

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 511	Date: JULY 1, 2009
	Change Request 6376

Transmittal 458, dated March 20, 2009 is rescinded and replaced by Transmittal 511. The implementation date has been amended to July 6, 2009, for MCS and FISS and October 5, 2009, for VMS. Additionally, this Change Request is no longer sensitive. All other information remains the same.

SUBJECT: Standard Paper Remittance (SPR) Update for Health Insurance Portability and Accountability Act (HIPAA) Version 005010

I. SUMMARY OF CHANGES: This Change Request (CR) instructs the Shared System Maintainers (SSMs) and the Medicare Administrative Contractors (MACs) to update the SPR to incorporate the changes in the Electronic Remittance Advice (ERA) as a result of moving to the new HIPAA standard version 005010.

NEW / REVISED MATERIAL

Effective Date: July 1, 2009

Implementation Date: July 6, 2009 for MCS and FISS

October 5, 2009 for VMS

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

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	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.*

Number	Requirement	A / B M A C	D M E M A C	F I	C A R 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	
								the decimal) for Deductible, Co-insurance or individual adjustment amount and up to 9 bytes (excluding the decimal) for any other amount as appropriate for the Professional SPR.			
6376.3	FISS, MCS, and VMS shall change the SPR heading to Medicare Remittance Advice from Medicare Remittance Notice.						X	X	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	C A R 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	
	None.										

IV. SUPPORTING INFORMATION

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

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

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

V. CONTACTS

Pre-Implementation Contact(s): Sumita Sen at sumita.sen@cms.hhs.gov or 410-786-5755

Post-Implementation Contact(s): Sumita Sen at sumita.sen@cms.hhs.gov or 410-786-5755

VI. FUNDING

Section A: For Fiscal Intermediaries, Regional Home Health Intermediaries, and/or 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.

4 Attachments

INTERMEDIARY NAMEXXXXXXXXXXXXXXXXX ADDRESS 1XXXXXXXXXXXXXXXXXXXXXXXXX CITYXXXXXXXXXX ST ZIPXXXXX VER# XXXXXXX

BUSINESS CONTACT NAMEXXXXXXXXXXXXXXXXX PHONE XXX-XXX-XXXX EXT XXX, FAX XXX-XXX-XXXX EXT XXX, EMAIL XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PROVIDER/NPI PROVIDER NAME XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XX XXXXX

PART A PAID DATE: MM/DD/CCYY REMIT#: 99999 PAGE: 99999

PATIENT NAME PATIENT CNTRL NUMBER RC REM DRG# DRG OUT AMT COINSURANCE PAT REFUND CONTRACT ADJ

HIC NUMBER ICN NUMBER RC REM OUTCD NEW TECH COVD CHGS ESRD NET ADJ PATIENT RESP

FROM DT THRU DT HICRG TOB RC REM PROF COMP MSP PAYMT NCOVD CHGS INTEREST PROC CD AMT

CLM STATUS COST COVDY NCOVDY RC REM DRG AMT DEDUCTIBLES DENIED CHGS PRE PAY ADJ NET REIMB

XXXXXXXXXXXXXXXXXXXX X X XXXXXXXXXXXXXXXXXXXXXXXX XXX XXXXX XXXX 9999999.99 9999999.99 9999999.99 9999999.99

XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX XXX XXXXX XX 9999999.99 9999999.99 9999999.99 9999999.99

MM/DD/CCYY MM/DD/CCYY X XXX XXX XXXX 9999999.99 9999999.99 9999999.99 9999999.99

XX 999 9999 9999 XXX XXXXX 9999999.99 9999999.99 9999999.99 9999999.99

SUBTOTAL FISCAL YEAR - CCYY 99999999.99 99999999.99 99999999.99 99999999.99

99999999.99 99999999.99 99999999.99 99999999.99

99999999.99 99999999.99 99999999.99 99999999.99

SUBTOTAL PART A 999 9999 9999 99999999.99 99999999.99 99999999.99 99999999.99

99999999.99 99999999.99 99999999.99 99999999.99

99999999.99 99999999.99 99999999.99 99999999.99

999 9999 9999 99999999.99 99999999.99 99999999.99 99999999.99

WHEN THE REMITTANCE IS FOR A HOME HEALTH PROVIDER THERE WILL BE A SUBTOTAL BY HOME HEALTH TYPE OF BILLS 32X AND 33X

INTERMEDIARY NAMEXXXXXXXXXXXXXXXXX ADDRESS 1XXXXXXXXXXXXXXXXXXXXXXXXX CITYXXXXXXXXXX ST ZIPXXXXX VER# XXXXXXX

BUSINESS CONTACT NAMEXXXXXXXXXXXXXXXXX PHONE XXX-XXX-XXXX EXT XXX, FAX XXX-XXX-XXXX EXT XXX, EMAIL XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PROVIDER/NPI PROVIDER NAME XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XX XXXXX

PART B PAID DATE: MM/DD/CCYY REMIT#: 99999 PAGE: 99999

PATIENT NAME PATIENT CNTRL NUMBER RC REM DRG# DRG OUT AMT COINSURANCE PAT REFUND CONTRACT ADJ

HIC NUMBER ICN NUMBER RC REM OUTCD NEW TECH COVD CHGS ESRD NET ADJ PATIENT RESP

FROM DT THRU DT HICRG TOB RC REM PROF COMP MSP PAYMT NCOVD CHGS INTEREST PROC CD AMT

CLM STATUS COST COVDY NCOVDY RC REM DRG AMT DEDUCTIBLES DENIED CHGS PRE PAY ADJ NET REIMB

XXXXXXXXXXXXXXXXXXXX X X XXXXXXXXXXXXXXXXXXXXXXXX XXX XXXXX XXXX 9999999.99 9999999.99 9999999.99 9999999.99

XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX XXX XXXXX XX 9999999.99 9999999.99 9999999.99 9999999.99

MM/DD/CCYY MM/DD/CCYY X XXX XXX XXXX 9999999.99 9999999.99 9999999.99 9999999.99

XX 999 9999 9999 XXX XXXXX 9999999.99 9999999.99 9999999.99 9999999.99

SUBTOTAL FISCAL YEAR - CCYY 99999999.99 99999999.99 99999999.99 99999999.99

99999999.99 99999999.99 99999999.99 99999999.99

SUBTOTAL PART B 999 9999 9999 99999999.99 99999999.99 99999999.99 99999999.99

99999999.99 99999999.99 99999999.99 99999999.99

999 9999 9999 99999999.99 99999999.99 99999999.99 99999999.99

WHEN THE REMITTANCE IS FOR A HOME HEALTH PROVIDER THERE WILL BE A SUBTOTAL BY HOME HEALTH TYPE OF BILLS 34X

INTERMEDIARY NAMEXXXXXXXXXXXXXXXXX ADDRESS 1XXXXXXXXXXXXXXXXXXXXXXXXX CITYXXXXXXXXXX ST ZIPXXXXX VER# XXXXXXX
 BUSINESS CONTACT NAMEXXXXXXXXXXXXXXXXX PHONE XXX-XXX-XXXX EXT XXX, FAX XXX-XXX-XXXX EXT XXX, EMAIL XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 PROVIDER/NPI PROVIDER NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XX XXXXX

S U M M A R Y PAID DATE: MM/DD/CCYY REMIT#: 99999 PAGE: 99999

CLAIM DATA:

PASS THRU AMOUNTS:

DAYS :
 COST : 999999999
 COVDY : 999999
 NCOVDY : 999999
 CHARGES :
 COVD : 99,999,999.99
 NCOVD : 99,999,999.99
 DENIED : 99,999,999.99
 PROF COMP : 99,999,999.99
 MSP PYMT : 99,999,999.99
 DEDUCTIBLES : 99,999,999.99
 COINSURANCE : 99,999,999.99
 PAT REFUND : 99,999,999.99
 INTEREST : 99,999,999.99
 CONTRACT ADJ : 99,999,999.99
 PROC CD AMT : 99,999,999.99
 NET REIMB : 99,999,999.99

CAPITAL : 99,999,999.99
 RETURN ON EQUITY : 99,999,999.99
 DIRECT MEDICAL EDUCATION : 99,999,999.99
 KIDNEY ACQUISITION : 99,999,999.99
 BAD DEBT : 99,999,999.99
 NON PHYSICIAN ANESTHETISTS : 99,999,999.99
 TOTAL PASS THRU : 99,999,999.99
 PIP PAYMENT : 99,999,999.99
 SETTLEMENT PAYMENTS : 99,999,999.99
 ACCELERATED PAYMENTS : 99,999,999.99
 REFUNDS : 99,999,999.99
 PENALTY RELEASE : 99,999,999.99
 TRANS OUTP PYMT : 99,999,999.99
 HEMOPHILIA ADD-ON : 99,999,999.99
 NEW TECH ADD-ON : 99,999,999.99
 VOID/REISSUE : 99,999,999.99
 935 PAYMENTS : 99,999,999.99
 WITHHOLD FROM PAYMENTS :
 CLAIMS ACCOUNTS RECEIVABLE : 99,999,999.99
 ACCELERATED PAYMENTS : 99,999,999.99
 PENALTY : 99,999,999.99
 SETTLEMENT : 99,999,999.99
 THIRD PARTY PAYMENT : 99,999,999.99
 AFFILIATED WITHHOLDING : 99,999,999.99
 935 WITHHOLDING : 99,999,999.99
 FEDERAL PAYMENT LEVY : 99,999,999.99
 NON-TAX FPLP : 99,999,999.99
 TOTAL WITHHOLD : 99,999,999.99

PROVIDER PAYMENT RECAP :
 PAYMENTS :
 DRG OUT AMT : 99,999,999.99
 INTEREST : 99,999,999.99
 PROC CD AMT : 99,999,999.99
 NET REIMB : 99,999,999.99
 TOTAL PASS THRU : 99,999,999.99
 PIP PAYMENTS : 99,999,999.99
 SETTLEMENT PYMTS : 99,999,999.99
 ACCELERATED PAYMENTS : 99,999,999.99
 REFUNDS : 99,999,999.99
 PENALTY RELEASE : 99,999,999.99
 TRANS OUTP PYMT : 99,999,999.99
 HEMOPHILIA ADD-ON : 99,999,999.99
 NEW TECH ADD-ON : 99,999,999.99
 VOID/REISSUE : 99,999,999.99
 935 PAYMENTS : 99,999,999.99
 BALANCE FORWARD : 99,999,999.99
 WITHHOLD : 99,999,999.99
 NET PROVIDER PAYMENT : 99,999,999.99
 (PAYMENTS MINUS WITHHOLD)
 CHECK/EFT NUMBER : 9999999999

Note: when there is a dollar value in the Federal Payment Levy or Non-Tax FPLP a phone number will be in this section.

Standard Paper Remittance Advice (SPR) Mapping Document for HIPAA 4010A1 and 5010

	Remittance Field	Loop ID	835 V 5010	Loop ID	835 V 4010A1	Comments
Line 1	FI/MAC Name	1000A	N102	RT10	Field 14	
	FI/MAC Address	1000A	N301	RT10	Field 17	
	FI/MAC City	1000A	N401	RT10	Field 19	
	FI/MAC State	1000A	N402	RT10	Field 20	
	FI/MAC Zip Code	1000A	N403	RT10	Field 21	
	VER #		ISA12			
Line 2	FI/MAC Business Contact Name	1000A	PER02	N/A	N/A	Not Used in 4010A1.
	Telephone Number and Extension	1000A	PER04/06/08	N/A	N/A	Not Used in 4010A1.
	FAX Number and Extension	1000A	PER04/06/08	N/A	N/A	Not Used in 4010A1.
	Email Address	1000A	PER04/06	N/A	N/A	Not Used in 4010A1.
Line 3	Provider Number/NPI	1000B	N104	RT15	Field 16	
	Provider Name	1000B	N102	RT15	Field 14	
	Provider Address	1000B	N301	RT15	Field 17	
	Provider City	1000B	N401	RT15	Field 19	
	Provider State	1000B	N402	RT15	Field 20	
	Provider Zip Code	1000B	N403	RT15	Field 21	
Line 4	Section Header (Part A or Part B)					This is system set.
	Paid Date	Header	BPR16	RT01	Field 28	
	Remit #	Header	TRN02	RT01	Field 31	
	Page:					This is system set.
Line 5	Patient Name	2100	NM103/04/05	RT40	Field 15, 16, 17	
	Patient Control Number	2100	CLP01	RT30	Field 13	
	RC (Adjustment Reason Code)	2100	CAS02/05/08/11/14/17	RT31	Fields 14, 17, 20, 23	
	REM (Remark Code)	2100	MIA05/MOA03	RT42/ RT43	Field 17/15	MIA for Inpatient Claims and MOA for Outpatient Claims
	DRG #	2100	CLP11	RT30	Field 20	
	DRG OUT AMT	2100	MIA14	RT44	Field 32	
	Coinsurance	2100	CAS02/05/08/11/14/17	RT31/ RT51	Fields 14, 17, 20, 23, etc.	When CAS Adjustment equals 2
	Pat Refund					This is system set. Bene Reimbursement Amt, claim page 10.
	Contract Adj	2100/ 2110	CAS02/05/08/11/14/17	RT31/ RT51	Fields 14, 17, 20, 23, etc.	When Group Code is CO as we do today
	Line 6	HIC Number	2100	NM109	RT40	Field 19
ICN Number		2100	CLP07	RT30	Field 7	
RC (Adjustment Reason Code)		2100	CAS02/05/08/11/14/17	RT31	Fields 14, 17, 20, 23	

Standard Paper Remittance Advice (SPR) Mapping Document for HIPAA 4010A1 and 5010

	REM (Remark Code)	2100	MIA20/MOA04	RT42/ RT43	Field 32/116	MIA for Inpatient Claims and MOA for Outpatient Claims. RT42 for Inpatient and RT43 for Outpatient
	OUTCD		Populate as we do 4010A1		TS208 & TS209 Inpatient Only	Outlier
	New Tech/ECT		Populate as we do 4010A2			Value code 77
	COVD CHGS	2100	AMT01	RT44	Field 34	When qualifier equals AU
	ESRD Net Adj	2100	MOA08	RT43	Field 20	
Line 7	From DT	2100	DTM02	RT44	Field 18	When qualifier equals 232
	Thru DT	2100	DTM02	RT45	Field 19	When qualifier equals 233
	HICHG	2100	NM108	RT40	Field 22	
	TOB	2000	CLP08/09	RT30	Fields 18 & 19	
	RC (Adjustment Reason Code)	2100	CAS02/05/08/11/ 14/17	RT31	Fields 14, 17, 20, 23	
	REM (Remark Code)	2100	MIA21/MOA05	RT42/ RT43	Field 33/17	MIA for Inpatient Claims and MOA for Outpatient Claims
	Prof Comp	2100	MIA19/MOA09	RT43	Field 21	
	MSP Paymt		Populate as we do 4010A1			MSP Value codes
	Ncovd Chgs	2100	QTY02	RT30	Field 27	When qualifier equals NE
	Interest	2100	AMT02	RT44	Field 30	When qualifier equals I
	Proc CD Amt	2100	MOA02			Payable amount from the line when HCPC present
Line 8	CLM Status	2100	CLP02	RT30	Field 14	
	Cost	2100	MIA15	RT42	Field 27	Value code amt.
	Covdy	2100	QTY01	RT44	Field 36	
	Ncovdy	2100	QTY02	RT44	Field 38	Value code 81
	RC (Adjustment Reason Code)	2100	CAS02/05/08/11/ 14/17	RT31	Fields 14, 17, 20, 23	
	REM (Remark Code)	2100	MIA22/MOA06	RT42/ RT43	Field 34/18	MIA for Inpatient Claims and MOA for Outpatient Claims
	DRG Amt	2100	MIA04	RT42	Field 16	
	Deductibles	2100	CLP05	RT31/ RT51	Fields 14, 17, 20, 23, etc.	When CAS Adjustment equals 1
	Denied Chgs			RT30	Field 28	Treat as current
	Pre Pay Adj	2100/ 2110	CAS02/05/08/11/ 14/17	RT31/ RT51	Fields 14, 17, 20, 23, etc.	When CAS Adjustment equal A7.
	Net Reimb	2100	CLP04	RT30	Field 16	

Subtotal Fiscal Year						This is system calculated	
Subtotal Part A or Part B for Home Health Type of Bills when Provider is a Home Health Provider						This is system calculated	
Subtotal Part A or Part B						This is system calculated	
Summary Page							
Line 1	FI/MAC Name	1000A	N102	RT10	Field 14		
	FI/MAC Address	1000A	N301	RT10	Field 17		
	FI/MAC City	1000A	N401	RT10	Field 19		
	FI/MAC State	1000A	N402	RT10	Field 20		
	FI/MAC Zip Code	1000A	N403	RT10	Field 21		
	VER #		ISA12				
Line 2	FI/MAC Business Contact Name	1000A	PER02	N/A	N/A		
	Telephone Number and Extension	1000A	PER04/06/08	N/A	N/A		
	FAX Number and Extension	1000A	PER04/06/08	N/A	N/A		
	Email Address	1000A	PER04/06	N/A	N/A		
Line 3	Provider Number/NPI	1000B	N104	RT15	Field 16		
	Provider Name	1000B	N102	RT15	Field 14		
	Provider Address	1000B	N301	RT15	Field 17		
	Provider City	1000B	N401	RT15	Field 19		
	Provider State	1000B	N402	RT15	Field 20		
	Provider Zip Code	1000B	N403	RT15	Field 21		
Line 4	Section Header (Summary)					This is system set.	
	Paid Date	Header	BPR16	RT01	Field 28		
	Remit #	Header	TRN02	RT01	Field 31		
	Page:					This is system set.	
Line 5	Section Header (Claim Data:)					This is system set.	
	Section Header (Pass Thru Amounts:)					This is system set.	
	Section Header (Provider Payment Recap:)					This is system set.	
Line 6	PLB03-1 & 2 Code Values will not be included in SPR unless otherwise directed by CMS. 5010 ERA and the SPR are being developed with the 4010A1 PLB codes until the CMS PLB Change Request is worked.						
	Capital :		PLB04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is CV and PLB03-2/05-2/07-2/09-2/11-2/13-2 is CP. This is for 4010A1 and 5010.	
Line 7	Header - Days :					This is system set.	

Standard Paper Remittance Advice (SPR) Mapping Document for HIPAA 4010A1 and 5010

	Return on Equity :		PLB04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is RE and PLB03-2/05-2/07-2/09-2/11-2/13-2 is RE. This is for 4010A1 and 5010.
Line 8	Cost :					The system calculates this amount from the claims detail.
	Direct Medical Education :		PLB04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is DM and PLB03-2/05-2/07-2/09-2/11-2/13-2 is DM. This is for 4010A1 and 5010.
	Header - Payments					This is system set.
Line 9	Covdy :					The system calculates this amount from the claims detail.
	Kidney Acquisition :		PLB04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is OA and PLB03-2/05-2/07-2/09-2/11-2/13-2 is KA. This is for 4010A1 and 5010.
	DRG Out Amt :					The system calculates this amount from the claims detail.
Line 10	Ncovdy :					The system calculates this amount from the claims detail.
	Bad Debt :		PLB04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is BD and PLB03-2/05-2/07-2/09-2/11-2/13-2 is BD. This is for 4010A1 and 5010.
	Interest :		PLB04/06/08/10/12/14	RT20	Field 20	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is L6 and PLB03-2/05-2/07-2/09-2/11-2/13-2 is IN. This is for 5010.

Standard Paper Remittance Advice (SPR) Mapping Document for HIPAA 4010A1 and 5010

Line 11							
	Non Physician Anesthetists :		PLB04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is CW and PLB03-2/05-2/07-2/09-2/11-2/13-2 is CR. This is for 4010A1 and 5010.	
	Proc CD Amt :					The system calculates this amount from the claims detail.	
Line 12	Header - Charges					This is system set.	
	Total Pass Thru :					This is system calculated.	
	Net Reimb :					This is system calculated.	
Line 13	Covd :					The system calculates this amount from the claims detail.	
	Total Pass Thru :					This is system calculated.	
Line 14	Ncovd :					The system calculates this amount from the claims detail.	
	PIP Payment :		PLB04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is PI and PLB03-2/05-2/07-2/09-2/11-2/13-2 is PP. This is for 4010A1 and 5010.	
	PIP Payment :		PLB04/06/08/10/12/15	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is PI and PLB03-2/05-2/07-2/09-2/11-2/13-2 is PP. This is for 4010A1 and 5010.	
Line 15	Denied :					The system calculates this amount from the claims detail.	

Standard Paper Remittance Advice (SPR) Mapping Document for HIPAA 4010A1 and 5010

	Settlement Payments :		PLB04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is IS, PL, RA, C5 and PLB03-2/05-2/07-2/09-2/11-2/13-2 is IR, FS, TR, TS respectively.. This is for 4010A1 and 5010.
	Settlement Pymts :		PLB04/06/08/10/12/15	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is IS, PL, RA, C5 and PLB03-2/05-2/07-2/09-2/11-2/13-2 is IR, FS, TR, TS respectively.. This is for 4010A1 and 5010.
Line 16						
	Accelerated Payments :		PLB04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is AP and PLB03-2/05-2/07-2/09-2/11-2/13-2 is AP. This is for 4010A1 and 5010.
	Accelerated Payments :		PLB04/06/08/10/12/15	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is AP and PLB03-2/05-2/07-2/09-2/11-2/13-2 is AP. This is for 4010A1 and 5010.
Line 17						
	Refunds :		PLB04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is B2 and PLB03-2/05-2/07-2/09-2/11-2/13-2 is RF. This is for 4010A1 and 5010.
	Refunds :		PLB04/06/08/10/12/15	RT61	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is B2 and PLB03-2/05-2/07-2/09-2/11-2/13-2 is RF. This is for 4010A1 and 5010.
Line 18	Prof Comp :					The system calculates this amount from the claims detail.

Standard Paper Remittance Advice (SPR) Mapping Document for HIPAA 4010A1 and 5010

	Penalty Release :		PLB04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is L3 and PLB03-2/05-2/07-2/09-2/11-2/13-2 is RS. This is for 4010A1 and 5010.
	Penalty Release :		PLB04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is L3 and PLB03-2/05-2/07-2/09-2/11-2/13-2 is RS. This is for 4010A1 and 5010.
Line 19	MSP Paymt :					Sum of all detail MSP Pay.
	Trans OutP Pymt :		PLB04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is IR and PLB03-2/05-2/07-2/09-2/11-2/13-2 is IS. This is for 4010A1 and 5010.
	Trans OutP Pymt :		PLB04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is IR and PLB03-2/05-2/07-2/09-2/11-2/13-2 is IS. This is for 4010A1 and 5010.
Line 20	Deductibles :					The system calculates this amount from the claims detail.
	Hemophilia Add-On :		PLB03-1/06/08/10/12/14 value HM	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is ZZ and PLB03-2/05-2/07-2/09-2/11-2/13-2 is ??. This is for 4010A1. Dollar amount based on HCPC submitted on claim.
	Hemophilia Add-On :		PLB03-1/04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is ZZ and PLB03-2/05-2/07-2/09-2/11-2/13-2 is ??. This is for 4010A1. Dollar amount based on HCPC submitted on claim.

Standard Paper Remittance Advice (SPR) Mapping Document for HIPAA 4010A1 and 5010

Line 21	Coinsurance :					The system calculates this amount from the claims detail.
	New Tech/ECT Add-On :		PLB04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	Sum of all detail.
	New Tech/ECT Add-On :		PLB04/06/08/10/12/15	RT61	Fields 13, 16, 19, 22, etc.	Sum of all detail.
Line 22						
	Void/Reissue :		PLB04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is CS and PLB03-2/05-2/07-2/09-2/11-2/13-2 is RI. This is for 4010A1 and 5010.
	Void/Reissue :		PLB04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is CS and PLB03-2/05-2/07-2/09-2/11-2/13-2 is RI. This is for 4010A1 and 5010.
Line 23						
	935 Payments :		PLB04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is PL and PLB03-2/05-2/07-2/09-2/11-2/13-2 is 935. This is for 4010A1 and 5010.
	935 Payments :		PLB04/06/08/10/12/15	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is PL and PLB03-2/05-2/07-2/09-2/11-2/13-2 is 935. This is for 4010A1 and 5010.
Line 24						
	Balance Forward :		PLB04/06/08/10/12/15	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is FB and PLB03-2/05-2/07-2/09-2/11-2/13-2 is CO. This is for 4010A1 and 5010.
Line 25	Pat Refund :					This is system calculated from claim detail.
	Header - Withhold From Payments					This is system set.
	Withhold :					This is system calculated.

Standard Paper Remittance Advice (SPR) Mapping Document for HIPAA 4010A1 and 5010

Line 26	Interest :					The system calculates this amount from the claims detail.	
	Claims Accounts Receivable :		PLB04/06/08/10/12/14	RT60	Field 31	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is E3 and PLB03-2/05-2/07-2/09-2/11-2/13-2 is CW. This is for 5010.	
Line 27	Contract Adj :					The system calculates this amount from the claims detail.	
	Accelerated Payments :		PLB04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is AP and PLB03-2/05-2/07-2/09-2/11-2/13-2 is AW. This is for 4010A1 and 5010.	
	Net Provider Payment :	Header	BPR02	RT01	Field 15		
Line 28	Proc CD Amt :					The system calculates this amount from the claims detail.	
	Penalty :		PLB04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is L3 and PLB03-2/05-2/07-2/09-2/11-2/13-2 is PW. This is for 4010A1 and 5010.	
	(Payments Minus Withhold)						
Line 29	Net Reimb :					The system calculates this amount.	
	Settlement :		PLB04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is L3 and PLB03-2/05-2/07-2/09-2/11-2/13-2 is SW. This is for 4010A1 and 5010.	
	Check/EFT Number :	Header	TRN02	RT01	Field 30		
Line 30							

Standard Paper Remittance Advice (SPR) Mapping Document for HIPAA 4010A1 and 5010

	Third Party Payment :		PLB04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is L3 and PLB03-2/05-2/07-2/09-2/11-2/13-2 is ???. This is for 4010A1 and 5010.
Line 31						
	Affiliated Withholding :		PLB04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is OB and PLB03-2/05-2/07-2/09-2/11-2/13-2 is ???. This is for 4010A1 and 5010.
Line 32	935 Withholding :		PLB04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is WO and PLB03-2/05-2/07-2/09-2/11-2/13-2 is 935. This is for 4010A1 and 5010.
Line 33						
	Federal Payment Levy :		PLB04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is LE and PLB03-2/05-2/07-2/09-2/11-2/13-2 is Treasury Tax withhold. This is for 4010A1 and 5010.
Line 34						
	Non-Tax FPLP :		PLB04/06/08/10/12/14	RT60	Fields 13, 16, 19, 22, etc.	When PLB03-1/05-1/07-1/09-1/11-1/13-1 is WU and PLB03-2/05-2/07-2/09-2/11-2/13-2 is Treasury Tax withhold. This is for 4010A1 and 5010.
Line 35	Total Withhold :					This is system calculated.

Attachment IV

I. Base Specification Crosswalk (Professional)

REMITTANCE FIELD	835V5010 Field	LOOP	NSF FIELD NUMBER
Carrier Name	N102	1000A	100-07
Carrier Address 1	N301	1000A	
Carrier Address 2	N302	1000A	
Carrier City	N401	1000A	
Carrier State	N402	1000A	
Carrier Zip	N403	1000A	
Provider Name	N102	1000B	200-06
Provider Address 1	N301	1000B	
Provider Address 2	N302	1000B	
Provider City	N401	1000B	
Provider State	N402	1000B	
Provider Zip	N403	1000B	
Provider Number	REF02 when TJ IN REF01	1000B	200-07
Date	BPR16		200-09
Check/EFT #	TRN02		200-08
Beneficiary Last Name	NM103	2100	400-13
Beneficiary First Name	NM104	2100	400-14
HIC	NM109	2100	400-07
ACTN	CLP01	2100	400-03
ICN	CLP07	2100	400-22
ASG(ASSIGNMENT)	LX01	2000	500-24
MOA Codes	MOA	2100	400-23 thru 400-27
PERF PROV	REF02 when TJ IN REF01	2110	450-37
SERV DATE (FROM)	DTM02 when 150 in DTM01	2110	450-07
SERV DATE (THRU)	DTM02 when 151 in DTM01	2110	450-08
POS	REF02 when REF01 = LU	2110	450-11
NUM	SVC05	2110	450-17
PROC	SVC01-2	2110	450-13
MODS	SVC01-3 THRU SVC01-6	2110	451-14 thru 451-16
Submitted Procedure Code	SVC06-2	2110	451-09
Billed	SVC02	2110	450-18
Allowed	AMT02 when B6 in AMT01	2110	450-21
Deduct	CAS03, 06, 09,12,15 when 1	2110	450-22

REMITTANCE FIELD	835V5010 Field	LOOP	NSF FIELD NUMBER
	in CAS 02, 05, 08, 11 or 14		
Coins	CAS03, 06, 09,12,15 when 2 in CAS 02, 05, 08, 11 or 14	2110	450-23
PROV PD	SVC03	2110	450-28
RC-AMT (Reason Codes)	CAS01+ CAS02/05/08/11/14	2110	450-38 thru 450-44
RC-AMT (Reason Codes Amounts)	CAS03, 06, 09,12,15 when no 1 or 2 in CAS 02, 05, 08, 11 or 14	2110	451-10 thru 451-14 451-22 thru 451-23
REM	LQ02	2110	451-16 thru 451-20
PT RESP	CLP05	2100	500-23
Billed (Claim Level)	CLP03	2100	500-05
Allowed (Claim Level)			500-08
Deduct (Claim Level)			500-09
Coins (Claim Level)			500-10
Prov Pd (Claim Level)	CLP04	2100	500-15
Net	CLP04	2100	500-19
Prev Pd	Note: This field is not on the 835 ERA as it is handled by the voided claim process.	500-17 and 500-18	
INTEREST	AMT02	2100	500-11
Late Filing Charge	AMT02	2110	
Insurer To Which Claim Is Forwarded Or Transferred	NM103	2100	500-25
# of Claims			800-06
Billed Amt			800-07
Allowed Amt			800-11
Deduct Amt			800-12
Coins Amt			800-13
Total RC-Amt			800-18
Prov Pd Amt			
Prov Adj Amt			
Check Amt	BPR02		
PLB Reason Code	PLB03-1		700-06
FCN	PLB03-2		700-08
HIC (Offset Details)			700-04
Amount (Offset Details)	PLB04		700-07