48	S			N/A Carriers	X		--	
SVC05	Units of Service Paid Count S9(7)V999	R	1--15	S					X	YES	MREP RA will display the first 4 positions of the value, not 15 (per IG). We expect this field to be modified with 5010.
SVC06	Composite Medical Procedure Identifier			S				X		--	
-06-1	Product or Service ID Qualifier	ID	2--2	R			HC,N4	X		--	
-06-2	Procedure Code	AN	1--48	R					X	YES	MREP RA will display the first 5 positions of the value, not 48 (per IG).
-06-3	Procedure Modifier	AN	2--2	S					X	NO	Submitted procedure code modifiers are not displayed on MREP RA.
-06-4	Procedure Modifier	AN	2--2	S					X	NO	Submitted procedure code modifiers are not displayed on MREP RA.
-06-5	Procedure Modifier	AN	2--2	S					X	NO	Submitted procedure code modifiers are not displayed on MREP RA.
-06-6	Procedure Modifier	AN	2--2	S					X	NO	Submitted procedure code modifiers are not displayed on MREP RA.
-06-7	Procedure Code Description	AN	1--80	S				X		--	
SVC07	Units of Service Original Count S9(7)V999	R	1--15	S					X	YES	
DTM	Service Date Time Reference		3	S	2110						
DTM01	Date Time Qualifier	ID	3--3	R			150,151,472	X		--	
DTM02	Service Date	DT	8--8	R			CCYYMMDD		X	YES	
DTM03-	Not Used							X		--	
-06								X		--	
CAS	Service Adjustment		99	S	2110						
CAS01	Claim Adjustment Group Code	ID	1--2	R			CO,OA,PR		X	YES	
CAS02	Adjustment Reason Code	ID	1--5	R					X	YES	
CAS03	Adjustment Amount S9(7)V99	R	1--18	R					X	YES	
CAS04	Adjustment Quantity 9(7)	R	1--15	S				X		--	N/U by carriers
CAS05	Adjustment Reason Code	ID	1--5	S					X	YES	
CAS06	Adjustment Amount S9(7)V99	R	1--18	S					X	YES	
CAS07	Adjustment Quantity 9(7)	R	1--15	S				X		--	N/U by carriers
CAS08	Adjustment Reason Code	ID	1--5	S					X	YES	
CAS09	Adjustment Amount S9(7)V99	R	1--18	S					X	YES	
CAS10	Adjustment Quantity 9(7)	R	1--15	S				X		--	N/U by carriers
CAS11	Adjustment Reason Code	ID	1--5	S					X	YES	

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X12 Element Attributes-----								Element not on 4010A1 MREP RA	Element on 5010 MREP RA	MREP RA matches 835 format YES/NO	Comments
Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values				
CAS12	Adjustment Amount S9(7)V99	R	1--18	S					X	YES	
CAS13	Adjustment Quantity 9(7)	R	1--15	S				X		--	N/U by carriers
CAS14	Adjustment Reason Code	ID	1--5	S					X	YES	
CAS15	Adjustment Amount S9(7)V99	R	1--18	S					X	YES	
CAS16	Adjustment Quantity 9(7)	R	1--15	S				X		--	N/U by carriers
CAS17	Adjustment Reason Code	ID	1--5	S					X	YES	
CAS18	Adjustment Amount S9(7)V99	R	1--18	S					X	YES	
CAS19	Adjustment Quantity 9(7)	R	1--15	S				X		--	N/U by carriers
REF	Service Identification		7	S	2110						
REF01	Reference ID Qualifier	ID	2--3	R			LU	X		--	
REF02	Reference Identification	AN	1--50	R					X	YES	Required when the specific site of service affected the payment of the claim.
REF03-	Not Used							X		--	
-04								X		--	
REF	Line Item Control Number		7	S	2110						
REF01	Reference ID Qualifier	ID	2--3	R			6R	X			
REF02	Line Item Control Number	AN	1--50	R				X	X	Yes	
REF03-	Not Used										
-04											
REF	Rendering Provider Information		10	S	2110						
REF01	Reference ID Qualifier	ID	2--3	R			HPI, 1C	X		--	
REF02	Rendering Provider ID	AN	1--50	R					X	YES	
REF03-	Not Used							X		--	
-04								X		--	
REF	HealthCare Policy Identification		5	S	2110						
REF01	Reference ID Qualifier	ID	2--3	R			OK				
REF02	HealthCare Policy ID	AN	1--50	R					X	YES	
REF03-	Not Used										
-04											
AMT	Service Supplemental Amount		12	S	2110						
AMT01	Amount Qualifier Code	ID	1--3	R			B6,KH	X			
AMT02	Service Supplemental Amount S9(8)V99	R	1--18	R					X	YES	
AMT03	Not Used							X		--	
QTY	Service Supplemental Quantity		6	S	2110		N/A	X		--	
LQ	Health Care Remarks Codes		99	S	2110						
LQ01	Code List Qualifier Code	ID	1--3	R			HE	X		--	
LQ02	Remark Code	AN	1--50	R					X	YES	
PLB	Provider Level Adjustment		>1	S	-----	1					
PLB-01	Provider Identifier	AN	1--50	R			NPI	X		--	
PLB02	Fiscal Period Date	DT	8--8	R			CCYYMMDD	X		--	
PLB03	Adjustment Identifier			R				X		--	
-03-1	Adjustment Reason Code	ID	2--2	R			CS,AP,FB,LE,L6,50,SL,WO,B2,IR,72,J1		X	YES	
-03-2	Provider Adjustment Identifier	AN	1--50	S					X	YES	
PLB04	Provider Adjustment Amount S9(7)V99	R	1--18	R					X	YES	
PLB05	Adjustment Identifier			S				X		--	

MREP 5010 and ASX X12 835 version 5010 Crosswalk

X12 Element Attributes-----								Element not on 4010A1 MREP RA	Element on 5010 MREP RA	MREP RA matches 835 format YES/NO	Comments
Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values				
-05-1	Adjustment Reason Code	ID	2--2	R			CS,AP,FB,LE,L6,50,SL,WO,B2,IR,72,J1		X	YES	
-05-2	Provider Adjustment Identifier	AN	1--50	S					X	YES	
PLB06	Provider Adjustment Amount S9(7)V99	R	1--18	S					X	YES	
PLB07	Adjustment Identifier			S				X		--	
-07-1	Adjustment Reason Code	ID	2--2	R			CS,AP,FB,LE,L6,50,SL,WO,B2,IR,72,J1		X	YES	
-07-2	Provider Adjustment Identifier	AN	1--50	S					X	YES	
PLB08	Provider Adjustment Amount S9(7)V99	R	1--18	S					X	YES	
PLB09	Adjustment Identifier			S				X		--	
-09-1	Adjustment Reason Code	ID	2--2	R			CS,AP,FB,LE,L6,50,SL,WO,B2,IR,72,J1		X	YES	
-09-2	Provider Adjustment Identifier	AN	1--50	S					X	YES	
PLB10	Provider Adjustment Amount S9(7)V99	R	1--18	S					X	YES	
PLB11	Adjustment Identifier			S				X		--	
-11-1	Adjustment Reason Code	ID	2--2	R			CS,AP,FB,LE,L6,50,SL,WO,B2,IR,72,J1		X	YES	
-11-2	Provider Adjustment Identifier	AN	1--50	S					X	YES	
PLB12	Provider Adjustment Amount S9(7)V99	R	1--18	S					X	YES	
PLB13	Adjustment Identifier			S				X		--	
-13-1	Adjustment Reason Code	ID	2--2	R			CS,AP,FB,LE,L6,50,SL,WO,B2,IR,72,J1		X	YES	
-13-2	Provider Adjustment Identifier	AN	1--50	S					X	YES	
PLB14	Provider Adjustment Amount S9(7)V99	R	1--18	S					X	YES	
SE	Transition Set Trailer		1	R	---	1					
SE01	Transition Segment Count	N0	1--10	R				X		--	
SE02	Transition Set Control #	AN	4--9	R			=ST02	X		--	
GE	Functional Group Trailer		1	R	---	1					
GE01	# Transaction Sets Included	N0	1-6	R				X		--	
GE02	Group Control #	N0	1-9	R				X		--	
IEA	Interchange Control Trailer		1	R	---	1					
IEA01	# Included Functional Groups	N0	1-5	R				X		--	
IEA02	Interchange Control #	N0	9-9	R				X		--	