

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 538	Date: August 21, 2009
	Change Request 6601

SUBJECT: PC Print Update for ASC X12 835 Version 005010

I. SUMMARY OF CHANGES: This Change Request instructs Fiscal Intermediary Standard System (FISS) to implement Health Insurance Portability and Accountability Act (HIPAA) new standards for remittance advice -transaction 835 for PC Print Software.

NEW / REVISED MATERIAL

EFFECTIVE DATE: *January 1, 2010

IMPLEMENTATION DATE: January 4, 2010

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):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 538	Date: August 21, 2009	Change Request: 6601
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SUBJECT: PC Print Update for ASC X12 835 Version 005010

EFFECTIVE DATE: January 1, 2010

IMPLEMENTATION DATE: January 4, 2010

I. GENERAL INFORMATION

A. Background: The Centers for Medicare and Medicaid Services (CMS) is currently implementing the new standard for Health Insurance Portability and Accountability Act (HIPAA) - ASC X12 835 Version 005010- for use on January 1, 2012. The PC Print software that allows Medicare Part A providers to print the electronic remittance advice in a human readable format, needs to be upgraded to incorporate the ASC X12 835 Version 005010 format changes to enable providers to view and print 835s received in the new 5010 format. CMS will:

- Have PC Print software capable of processing the 5010 835 available to providers on January 1, 2011.
- Maintain one PC Print software able to accommodate 835 in both versions - 4010A1 and 5010.
- Enable providers to test the new software and transition to version 5010 between January 1, 2011 and December 31, 2011.

The changes defined for the 835 version 5010 processing will be used for Part A Claims. PC Print shall be modified to:

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

B. Policy: PC Print software will be updated to enable Medicare Part A providers to view and print 835s received in ASC X12 Version 005010 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									
		A / B M A C	D M E M A C	F I M A C	C A R I E R	R H H I	Shared-System Maintainers				Other
						F I S S	M C S	V M S	C W F		
6601.1	FISS shall make PC Print changes per attached crosswalk to incorporate the HIPAA 5010 version for transaction 835 (Healthcare Claim Payment/Advice) to meet the defined requirements.						X				

Number	Requirement	Responsibility									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				Other
							F I S S	M C S	V M S	C W F	
6601.2	FISS shall continue to support the existing PC Print version until December 31, 2011.						X				
6601.3	FISS shall modify PC Print reports - Provider Summary, Bill Summary, All Claims and Single Claims to support ASC X12 835 Version 005010.						X				

III. PROVIDER EDUCATION TABLE

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

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A
 Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

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

Post-Implementation Contact: 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)*, include the following statement:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENT

This analysis compares PC Print software reports to the X12 835 format, version 4010A1.

Sources include ACS X12N 835 (005010X0221) Implementation Guide and Chapter 9 of the PC Print Manual.

In completing this analysis, each field that appears on the PC Print Reports was reviewed for maximum size as indicated in the 835 V5010 TR3. 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 PC Print Reports. 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 PC Print Reports format.

There may be differences between the preview of the PC Print All Claims Report versus the printed PC Print All Claims Report, due to paper margin constraints. Unless otherwise specified, analysis is for the printed PC Print All Claims Report.

All dollar amount fields in the 835 5010 FISS Flat File: The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.

ASC X12 5010 835 005010X221 Cross Walk to FISS PC Print All Claim Report

X12 Element Attributes-----								Element not on 4010A1 PC Print All Claims Report	Element on 5010 PC Print All Claims Report	PC Print All Claims Report matches 835 format YES/NO	Comments
5010 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, 30, 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, 30, 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				X		--	
ISA12	Interchange Control Version Number	ID	5--5	R			00501	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	ID	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			005010X221	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, U, X	X		--	
BPR02	Total Actual Provider Payment Amt S9(8)V99	R	1--18	R				X		No	Will be on the Provider Summary Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 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				X		--	
BPR11	Originating Co Supplemental Code	AN	9--9	S			=TRN04	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		--	

ASC X12 5010 835 005010X221 Cross Walk to FISS PC Print All Claim Report

X12 Element Attributes-----								Element not on 4010A1 PC Print All Claims Report	Element on 5010 PC Print All Claims Report	PC Print All Claims Report matches 835 format YES/NO	Comments
5010 Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values				
BPR16	Check Issue or EFT Effective Date	DT	8--8	R					X	No	All Claims Report the Paid Date field is populated. Provider Summary, Bill Summary and Single Claims Reports. FISS reformats from CCYYMMDD to be MM/DD/CCYY.
BPR17-	Not Used							X		--	
-21	Not Used							X		--	
TRN	Reassociation Trace Number		1	R	-----	1					
TRN01	Trace Type Code	ID	1--2	R			1	X		--	
TRN02	Check or EFT Trace #	AN	1--30	R				X		No	Will be on the Provider Summary Report. FISS limits this field size to what FISS has as the check/eft number, 10 positions.
TRN03	Payer Identifier	AN	10--10	R				X		--	
TRN04	Originating Co Supplemental Code	AN	1--30	S			=BPR11	X		--	
CUR	Foreign Currency Information		1	S	-----	1	N/A	X		--	Segment Not Used.
REF	Reference Identification		1	S	-----	1				--	Segment Not Used.
REF01	Receiver ID Qualifier	ID	2--3	R			EV	X		--	
REF02	Receiver Identifier	AN	1--30	R				X		--	
REF03	Description	AN	1-80	N/U				X		--	
REF04	Not Used							X		--	
REF	Version Identification		1	S	-----	1				--	Segment Not Used.
REF01	Receiver ID Qualifier	ID	2--3	R			F2	X		--	
REF02	Version ID Code	AN	1--30	R				X		--	
REF03	Description	AN	1-80	N/U				X		--	
REF04	Not Used							X		--	
DTM	Production Date		1	S	-----	1				--	Segment Not Used.
DTM01	Date Time Qualifier	ID	3--3	R			405	X		--	
DTM02	Production Date	DT	8--8	R			CCYYMMDD	X		--	
DTM03	Not Used							X		--	
DMT04	Not Used							X		--	
DMT05	Not Used							X		--	
DMT06	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	No	All Claims, Provider Summary, Bill Summary and Single Claims Reports. Maximun length in FISS is 35 positions.
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		No	Will be on the Provider Summary, Bill Summary and Single Claims Reports. Maximun length in FISS is 35 postions.
N302	Payer Address Line	AN	1--55	S				X		--	
N4	Payer City, State, Zip		1	R	1000A						
N401	Payer City Name	AN	2--30	R				X		No	Will be on the Provider Summary, Bill Summary and Single Claims Reports. Maximun length in FISS is 24 postions.
N402	Payer State Code	ID	2--2	R				X		Yes	Will be on the Provider Summary, Bill Summary and Single Claims Reports

ASC X12 5010 835 005010X221 Cross Walk to FISS PC Print All Claim Report

X12 Element Attributes-----								Element not on 4010A1 PC Print All Claims Report	Element on 5010 PC Print All Claims Report	PC Print All Claims Report matches 835 format YES/NO	Comments
5010 Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values				
N403	Payer Postal Zone or ZIP Code	ID	3--15	R				X		No	Will be on the Provider Summary, Bill Summary and Single Claims Reports. Maximun length in FISS is 9 postions.
N404-	Country Code	ID	2--3	N/U				X		--	
-406								X		--	
REF	Additional Payer Identification		4	S	1000A						Segment Not Used.
REF01	Reference Identification Qualifier	ID	2--3	R			2U	X		--	
REF02	Additional Payer ID	AN	1--30	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		--	Will be on the Provider Summary Report.
PER03	Communication # Qualifier	ID	2--2	S			EM,FX,TE	X		--	
PER04	Payer Contact Communication #	AN	1--80	S				X		--	Will be on the Provider Summary Report.
PER05	Communication Number Qualifier 2	ID	2--2	S			EM,EX,FX,TE	X		--	
PER06	Payer Contact Communication #	AN	1--80	S				X		--	Will be on the Provider Summary Report.
PER07	Communication Number Qualifier 3	ID	2--2	S			EX	X		--	
PER08	Payer Contact Communication #	AN	1--80	S				X		--	Will be on the Provider Summary Report.
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	X		--	
PER02	Payer Contact Name	AN	1--60	S				X		--	Will be on the Provider Summary Report.
PER03	Communication # Qualifier	ID	2--2	S			EM,TE, UR	X		--	
PER04	Payer Contact Communication #	AN	1--80	S				X		--	Will be on the Provider Summary Report.
PER05	Communication Number Qualifier 2	ID	2--2	S			EM,EX,FX,TE, UR	X		--	
PER06	Payer Contact Communication #	AN	1--80	S				X		--	Will be on the Provider Summary Report.
PER07	Communication Number Qualifier 3	ID	2--2	S			EM, EX, FX, UR	X		--	
PER08	Payer Contact Communication #	AN	1--80	S				X		--	Will be on the Provider Summary Report.
PER09	Contact Inquiry Reference	AN	1-20	N/U							
PER	Payer Web Site		1	S	1000A						
PER01	Contact Function Code	ID	2--2	R			IC	X		--	
PER02	Name	AN	1--60	N/U				X		--	
PER03	Communication # Qualifier	ID	2--2	R			UR	X		--	
PER04	Payer Contact Communication #	AN	1--80	R				X		--	Will be on the Provider Summary Report.
PER05	Communication Number Qualifier 2	ID	2--2	N/U				X		--	
PER06	Payer Contact Communication #	AN	1--80	N/U				X		--	
PER07	Communication Number Qualifier 3	ID	2--2	N/U				X		--	
PER08	Payer Contact Communication #	AN	1--80	N/U				X		--	
PER09	Contact Inquiry Reference	AN	1-20	N/U				X		--	
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	No	All Claims Report the Prov Name field is populated. Provider Summary Report, Bill Summary Report and Single Claims Report. FISS limit is 35 positions.
N103	Identification Code Qualifier	ID	1--2	R			XX, F1, XV	X		--	
N104	Payee ID Code	AN	2--80	R					X	No	All Claims Report the Provider Number field is populated. Provider Summary, Bill Summary and Single Claims Report when N103 = XX the NPI field is populated.
N105-	Not Used							X		--	

ASC X12 5010 835 005010X221 Cross Walk to FISS PC Print All Claim Report

X12 Element Attributes-----								Element not on 4010A1 PC Print All Claims Report	Element on 5010 PC Print All Claims Report	PC Print All Claims Report matches 835 format YES/NO	Comments
5010 Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values				
-106								X		--	
N3	Payee Address		1	S	1000B						
N301	Payee Address Line	AN	1--55	R				X		No	Will be on the Provider Summary, Bill Summary and Single Claims reports. FISS limit is 35 positions.
N302	Payee Address Line	AN	1--55	S				X		--	
N4	Payee City,State,Zip		1	S	1000B						
N401	Payee City Name	AN	2--30	R				X		No	Will be on the Provider Summary, Bill Summary and Single Claims reports. FISS limit is 24 positions.
N402	Payee State Code	ID	2--2	R				X		Yes	
N403	Payee Postal Zone or ZIP Code	ID	3-15	R				X		No	Will be on the Provider Summary, Bill Summary and Single Claims reports. FISS limit is 9 positions.
N404	Country Code	ID	2--3	S				X		--	
N405-	Not Used							X		--	
-406								X		--	
REF	Payee Additional Identification		>1	S	1000B						Segment Not Used.
REF01	Reference Identification Qualifier	ID	2--3	R			TJ	X		--	
REF02	Additional Payee ID #	AN	1--30	R				X		--	
REF03-	Not Used							X		--	
04								X		--	
-											
RDM	Remittance Delivery Method										Segment Not Used.
LX	Header Number		1	S	2000	>1					Segment Not Used.
LX01	Assigned #	NO	1--6	R				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				X		--	
TS303	Date	DT	8--8	R			CCYYMMDD		X	No	All Claim Report - Fiscal Year End. Bill Summary and Single Claim Reports. FISS reformats from CCYYMMDD to be MM/DD/CCYY.
TS304	Quantity	R	1--15	R				X		--	
TS305	Monetary Amount	R	1--18	R				X		--	Will be on the Bill Summary Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
TS306	Not Used							X		--	
-TS312	Not Used							X		--	
TS313	Total MSP Payer Amount	R	1-18	S				X		--	Will be on the Bill Summary Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
TS314	Not Used							X		--	
TS315	Total Non Lab Charge Amount	R	1-18	S				X		--	
TS316	Not Used							X		--	
TS317	Total HCPCS Reported Charge Amount	R	1-18	S				X		--	
TS318	Total HCPCS Payable Amount	R	1-18	S				X		--	Will be on the Bill Summary Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
TS319	Not Used							X		--	
TS320	Total Professional Component Amount	R	1-18	S				X		--	Will be on the Bill Summary Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
TS321	Total MSP Patient Liability Met Amount	R	1-18	S				X		--	Will be on the Bill Summary Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
TS322	Total Patient Reimbursement Amount	R	1-18	S				X		--	
TS323	Total PIP Claim Count	R	1-15	S				X		--	
TS324	Total PIP Adjustment Amount	R	1-18	S				X		--	

ASC X12 5010 835 005010X221 Cross Walk to FISS PC Print All Claim Report

X12 Element Attributes-----								Element not on 4010A1 PC Print All Claims Report	Element on 5010 PC Print All Claims Report	PC Print All Claims Report matches 835 format YES/NO	Comments
5010 Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values				
TS2	Provider Supplemental Summary Info		1	S		2000	N/A	X		--	
TS201	Total DRG Amount	R	1-18	S							Will be on the Bill Summary Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
TS202	Total Federal Specific Amount	R	1-18	S							Will be on the Bill Summary Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
TS203	Total Hospital Specific Amount	R	1-18	S							Will be on the Bill Summary Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
TS204	Total Disproportionate Share Amount	R	1-18	S							Will be on the Bill Summary Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
TS205	Total Capital Amount	R	1-18	S							Will be on the Bill Summary Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
TS206	Total Indirect Medical Education Amount	R	1-18	S							Will be on the Bill Summary Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
TS207	Total Outlier Day Count	R	1-15	S							
TS208	Total Day Outlier Amount	R	1-18	S							Will be on the Bill Summary Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
TS209	Total Cost Outlier Amount	R	1-18	S							Will be on the Bill Summary Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
TS210	Average DRG Lenth of Stay	R	1-15	S							
TS211	Total Discharge Count	R	1-15	S							
TS212	Total Cost Report Day Count	R	1-15	S							Will be on the Bill Summary Report.
TS213	Total Covered Day Count	R	1-15	S							Will be on the Bill Summary Report.
TS214	Total Non Covered Day Count	R	1-15	S							Will be on the Bill Summary Report.
TS215	Total MSP Pass Through Amount	R	1-18	S							
TS216	Average DRG Weight	R	1-15	S							
TS217	Total PPS Capital FSP DRG Amount	R	1-18	S							
TS218	Total PPS Capital HSP DRG Amount	R	1-18	S							
TS219	Total PPS DSH DRG Amount	R	1-18	S							
CLP	Claim Level Data		1	R		2100	>1				
CLP01	Patient Control #	AN	1--38	R					X	No	All Claims Report - Patient CNTRL Number. Patient Control is 20 positions in FISS.
CLP02	Claim Status Code	ID	1--2	R			1, 2, 3, 4, 5, 19, 20, 21, 22, 23, 25	X	X	Yes	All Claims Report - CLM Status field
CLP03	Total Claim Charge Amount S9(8)V99	R	1--18	R					X	No	All Claims Report - REPTD CHGS field. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
CLP04	Claim Payment Amount S9(8)V99	R	1--18	R					X	No	All Claims Report - NET REIMB field. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
CLP05	Patient Responsibility Amount S9(8)V99	R	1--18	S				X		--	
CLP06	Claim Filling Indicator Code	ID	1--2	R			MA	X		--	
CLP07	Payer Claim Control #	AN	1--30	S					X	No	All Claims Report - ICN Number field, it is limited to the size with in FISS up to 24 positions.
CLP08	Facility Type Code	AN	1--2	S					X	Yes	All Claims Report - TOB=XXX Field, first 2 positions of TOB. Single Claim and Bill Summary Reports.
CLP09	Claim Frequency Code	ID	1--1	S					X	Yes	All Claims Report - TOB=XXX Field, third position of TOB
CLP10	Patient Status Code	ID	1-2	N/U							
CLP11	DRG Code	ID	1--4	S					X	Yes	All Claims Report - DRG NBR field
CLP12	DRG Weight	R	1--15	S				X		--	
CLP13	Discharge Fraction	R	1--10	S				X		--	
CAS	Claim Adjustment		99	S		2100					
CAS01	Claim Adjustment Group Code	ID	1--2	R			CO, OA, PR	X		--	

ASC X12 5010 835 005010X221 Cross Walk to FISS PC Print All Claim Report

X12 Element Attributes-----								Element not on 4010A1 PC Print All Claims Report	Element on 5010 PC Print All Claims Report	PC Print All Claims Report matches 835 format YES/NO	Comments
5010 Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values				
CAS02	Adjustment Reason Code	ID	1--5	R				X		--	
											All Claims Report: When CAS02 = 1, 2, 23, 45, 66, 70, 89, 94, 97, 118 or 122 the NCVD/Denied field is populated. When CAS02 = 1 or 66 the Deductibles field is populated. When CAS02 = 23 the MSP PRI PAY field is populated. When CAS02 = A0 the PAT REFUND field is populated. When CAS02 = 45, 94, or 97 the CLAIM ADJ field is populated. When CAS02 = 2 or 122 the COINS AMT field is populated. When CAS02 = 89 the PROF COMP field is populated. When CAS02 = 118 the ESRD AMT field is populated. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
CAS03	Adjustment Amount S9(8)V99	R	1--18	R					X	No	
CAS04	Adjustment Quantity 9(7)	R	1--15	S				X		--	
CAS05	Adjustment Reason Code	ID	1--5	R				X		--	
											All Claims Report: When CAS02 = 1, 2, 23, 45, 66, 70, 89, 94, 97, 118 or 122 the NCVD/Denied field is populated. When CAS02 = 1 or 66 the Deductibles field is populated. When CAS02 = 23 the MSP PRI PAY field is populated. When CAS02 = A0 the PAT REFUND field is populated. When CAS02 = 45, 94, or 97 the CLAIM ADJ field is populated. When CAS02 = 2 or 122 the COINS AMT field is populated. When CAS02 = 89 the PROF COMP field is populated. When CAS02 = 118 the ESRD AMT field is populated. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
CAS06	Adjustment Amount S9(8)V99	R	1--18	R					X	No	
CAS07	Adjustment Quantity 9(7)	R	1--15	S				X		--	
CAS08	Adjustment Reason Code	ID	1--5	R				X		--	
											All Claims Report: When CAS02 = 1, 2, 23, 45, 66, 70, 89, 94, 97, 118 or 122 the NCVD/Denied field is populated. When CAS02 = 1 or 66 the Deductibles field is populated. When CAS02 = 23 the MSP PRI PAY field is populated. When CAS02 = A0 the PAT REFUND field is populated. When CAS02 = 45, 94, or 97 the CLAIM ADJ field is populated. When CAS02 = 2 or 122 the COINS AMT field is populated. When CAS02 = 89 the PROF COMP field is populated. When CAS02 = 118 the ESRD AMT field is populated. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
CAS09	Adjustment Amount S9(8)V99	R	1--18	R					X	No	
CAS10	Adjustment Quantity 9(7)	R	1--15	S				X		--	
CAS11	Adjustment Reason Code	ID	1--5	R				X		--	
											All Claims Report: When CAS02 = 1, 2, 23, 45, 66, 70, 89, 94, 97, 118 or 122 the NCVD/Denied field is populated. When CAS02 = 1 or 66 the Deductibles field is populated. When CAS02 = 23 the MSP PRI PAY field is populated. When CAS02 = A0 the PAT REFUND field is populated. When CAS02 = 45, 94, or 97 the CLAIM ADJ field is populated. When CAS02 = 2 or 122 the COINS AMT field is populated. When CAS02 = 89 the PROF COMP field is populated. When CAS02 = 118 the ESRD AMT field is populated. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
CAS12	Adjustment Amount S9(8)V99	R	1--18	R					X	No	
CAS13	Adjustment Quantity 9(7)	R	1--15	S				X		--	
CAS14	Adjustment Reason Code	ID	1--5	R				X		--	
											All Claims Report: When CAS02 = 1, 2, 23, 45, 66, 70, 89, 94, 97, 118 or 122 the NCVD/Denied field is populated. When CAS02 = 1 or 66 the Deductibles field is populated. When CAS02 = 23 the MSP PRI PAY field is populated. When CAS02 = A0 the PAT REFUND field is populated. When CAS02 = 45, 94, or 97 the CLAIM ADJ field is populated. When CAS02 = 2 or 122 the COINS AMT field is populated. When CAS02 = 89 the PROF COMP field is populated. When CAS02 = 118 the ESRD AMT field is populated. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
CAS15	Adjustment Amount S9(8)V99	R	1--18	R					X	No	

ASC X12 5010 835 005010X221 Cross Walk to FISS PC Print All Claim Report

X12 Element Attributes-----								Element not on 4010A1 PC Print All Claims Report	Element on 5010 PC Print All Claims Report	PC Print All Claims Report matches 835 format YES/NO	Comments
5010 Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values				
CAS16	Adjustment Quantity 9(7)	R	1--15	S				X		--	
CAS17	Adjustment Reason Code	ID	1--5	R				X		--	
CAS18	Adjustment Amount S9(8)V99	R	1--18	R					X	No	All Claims Report: When CAS02 = 1, 2, 23, 45, 66, 70, 89, 94, 97, 118 or 122 the NCVD/Denied field is populated. When CAS02 = 1 or 66 the Deductibles field is populated. When CAS02 = 23 the MSP PRI PAY field is populated. When CAS02 = A0 the PAT REFUND field is populated. When CAS02 = 45, 94, or 97 the CLAIM ADJ field is populated. When CAS02 = 2 or 122 the COINS AMT field is populated. When CAS02 = 89 the PROF COMP field is populated. When CAS02 = 118 the ESRD AMT field is populated. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
CAS19	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--35	R					X	No	All Claims Report Patient Name field is populated. This is 15 positions in FISS. Single Claims Report.
NM104	Patient First Name	AN	1--25	R					X	No	All Claims Report Patient Name field is populated with only the initial of the first name. Single Claims Report. This is 10 positions in FISS.
NM105	Patient Middle Name	AN	1--25	S				X		--	
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	All Claims Report the HIC Number field is populated. Single Claims Report. This field is 19 in FISS.
NM110-	Not Used							X		--	
-111								X		--	
NM1	Insured's Name		1	S	2100		N/A	X		--	Segment Not Used.
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--35	S				X		--	
NM104	Corrected Patient/Ins First Name	AN	1--25	S				X		--	
NM105	Corrected Patient/Ins Middle Name	AN	1--25	S				X		--	
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	X	No	All Claims Report: When NM108 = C, HIC CHG = X field will be populated. This is 19 positions in FISS.
NM110-	Not Used							X		--	
-111								X		--	
NM1	Service Provider Name		1	S	2100						Segment Not Used.
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	1-35	S			N/A Medicare	X		--	
NM104	Rendering Provider First Name	AN	1--25	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		--	

ASC X12 5010 835 005010X221 Cross Walk to FISS PC Print All Claim Report

X12 Element Attributes-----								Element not on 4010A1 PC Print All Claims Report	Element on 5010 PC Print All Claims Report	PC Print All Claims Report matches 835 format YES/NO	Comments
5010 Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values				
NM109	Rendering Provider Identifier	AN	2--80	R						--	
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--35	R				X		--	Will be on the Single Claim Report.
NM104	First name	AN	1-25	N/U				X		--	
NM105	Middle name	AN	1-25	N/U				X		--	
NM106	Not Used	AN	1-10	N/U				X		--	
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		--	Will be on the Single Claim Report.
NM110-	Not Used							X		--	
-111								X		--	
NM1	Corrected Priority Payer Name		2	S		2100					Segment Not Used.
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--35	R				X		--	
NM104	First name	AN	1--25	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		--	
NM110-	Not Used							X		--	
-111								X		--	
NM1	Other Subscriber Name		2	S		2100					Segment Not Used.
MIA	Inpatient Adjudication Information		1	S		2100	N/A	X		--	
MIA01	Covered Days or Visits Count	R	1/15	R					X	No	All Claims Report the COVDV field is populated and is the size that FISS allows, 3-4 positions.
MIA02	PPS Operating Outlier Amount	R	1/18	S				X		--	
MIA03	Lifetime Psychiatric Days Count	R	1/15	S				X		--	
MIA04	Claim DRG Amount	R	1/18	S					X	No	All Claims Report the DRG AMT field is populated. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
MIA05	Claim Payment Remark Code	AN	1/50	S					X	No	Will be on the Single Claim Report. Size is limited to the code set length.
MIA06	Claim Disproportionate Share Amount	R	1/18	S					X	No	All Claims Report the DRG O-C field is populated. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
MIA07	Claim MSP Passthrough Amount	R	1/18	S				X		--	
MIA08	Claim PPS Capital Amount	R	1/18	S					X	No	All Claims Report the DRG O-C field is populated. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
MIA09	PPS Capital FSP DRG Amount	R	1/18	S				X		--	
MIA10	PPS Capital HSP DRG Amount	R	1/18	S				X		--	
MIA11	PPS Capital DSH DRG Amount	R	1/18	S				X		--	
MIA12	Old Capital Amount	R	1/18	S				X		--	
MIA13	PPS Capital IME Amount	R	1/18	S				X		--	
MIA14	PPS Operating Hospital Specific DRG Amount	R	1/18	S				X		--	

ASC X12 5010 835 005010X221 Cross Walk to FISS PC Print All Claim Report

X12 Element Attributes-----								Element not on 4010A1 PC Print All Claims Report	Element on 5010 PC Print All Claims Report	PC Print All Claims Report matches 835 format YES/NO	Comments
5010 Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values				
MIA15	Cost Report Day Count	R	1/15	S					X	No	All Claims Report the Cost field is populated and is the size that FISS allows, 4 positions.
MIA16	PPS Operating Federal Specific DRG Amount	R	1/18	S				X		--	
MIA17	Claim PPS Capital Outlier Amount	R	1/18	S				X		--	
MIA18	Claim Indirect Teaching Amount	R	1/18	S					X	No	All Claims Report the DRG O-C field is populated. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
MIA19	Nonpayable Professional Component Amount	R	1/18	S				X		--	
MIA20	Claim Payment Remark Code	AN	1/50	S				X		No	Will be on the Single Claim Report. Size is limited to the code set length.
MIA21	Claim Payment Remark Code	AN	1/50	S				X		No	Will be on the Single Claim Report. Size is limited to the code set length.
MIA22	Claim Payment Remark Code	AN	1/50	S				X		No	Will be on the Single Claim Report. Size is limited to the code set length.
MIA23	Claim Payment Remark Code	AN	1/50	S				X		No	Will be on the Single Claim Report. Size is limited to the code set length.
MIA24	PPS Capital Exception Amount	R	1/18	S				X		--	
MOA	Outpatient Adjudication Information		1	S	2100						
MOA01	Reimbursement Rate 9(6)V9999	R	1--10	S					X	Yes	All Claims Report the REIMB RATE field is populated.
MOA02	Claim HCPCS Payable Amount S9(8)V99	R	1--18	S					X	No	All Claims Report the PROC CD AMT field is populated. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
MOA03	Remark Code	AN	1--30	S				X		No	Will be on the Single Claim Report. Size is limited to the code set length.
MOA04	Remark Code	AN	1--30	S				X		No	Will be on the Single Claim Report. Size is limited to the code set length.
MOA05	Remark Code	AN	1--30	S				X		No	Will be on the Single Claim Report. Size is limited to the code set length.
MOA06	Remark Code	AN	1--30	S				X		No	Will be on the Single Claim Report. Size is limited to the code set length.
MOA07	Remark Code	AN	1--30	S				X		No	Will be on the Single Claim Report. Size is limited to the code set length.
MOA08	Claim ESRD Payment Amount S9(8)V99	R	1--18	S				X		--	Will be on the Single Claim Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
MOA09	Nonpayable Professional Comp Amt S9(8)V99	R	1--18	S				X		--	
REF	Other Claim-Related Identification		5	S	2100				X		
REF01	Reference Identification Qualifier	ID	2-3	R				X		--	
REF02	Other Claim Related Identifier	AN	1-50	R					X	No	All Claims Report When REF01 = EA, the medical record number field is populated. Single Claims Report. This is 17 positions in FISS.
REF03	Not Used									--	
REF04	Not Used									--	
REF	Rendering Provider Identification		10	S	2100		N/A		X		Segment Not Used.
DTM	Statement From or To Date		2	S	2100						
DTM01	Date Time Qualifier	ID	3-3	R							
DTM02	Claim Date	DT	8-8	R					X	No	All Claims Report: When DTM01 = 232, the FRM DT field is populated, when DTM01 = 233, the Thr DT field is populated. The fields are limited to 6 positions (MMDDYY) for a date. Will be on the Single Claims Report.
DTM03	Not Used										
DTM04	Not Used										
DTM05	Not Used										

ASC X12 5010 835 005010X221 Cross Walk to FISS PC Print All Claim Report

X12 Element Attributes-----								Element not on 4010A1 PC Print All Claims Report	Element on 5010 PC Print All Claims Report	PC Print All Claims Report matches 835 format YES/NO	Comments
5010 Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values				
DTM06	Not Used										
DTM	Coverage Expiration Date					2100					Segment Not Used.
DTM01	Date Time Qualifier	ID	3-3	R				X		--	
DTM02	Date	DT	8-8	R				X		--	
DTM03	Not Used									--	
DTM04	Not Used									--	
DTM05	Not Used									--	
DTM06	Not Used									--	
DTM	Claim Received Date		4	S		2100					Segment Not Used.
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					Segment Not Used
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--80	S				X		--	
PER05	Communication # Qualifier	ID	2--2	S			EM,EX,FX,TE	X		--	
PER06	Claim Contact Communication #	AN	1--80	S				X		--	
PER07	Communication # Qualifier	ID	2--2	S			EX	X		--	
PER08	Communication # Extension	AN	1--80	S				X		--	
PER09	Not Used							X		--	
AMT	Claim Payment Information		14	S		2100					
AMT01	Amount Qualifier Code	ID	1--3	R			AU, DY, I, ZL, ZM	X		--	
AMT02	Claim Supplemental Information Amt S9(8)V99	R	1--18	R					X	No	All Claims Report: When AMT01 = AU, the Covered Charges field is populated. When AMT01 = DY, the Per Diem Field is populated. When AMT01 = I, the Interest field is populated. When AMT01 = ZL, the New Tech field is populated. When AMT01 = ZM, the Outlier Amount field is populated. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
AMT03	Not Used							X		--	
QTY	Claim Supplemental Infor Quantity		15	S		2100		X		--	
QTY01	Quantity Qualifier	ID	2/2	R			CA				
QTY02	Claim Supplemental Information Quantity	R	1/15	R					X	No	All Claims Report: When QTY01 = CA, the Covered Visits field is populated. When QTY01 = NE, the NCVDV field is populated. FISS field size is 3-4 positions.
QTY03	Not Used										
QTY04	Not Used										
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, HP, N4, NU	X			
-01-2	Procedure Code	AN	1--48	R				X			Will be on the Single Claim Report.
-01-3	Procedure Modifier	AN	2--2	S				X			Will be on the Single Claim Report.
-01-4	Procedure Modifier	AN	2--2	S				X			Will be on the Single Claim Report.
-01-5	Procedure Modifier	AN	2--2	S				X			Will be on the Single Claim Report.
-01-6	Procedure Modifier	AN	2--2	S				X			Will be on the Single Claim Report.
-01-7/8	Procedure Code Description	AN	1--80	N/U				X			

ASC X12 5010 835 005010X221 Cross Walk to FISS PC Print All Claim Report

X12 Element Attributes-----								Element not on 4010A1 PC Print All Claims Report	Element on 5010 PC Print All Claims Report	PC Print All Claims Report matches 835 format YES/NO	Comments
5010 Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values				
SVC02	Line Item Charge Amount S9(8)V99	R	1--18	R				X			Will be on the Single Claim Report.
SVC03	Line Item Provider Payment S9(8)V99	R	1--18	R				X			Will be on the Single Claim Report.
SVC04	NUBC Revenue Code	AN	1--48	S				X			Will be on the Single Claim Report.
SVC05	Units of Service Paid Count S9(7)V999	R	1--15	S				X			Will be on the Single Claim Report.
SVC06	Composite Medical Procedure Identifier			S				X			
-06-1	Product or Service ID Qualifier	ID	2--2	R			HC, HP, N4, NU	X			Will be on the Single Claim Report.
-06-2	Procedure Code	AN	1--48	R				X			Will be on the Single Claim Report.
-06-3	Procedure Modifier	AN	2--2	S				X			Will be on the Single Claim Report.
-06-4	Procedure Modifier	AN	2--2	S				X			Will be on the Single Claim Report.
-06-5	Procedure Modifier	AN	2--2	S				X			Will be on the Single Claim Report.
-06-6	Procedure Modifier	AN	2--2	S				X			Will be on the Single Claim Report.
-06-7	Procedure Code Description	AN	1--80	S				X			Will be on the Single Claim Report.
SVC07	Units of Service Original Count S9(7)V999	R	1--15	S				X			Will be on the Single Claim Report.
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			Will be on the Single Claim Report.
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			Will be on the Single Claim Report.
CAS02	Adjustment Reason Code	ID	1--5	R							Will be on the Single Claim Report.
CAS03	Adjustment Amount S9(8)V99	R	1--18	R					X		All Claims Report: When CAS02 = 1, 2, 23, 45, 66, 70, 89, 94, 97, 118 or 122 the NCVD/Denied field is populated. When CAS02 = 1 or 66 the Deductibles field is populated. When CAS02 = 23 the MSP PRI PAY field is populated. When CAS02 = A0 the PAT REFUND field is populated. When CAS02 = 45, 94, or 97 the CLAIM ADJ field is populated. When CAS02 = 2 or 122 the COINS AMT field is populated. When CAS02 = 89 the PROF COMP field is populated. When CAS02 = 118 the ESRD AMT field is populated. Single Claim Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
CAS04	Adjustment Quantity 9(7)	R	1--15	S				X			Will be on the Single Claim Report.
CAS05	Adjustment Reason Code	ID	1--5	S							Will be on the Single Claim Report.
CAS06	Adjustment Amount S9(8)V99	R	1--18	S					X		All Claims Report: When CAS02 = 1, 2, 23, 45, 66, 70, 89, 94, 97, 118 or 122 the NCVD/Denied field is populated. When CAS02 = 1 or 66 the Deductibles field is populated. When CAS02 = 23 the MSP PRI PAY field is populated. When CAS02 = A0 the PAT REFUND field is populated. When CAS02 = 45, 94, or 97 the CLAIM ADJ field is populated. When CAS02 = 2 or 122 the COINS AMT field is populated. When CAS02 = 89 the PROF COMP field is populated. When CAS02 = 118 the ESRD AMT field is populated. Single Claim Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
CAS07	Adjustment Quantity 9(7)	R	1--15	S				X			Will be on the Single Claim Report.
CAS08	Adjustment Reason Code	ID	1--5	S							Will be on the Single Claim Report.

ASC X12 5010 835 005010X221 Cross Walk to FISS PC Print All Claim Report

X12 Element Attributes-----								Element not on 4010A1 PC Print All Claims Report	Element on 5010 PC Print All Claims Report	PC Print All Claims Report matches 835 format YES/NO	Comments
5010 Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values				
CAS09	Adjustment Amount S9(7)V99	R	1--18	S					X		All Claims Report: When CAS02 = 1, 2, 23, 45, 66, 70, 89, 94, 97, 118 or 122 the NCVD/Denied field is populated. When CAS02 = 1 or 66 the Deductibles field is populated. When CAS02 = 23 the MSP PRI PAY field is populated. When CAS02 = A0 the PAT REFUND field is populated. When CAS02 = 45, 94, or 97 the CLAIM ADJ field is populated. When CAS02 = 2 or 122 the COINS AMT field is populated. When CAS02 = 89 the PROF COMP field is populated. When CAS02 = 118 the ESRD AMT field is populated. Single Claim Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
CAS10	Adjustment Quantity 9(7)	R	1--15	S				X			Will be on the Single Claim Report.
CAS11	Adjustment Reason Code	ID	1--5	S							Will be on the Single Claim Report.
CAS12	Adjustment Amount S9(8)V99	R	1--18	S					X		All Claims Report: When CAS02 = 1, 2, 23, 45, 66, 70, 89, 94, 97, 118 or 122 the NCVD/Denied field is populated. When CAS02 = 1 or 66 the Deductibles field is populated. When CAS02 = 23 the MSP PRI PAY field is populated. When CAS02 = A0 the PAT REFUND field is populated. When CAS02 = 45, 94, or 97 the CLAIM ADJ field is populated. When CAS02 = 2 or 122 the COINS AMT field is populated. When CAS02 = 89 the PROF COMP field is populated. When CAS02 = 118 the ESRD AMT field is populated. Single Claim Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
CAS13	Adjustment Quantity 9(7)	R	1--15	S				X			Will be on the Single Claim Report.
CAS14	Adjustment Reason Code	ID	1--5	S							Will be on the Single Claim Report.
CAS15	Adjustment Amount S9(8)V99	R	1--18	S					X		All Claims Report: When CAS02 = 1, 2, 23, 45, 66, 70, 89, 94, 97, 118 or 122 the NCVD/Denied field is populated. When CAS02 = 1 or 66 the Deductibles field is populated. When CAS02 = 23 the MSP PRI PAY field is populated. When CAS02 = A0 the PAT REFUND field is populated. When CAS02 = 45, 94, or 97 the CLAIM ADJ field is populated. When CAS02 = 2 or 122 the COINS AMT field is populated. When CAS02 = 89 the PROF COMP field is populated. When CAS02 = 118 the ESRD AMT field is populated. Single Claim Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
CAS16	Adjustment Quantity 9(7)	R	1--15	S				X			Will be on the Single Claim Report.
CAS17	Adjustment Reason Code	ID	1--5	S							Will be on the Single Claim Report.
CAS18	Adjustment Amount S9(8)V99	R	1--18	S					X		All Claims Report: When CAS02 = 1, 2, 23, 45, 66, 70, 89, 94, 97, 118 or 122 the NCVD/Denied field is populated. When CAS02 = 1 or 66 the Deductibles field is populated. When CAS02 = 23 the MSP PRI PAY field is populated. When CAS02 = A0 the PAT REFUND field is populated. When CAS02 = 45, 94, or 97 the CLAIM ADJ field is populated. When CAS02 = 2 or 122 the COINS AMT field is populated. When CAS02 = 89 the PROF COMP field is populated. When CAS02 = 118 the ESRD AMT field is populated. Single Claim Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
CAS19	Adjustment Quantity 9(7)	R	1--15	S				X			Will be on the Single Claim Report.
REF	Service Identification		7	S	2110						Segment Not Used.
REF01	Reference ID Qualifier	ID	2--3	R			RB	X			
REF02	Reference Identification	AN	1--50	R							
REF03-	Not Used							X			
-04								X			

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X12 Element Attributes-----								Element not on 4010A1 PC Print All Claims Report	Element on 5010 PC Print All Claims Report	PC Print All Claims Report matches 835 format YES/NO	Comments
5010 Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values				
REF	Line Item Control Number		7	S	2110						Will Be on the Single Claim Report.
REF01	Reference ID Qualifier	ID	2--3	R			6R	X			
REF02	Line Item Control Number	AN	1--50	R				X			
REF03-	Not Used										
-04											
REF	Rendering Provider Information		10	S	2110						Will be on the Single Claim Report.
REF01	Reference ID Qualifier	ID	2--3	R			HPI, IC	X			
REF02	Rendering Provider ID	AN	1--50	R							
REF03-	Not Used							X			
-04								X			
REF	HealthCare Policy Identification		5	S	2110						Will be on the Single Claim Report.
REF01	Reference ID Qualifier	ID	2--3	R			OK	X			
REF02	HealthCare Policy ID	AN	1--50	R				X			
REF03-	Not Used										
-04											
AMT	Service Supplemental Amount		12	S	2110						Segment Not Used.
AMT01	Amount Qualifier Code	ID	1--3	R			B6	X			
AMT02	Service Supplemental Amount S9(8)V99	R	1--18	R							
AMT03	Not Used							X			
QTY	Service Supplemental Quantity		6	S	2110		N/A	X			Segment Not Used.
LQ	Health Care Remarks Codes		99	S	2110						
LQ01	Code List Qualifier Code	ID	1--3	R			HE	X			
LQ02	Remark Code	AN	1--30	R							Will be on the Single Claim Report.
PLB	Provider Level Adjustment		>1	S	-----	1					
PLB-01	Provider Identifier	AN	1--30	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			50, 72, AP, B2, BD, C5, CS, CV, DM, E3, FB, GO, IR, IS, J1, L3, L6, LS, OA, OB, PI, PL, RA, RE, SL, WO, WU.	X		YES	Will be on the Provider Summary Report.
-03-2	Provider Adjustment Identifier	AN	1--30	S				X		Yes	Will be on the Provider Summary Report.
PLB04	Provider Adjustment Amount S(8)V99	R	1--18	R				X		No	Will be on the Provider Summary Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
PLB05	Adjustment Identifier			S				X		--	
-05-1	Adjustment Reason Code	ID	2--2	R			50, 72, AP, B2, BD, C5, CS, CV, DM, E3, FB, GO, IR, IS, J1, L3, L6, LS, OA, OB, PI, PL, RA, RE, SL, WO, WU.	X		YES	Will be on the Provider Summary Report.
-05-2	Provider Adjustment Identifier	AN	1--30	S				X		YES	Will be on the Provider Summary Report.
PLB06	Provider Adjustment Amount S9(8)V99	R	1--18	S				X		No	Will be on the Provider Summary Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
PLB07	Adjustment Identifier			S				X		--	

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X12 Element Attributes-----								Element not on 4010A1 PC Print All Claims Report	Element on 5010 PC Print All Claims Report	PC Print All Claims Report matches 835 format YES/NO	Comments
5010 Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values				
-07-1	Adjustment Reason Code	ID	2--2	R			50, 72, AP, B2, BD, C5, CS, CV, DM, E3, FB, GO, IR, IS, J1, L3, L6, LS, OA, OB, PI, PL, RA, RE, SL, WO, WU.	X		YES	Will be on the Provider Summary Report.
-07-2	Provider Adjustment Identifier	AN	1--30	S				X		YES	Will be on the Provider Summary Report.
PLB08	Provider Adjustment Amount S9(8)V99	R	1--18	S				X		No	Will be on the Provider Summary Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
PLB09	Adjustment Identifier			S				X		--	
-09-1	Adjustment Reason Code	ID	2--2	R			50, 72, AP, B2, BD, C5, CS, CV, DM, E3, FB, GO, IR, IS, J1, L3, L6, LS, OA, OB, PI, PL, RA, RE, SL, WO, WU.	X		YES	Will be on the Provider Summary Report.
-09-2	Provider Adjustment Identifier	AN	1--30	S				X		YES	Will be on the Provider Summary Report.
PLB10	Provider Adjustment Amount S(8)V99	R	1--18	S				X		No	Will be on the Provider Summary Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
PLB11	Adjustment Identifier			S				X		--	
-11-1	Adjustment Reason Code	ID	2--2	R			50, 72, AP, B2, BD, C5, CS, CV, DM, E3, FB, GO, IR, IS, J1, L3, L6, LS, OA, OB, PI, PL, RA, RE, SL, WO, WU.	X		YES	Will be on the Provider Summary Report.
-11-2	Provider Adjustment Identifier	AN	1--30	S				X		YES	Will be on the Provider Summary Report.
PLB12	Provider Adjustment Amount S9(8)V99	R	1--18	S				X		No	Will be on the Provider Summary Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
PLB13	Adjustment Identifier			S				X		--	
-13-1	Adjustment Reason Code	ID	2--2	R			50, 72, AP, B2, BD, C5, CS, CV, DM, E3, FB, GO, IR, IS, J1, L3, L6, LS, OA, OB, PI, PL, RA, RE, SL, WO, WU.	X		YES	Will be on the Provider Summary Report.
-13-2	Provider Adjustment Identifier	AN	1--30	S				X		YES	Will be on the Provider Summary Report.
PLB14	Provider Adjustment Amount S9(8)V99	R	1--18	S				X		No	Will be on the Provider Summary Report. The field size is limited to 10 positions per the 5010 835 TR3, Appendix B.1.1.3.1.2 Decimal.
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		--	