



Medicare Remit Easy Print

User Guide

Version 3.1

July 2011

This software was developed by the Centers for Medicare & Medicaid Services (CMS) for use by Medicare providers/suppliers to view and print a Health Insurance Portability and Accountability Act (HIPAA) compliant Medicare 835. Medicare has no liability and takes no responsibility for any other use of this software.

Table of Contents

About Medicare Remit Easy Print	6
What’s New.....	7
Informational	7
Differences between MREP Remittance Advices and Shared System SPRs	8
About This Guide	9
Need Assistance?	9
PC Requirements	10
Operating System Requirements	10
How Does Medicare Remit Easy Print Get Medicare Remittance Info?	12
Information for Administrators	13
Network Installations	13
Pre-Installation Checklist for Installation on a Network	13
Installing Medicare Remit Easy Print on a Network	15
Installing the Medicare Remit Easy Print Group Code on the PC	20
PC Installations	21
Getting Started.....	21
Pre-Installation Checklist for Installation on a PC	22
Installing Medicare Remit Easy Print.....	22
Starting Medicare Remit Easy Print.....	27
Locating MREP and MREP File Locations on Your PC/Network	30
Locating the MREP Application on Your PC/Network – Icon Available	30
Locating the MREP Application on Your PC/Network – Icon not Available	32
Identifying Easy Print File Locations.....	35
Uninstalling Medicare Remit EasyPrint	38
Online Help System	40
How to Access the Online Help System	40
Importing HIPAA 835 files	46
Before You Import the HIPAA 835 File	46
Import File Name Format	46
How to Import the HIPAA 835 File.....	47
How to Automatically Import the HIPAA 835 File.....	49
What to Do with an Import Error Message.....	51
Import Exception Summary Window/Report	51
Working with MREP Remittance Advices	53
How to View a List of Claims for an MREP Remittance Advice	53
How to View the Detail for a Claim	55
How to View the Total Amounts for a Remittance Advice	57

Use or disclosure of the information contained on this page is subject to the restrictions on the title page of this document.

How to View the Data in the Import File	60
How to View the CARC and RARC Codes	62
How to Look up a CARC/RARC Code.....	64
How to Update (Import) the CARC/RARC Codes	65
How to Print a List of Claims	68
How to Print the Detail for a Claim	70
How to Print the Remittance Advice Summary	71
Searching Payment Information	72
Making Sense of the Claim List Tab.....	76
Making Sense of the Claim Detail Tab	78
Making Sense of the Remit Summary Tab	81
Making Sense of the Data View Tab	83
Making Sense of the Search Tab	84
Making Sense of the Glossary Tab.....	85
Working with Reports	86
Making Sense of the Denied Service Lines Report.....	86
Making Sense of the Adjusted Service Lines Report.....	88
Making Sense of the Deductible Service Lines Report	89
Making Sense of the Coinsurance Service Lines Report	90
Making Sense of the Deductible/Coinsurance Service Lines Report	91
Making Sense of the COB Claims Report.....	92
Making Sense of the Non-COB Claims Report.....	93
Making Sense of the MSP Claims Report.....	94
Making Sense of the Non-MSP Claims Report.....	95
Making Sense of the Other Adjustments Report.....	96
How to Print the Denied Service Lines Report.....	97
How to Export the Denied Service Lines Report.....	100
How to Print the Adjusted Service Lines Report	102
How to Export the Adjusted Service Lines Report	105
How to Print the Deductible Service Lines Report	107
How to Export the Deductible Service Lines Report	110
How to Print the Coinsurance Service Lines Report	112
How to Export the Coinsurance Service Lines Report	115
How to Print the Deductible/Coinsurance Service Lines Report	117
How to Export the Deductible/Coinsurance Service Lines Report	120
How to Print the COB Claims Report.....	122
How to Export the COB Claims Report.....	125
How to Print the Non-COB Claims Report.....	127
How to Export the Non-COB Claims Report.....	130
How to Print the MSP Claims Report.....	132
How to Export the MSP Claims Report.....	135

Use or disclosure of the information contained on this page is subject to the restrictions on the title page of this document.

How to Print the Non-MSP Claims Report	137
How to Export the Non-MSP Claims Report	140
How to Print the Other Adjustments Report	142
How to Export the Other Adjustments Report	145
How to Print the Entire Remittance Report	147
Housekeeping for the Import files	149
Archiving Import files	149
Restoring Import files	150
Deleting Import files	152
Using Keystroke Shortcuts	153
Appendix A: MREP RA/HIPAA 835v4010A1 Segment Field Crosswalk.....	155
Appendix B: MREP RA/HIPAA 835v5010 Segment Field Crosswalk.....	162
Appendix C: Abbreviation and Acronym Glossary.....	170

About Medicare Remit Easy Print

Medicare Remit Easy Print enables you to print Medicare Part B and DME MAC HIPAA 835v4010A1 and 835v5010 files to a format that is similar to the Standard Paper Remittances (SPRs).

You can use Medicare Remit Easy Print to

- view MREP Remittance Advices (see page 53)
- search MREP Remittance Advices (see page 72)
- print MREP Remittance Advices (see page 71)
- print reports about MREP Remittance Advices (see page 147).

You can install Medicare Remit Easy Print on a PC or on a network.

For general information about remittances, see the guide for Medicare providers:
http://www.cms.hhs.gov/MLNProducts/downloads/RA_Guide_Full_03-22-06.pdf

What's New

- Provider level adjustments documented in the PLB segment(s) are listed on the Provider Payment Summary report found on the Remit Summary tab. The labels on the PLB Reason Codes are no longer numbered labels such as “PROV ADJ CODE1:”, “PROV ADJ CODE2:”, and so on. These fields are now simply labeled “PROV ADJ CODE:”.
- Mapping of the PLB adjustment details has changed. Previously, when the PLB reason code (PLB03-1) was “WO”, indicating a recoupment/offset, the value of positions 3-19 of the provider adjustment identifier (PLB03-2) was interpreted as a DCN and appeared under the “FCN/Other Identifier” heading on the Entire Remittance report and with the “FCN/Other Identifier” label on the Provider Payment Summary report. Now, when present, a provider adjustment in the X12835V4010A1 format with the PLB reason code of “FB” or “WO” communicates the CCN in positions 3-19, and the HICN in positions 20-30 of the provider adjustment identifier (PLB03-2). Also, when present, a provider adjustment in the X12 835V5010 format with a PLB reason code of “FB” or “WO” communicates the CCN in positions 1-17, and the HICN in positions 18-28 of the provider adjustment identifier (PLB03-2). The CCNs replace the DCN under the FCN/Other Identifier heading and label. A new “HIC” heading has been added to the Entire Remittance report, and a new “HIC:” label has been added to the Provider Payment Summary report.
- The Other Adjustment report displays subtotals for provider adjustments by PLB reason code. This report has been enhanced to display values for more adjustment types and provide more explanatory detail

Withholding/Capitation (PLB=E3):	12.91
Withholding/Accel. Pmt (PLB=AP):	23.45
Withholding/IRS (PLB=IR):	30.82
Overpayment Recovery (PLB=WO):	474.66
Forwarding Balance (PLB=FB):	537.39

Informational

- MREP accepts remittances in the X12 835V4010A1 and X12 835V5010A1 formats. MREP no longer accepts remittances in the X12 835V5010 format. However, since the X12 835V5010 format was only used during the transition period from X12 835V4010A1 and was never implemented for use in production, the User Guide refers to the X12 835V5010A1 format as X12 835V5010.
- MREP v3.1 includes the CARC/RARC list published 3/08/2011. Future lists will be made available individually and can be imported into MREP to keep the codes current. See pg. 65 for instructions.

Medicare Remit Easy Print

Differences between MREP Remittance Advices and Shared System SPRs

Differences between MREP Remittance Advices and Shared System SPRs

It is important to understand that the Medicare Remit Easy Print Remittance Advice is a representation of the HIPAA 835v4010A1 transaction data. Although CMS has attempted to make the Medicare Remit Easy Print generated Remittance Advice very similar to the Shared System Maintainer generated SPR (received via mail), the printed information and data content at times may differ. So, the two can be compared as long as there is an understanding of why they differ.

For example, the HIPAA 835v4010A1 transaction data contains reversal (mother) claim information and, in turn, the Medicare Remit Easy Print Remittance Advice displays this information and uses it in the calculation of the entire remittance “totals”. The CMS systems that create the file for the SPR received via mail have the ability to “net” the claim information for adjustments prior to generating the SPR. The HIPAA 835v4010A1 transaction has no facility to convey the information to allow MREP to “net” the claim information for adjustments prior to generating the Medicare Remit Easy Print Remittance Advice and, therefore, must do a complete back-out of the original claim and “build” a new “adjusted” claim with the modified information.

Item	Medicare Remit Easy Print	Shared System
Adjustments	<p>You must calculate the net.</p> <p>Claim Example #1 Original Claim 00000000001000 Provider Paid -\$100.00 Adjustment Claim 00000000001001 Provider Paid \$80.00 Provider Paid -\$20.00 (overpayment)</p> <p>Claim Example #2 Original Claim 00000000002000 Provider Paid -\$100.00 Adjustment Claim 00000000002001 Provider Paid \$150.00 Provider Paid \$50.00 (underpayment)</p>	<p>The net was calculated for you.</p> <p>Claim Example #1 Adjustment Claim 00000000001001 Provider Paid -\$20.00</p> <p>Claim Example #2 Adjustment Claim 00000000002001 Provider Paid \$50.00</p>
PREV PD	Always blank	Is calculated for you
General Messages for Suppliers/ Providers (Provider Bulletin Board)	Not displayed	Is displayed

About This Guide

All personal health information has been replaced with fictitious information.

To use this guide, you need to have a working knowledge of Microsoft Windows.

For example, you need to know how to:

- access your desktop,
- use the Start menu, and
- use Microsoft Windows Explorer.

You also need to know common Microsoft Windows terminology. For example, Start > Programs refers to the Programs option on the Start menu.

Need Assistance?

If you need assistance, please contact:

Email	Your Medicare contractor
Phone	Your Medicare contractor

PC Requirements

Recommended speed: 2.0 GHz or faster

Operating System Requirements

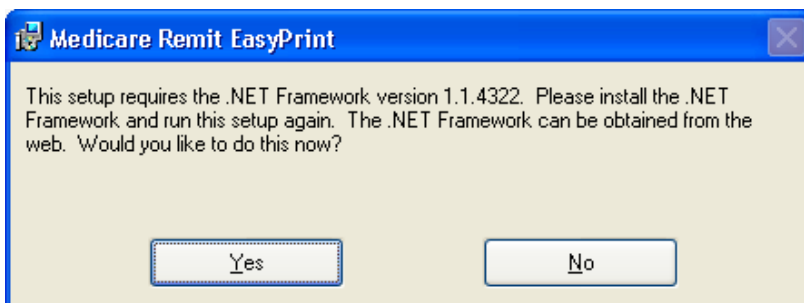
Recommended: Windows XP

Others: Windows 2000

Windows NT

.NET Framework: 1.1.4322 (*On the Microsoft web site this is referenced as 1.1*)

This application uses Visual Basic.Net, a Microsoft compatible language, and like many applications that require a MS Windows platform, a .NET framework is required. More than likely you already have a version of the .NET framework on your PC. In order to use this application, you must have .NET framework version 1.1.4322 or a later version installed on each PC that is using this application. If you do not have this framework installed, you may receive a message stating that this version of the framework is required during the installation process and prompting you to install it.



By clicking yes—and if you have access to the internet—you are redirected to the Microsoft web site to download the .NET framework 1.1 (same as the 1.1.4322 version referenced in the message). It is not recommended that you download a beta version of the .NET framework if you are presented with this option on the Microsoft web site.

Outside of the application installation process, you may also use the following link to transport directly to the location on the Microsoft web site to download the 1.1 .NET framework version:

<http://www.microsoft.com/downloads/details.aspx?FamilyId=262D25E3-F589-4842-8157-034D1E7CF3A3&displaylang=en>

If you want to learn more about the 1.1 .NET Framework version and/or determine if you need to install this version, you may use the following link:

<http://msdn.microsoft.com/en-us/netframework/default.aspx>

Please follow the directions within the web site when using this link.

If you do not have access to the internet and you receive a message to update your .NET framework, you have to obtain a copy of the .NET framework from Microsoft. The Medicare Remit Easy Print application does not work without the appropriate .NET framework installed on each machine accessing the application.

**Decompression
Application:**

To download the Medicare Remit Easy Print program from your Medicare contractor's web site, you must have the following:

- Access to the internet.
- WinZip or a compatible decompression application to extract files. If you do not have a decompression application then you can go to a number of web sites to acquire one (For example: <http://www.winzip.com/downwzeval.htm>.)

How Does Medicare Remit Easy Print Get Medicare Remittance Info?

You have to import Medicare remittance information into Medicare Remit Easy Print. For more information about importing, see *How to Import the HIPAA 835 File* on page 47.

The files that you import are the ANSI files. For more information about the format of these files, see *Appendix A: RA/HIPAA 835v4010A1 Segment Field Crosswalk* on page 155 or *Appendix B: RA/HIPAA 835v5010 Segment Field Crosswalk* on page 162.

When Medicare Remit Easy Print reformats and saves a copy of an HIPAA 835 file, it is called the Import file. For information about how EasyPrint names the Import files, see *Import File Name Format* on page 46.

Medicare Remit Easy Print keeps all of the Import files in the Import folder in the Medicare Remit EasyPrint directory.

Information for Administrators

The Network Installations and PC Installations sections are for administrators.

Medicare Remit Easy Print can be installed on a PC or network.

Network Installations

Medicare Remit Easy Print Directory

There must be sufficient space on the network to save the Import file(s).

The Medicare Remit Easy Print software takes about 3000 KB.

Users must have Read/Write access to the directory where the software is installed because the software creates files and saves them using the user's security privileges to the directory.

Medicare Remit Easy Print Access

If you need to make Medicare Remit Easy Print available to all users who log on, you need to indicate this during the installation procedure.

Group Code MSI file

When installing the application on a network, each PC that accesses the application must have installed the Group Code MSI file.

Pre-Installation Checklist for Installation on a Network

Before you install Medicare Remit Easy Print, you need to complete these steps:

Step	Description	Completed ✓
1	Check that the network, all PCs, and printers meet all requirements.	
2	Check that you are using one of the supported operating systems.	
3	Find out where the Medicare Remit Easy Print installation software is located. The file name is: Medicare Remit Easy Print.msi Write the location here:	

Medicare Remit Easy Print

Network Installations

Step	Description	Completed ✓
4	<p>Find out where the Medicare Remit Easy Print Group Code .msi file is: The file name is: GroupCode.msi</p> <p>Write the location here:</p> <p>Note: The GroupCode.msi must be installed on all PCs executing EasyPrint from a network location or any PCs that access network locations from within the application.</p> <p>When installed on a network drive, only the EasyPrint shortcut and the GroupCode.msi package need to be installed on PCs executing the application. There is no need to install the application on each individual PC.</p> <p>In order for each client PC to access the application: From the client PC, navigate to the network location where Medicare Remit Easy Print is installed, right click on the EasyPrint.exe file, and select "create shortcut". This shortcut can then be copied to the desktop of the client PC. This step is necessary in the event the network drive mapping is different on the client PC.</p>	
5	<p>Create a folder called HIPAA 835 files and make sure that all users know the location.</p> <p>This folder must have adequate security for PHI.</p> <p>Write the location for the HIPAA 835 files here:</p>	
6	<p>Create a directory on the server for the Medicare Remit Easy Print installation.</p> <p>This directory must have adequate security for PHI.</p>	



Installing Medicare Remit Easy Print on a Network

When you install Medicare Remit Easy Print on a network:

- install Medicare Remit Easy Print on the network
- install the Medicare Remit Easy Print Group Code on *every* PC accessing the application.

Before You Install Medicare Remit Easy Print on a Network

Before you install Medicare Remit Easy Print:

- complete the Pre-Installation Checklist for installation on a network.

How to Install Medicare Remit Easy Print on the Network

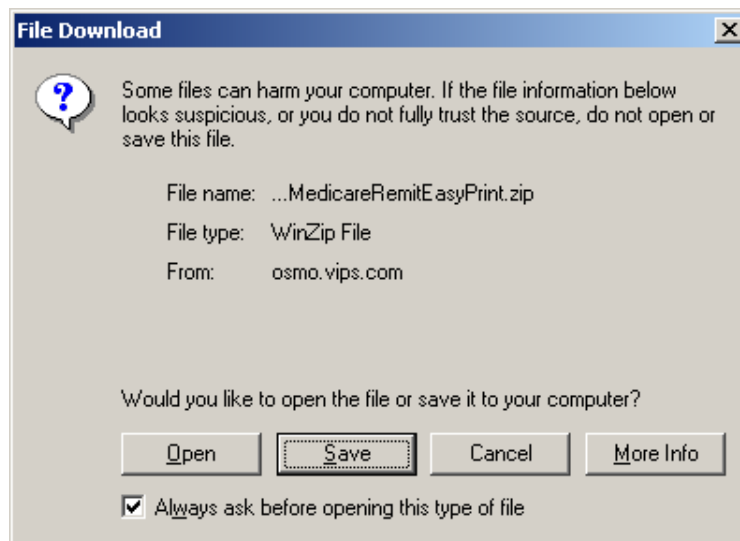
Download Instructions

On your contractor’s website, select:

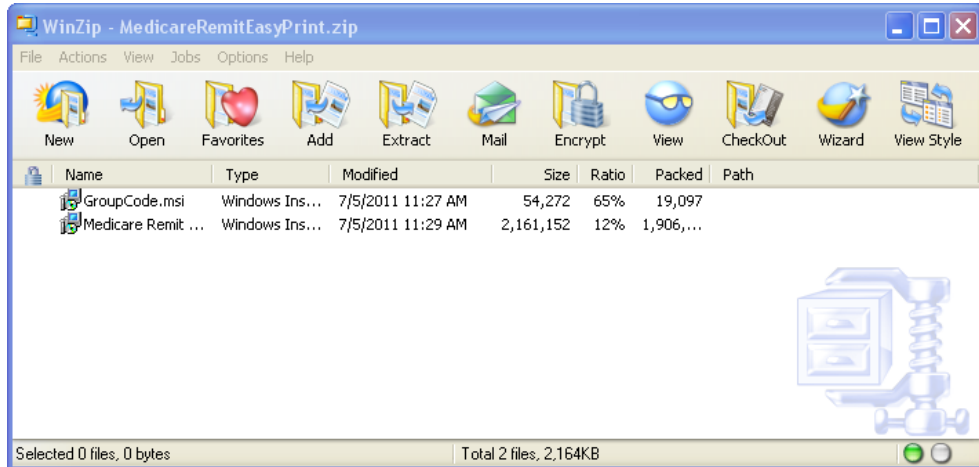
1. Medicare Remit Easy Print link
2. Click the Medicare Remit Easy Print zip file. The File Download window opens.

Important!

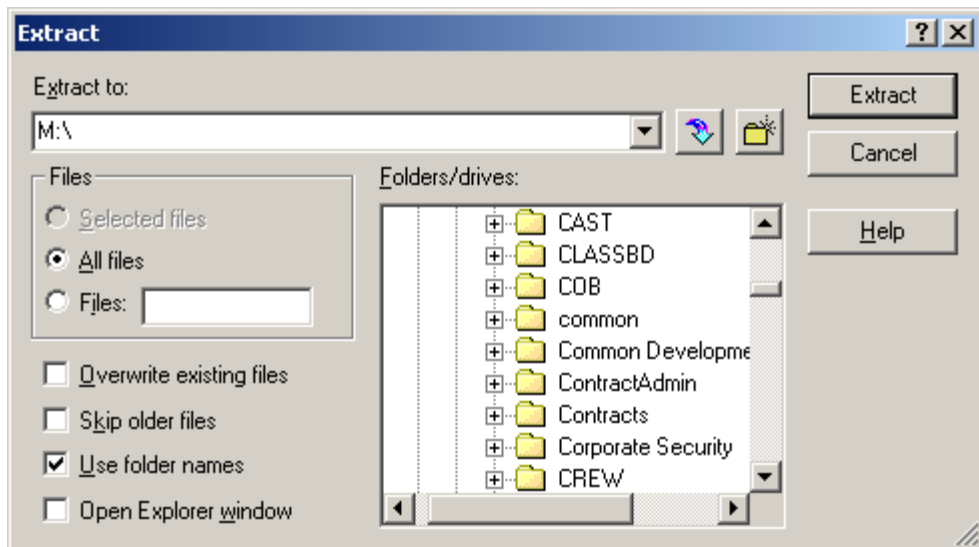
If this download cannot get past your network firewall, please contact your Medicare contractor.



3. Click the Open button. The WinZip window opens.



4. To extract the file to the network, highlight GroupCode.msi and click the Extract button. The Extract window opens.



5. Select the directory on your network where you want the GroupCode.msi file to be stored. Click the Extract button. You return to the WinZip window.
6. On the following line, write the name of the folder where you saved the GroupCode.msi file:

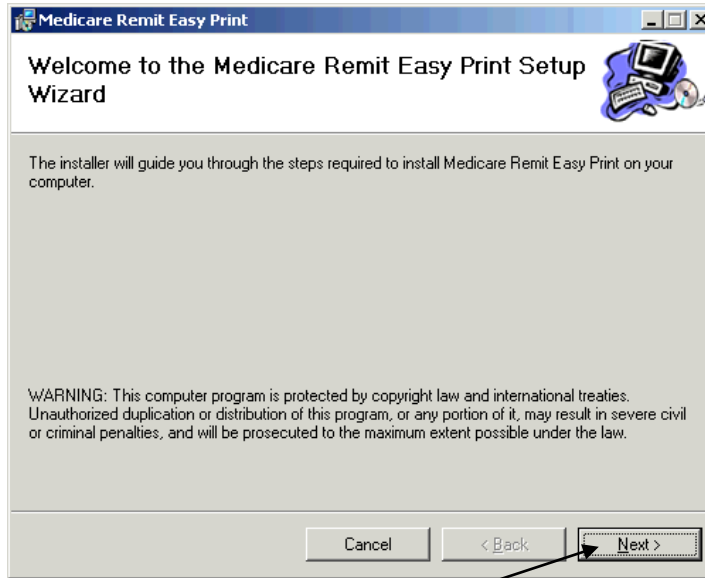
7. Highlight the MedicareRemitEasyPrint.msi file and click Extract.
8. Select the same location on your network where you saved the GroupCode.msi file. Click the Extract button.

Installation Instructions

1. Make sure you know the location of the Medicare Remit Easy Print.msi file (Step 3 of the Pre-Installation Checklist – page 13).
2. Open Microsoft Windows Explorer and find the Medicare Remit Easy Print.msi file.
3. Double-click the Medicare Remit Easy Print.msi file:

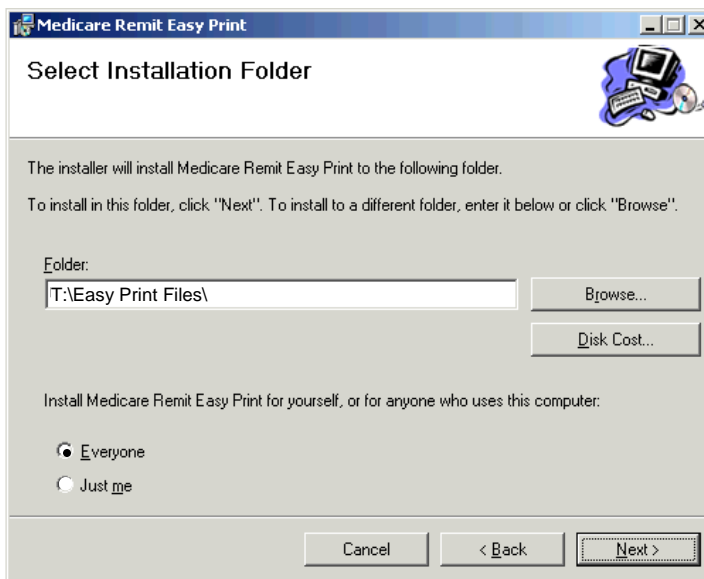


The Medicare Remit Easy Print Setup Wizard opens.



4. Click the Next button.

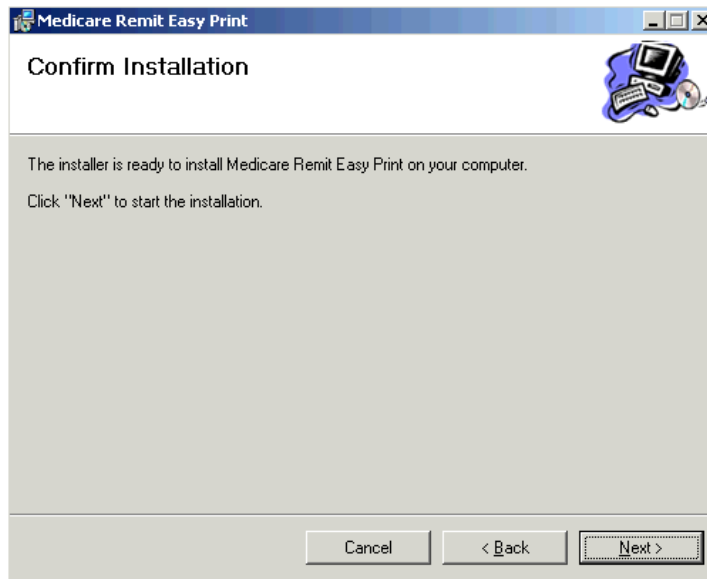
The Select Installation Folder window opens.



5. Browse for the network location for the install. This is where the application and all the associated files are stored.
6. On the following line, write the location where you are saving the application and where all of the associated folders and files are to be saved:

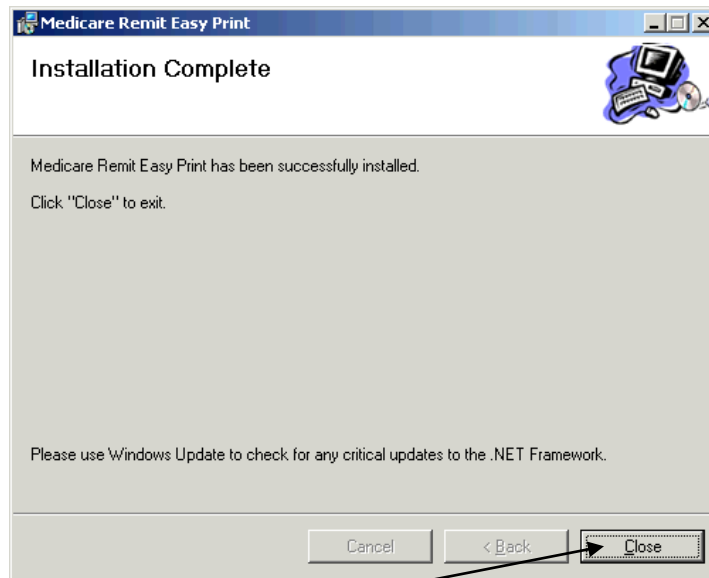
7. Select Everyone and click the Next button.

The Confirm Installation window opens.



8. Click the Next button

When the installation is finished, the Installation Complete window opens.



Best Practice:
Make the shortcut to the Medicare Remit Easy Print executable available to all users.

9. Click the Close button.

The Medicare Remit Easy Print shortcut is available in the Medicare Remit Easy Print directory. Copy this shortcut to your desktop.

Important!

You must install the Medicare Remit Easy Print Group Code on each PC.

10. Complete the Medicare Remit Easy Print Group Code installation on each PC.

What Happens During the Installation Process?

The following items are created and placed in the directory you designated under the Medicare Remit Easy Print folder in Step 8 of the Installation Instructions:

- EasyPrint.exe
- Easy Print icon - shortcut
- Import folder - where all active converted HIPAA 835 files are stored
- Archive folder - where all inactive converted HIPAA 835 files are stored. (Inactive files are files not currently viewed in the application.)
- Report Export folder - where all exported Report files are stored
- Resource folder - internal folder to application



Installing the Medicare Remit Easy Print Group Code on the PC

After you install the Medicare Remit Easy Print application on the network, you must install the GroupCode.msi file on *every* PC that needs to access the application.

How to Install the Medicare Remit Easy Print Group Code

1. Make sure you know the location of the Medicare Remit Easy Print Group Code file (Step 4 of the Pre-Installation Checklist – page 13).
2. Open Microsoft Windows Explorer and find the Medicare Remit Easy Print Group Code.msi file.
3. Double-click the Medicare Remit Easy Print Group Code.msi file.



The installation completes without opening any windows or displaying any messages.

How to Know that the Medicare Remit Easy Print Group Code Install Completed Successfully

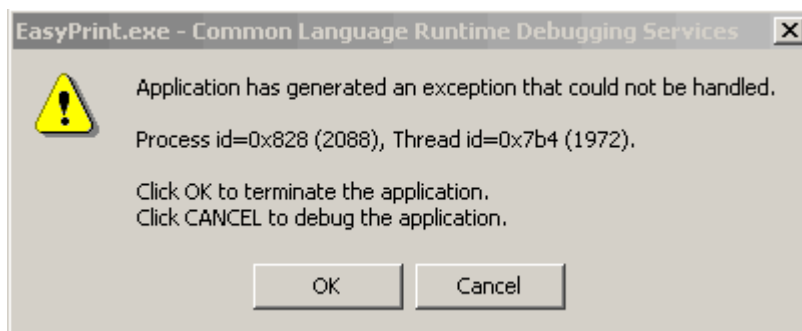
If the installation DID complete successfully, the PC user can open Medicare Remit Easy Print.

If the installation DID NOT complete successfully, the PC user cannot open Medicare Remit Easy Print is presented with an unhandled exception dialog.

Hint:

If you see this error message on the PC, you need to install the Medicare Remit Easy Print Group Code.

You need a minimum screen resolution of 1024 X 768.



Have the user click OK and install the Medicare Remit Easy Print Group Code again.



PC Installations

Medicare Remit Easy Print Setup Software

For users to load the software on their PCs, they must know the location of the Medicare Remit Easy Print Setup file.

Best Practice:

Create a folder called HIPAA 835 files to store your 835 files, and make sure that all users know the location.

The file name is:

Medicare Remit Easy Print.msi

HIPAA 835 File Location

Users must know the location from which to download the HIPAA 835 file they receive from their Medicare contractor.

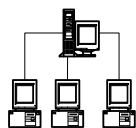
Medicare Remit Easy Print Directory

There must be sufficient space on the PC for Medicare Remit Easy Print to save the Import file(s).

The Medicare Remit Easy Print software takes about 3000 KB. The size of the Import file(s) is dependent upon the number of claims found in the HIPAA 835 file.

Medicare Remit Easy Print Access

The default for installing Medicare Remit Easy Print is to have it be accessible only to a single user on a PC.



Getting Started

To get started:

1. Complete the Pre-Installation Checklist (page 22).
2. Install Medicare Remit Easy Print on your PC (page 22).

Pre-Installation Checklist for Installation on a PC

Before you install Medicare Remit Easy Print, you need to complete these steps:

Step	Description	Completed ✓
1	Check to be sure that your PC and printer meet all requirements.	
2	Check to be sure that you are using one of the supported operating systems.	
3	Find out where the Medicare Remit Easy Print install file is located. The file name is: Medicare Remit Easy Print.msi Write the location here:	
4	Find out where the HIPAA 835 files are located. Write the location here:	

Installing Medicare Remit Easy Print

Before You Install Medicare Remit Easy Print

Before you install Medicare Remit Easy Print:

- Complete the Pre-Installation Checklist.

How to Install Medicare Remit Easy Print on Your PC

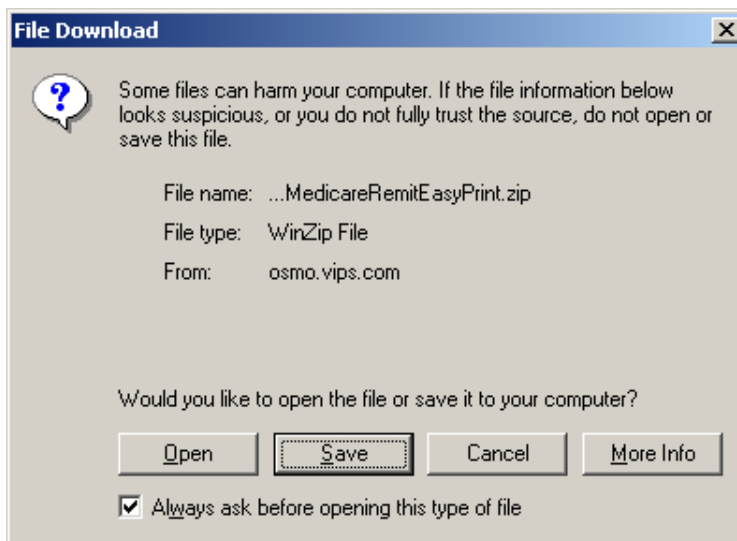
Download Instructions

On your contractor’s website:

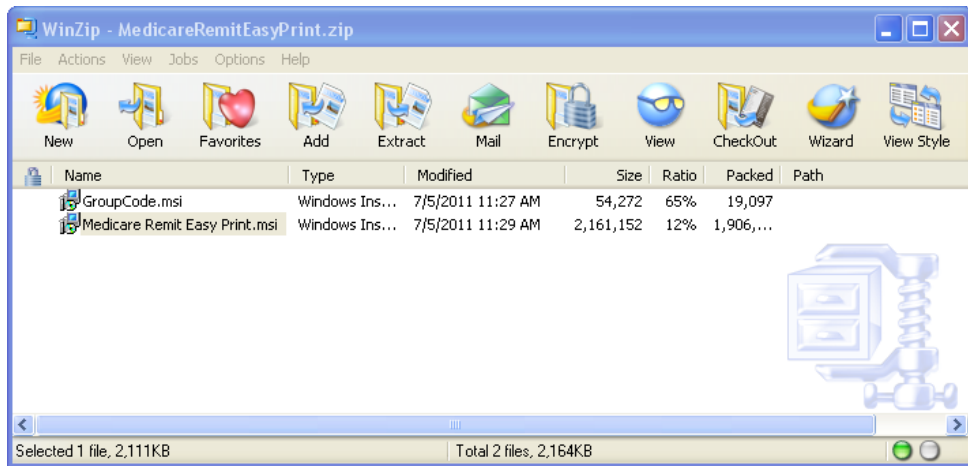
1. Select the Medicare Remit Easy Print link.
2. Click the Medicare Remit Easy Print zip file. The File Download window opens.

Important!

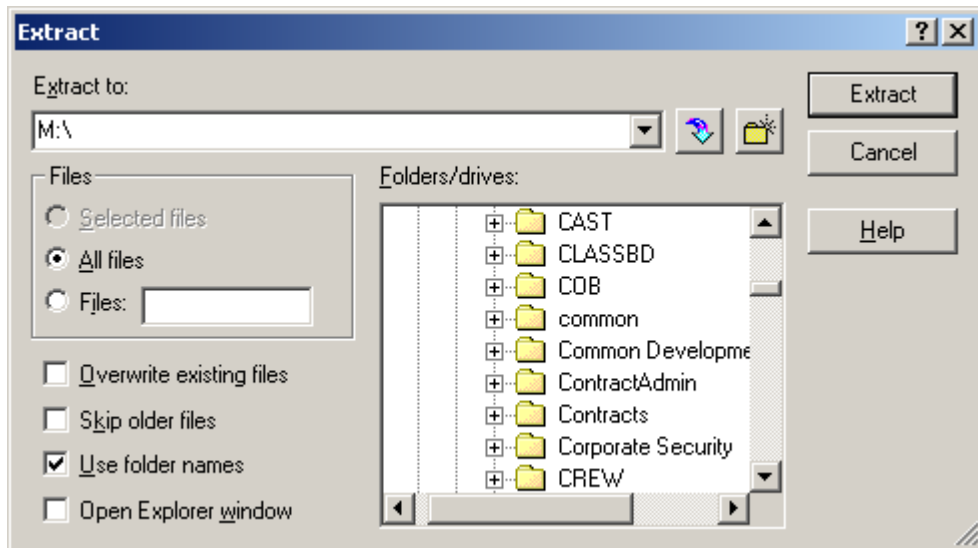
If this download cannot get past your PC security settings, please contact your Medicare carrier.



3. Click the Open button. The WinZip window opens.



4. To extract the file to the network, highlight MedicareRemitEasyPrint.msi and click the Extract button. The Extract window opens.



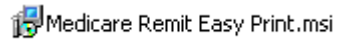
Best Practice: Create a folder called HIPAA 835 files to store your 835 files, and make sure that all users know the location.

5. Select the directory on your network where you want the MedicareRemitEasyPrint.msi file to be stored. Click the Extract button. You return to the WinZip window.
6. On the following line, write the name of the folder where you saved the MedicareRemitEasyPrint.msi file:

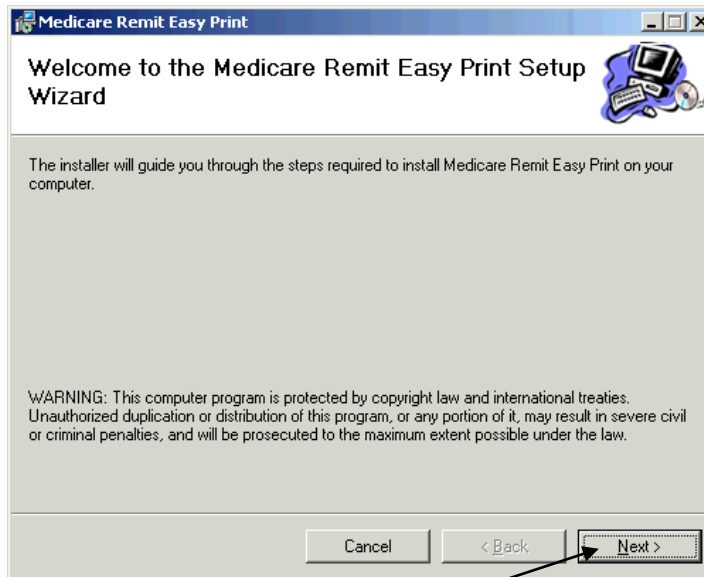
Because you are not installing the software on a network to be shared by other users, you do not need to copy the GroupCode.msi file.

Installation Instructions

7. Make sure you know the location of the Medicare Remit Easy Print.msi file (Step 3 of the Pre-Installation Checklist – page 22).
8. Open Microsoft Windows Explorer and find the Medicare Remit Easy Print.msi file.
9. Double-click the Medicare Remit Easy Print.msi file:

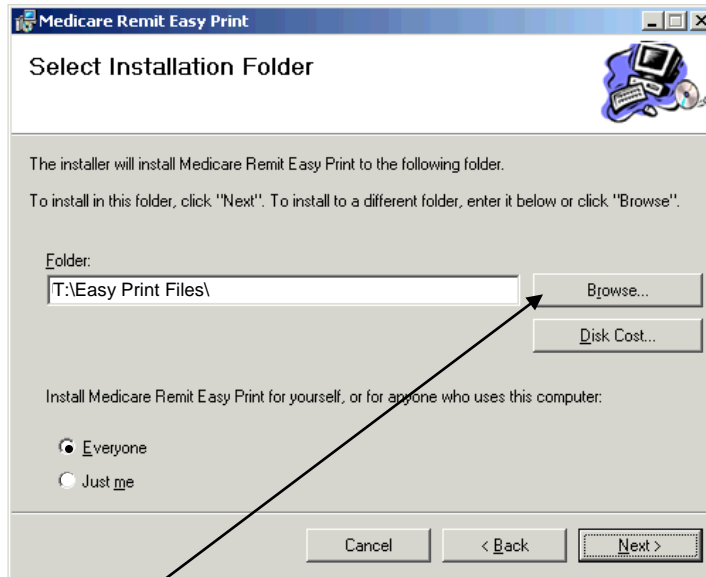


The Medicare Remit Easy Print Setup Wizard opens.



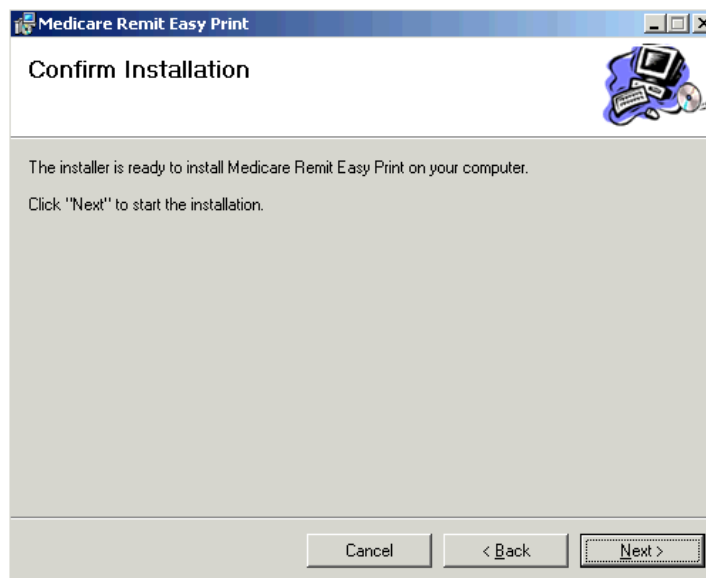
10. Click the Next button.

The Select Installation Folder window opens.



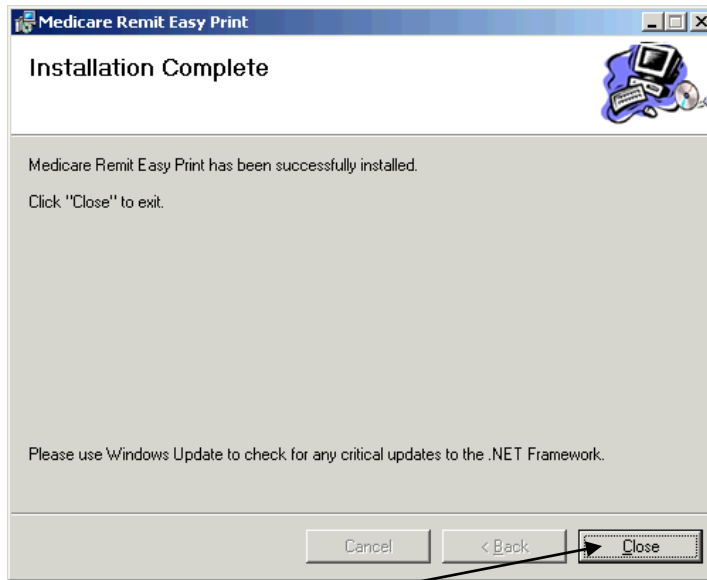
11. Browse for the PC location for the install. This is where the application and all the associated files are stored.
 12. On the following line, write the location where you are saving the application and where all of the associated folders and files are to be saved:
-
13. Select Everyone and click the Next button.

The Confirm Installation window opens.



14. Click the Next button

When the installation is finished, the Installation Complete window opens.



15. Click the Close button.

The Medicare Remit Easy Print shortcut is available in the Medicare Remit Easy Print directory. Copy this shortcut to your desktop.

What Happens During the Installation Process?

The following items are created and placed in the directory you designated under the Medicare Remit Easy Print folder in Step 8 of the Installation Instructions:

- EasyPrint.exe
- Easy Print icon (shortcut)
- Import folder (where all active converted x835 files are stored)
- Archive folder (where all inactive converted x835 files are stored. Inactive files are files not currently viewed in the application)
- Report Export folder (where all exported Report files are stored)
- Resource folder (internal folder to application)

Starting Medicare Remit Easy Print

You can find shortcuts to the Medicare Remit Easy Print program in 2 places:

- your PC desktop: 
- the Start > Programs menu: 

Before You Start Medicare Remit Easy Print

Before you start Medicare Remit Easy Print, you must:

- load Medicare Remit Easy Print (page 22).
- know the location of the HIPAA 835 folder or where your HIPAA 835 files are stored (Step 4 of the Pre-Installation Checklist – page 22)


How to Start Medicare Remit Easy Print

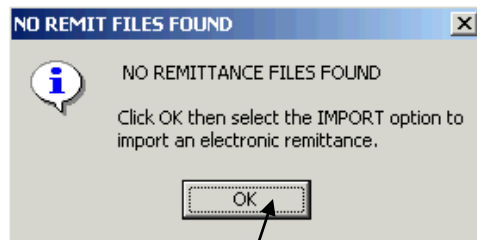
1. To start Medicare Remit Easy Print, double-click the Medicare Remit Easy Print shortcut.

The *first time* that you start Medicare Remit Easy Print, or when you don't have any Remittance files in the Import folder you see the "No Remittance Files Found" dialog. Click or select the OK button to close the dialog.

Hint:

You can find the Medicare Remit Easy Print shortcut

 on the desktop and on the Start menu.



Click the OK button.

Medicare Remit Easy Print opens with the Import button ready:



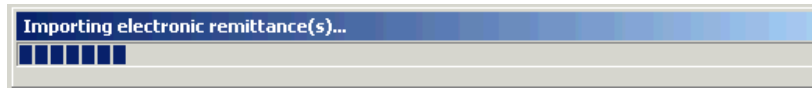
Click the Import button.

A file dialog window opens permitting you to select the HIPAA 835 file to import.



Select the HIPAA 835 file that you want to import by double-clicking it.

Medicare Remit Easy Print starts the import and lets you know that it is importing:



After the import is finished, the Remittance Advice List window appears.

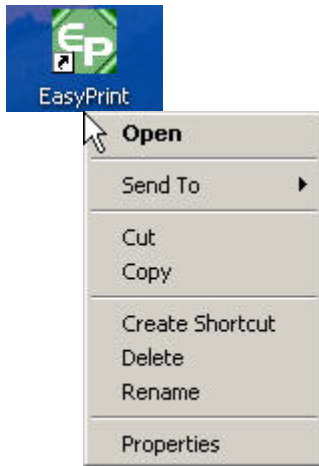
Hint:
Click on a column heading to change the sort order.

Bene name(s)
Internal account number(s)
Internal control number(s) (Claim Number)
Total billed amount for the claim
Total provider paid amount for the claim
Earliest From Date of service on the claim
Latest To Date of service on the claim

Locating MREP and MREP File Locations on Your PC/Network

Locating the MREP Application on Your PC/Network – Icon Available

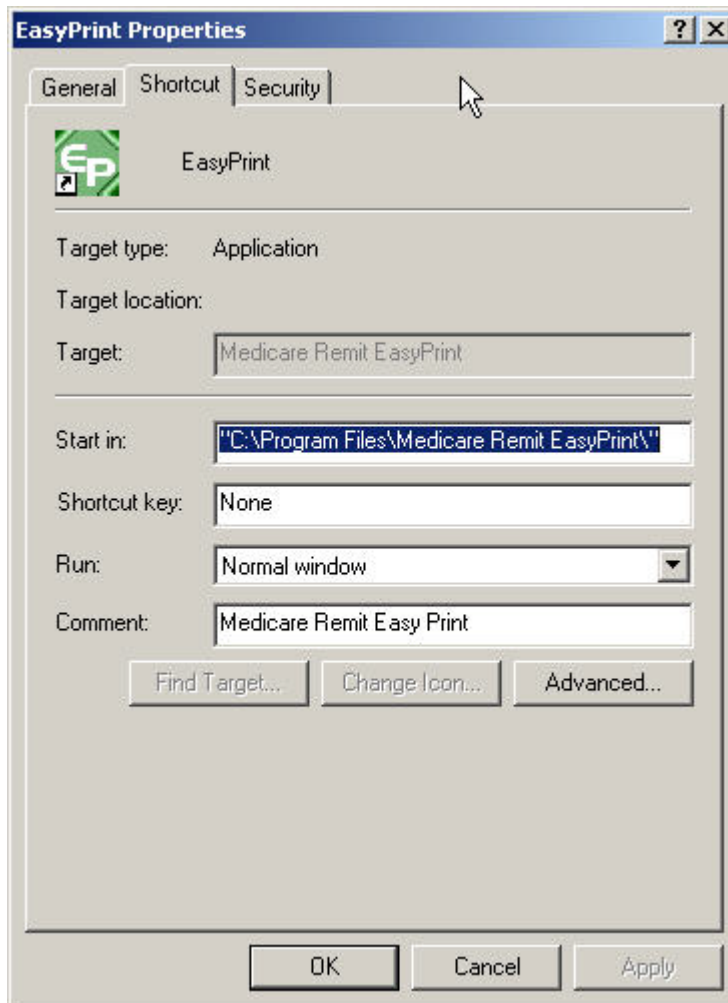
1. With your mouse, right click on the icon on your desktop.



Medicare Remit Easy Print

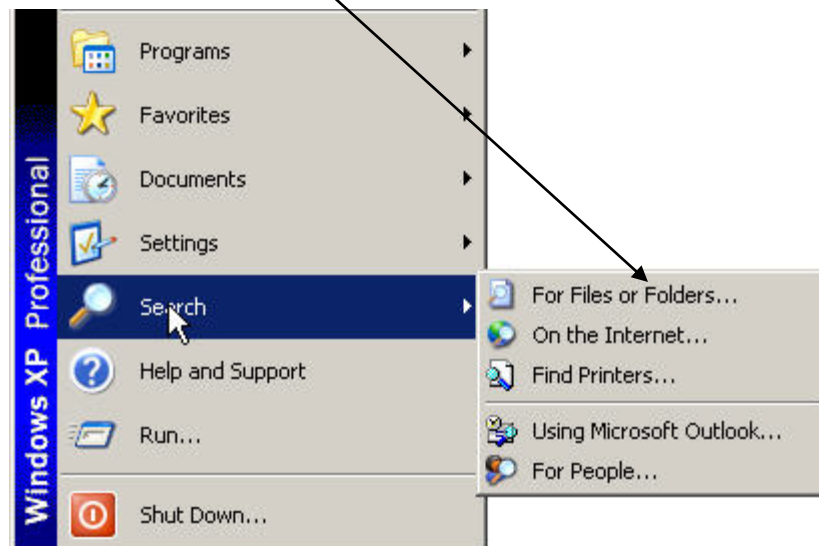
Locating MREP and MREP File Locations on Your PC/Network

2. Go to Properties, Shortcut, Start in and you see the directory where the Medicare Remit Easy Print directory is located.



Locating the MREP Application on Your PC/Network – Icon not Available

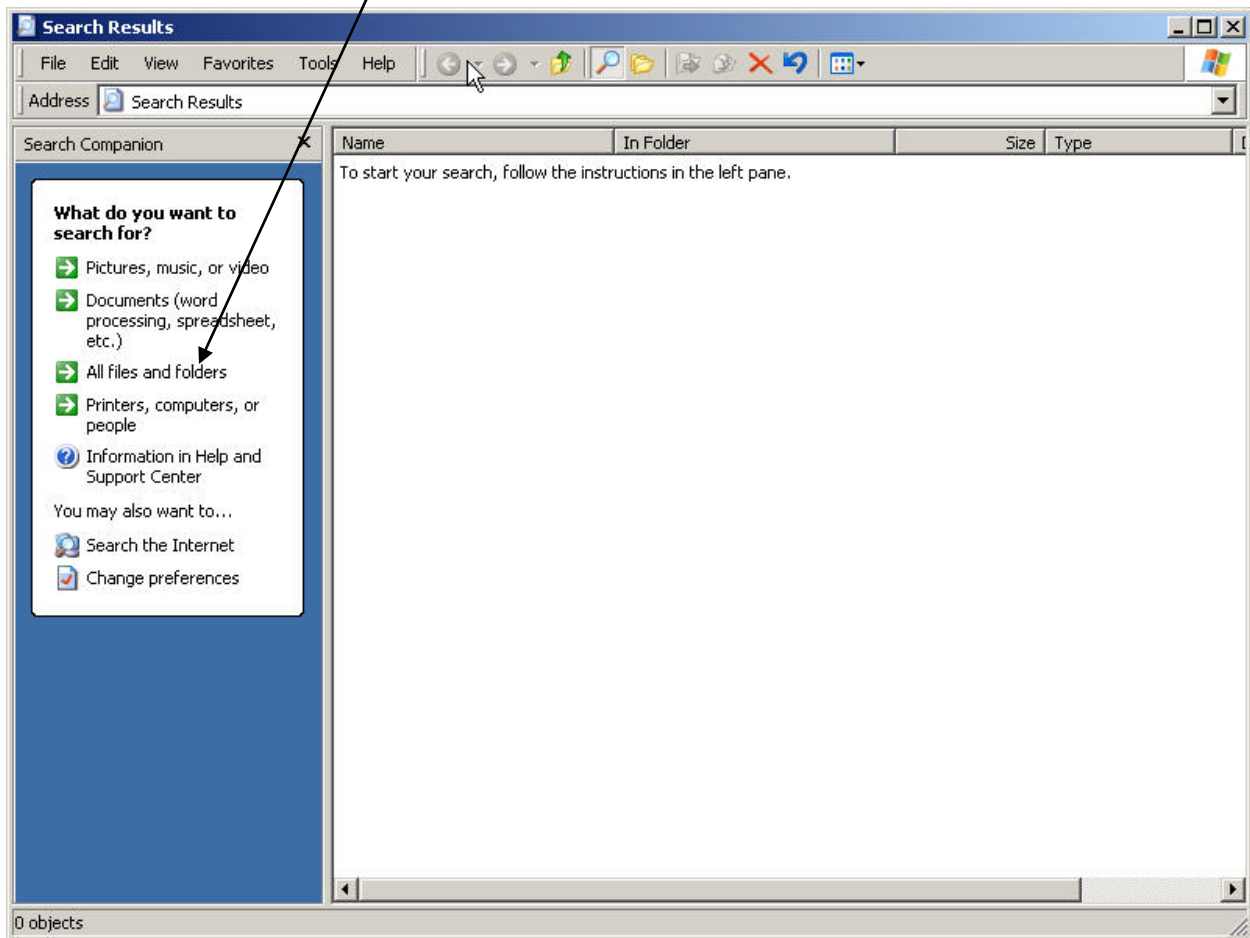
1. Click the Start menu.
2. Select the 'Search' function.
3. Select 'For Files or Folders'.



Medicare Remit Easy Print

Locating MREP and MREP File Locations on Your PC/Network

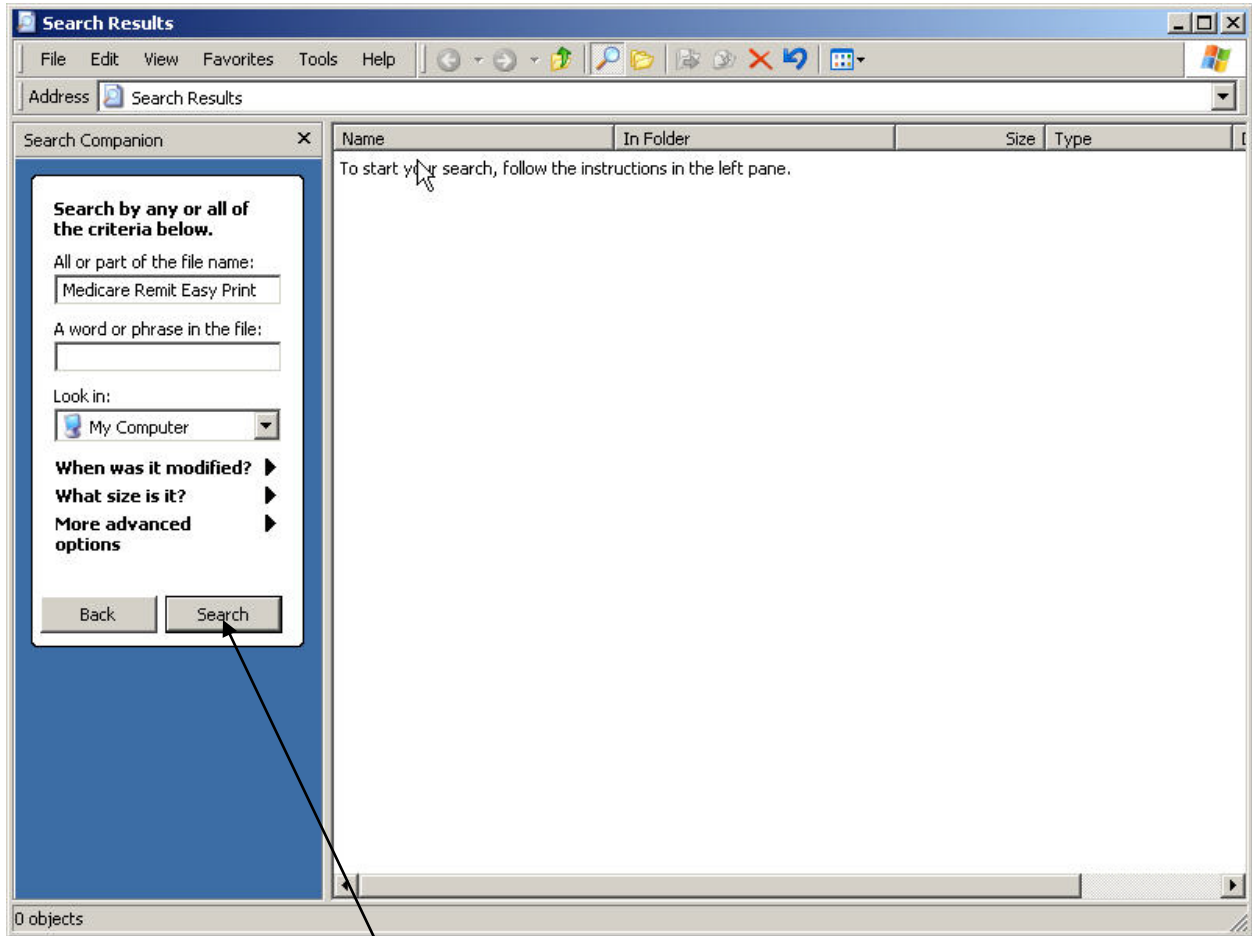
4. Select 'All files and folders'.



5. Type 'Medicare Remit Easy Print' or the name you saved your MREP software under in 'All files and folders'.
6. Select 'My Computer' from the 'Look In' drop-down box.

Medicare Remit Easy Print

Locating MREP and MREP File Locations on Your PC/Network

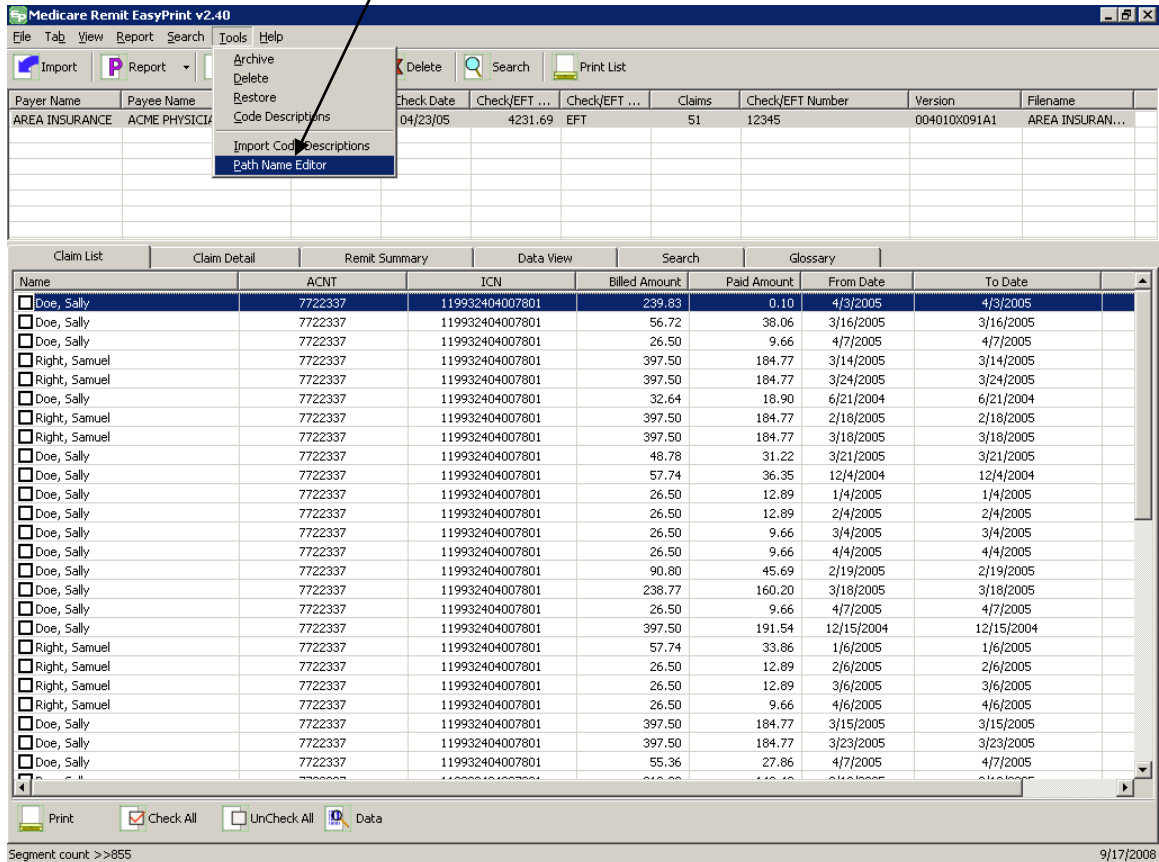


7. Click the Search button.

Identifying Easy Print File Locations

This tool contains the current path to folders containing the files that Medicare Remit Easy Print uses. In most cases, these paths never need updating. But, in certain situations, the user may want to override the default locations of these folders.

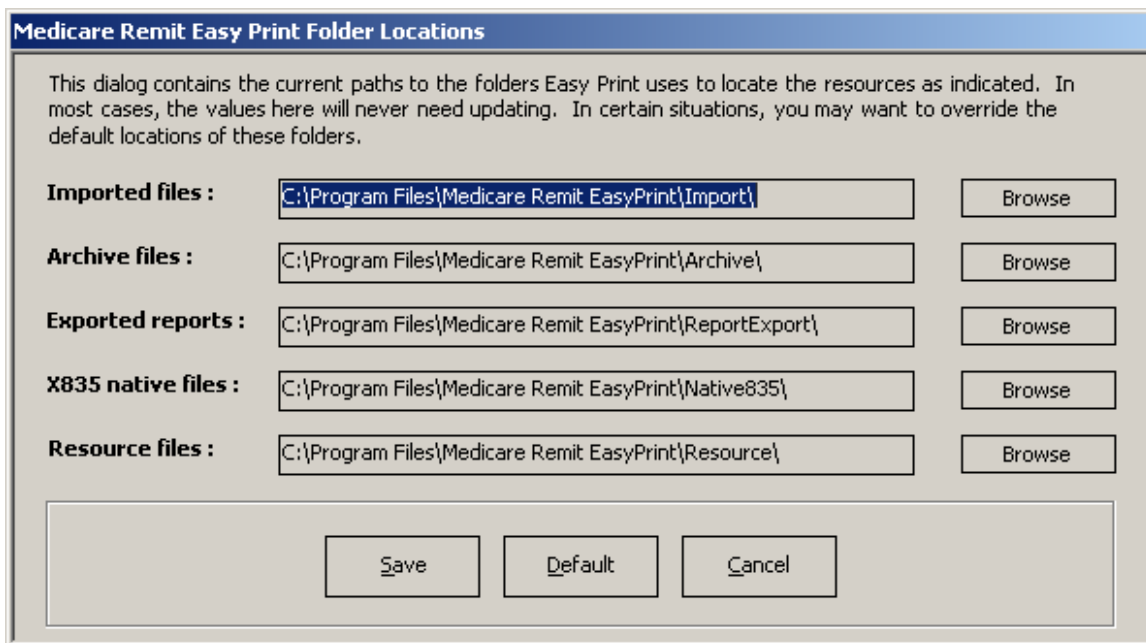
1. To identify the necessary files/resources that Medicare Remit Easy Print is using, select Path Name Editor from the Tools menu.



Medicare Remit Easy Print

Locating MREP and MREP File Locations on Your PC/Network

2. The folder locations window displays showing the current folder location settings.



The **Imported files:** folder contains those files once the native 835 files have been imported into Medicare Remit Easy Print.

The **Archive files:** folder contains those files that have been archived from Medicare Remit Easy Print.

The **Exported reports:** folder contains those report files where the user chose to export the reports rather than printing them.

The **X835 native files:** folder contains the native 835 files that are imported into Medicare Remit Easy Print.

Note: When an issue is reported and the ViPS MREP Team requests that the file be sent for further investigation, this is the type of file that needs to be sent. The file has a “.txt” extension.

Identify the file/remittance advice that is in question or causing an issue.

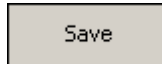
For the provider/supplier community, send a copy of this file to your contractor and your contractor should send the same file to the ViPS MREP Team.

The **Resource files:** folder contains the necessary internal files (004010X091A1.FLD or 005010x221A1.FLD and loop.str) for Medicare Remit Easy Print to run. The Codes.ini file is also in this folder, but it is not required for Medicare Remit Easy Print to run. (**Note:** The Codes.ini file contains the descriptions of the Reason and Remark codes. If it is not present, the user receives a generic default message for each Reason and Remark code.)

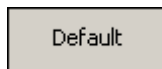
Medicare Remit Easy Print

Locating MREP and MREP File Locations on Your PC/Network

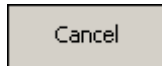
Buttons



Save changes made to the folders



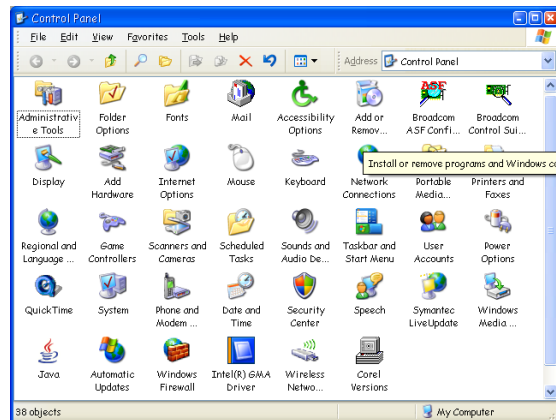
Reset the values for the files back to what they were when the Medicare Remit Easy Print application was initially installed



Exit the Medicare Remit Easy Print Folder Locations display box without saving changes

Uninstalling Medicare Remit EasyPrint

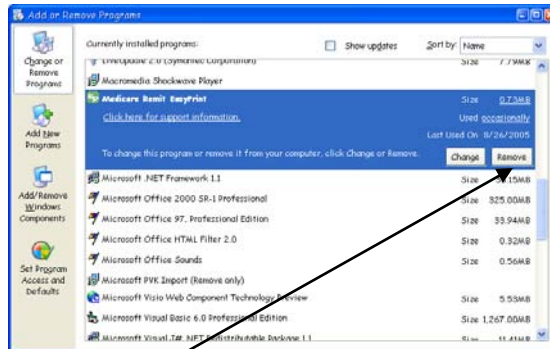
1. Navigate to the Windows Control Panel Add/Remove Programs.
 - From the taskbar, click Start > Control Panel.
 - The control panel window opens.



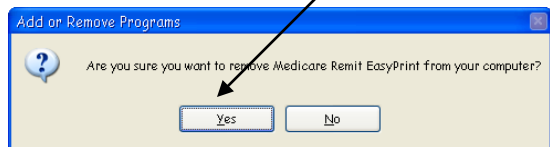
Windows 2000/XP control panel

2. Remove the Medicare Remit Easy Print Application.

- Double click the Add/Remove Programs icon in the Control Panel.
- Select Medicare Remit Easy Print from the resulting list.



- Click Remove, then click Yes on the confirmation dialog.




The Uninstall process is complete!

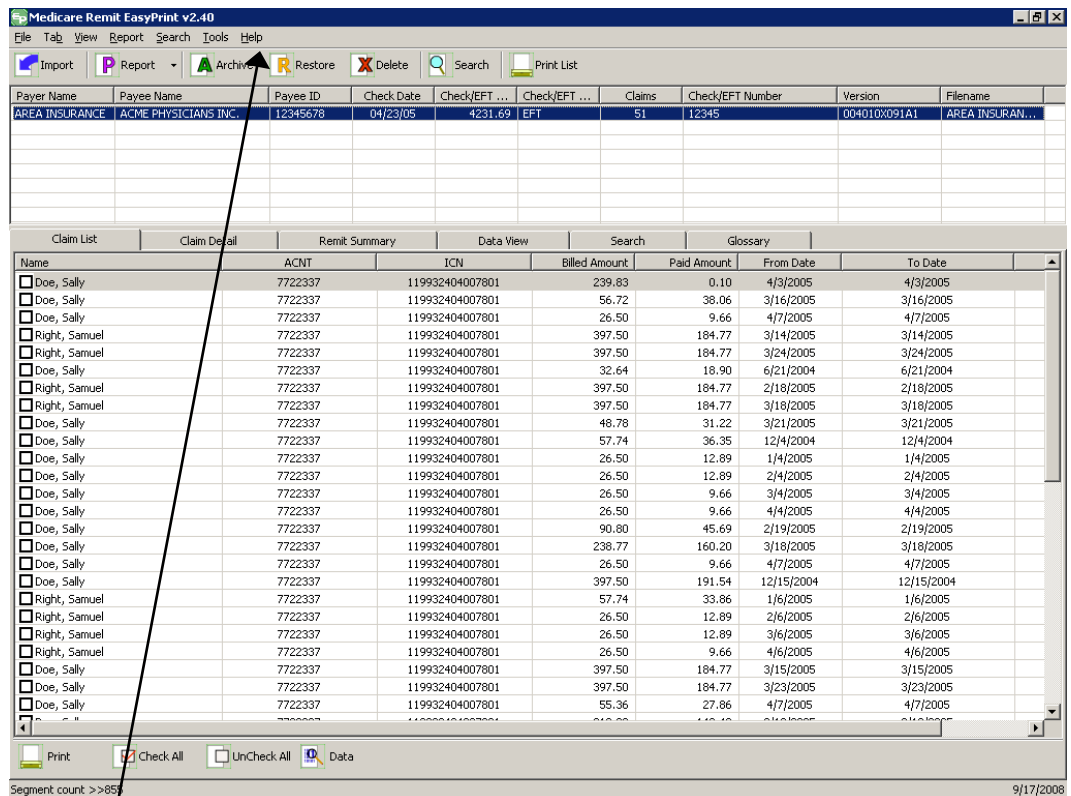
Online Help System

The Medicare Remit Easy Print (MREP) Help online system allows you to look up information about MREP from MREP itself instead of referring to the Medicare Remit Easy Print User Guide. The online Help system is geared to the day-to-day tasks in MREP. It does not include information regarding the technical aspects of installing or running MREP on a PC or network.

How to Access the Online Help System

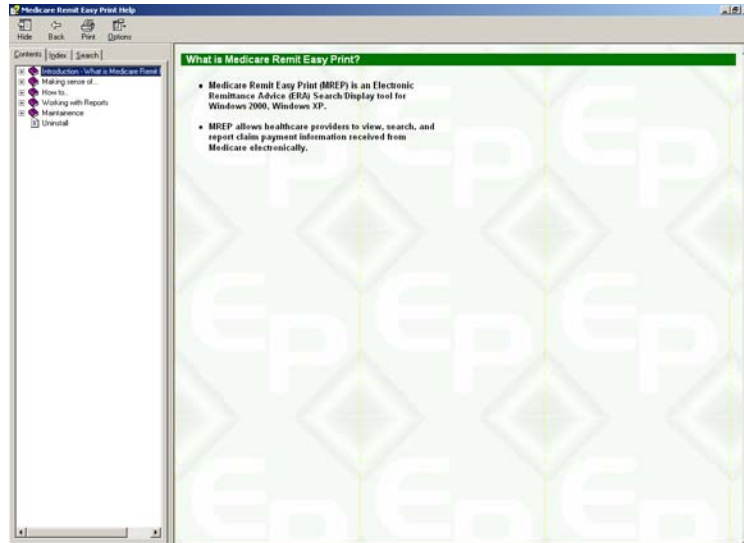
1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

The Medicare Remit Easy Print Claim List tab opens.



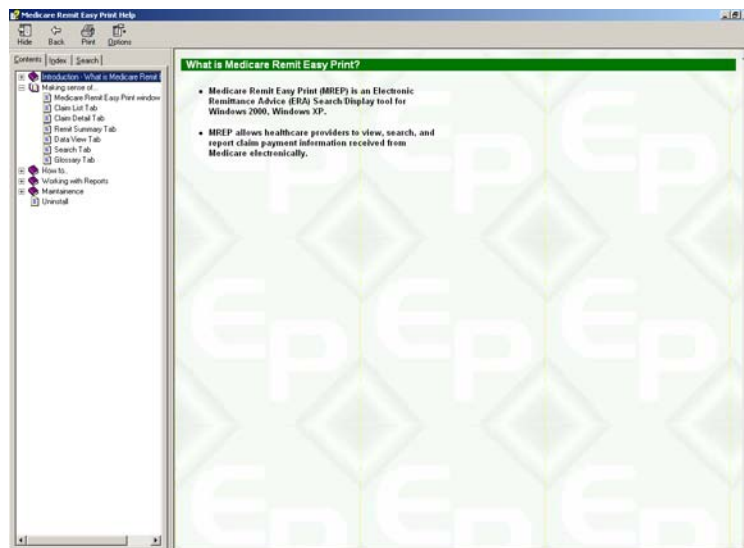
2. Click Help.

Medicare Remit Easy Print opens the Medicare Remit Easy Print Help window and displays the introduction.

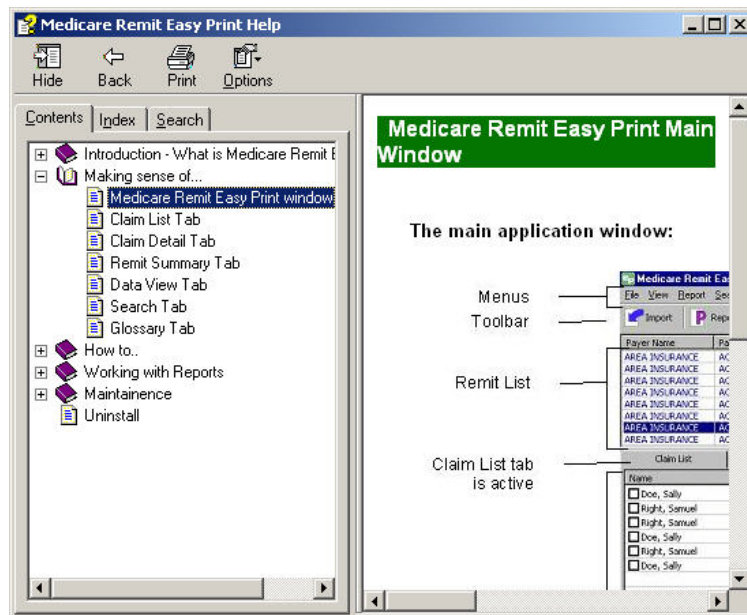


How to Use the Contents Tab

1. To see what's inside a book, click the + sign.



2. Click a topic to display the topic.



At this point, you can:

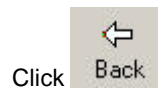
Print the topic



View Options



Return to the previous view



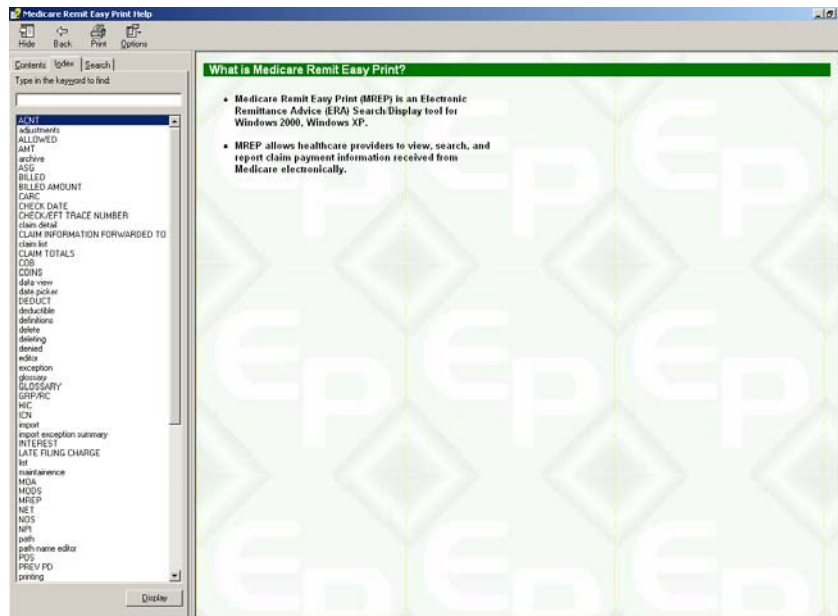
Hide the tab



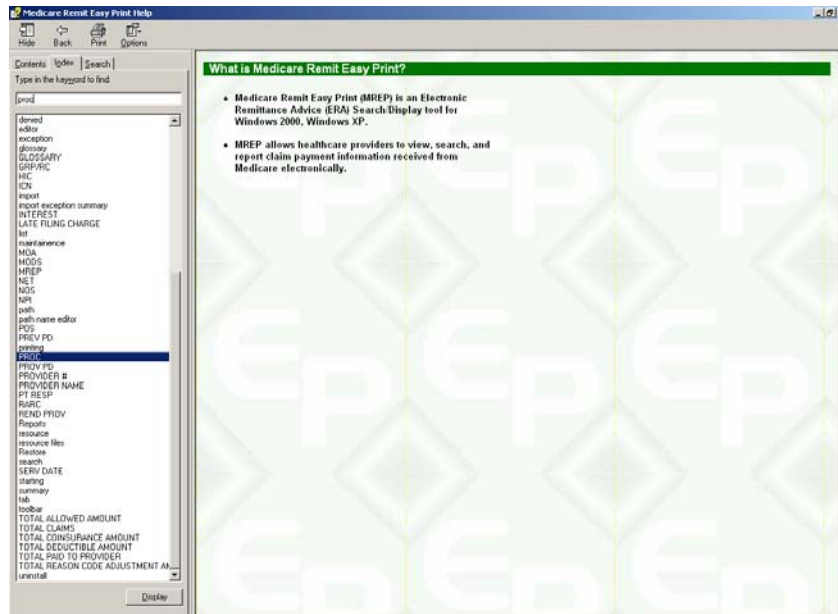
3. To close the book, click the – sign.

How to Use the Index Tab

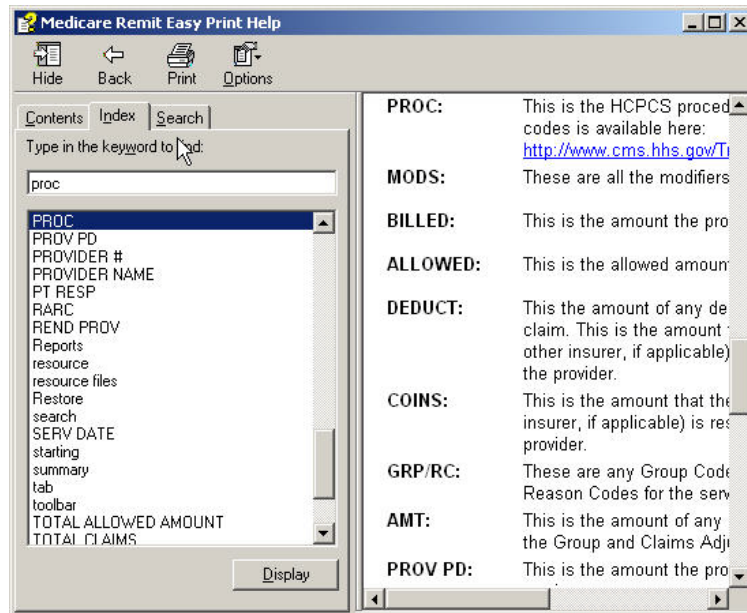
1. Click the Index tab.



2. Type a keyword to find.

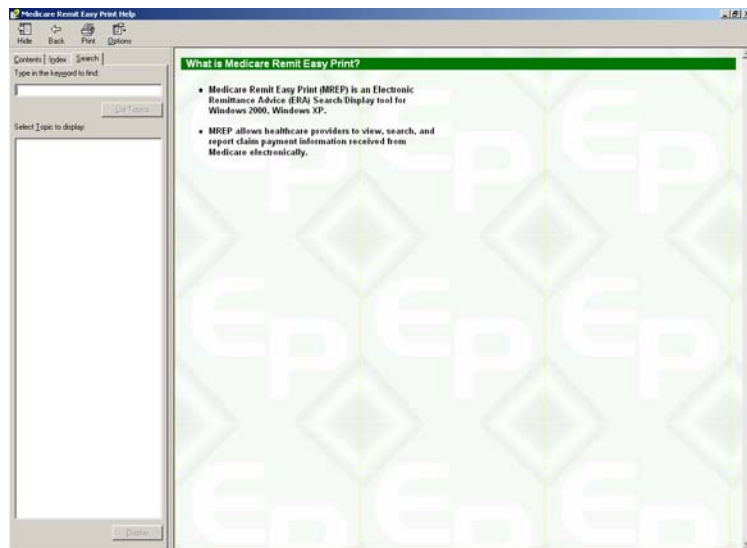


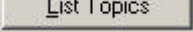
3. Select a keyword by double clicking on it or click the display.

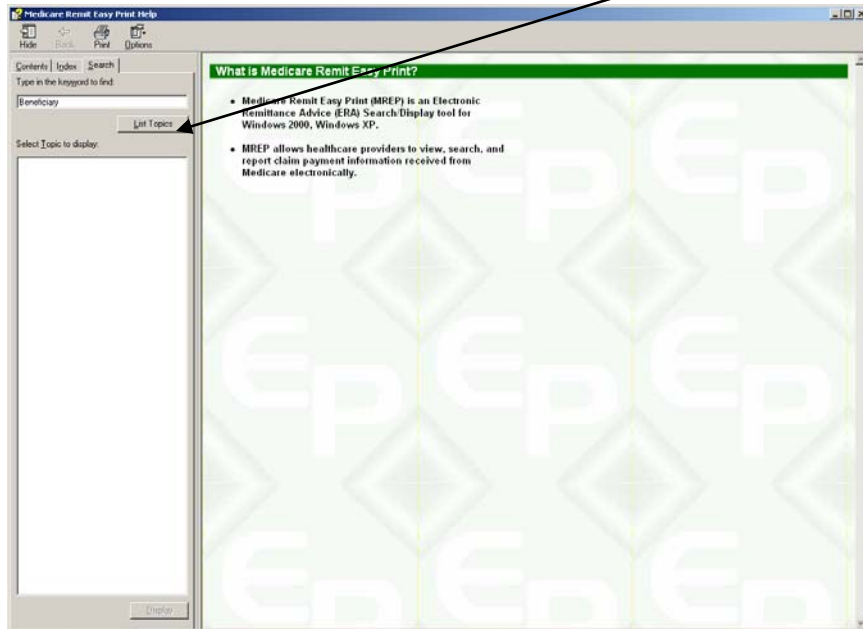


How to Use the Search Tab

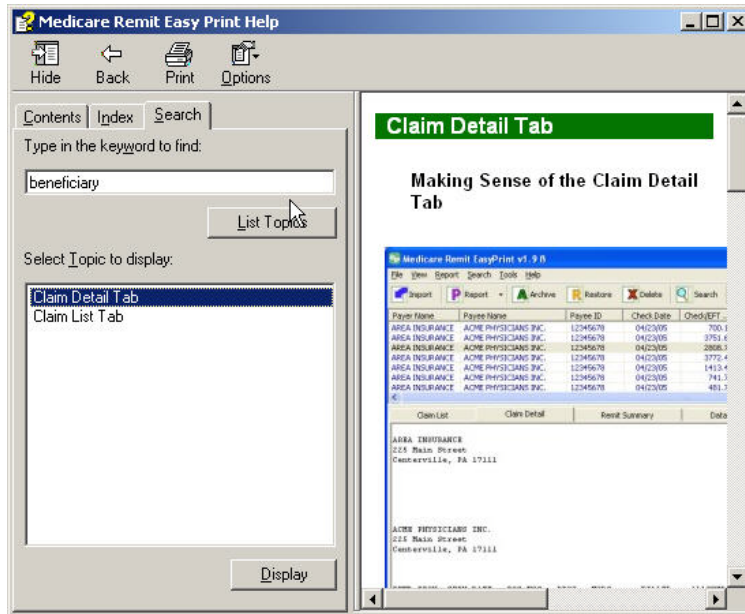
1. Click the Search tab.




2. Type a keyword to find, then click the List Topics button  or type Alt + L.



3. Once the list of topics appears, double click the one you want.



How to Close the Medicare Remit Easy Print Help Window

Click the close window button  or type Alt + F4.

Importing HIPAA 835 files

The *first time* that you start Medicare Remit Easy Print, you must import an HIPAA 835 file.

For information about this procedure for the first import, see Step 1 on page 27.

Before You Import the HIPAA 835 File

Before you import an HIPAA 835 file, you must:

- Load the Medicare Remit Easy Print program (on a network, see page 13 – or – on your PC, see page 22)
- Know the location of the HIPAA 835 file (Step 4 of the Pre-Installation Checklist – page 22).

Import File Name Format

When you import the HIPAA 835 file, Medicare Remit Easy Print makes a copy of it, renames it, and stores it in the Import file folder.

The file-naming format is as follows:

PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP	Payer Name – 30 bytes maximum
CCCCCCCCCCCCCCCCCC	Check/EFT # – 15 bytes maximum


If a file has been imported successfully and you attempt to import the same file, an error record is written to the Import Exception Summary window/report and the file is not imported into the MREP application. Importing a file format other than HIPAA 835v4010A1 or 835v5010A1, or a non-compliant version of a HIPAA 835-formatted file also writes a record to the Import Exception Summary window/report and the file is not imported into the MREP application.

NOTE: With the release of MREP v2.9 (April 2011), the only acceptable versions of the HIPAA 835 file that can be imported into MREP are 835v4010A1 and 835v5010A1.

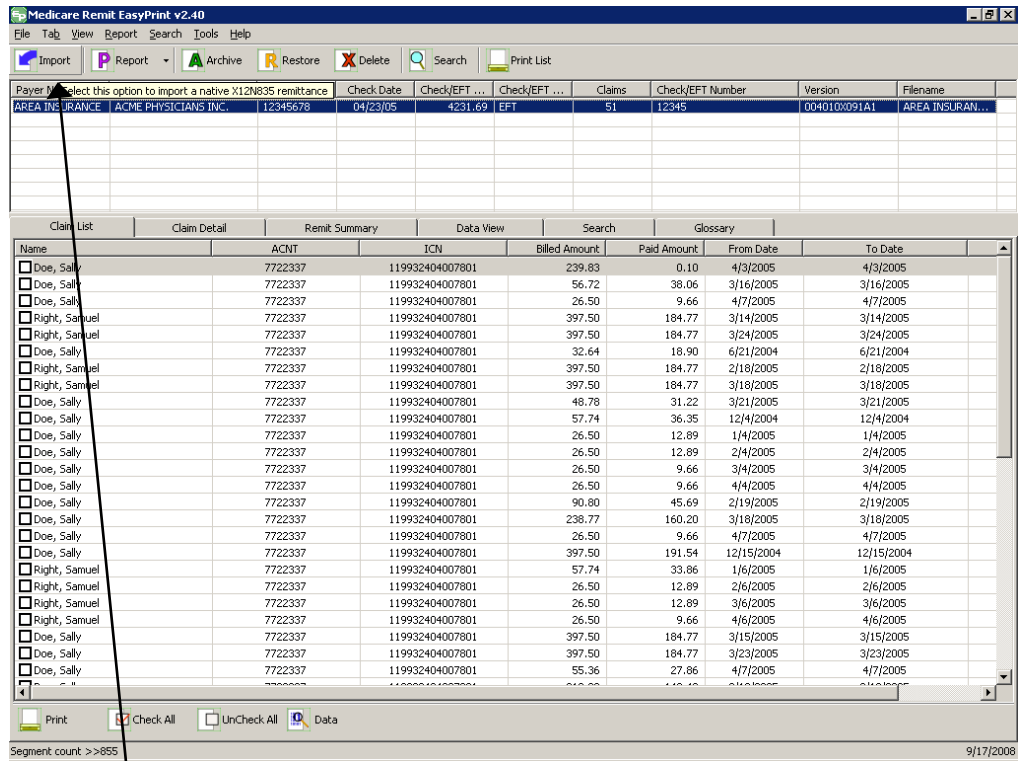
How to Import the HIPAA 835 File

Hint:

For information about the **very first time** you import, see Step 1 on page 27.

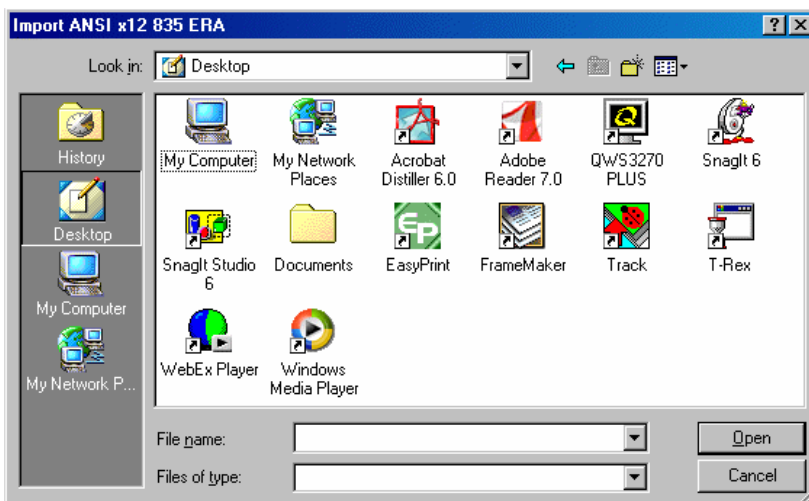
1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

The Medicare Remit Easy Print Claim List tab opens.

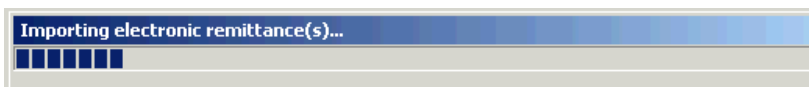


2. Click the Import button or go to the File menu option and select Import.

Medicare Remit Easy Print opens a window for you to select the HIPAA 835 file to import:



3. Select the HIPAA 835 file that you want to import by double-clicking it
Medicare Remit Easy Print starts the import and lets you know that it is importing:



After the import finishes, the MREP Remittance Advice List window appears.

At this point, you can:

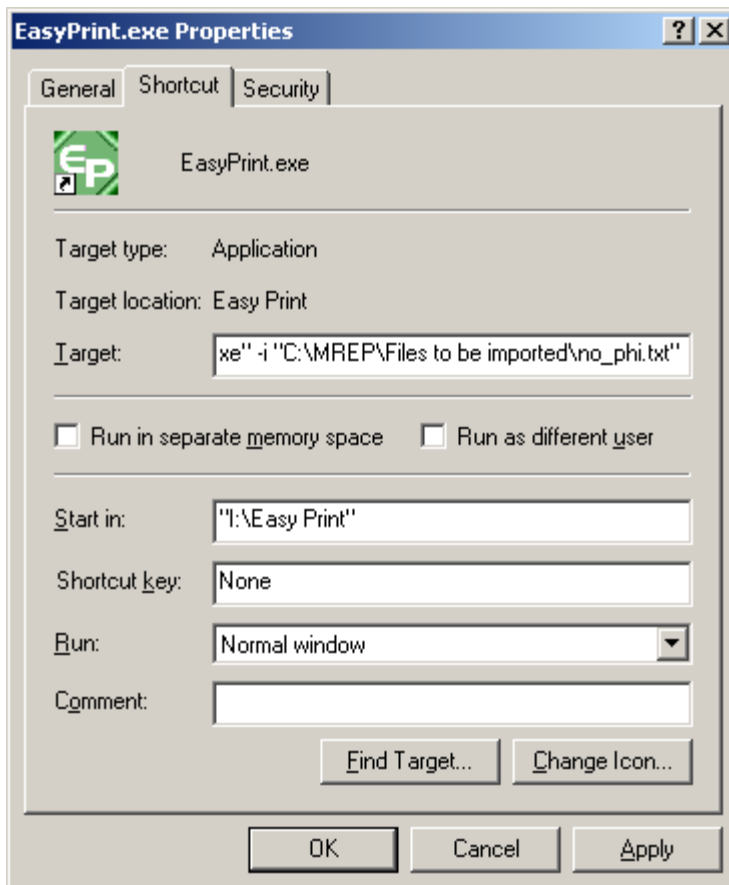
- | | |
|---------------------------------------|---|
| Work with the MREP Remittance Advices | See <i>Working with MREP Remittance Advices</i> on page 53. |
| Work with Reports | See <i>Working with Reports</i> on page 86. |

Note: Medicare Remit Easy Print reformats and saves a copy of the HIPAA 835 file. This copy is the Import file. If you import the same HIPAA 835 file more than once, Medicare Remit Easy Print bypasses the duplicate file and displays the Import Exception Summary Report indicating duplicate remittances were detected.

For information about making sense of the Import file name, see *Import File Name Format* on page 46.

How to Automatically Import the HIPAA 835 File

1. Close Medicare Remit Easy Print . Right click on the Easy Print icon and click Properties. The EasyPrint.exe Properties window appears.

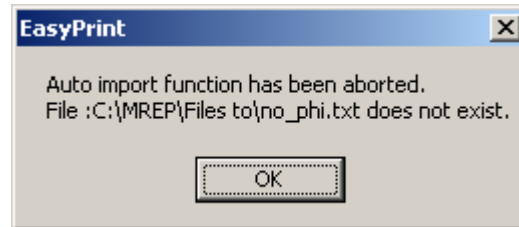


Note: The values in the various fields vary for each MREP user.

2. The Target: value needs to be modified to indicate the location of the files that are to be imported. The user must enter a space after the last double quote, the value of `-I` or `-i` (not case sensitive), followed by another space and the pathname. The pathname must be in double quotes. For example, `"I:\Easy Print\EasyPrint.exe" -i "C:\MREP\Files to be imported\no_phi.txt"`
3. To save the changes you made to the Target: value, you must click the Apply button.
4. Once you click the Apply button, then you must click the OK button. The Properties window then disappears.
5. You can restart the MREP software.

Notes:

- If the user updates the Target field with a file path that does not exist, a message dialog appears stating the target file does not exist. Once the user chooses to close this window by clicking the OK button, the MREP software continues to run with the files that have already been imported.



- Each time that the MREP software is invoked, it always accesses the import pathname to attempt to import the data that is contained in the specified file.
- When a duplicate remit file or a file with an invalid data format (not 835v4010A1 or 835v5010) is encountered, the Import Exception Summary window appears. The user can choose to Print or Close this window. Once the user chooses to close this window, the MREP software continues to run with files that have already been imported.

What to Do with an Import Error Message

There are two error messages that you may see:

For this error message:

Invalid File Format

Path / File Access Error

You need to:

Select the correct HIPAA 835 file to import.

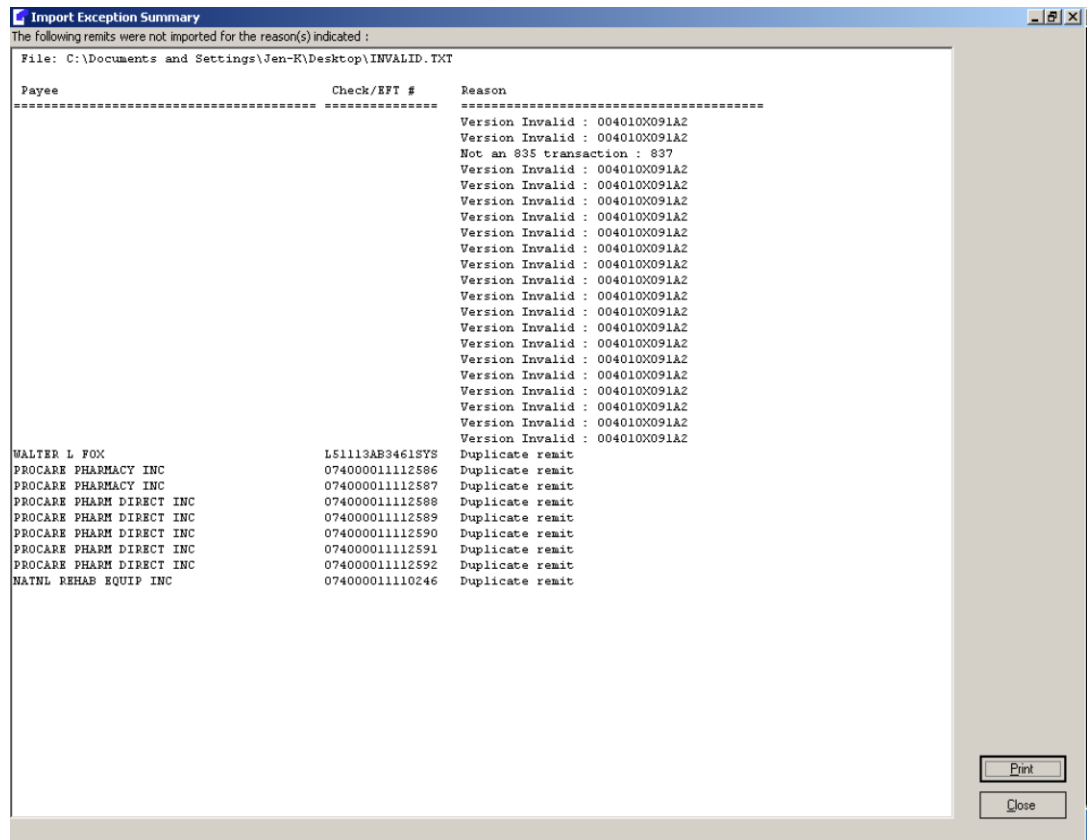
You have either selected an ERA not in a HIPAA 835 format or an ERA that is a HIPAA 835 with invalid delimiters. If you continue to receive this error, contact your contractor.

Check with your network/PC administrator.

You need to have read/write access rights to the Medicare Remit Easy Print directory.

Import Exception Summary Window/Report

The Import Exception Summary window/report helps to identify duplicate files, file formats other than HIPAA 835v4010A1 or 835v5010, non-compliant HIPAA 835-formatted files, and prevents the posting of “junk” files to the import folder. If any of the scenarios that are described above are encountered while attempting to import files to the MREP application, an Import Exception Summary dialog displays a list of invalid files by Payee and Check/EFT #, in addition to a brief description of the issue encountered.



Use or disclosure of the information contained on this page is subject to the restrictions on the title page of this document.

You have the option of closing the window or printing the Import Exception Summary. If you choose to print the Import Exception Summary report, the window does not close automatically once the report prints. You need to close the window using the close button or “X-ing” out (top right corner of the Import Exception Summary window). The printing functionality for the Import Exception Summary report follows the existing printing functionality within MREP. Please note that if the window is closed prior to printing the report, the list of import error(s) is lost. To eliminate the need for file space management, a decision was made to not save the MREP Import Exception errors. To recreate the Import Exception Summary window, the files need to be imported again.

The Import Exception Summary window and report contains three columns of information.


- The first column of information is entitled “Payee”. Depending on what type of error is encountered during the import process, this field could contain data or spaces. The maximum number of bytes of data that can appear is 40.
- The second column of information is entitled “Check/EFT #”. Depending on what type of error is encountered during the import process, this field could contain data or spaces. The maximum number of bytes of data that can appear is 15.
- The third column of information is entitled “Reason”. Depending on what type of error that is encountered during the import process, there is the possibility of three different messages appearing.

Prior to the three columns of data, the Import Exception Summary window and report contains a heading with the title “File:”. The information following the “File:” heading is the location and name of the file that the attempt is being made to import into the MREP application.

When the Import Exception Summary report prints, the printed version contains an additional heading prior the “File:” heading. It is the first heading on the report. On the left side of the page, the heading displays “Import Exception Summary”. In the center of the page, the heading displays the date and time stamp when the summary report was printed. The format of the date is MM/DD/CCYY. Please note that the leading zero in the month and day do not appear – for example: 2/15/2006. The format of the time is HH:MM:SS XX (XX represents AM or PM). On the right side of the page, the heading displays the version of the MREP application that is being used (for example: Easy Print v1.7).

Working with MREP Remittance Advices

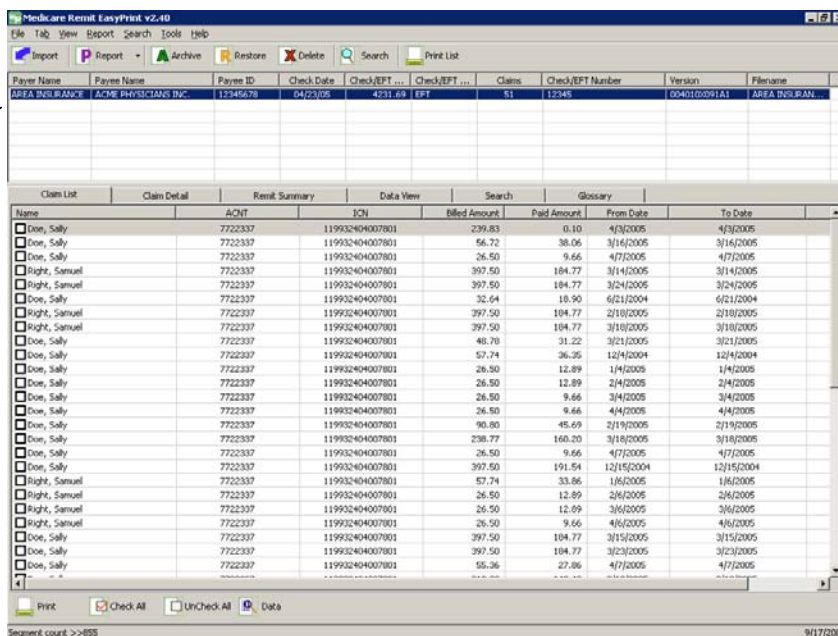
How to View a List of Claims for an MREP Remittance Advice

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

The Medicare Remit Easy Print Claim List tab opens.

2. Select the Remittance Advice by clicking on it.

Medicare Remit Easy Print highlights the Remittance Advice and lists the associated claims below.



The screenshot shows the Medicare Remit EasyPrint v2.10 interface. At the top, there is a menu bar with options like File, Tab, View, Report, Search, Tools, and Help. Below the menu is a toolbar with icons for Import, Report, Archive, Restore, Delete, Search, and Print List. The main window displays a table with columns: Payer Name, Payee Name, Payee ID, Check Date, Check/EFT, Check/EFT, Claims, Check/EFT Number, Version, and Filename. The first row is highlighted, showing 'DATA INSURANCE' as the payer and 'ACME PHYSICIANS INC.' as the payee. Below this table is a 'Claim List' section with columns: Name, AONT, ICN, Billed Amount, Paid Amount, From Date, and To Date. A list of claims is shown, with the first row highlighted: 'Doe, Sally', AONT 7722337, ICN 119932404007801, Billed Amount 239.83, Paid Amount 0.10, From Date 4/3/2005, To Date 4/3/2005. Annotations on the left side of the screenshot point to the payee name and the list of claims.

You clicked Payee 1

These are the claims for Payee 1

Note: Some screen reading applications may not be able to read all of the values on the claim list tab. Function key F1 displays an accessibility informational message allowing the screen reading application to recite the field names and values displayed in the listview for the highlighted claim. Please note the Patient's Name appears the Last Name first, followed by a comma and then the First Name:

```

Patient Name is Doe, Sally
Account number is 7722337
ICN is 119932404007801
Billed Amount = 239.83
Paid Amount = 0.10
Service From Date is 4/3/2005
Service To Date is 4/3/2005
Claim Assignment indicator = Y
    
```


At this point, you can:

Find out more about this tab

See page 76.


Print the list



Click  or go to the Tab menu option and select Print Claim List, or type Alt + B + P.

For more info, see *How to Print a List of Claims* on page 68.

View claim details

Click  or go to the View menu option and select Claim Detail

For more info, see *How to View the Detail for a Claim* on page 55.

View a Summary for the Remittance Advice

Click  or go to the View menu option and select Remit Summary

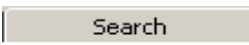
For more info, see *How to View the Total Amounts for a Remittance Advice* on page 57.

View the data that feeds the Remittance Advice

Click  or go to the View menu option and select Data View

For more info, see *Making Sense of the Data View Tab* on page 83.

Search

Click  or go to the View menu option and select Search


For more info, see *How to Search Payment Information* on page 73.

View the CARCs and RARCs for the Remittance Advice

Click  or go to the View menu option and select Glossary

For more info, see on page 62.

How to View the Detail for a Claim

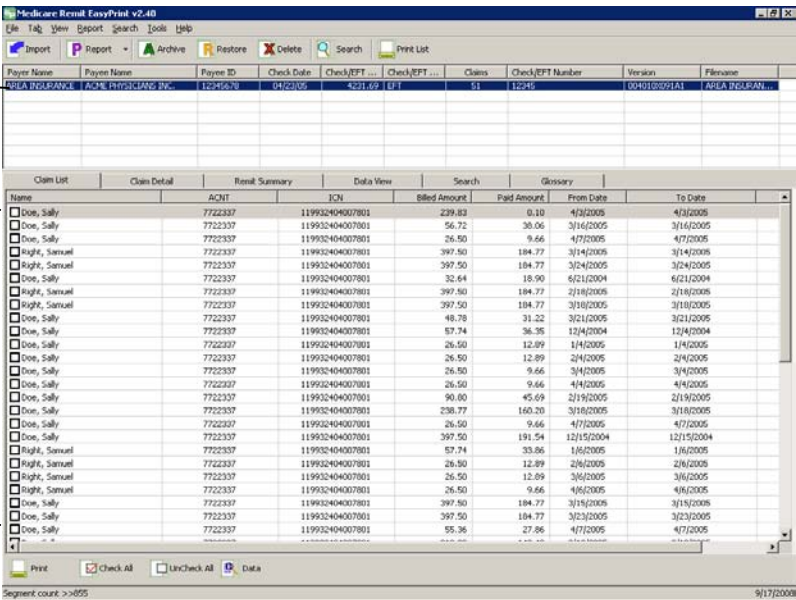
1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

The Medicare Remit Easy Print Claim List tab opens.

2. Select the Remittance Advice by clicking on it.

Medicare Remit Easy Print highlights the Remittance Advice and lists the claims below.

You clicked Payee 1



These are the claims for Payee 1

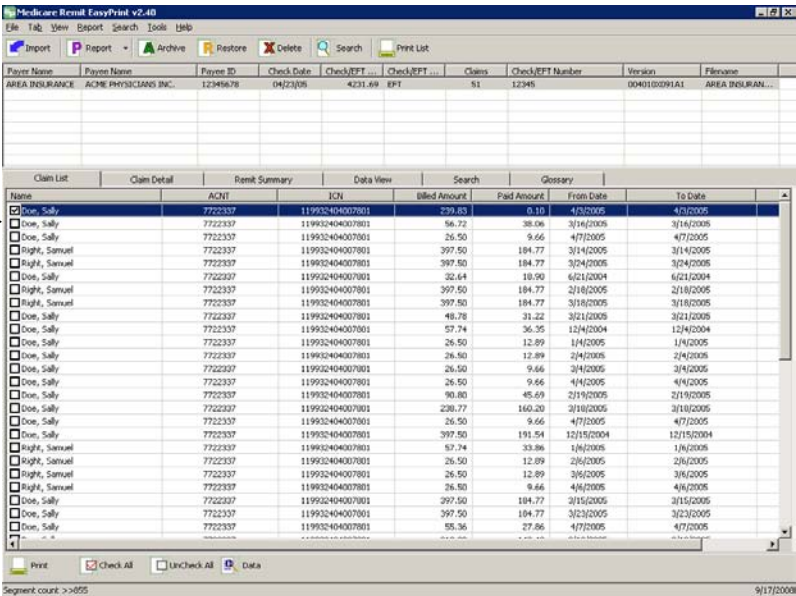
Name	ACNT	ICN	Billed Amount	Paid Amount	From Date	To Date
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	239.83	0.10	4/3/2005	4/3/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	56.72	30.06	3/14/2005	3/14/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	26.50	9.66	4/7/2005	4/7/2005
<input type="checkbox"/> Right, Samuel	7722337	119932404007801	397.50	184.77	3/14/2005	3/14/2005
<input type="checkbox"/> Right, Samuel	7722337	119932404007801	397.50	184.77	3/24/2005	3/24/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	32.64	18.90	6/21/2004	6/21/2004
<input type="checkbox"/> Right, Samuel	7722337	119932404007801	397.50	184.77	2/18/2005	2/18/2005
<input type="checkbox"/> Right, Samuel	7722337	119932404007801	397.50	184.77	3/18/2005	3/18/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	48.78	31.22	3/21/2005	3/21/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	57.74	36.35	12/4/2004	12/4/2004
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	26.50	12.89	1/4/2005	1/4/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	26.50	12.89	2/4/2005	2/4/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	26.50	9.66	3/4/2005	3/4/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	26.50	9.66	4/4/2005	4/4/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	90.00	45.69	2/19/2005	2/19/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	238.77	160.20	3/18/2005	3/18/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	26.50	9.66	4/7/2005	4/7/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	397.50	191.54	12/15/2004	12/15/2004
<input type="checkbox"/> Right, Samuel	7722337	119932404007801	57.74	33.86	1/6/2005	1/6/2005
<input type="checkbox"/> Right, Samuel	7722337	119932404007801	26.50	12.89	2/6/2005	2/6/2005
<input type="checkbox"/> Right, Samuel	7722337	119932404007801	26.50	12.89	3/6/2005	3/6/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	26.50	9.66	4/6/2005	4/6/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	397.50	184.77	3/15/2005	3/15/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	397.50	184.77	3/23/2005	3/23/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	55.36	27.86	4/7/2005	4/7/2005

Hint:

You can click on a column heading to change the sort order.

3. Check the checkbox next to the claim that you want to see detail for. Detail information only appears for claims that are checked.

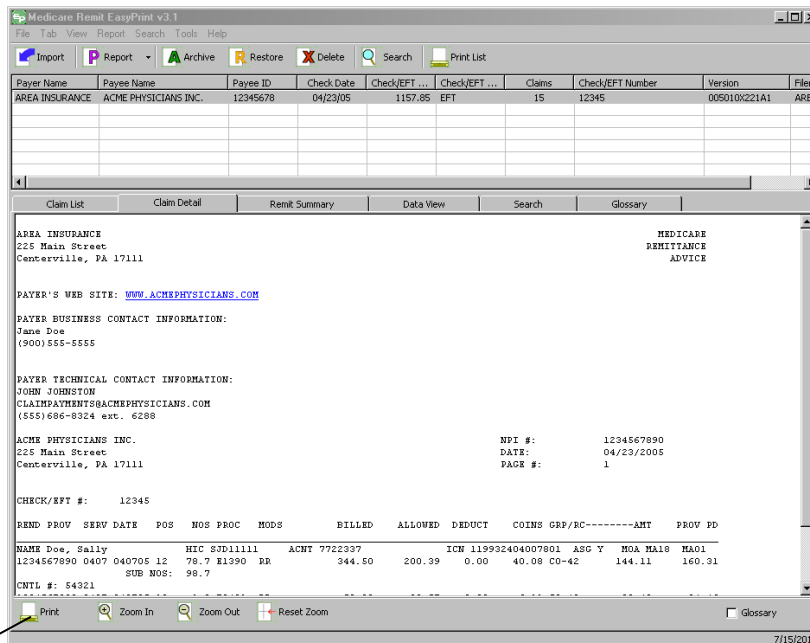
You selected the first name on the list



Hint: You can use the Check All and Uncheck All buttons to help you select the claims.

4. Click the Detail tab.

The detail appears for the claim you selected:



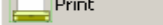
Click to print the detail

At this point, you can:

Find out more about this tab

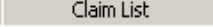
See page 77.

Print the detail

Click the print button,  or go to the Tab menu option and select Print Claim Detail, or type Alt + B + P.

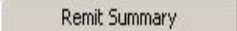
For more info, see How to Print the Detail for a Claim on page 70.

Return to the Claim List

Click the claim list tab  or go to the View menu option and select Claim List.

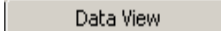
For more info, see How to View a List of Claims for an MREP Remittance Advice on page 53.

View a Summary for the Remittance Advice

Click the summary tab  or go to the View menu option and select Remit Summary.

For more info, see *How to View the Total Amounts for a Remittance Advice* on page 57.

View the data that feeds the Remittance Advice

Click the Data View tab  or go to the View menu option and select Data View.

For more info, see Making Sense of the Data View Tab on page 83.

Search

Click the Search Tab

Search

or go to the View menu option and Search.
For more info, see *How to Search Payment Information* on page 73.

View the CARCs and RARCs for the Remittance Advice

Click the Glossary Tab

Glossary

or go to the View menu option and select Glossary.


For more info, see *Making Sense of the Glossary Tab* on page 85.

Option to print or suppress the printing of the glossary of CARCs and RARCs for the Remittance Advice (not available for Remittance Advices printed from the menu bar or toolbar)

A check box with the word Glossary appears in the lower right side of the Claim Detail tab. When this check box is checked, the glossary of CARCs and RARCs involved with a particular MREP Remittance Advice prints on a separate page. When the check box is not checked, the glossary of CARCs and RARCs involved with a particular MREP Remittance Advice does not print.

The user also has the option via the Tab menu option to show or not show the glossary of CARCs and RARCs involved with the MREP Remittance Advice.

How to View the Total Amounts for a Remittance Advice

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

The Medicare Remit Easy Print Claim List tab opens.

2. Select the Remittance Advice by clicking on it.

Medicare Remit Easy Print highlights the Remittance Advice and lists the claims below.

3. Click the Remit Summary Tab  or type Alt + V + S.

Medicare Remit Easy Print displays the totals, for example:

Medicare Remit Easy Print

Working with MREP Remittance Advices

The screenshot shows the Medicare Remit EasyPrint v3.1 application window. At the top, there is a menu bar with options: File, Tab, View, Report, Search, Tools, Help. Below the menu bar is a toolbar with icons for Import, Report, Archive, Restore, Delete, Search, and Print List. A data table is visible with columns: Payer Name, Payee Name, Payee ID, Check Date, Check/EFT..., Check/EFT..., Clams, Check/EFT Number, Version, and Files. The first row contains: AREA INSURANCE, ACME PHYSICIANS INC., 12345678, 04/23/05, 1157.85, EFT, 15, 12345, 0050100221A1, AREA.

Below the table is a navigation bar with tabs: Claim List, Claim Detail, Remit Summary, Data View, Search, and Glossary. The 'Remit Summary' tab is active, displaying a 'PROVIDER PAYMENT SUMMARY REPORT' for 'EasyPrint v3.1'. The report includes the following details:

- PROVIDER NAME : ACME PHYSICIANS INC.
- NYE # : 1234567890
- CHECK DATE : 04/23/05
- CHECK/EFT TRACE # : 12345
- TOTAL CLAIMS : 15

Summary of amounts:

- BILLED AMOUNT : 2297.65
- TOTAL REASON CODE ADJUSTMENT AMOUNT : 977.38
- TOTAL ALLOWED AMOUNT : 1320.27
- TOTAL COINSURANCE AMOUNT : 274.23
- TOTAL DEDUCTIBLE AMOUNT : -19.59
- TOTAL PAID TO PROVIDER : 1157.05
- TOTAL INTEREST AMOUNT : 8.01
- TOTAL CHECK/EFT AMOUNT : 1157.05

Provider Adjustment Codes (ADJ CODE) and their corresponding amounts:

ADJ CODE	FCM/OTHER IDENTIFIER	HIC	AMT
L6	10211548794455663	89111223333	-8.01
FB	10211548794455661	89111223333	34.56
FB	10211548794455661	09111223333	-1.23
W0	10211548794455664	89111223333	7.21
W0	10211548794455662	89111223333	6.21
IP		HIC	7.65
IP		HIC	7.65
AP		HIC	12.43
AP		HIC	12.34

At the bottom of the window, there is a toolbar with icons for Print, Zoom In, Zoom Out, and Zoom Reset. A callout line points to the Print button.

Click the print button
or type Alt + B + P to
print the summary

At this point, you can:

Find out more about this tab

Print the summary

View claim details

Return to the Claim List

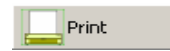
View the data that feeds the Remittance Advice

Search

View the CARCs and RARCs for the Remittance Advice

See page 81.

Click the print button



or go to the Tab menu option and select Print Claim Detail or type Alt + B + P.

Click the Claim Detail Tab

A rectangular button with the text "Claim Detail" centered inside.

or go to the View menu option and select Claim Detail

For more info, see *How to View the Detail for a Claim* on page 55.

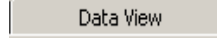
Click the Claim List tab

A rectangular button with the text "Claim List" centered inside.

or go to the View menu option and select Claim List

For more info, see *How to View a List of Claims for an MREP Remittance Advice* on page 53.

Click the Data View tab

A rectangular button with the text "Data View" centered inside.

or go to the View menu option and select Data View

For more info, see *Making Sense of the Data View Tab* on page 83.

Click the Search tab

A rectangular button with the text "Search" centered inside.

or go to the View menu option and select Search

For more info, see *How to Search Payment Information* on page 73.


Click the Glossary tab

A rectangular button with the text "Glossary" centered inside.

or go to the View menu option and select Glossary

For more info, see on page 62.

How to View the Data in the Import File

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

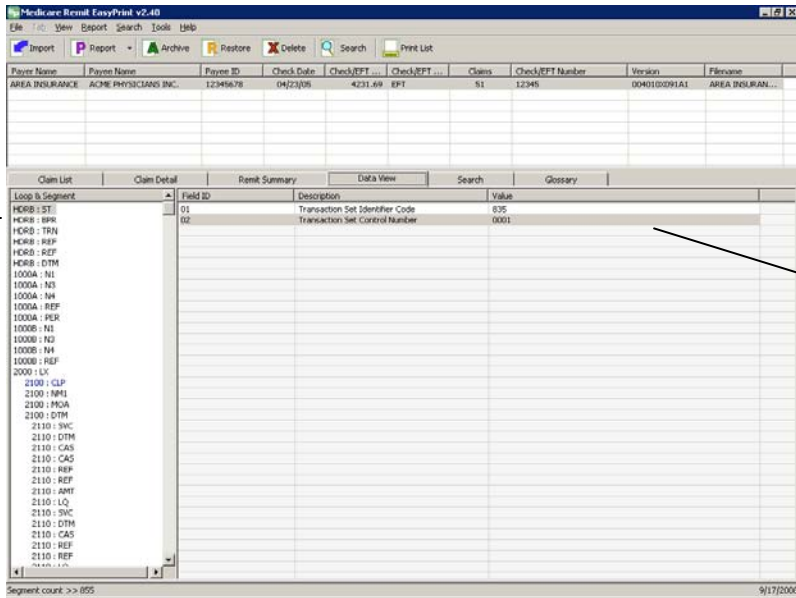
The Medicare Remit Easy Print Claim List tab opens.

2. Select the Remittance Advice by clicking on it.

Medicare Remit Easy Print highlights the Remittance Advice and lists the claims below.

3. Click the Data View Tab  or type Alt + VV.

Medicare Remit Easy Print displays the file format:



Select a loop & segment


The contents of the loop & segment appear here

At this point, you can:

Find out more about this window


See page 83.

View claim details

Click the claim detail tab  Or, go to the View menu option and select Claim Detail.

For more info, see *How to View the Detail for a Claim* on page 55.

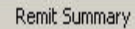
Return to the Claim List

Click the claim list tab  Or, go to the View menu option and select Claim List.

For more info, see *How to View a List of Claims for an MREP Remittance Advice* on page 53.

View a Summary for the Remittance Advice

Click the summary tab



Or, go to the View menu option and select Remit Summary.

For more info, see *How to View the Total Amounts for a Remittance Advice* on page 57.

Search

Select the search tab

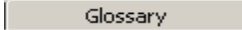


Or, go to the View menu option and select Search.

For more info, see *How to Search Payment Information* on page 73.

View the CARCs and RARCs for the Remittance Advice


Select the glossary tab



Or, go to the View menu option and select Glossary.

For more info, see on page 62.

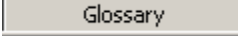
How to View the CARC and RARC Codes

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

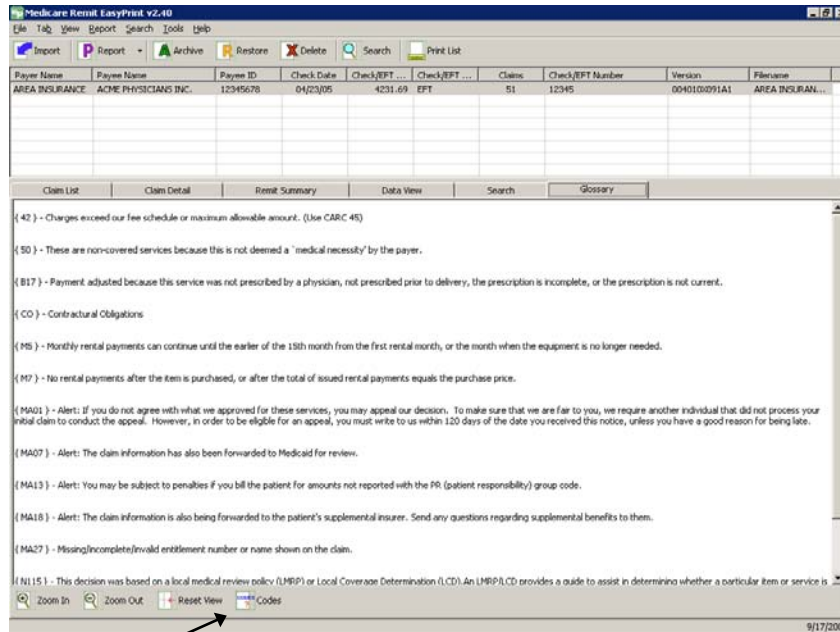
The Medicare Remit Easy Print Claim List tab opens.

2. Select the Remittance Advice by clicking on it.

Medicare Remit Easy Print highlights the Remittance Advice and lists the claims below.

3. Click the Glossary Tab  or type Alt + V + G.

Medicare Remit Easy Print shows the Reason and Remark codes for the Remittance Advice:



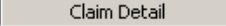
Click the Codes button or type Alt + B + C to see a comprehensive list of codes and descriptions.

At this point, you can:

Find out more about this tab

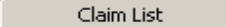
See page 85.

View claim details

Click the claim detail tab  or go to the View menu option and select Claim Detail.

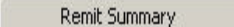
For more info, see *How to View the Detail for a Claim* on page 55.

Return to the Claim List

Click the claim list tab  or go to the View menu option and select Claim List.

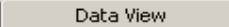
For more info, see *How to View a List of Claims for an MREP Remittance Advice* on page 53.

View a Summary for the Remittance Advice

Click the summary tab  or go to the View menu option and select Remit Summary.

For more info, see *How to View the Total Amounts for a Remittance Advice* on page 57.

View the data that feeds the Remittance Advice

Select the data view tab  or go to the View menu option and select Data View.


For more info, see *Making Sense of the Data View Tab* on page 83.

Search


Select the search tab  or go to the View menu option and select Search.

For more info, see *How to Search Payment Information* on page 73.

View the CARCs and RARCs for the Remittance Advice

Click the codes button  at the bottom of the tab or type Alt + B + C.

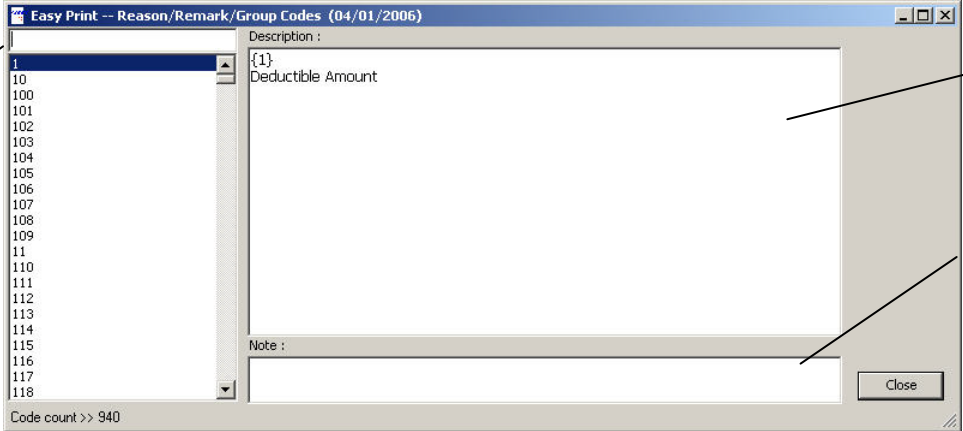
How to Look up a CARC/RARC Code

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

The Medicare Remit Easy Print Claim List tab opens.

2. On the menu Select Tools > Code Descriptions.

The Code Descriptions window opens.



Type a specific code or click a code to display its description and notes

The Description window displays verbiage for the CARC/RARC Code

The Note window displays any notes about the CARC/RARC Code

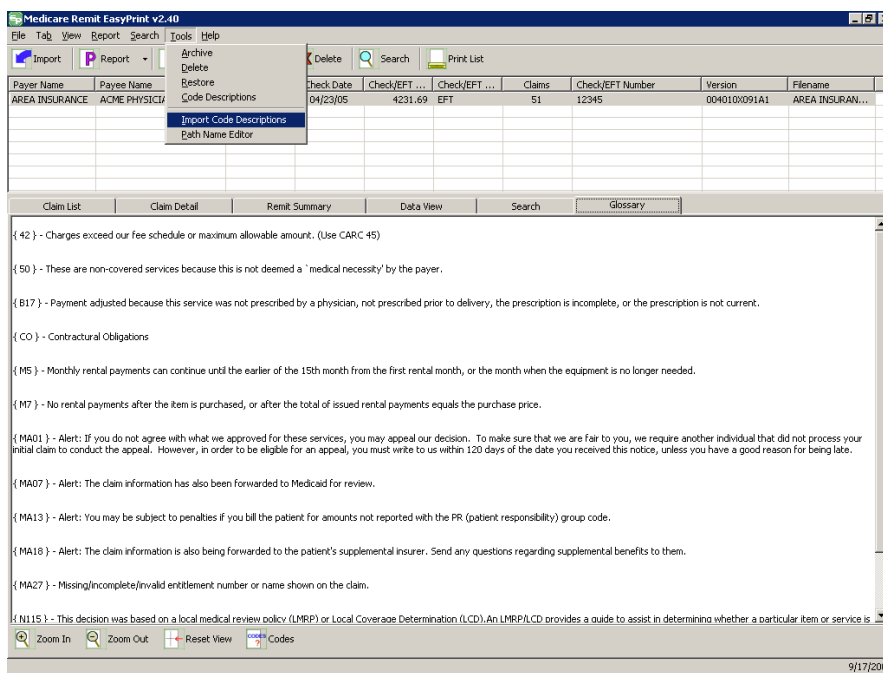
How to Update (Import) the CARC/RARC Codes

At a minimum, the ANSI Claim Adjustment Reason Code (CARC) and Remittance Advice Remark Code (RARC) file requires an update three times a year. When the list of codes is updated per Washington Publishing Company, VIPS provides an updated file on the VIPS Assist website for the contractors and CMS provides a link to the updated file on the CMS website for the provider/supplier community. When the user finds it necessary to import this updated file into MREP, follow these instructions:

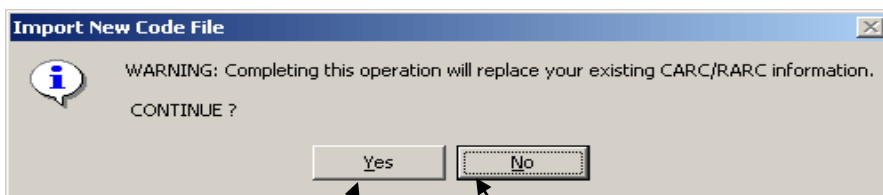
1. Access the list of the latest codes from the VIPS Assist or CMS website.
2. Save the list of latest codes so that they are easily accessible.

Note: The file name *must* be saved as Codes.ini in order for MREP to successfully find the code file.

3. Select “Import Code Descriptions” from the Tools menu.



4. A dialog window appears asking to confirm the code import.

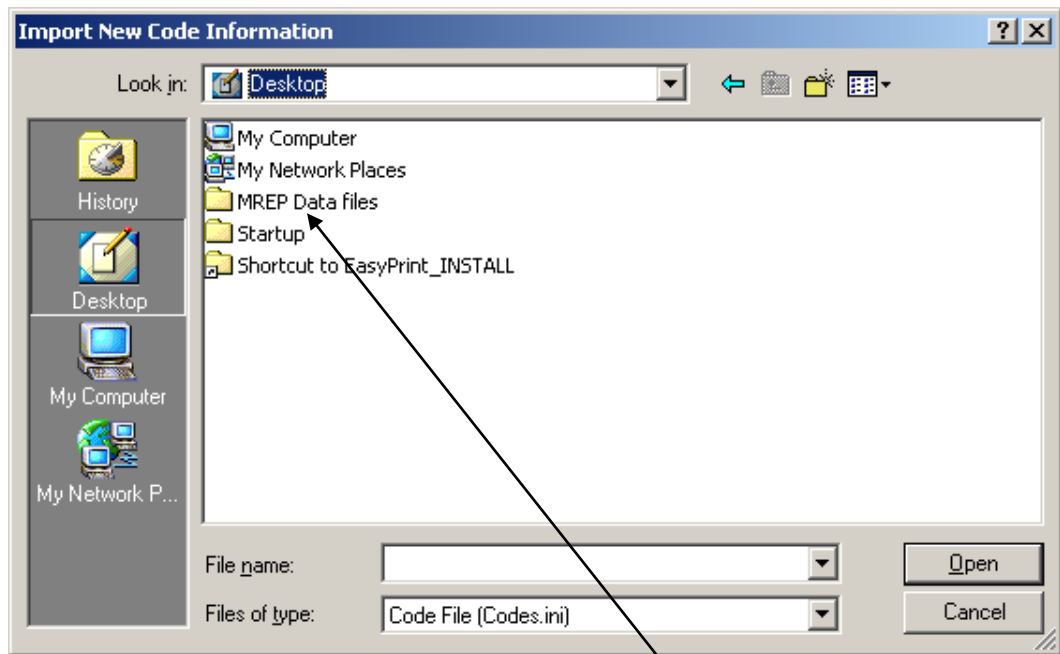


To replace the existing CARC/RARCs, click Yes.

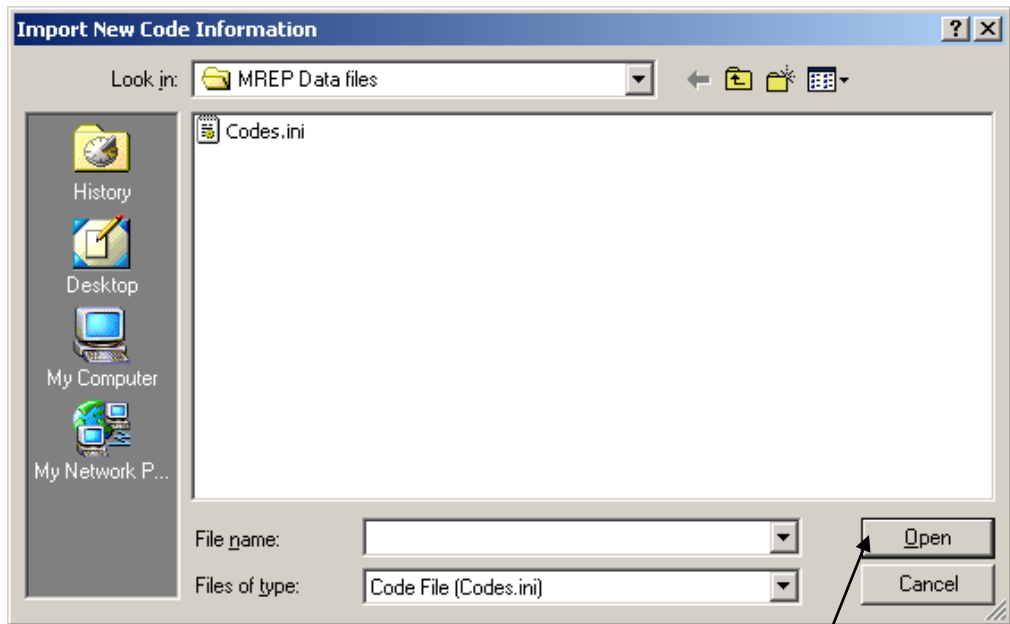
If you don't want to replace the existing CARC/RARCs, click No.

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If you select the NO button, the dialog box disappears and no updates are made to MREP. If you select the YES button, a file dialog box appears.

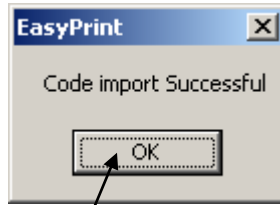


5. Navigate to the folder or area where you saved the file under step 2. Select the Codes.ini file, then click the Open button.



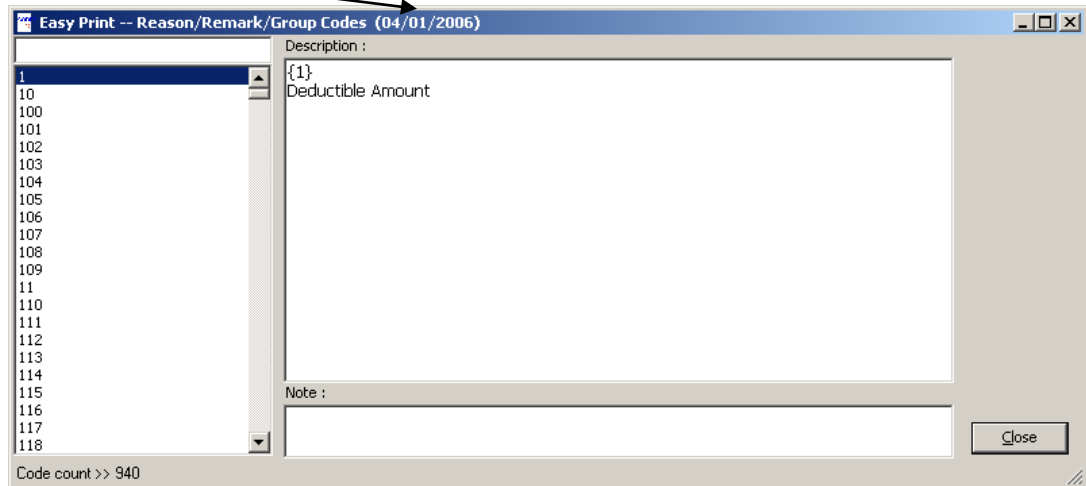
Click the Open button.

6. After you press the Open button, a dialog displays confirming the code import was successful. Click, or select the OK button to close the dialog.



Click OK.


7. The latest list of CARC/RARCs exists in the MREP application. To verify that the latest version exists, select "Code Descriptions" from the Tools menu. The following dialogue box appears. Please note that the dialogue box includes the date of the latest version of the code list.

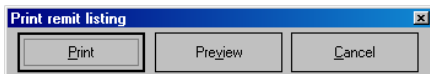


How to Print a List of Claims

1. View the list of claims.

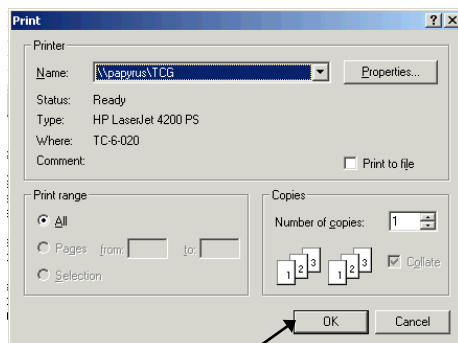
For the steps to follow, see *How to View a List of Claims for a Remittance Advice* on page 53.

2. Click the print button  at the bottom of the tab or type Alt + B + P. The Print Options window opens.



3. Print the detail listing in one of the following ways:
 - A. Click Print to print the detail without previewing it.

The Print dialog opens.

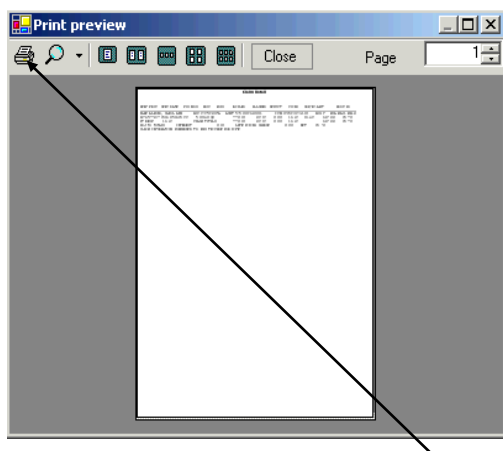


If you need to change the properties, click Properties and make changes as necessary.

Click OK. Medicare Remit Easy Print prints the detail at your default printer.

- B. Click Preview to view a preview of the printed page before printing.

The Print Preview window opens.



Click printer button  at the top of the window.

Medicare Remit Easy Print prints the detail at your default printer.

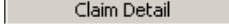
Use or disclosure of the information contained on this page is subject to the restrictions on the title page of this document.

At this point, you can:

Find out more about this window

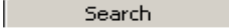
See page 76.

View claim details

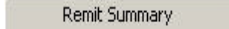
Click the Claim Detail tab  or go to the View menu option and select Claim Detail

For more info, see *How to View the Detail for a Claim* on page 55.

Search


Click the Search tab  or go to the View menu option and select Search
For more info, see *How to Search Payment Information* on page 73.

View a Summary for the Remittance Advice

Click the Summary tab  or go to the View menu option and select Remit Summary

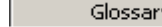
For more info, see *How to View the Total Amounts for a Remittance Advice* on page 57.

View the data that feeds the Remittance Advice

Click the Data View tab  or go to the View menu option and select Data View

For more info, see *Making Sense of the Data View Tab* on page 83.

View the CARCs and RARCs for the Remittance Advice

Click the Glossary tab  or go to the View menu option and select Glossary

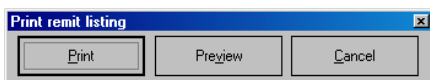
For more info, see *Making Sense of the Glossary Tab* on page 85.

How to Print the Detail for a Claim

1. View the detail for the claim.

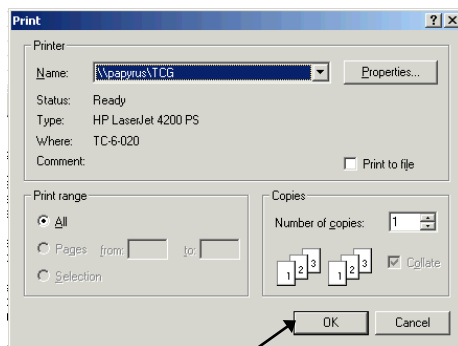
For the steps to follow, see *How to View the Detail for a Claim* on page 55.

2. Click the print button  at the bottom of the tab, or type Alt + B + P. The Print Options window opens.



3. Print the detail listing in one of the following ways:
 - A. Click Print to print the detail without previewing it.

The Print dialog opens.

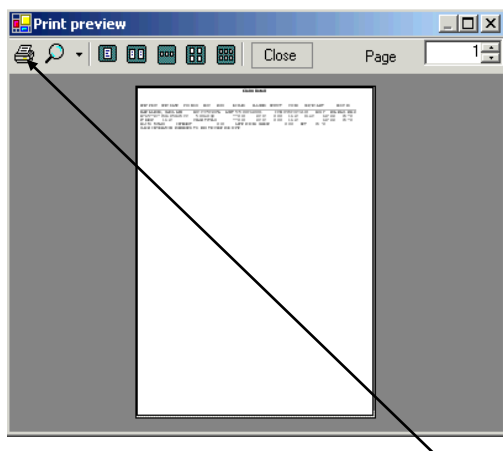


If you need to change the properties, click Properties and make changes as necessary.

Click OK. Medicare Remit Easy Print prints the detail at your default printer.

- B. Click Preview to view a preview of the printed page before printing.

The Print Preview window opens.



Click printer button  at the top of the window.

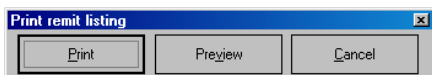
Medicare Remit Easy Print prints the detail at your default printer.

How to Print the Remittance Advice Summary

1. View the Remittance Advice Summary.

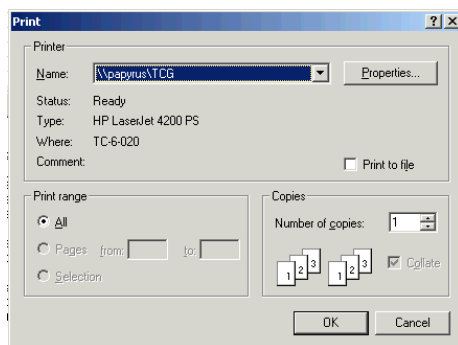
For the steps to follow, see *How to View the Total Amounts for a Remittance Advice* on page 57.

2. Click the print button  at the bottom of the tab, or type Alt + B + P. The Print Options window opens.



3. Print the detail listing in one of the following ways:
 - A. Click Print to print the detail without previewing it.

The Print dialog opens.

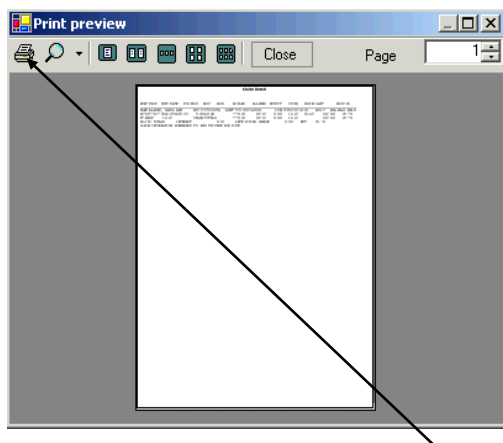


If you need to change the properties, click Properties and make changes as necessary.

Click OK. Medicare Remit Easy Print prints the detail at your default printer.

- B. Click Preview to view a preview of the printed page before printing.

The Print Preview window opens.



Click the printer button  at the top of the window.


Medicare Remit Easy Print prints the detail at your default printer.

Searching Payment Information

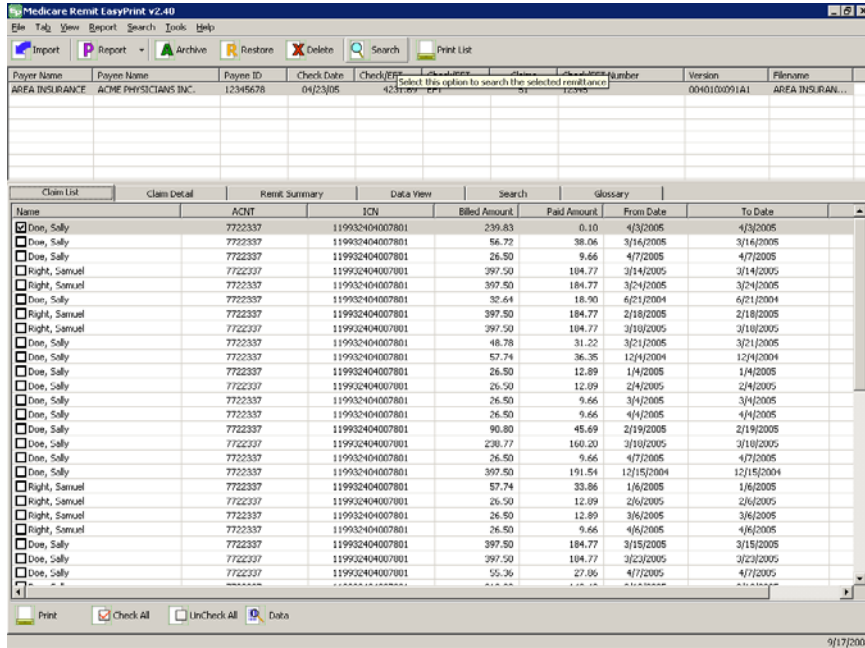
You can search by:

- HICN
- Bene Last Name
- ICN
- Bene Account Number
- Procedure code
- Service date (range of dates in the format MM/DD/YY, MM/DD, MM/YY, DD/YY, MM, DD, or YY; forward slashes are not required when entering a value in the 'Value to Find' field)
- Rendering Provider Number
- Adjusted Lines
- COB Claims
- Non-COB Claims
- Deductible/Coins Lines
- Coinsurance Lines
- Deductible Lines
- Other Adjustments
- Denied Lines
- NDC
- MSP Claims
- Non-MSP Claims

How to Search Payment Information

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon. 

The Medicare Remit Easy Print Claim List tab opens.



Name	ACNT	ICN	Billed Amount	Paid Amount	From Date	To Date
<input checked="" type="checkbox"/> Doe, Sally	7722337	119932404007801	239.83	0.10	4/3/2005	4/3/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	56.72	38.06	3/16/2005	3/16/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	26.50	9.66	4/7/2005	4/7/2005
<input type="checkbox"/> Right, Samuel	7722337	119932404007801	397.50	184.77	3/14/2005	3/14/2005
<input type="checkbox"/> Right, Samuel	7722337	119932404007801	397.50	184.77	3/24/2005	3/24/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	32.64	18.90	6/21/2004	6/21/2004
<input type="checkbox"/> Right, Samuel	7722337	119932404007801	397.50	184.77	2/18/2005	2/18/2005
<input type="checkbox"/> Right, Samuel	7722337	119932404007801	397.50	184.77	3/18/2005	3/18/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	48.78	31.22	3/21/2005	3/21/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	57.74	36.35	12/4/2004	12/4/2004
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	26.50	12.89	1/4/2005	1/4/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	26.50	12.09	2/4/2005	2/4/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	26.50	9.66	3/4/2005	3/4/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	26.50	9.66	4/4/2005	4/4/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	90.80	45.69	2/19/2005	2/19/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	230.77	160.20	3/18/2005	3/18/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	26.50	9.66	4/7/2005	4/7/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	397.50	191.54	12/15/2004	12/15/2004
<input type="checkbox"/> Right, Samuel	7722337	119932404007801	57.74	33.86	1/6/2005	1/6/2005
<input type="checkbox"/> Right, Samuel	7722337	119932404007801	26.50	12.09	2/6/2005	2/6/2005
<input type="checkbox"/> Right, Samuel	7722337	119932404007801	26.50	12.89	3/6/2005	3/6/2005
<input type="checkbox"/> Right, Samuel	7722337	119932404007801	26.50	9.66	4/6/2005	4/6/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	397.50	184.77	3/15/2005	3/15/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	397.50	184.77	3/22/2005	3/22/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	55.36	27.86	4/7/2005	4/7/2005

- Click the Search button or the Search tab.

The Search tab opens.

The screenshot shows the Medicare Remit EasyPrint v2.40 application window. At the top is a menu bar with 'File', 'Tab', 'View', 'Report', 'Search', 'Tools', and 'Help'. Below the menu bar is a toolbar with icons for 'Import', 'Report', 'Archive', 'Restore', 'Delete', 'Search', and 'Print List'. A data table is visible with columns: Payer Name, Payee Name, Payee ID, Check Date, Check/EFT..., Check/EFT..., Claims, Check/EFT Number, Version, and Filename. The first row contains: AREA INSURANCE, ACME PHYSICIANS INC., 12345678, 04/23/05, 4231.69, EFT, 51, 12345, 004010091A1, AREA INSURAN... Below the table is a tabbed interface with 'Claim List', 'Claim Detail', 'Remit Summary', 'Data View', 'Search', and 'Glossary'. The 'Search' tab is active, showing a 'Search:' label, a dropdown menu, a 'Value to find:' text box, and three radio buttons labeled 'Exact Match', 'Begins With', and 'Contains'. A 'Search' button is to the right. At the bottom of the search panel are 'Print Results' and 'Claim Detail' buttons. The date '9/17/2008' is in the bottom right corner.

Search tab

Use the drop-down list to select the field you want to search on.

When applicable, enter the value to find.

If available, select the radio button that corresponds with your entry in the Value to find: field.

- Use the drop-down list to select a search field.

Hint:

You cannot use a wild card character in the search.

If applicable, enter the value to find. The Search tab includes three radio buttons for how the field should be searched (Exact Match, Begins With, or Contains). To display the “searched” data, you must select one of these radio buttons before clicking the Search button. The Exact Match, Begins With, and Contains radio buttons are only available for the HICN, ICN, Bene Account Number, Bene Last Name, NDC, Procedure Code, and Rendering Provider fields. If the Search: field is not one of these fields, the Exact Match, Begins With, and Contains radio buttons are not available.

If you select one of the Service Date formats from the drop-down menu, you can

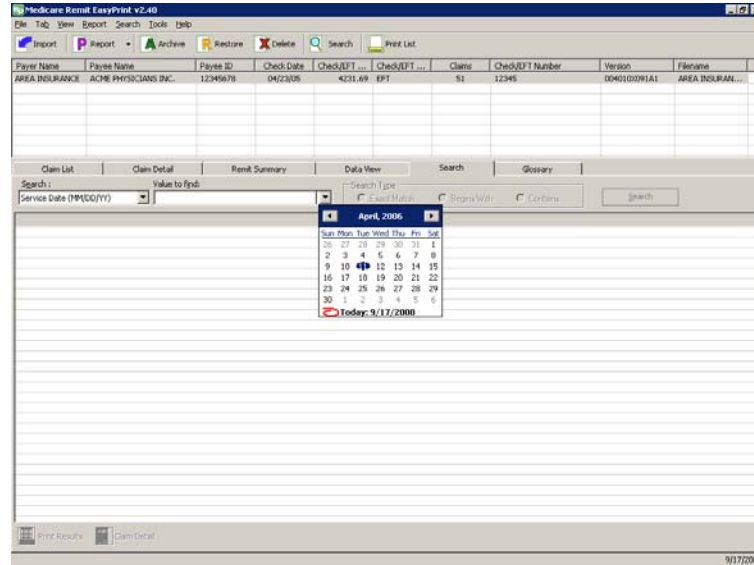
- enter the date in the Value to find field
- use the drop-down list only to access the Calendar picker for the MM/DD/YY format only. Use the left and right arrows to select the month, and then click on the date you want.

Medicare Remit Easy Print

Working with MREP Remittance Advices

Hint:

You can use a calendar date picker to select a service date.



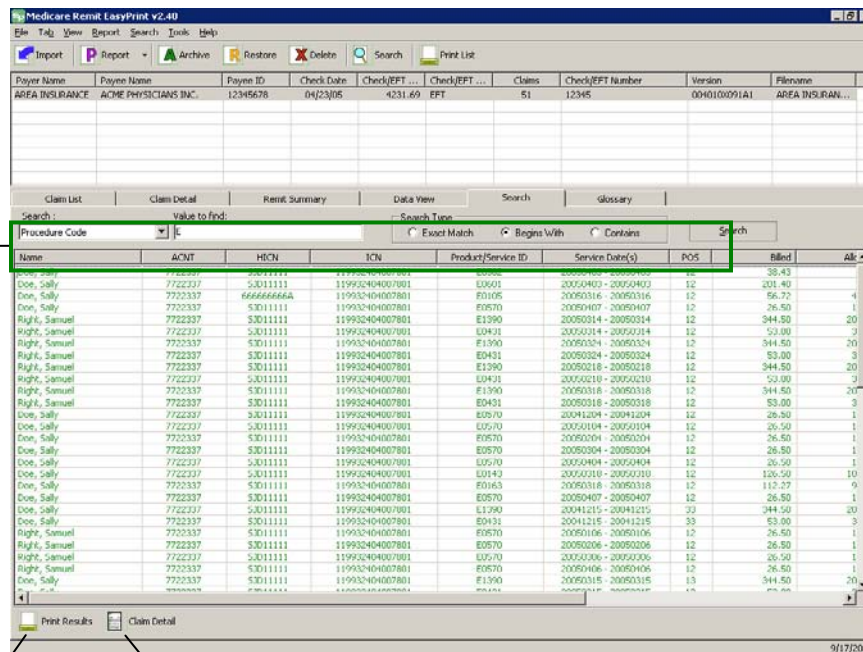
4. Click the Search type to start the search.

Medicare Remit Easy Print returns all of the claim lines/info that match the search. For example, if you search for claims that begin with E0 in the Procedure Code field.

If the remit contains any claim lines with Procedure codes beginning with E0, the Search Tab listview is updated with those claim lines matching the criteria.

Hint:

If you cannot see all the columns, use the horizontal scroll bar.



The search was for a procedure code that begins with E0

Hint:

You can change the sort order by clicking a column heading.

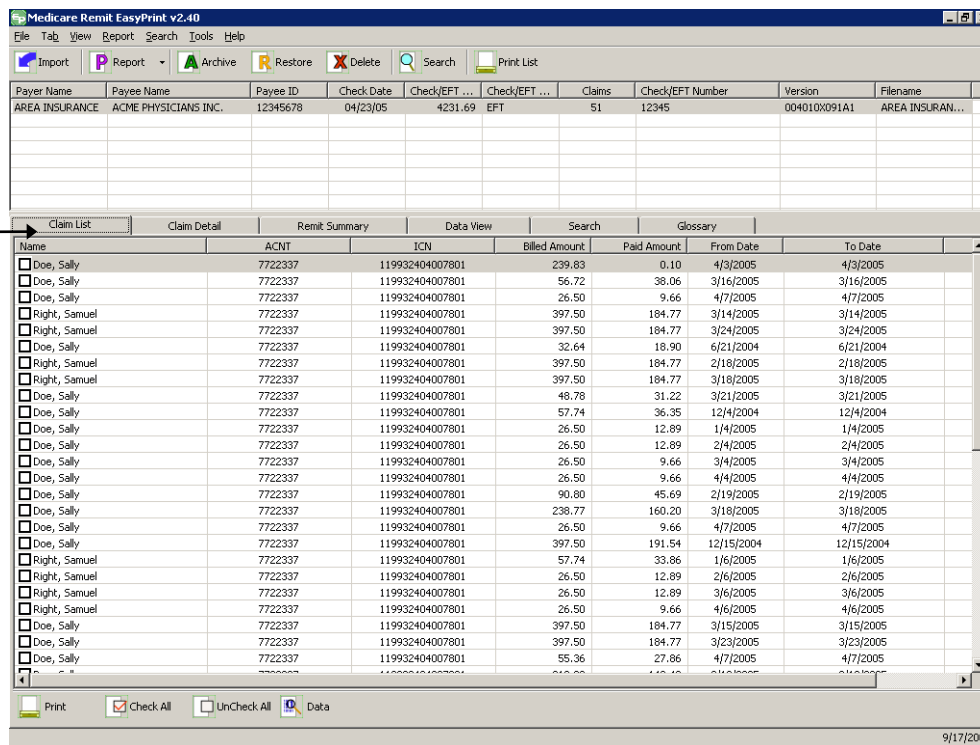
Click the print button or type Alt + B + P to print this list of claims

Click the claim detail button or type Alt + B + C to display the details for these claims

Making Sense of the Claim List Tab

For the procedure to view the claim list, see *How to View a List of Claims for an MREP Remittance Advice* on page 53.

The claim list tab displays a summary of all of the claims found within the selected remittance:



Claim List tab

Hint: Key F1 displays a dialog containing the listview field names and values. This enables screen reading programs to read all the listview fields for a highlighted claim.

Hint: Click on a column heading to change the sort order.

- Name** This is the name of the beneficiary that the claim was processed for. The name field is defined as Last Name followed by the First Name. A comma separates the two names.
- ACNT** This is any internal number assigned to the claim by the provider.
- ICN** This is the Internal Control Number (ICN), the unique number assigned to the claim when it is received by the contractor.
- Billed Amount** This is the total claim dollar billed amount.
- Paid Amount** This is the total claim provider billed amount.
- From Date** This is the earliest From Date of service on the claim.
- To Date** This is the latest To Date of service on the claim.
- ASG** This indicates whether or not the provider has accepted assignment for the claim.

Buttons



Print the list. (type Alt + B + P)



Select all of the claims. (type Alt + B + C)



Unselect all of the claims. (type Alt + B + U)

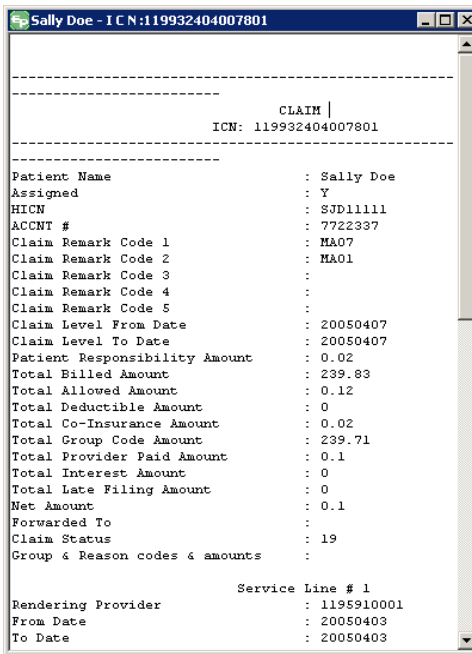
Display Claim(s)

From the Tab menu option select Display Claim

Select claims in the claim list by enabling the checkbox for the corresponding claim. To display the selected claims, from the Tab menu option select Display Claim.

Name	ACNT	ICN	Billed Amount	Paid Amount	From Date	To Date
<input checked="" type="checkbox"/> Doe, Sally	7722337	119932404007801	239.83	0.10	4/3/2005	4/3/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	56.72	38.06	3/16/2005	3/16/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	26.50	9.66	4/7/2005	4/7/2005
<input type="checkbox"/> Right, Samuel	7722337	119932404007801	397.50	184.77	3/14/2005	3/14/2005
<input type="checkbox"/> Right, Samuel	7722337	119932404007801	397.50	184.77	3/24/2005	3/24/2005
<input checked="" type="checkbox"/> Doe, Sally	7722337	119932404007801	32.64	18.90	6/21/2004	6/21/2004
<input checked="" type="checkbox"/> Right, Samuel	7722337	119932404007801	397.50	184.77	2/18/2005	2/18/2005
<input type="checkbox"/> Right, Samuel	7722337	119932404007801	397.50	184.77	3/18/2005	3/18/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	48.78	31.22	3/21/2005	3/21/2005
<input checked="" type="checkbox"/> Doe, Sally	7722337	119932404007801	57.74	36.95	12/4/2004	12/4/2004
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	26.50	12.89	1/4/2005	1/4/2005
<input checked="" type="checkbox"/> Doe, Sally	7722337	119932404007801	26.50	12.89	2/4/2005	2/4/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	26.50	9.66	3/4/2005	3/4/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	26.50	9.66	4/4/2005	4/4/2005
<input checked="" type="checkbox"/> Doe, Sally	7722337	119932404007801	90.80	45.69	2/19/2005	2/19/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	238.77	160.20	3/18/2005	3/18/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	26.50	9.66	4/7/2005	4/7/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	397.50	191.54	12/15/2004	12/15/2004
<input type="checkbox"/> Right, Samuel	7722337	119932404007801	57.74	33.86	1/6/2005	1/6/2005
<input type="checkbox"/> Right, Samuel	7722337	119932404007801	26.50	12.89	2/6/2005	2/6/2005
<input type="checkbox"/> Right, Samuel	7722337	119932404007801	26.50	12.89	3/6/2005	3/6/2005
<input type="checkbox"/> Right, Samuel	7722337	119932404007801	26.50	9.66	4/6/2005	4/6/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	397.50	184.77	3/15/2005	3/15/2005
<input type="checkbox"/> Doe, Sally	7722337	119932404007801	397.50	184.77	3/23/2005	3/23/2005

EasyPrint displays the claim(s) information in a vertical line by line format:



This format provides the claim data at a glance and allows screen reading software to interpret the data more easily.

Making Sense of the Claim Detail Tab

For the procedure to view claim detail, see *How to View the Detail for a Claim* on page 55.

The claim detail tab displays all the claim information for each claim(s) that has been checked on the Claim List tab.

Claim Detail tab

Information for the claim

Service line headers

Service lines

Information for the claim:

- NAME** This is the name of the beneficiary for whom the claim was processed.
- HIC** This is the Health Insurance Claim (HIC) number of the beneficiary for whom the claim was processed.
- ACNT** This is any internal number assigned to the claim by the provider.
- ICN** This is the Internal Control Number (ICN), the unique number assigned to the claim when it is received by the contractor.
- ASG** This indicates whether or not the provider has accepted assignment for the claim.
- MOA** This contains remark codes at the claim level.

Service line headers

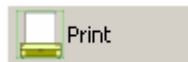
- REND PROV** This is the performing provider ID number.
- SERV DATE** This is the date(s) of service.

POS	This is the two-digit Place of Service (POS) code. A list of POS codes is available here: www.cms.hhs.gov/states/poshome.asp
NOS	This is the number of services rendered.
PROC	This is the HCPCS procedure code. A list of these codes is available here: www.cms.hhs.gov/hipaa/hipaa2/regulations/transactions/default.asp
MODS	These are all the modifiers billed with the procedure.
BILLED	This is the amount the provider billed for the service.
ALLOWED	This is the allowed amount for the service.
DEDUCT	This the amount of any deductible applied to the claim. This is the amount that the beneficiary (or other insurer, if applicable) is responsible for paying the provider.
COINS	This is the amount that the beneficiary (or other insurer, if applicable) is responsible for paying the provider.
GRP/RC	These are any Group Codes and Claim Adjustment Reason Codes for the service line.
AMT	This is the amount of any adjustment made based on the Group and Claims Adjustment Reason Code.
PROV PD	This is the amount the provider was paid for the service.
Second Line of Claim Line	
NPI (if present)	This is the National Provider Identifier.
SUBNOS	This is the submitted number of services.
SUBMITTED PROC	This is the submitted HCPCS procedure code.
REM	These are the Remark Codes at the line level.
Totals	
PT RESP	This is the total amount that the beneficiary owes the provider for this claim.
CLAIM TOTALS	This includes the totals for all service-line level amounts: BILLED ALLOWED DEDUCT COINS AMT PROV PD
ADJ TO TOTALS:	
PREV PD	This field is blank in Medicare Remit Easy Print.
INTEREST	This is the interest amount paid for claims processing time.
LATE FILING CHARGE	This is the late filing charge.
NET	This is the amount that Medicare owes the provider for this claim.
CLAIM INFORMATION FORWARDED TO:	This appears when the claim is being forwarded to a beneficiary's supplemental insurer.

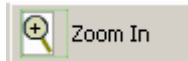
GLOSSARY

These are the Reason and Remark codes that are also shown on the Glossary tab.

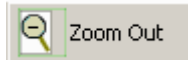
Buttons



Print the claim detail. (type Alt + B + P)



Zoom in to make the size of the type larger. (type Alt + B + I)



Zoom out to make the size of the type smaller. (type Alt + B + O)



Reset the type to the original size. (type Alt + B + R)

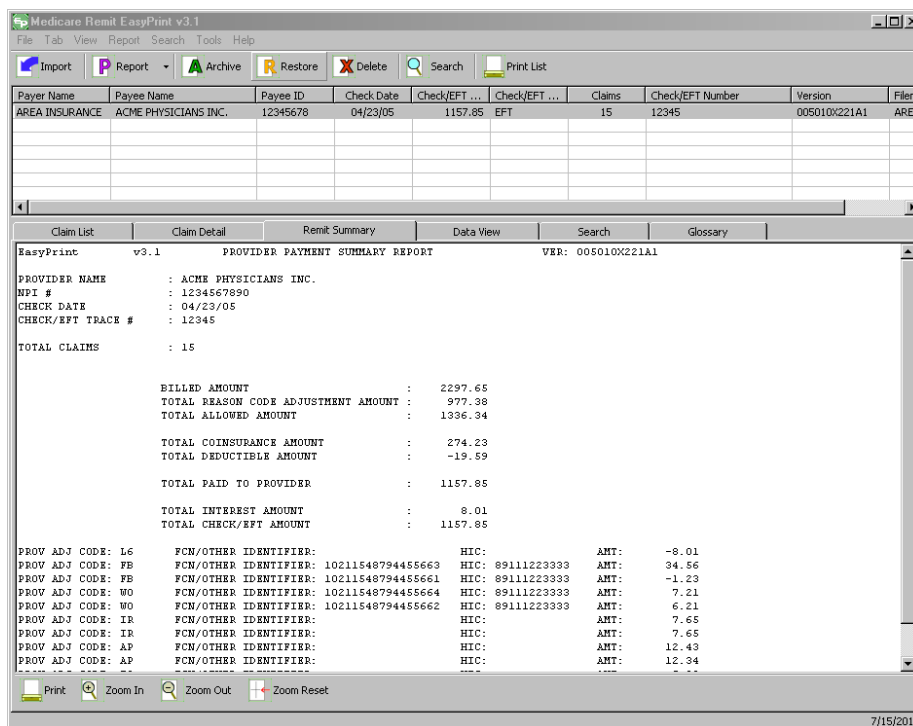


Appears CARCs/RARCs and descriptions for the selected claims when checked. (type Alt + B + S)

Making Sense of the Remit Summary Tab

For the procedure to view the Remittance Advice detail, see *How to View the Total Amounts for a Remittance Advice* on page 57.

The Remit Summary Tab displays total dollar amounts, claim counts, and provider adjustment information if present in the selected remittance.



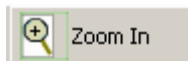
- PROVIDER NAME This is the provider's name.
- PROVIDER # This is the provider's ID number.
- CHECK DATE This is the date of the check.
- CHECK /EFT TRACE NUMBER This is the tracking number for the check or EFT.
- TOTAL CLAIMS This is the total number of claims.
- BILLED AMOUNT This is the total billed amount.
- TOTAL REASON CODE ADJUSTMENT AMOUNT This is the total adjustment amount.
- TOTAL ALLOWED AMOUNT This is the total allowed amount.
- TOTAL COINSURANCE AMOUNT This is the total amount of coinsurance applied.
- TOTAL DEDUCTIBLE AMOUNT This is the total deductible amount.
- TOTAL PAID TO PROVIDER This is the total amount paid to provider.

TOTAL INTEREST AMOUNT	This is the total amount of interest applied.
TOTAL CHECK /EFT AMOUNT	This is the total amount of the check.
PROV ADJ CODE	This is the remittance-level adjustment. This field only appears if a remittance-level adjustment is present.

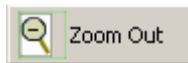
Buttons



Print the summary. (type Alt + B + P)



Zoom in to make the size of the type larger. (type Alt + B + I)



Zoom out to make the size of the type smaller. (type Alt + B + O)

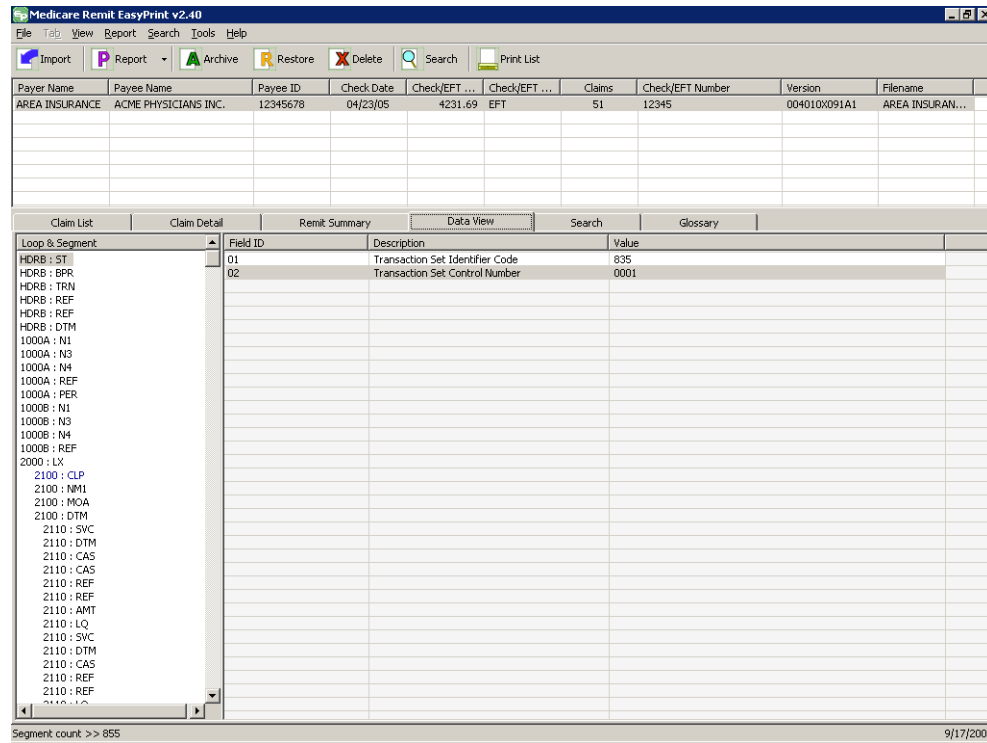


Reset the type to the original size. (type Alt + B + R)

Making Sense of the Data View Tab

For the procedure to view the data, see: How to View the Data in the Import File on page 60.

The Data View Tab displays the remittance fields as they are stored internally in MREP. The data are stored in what are referred to as Segments. Each segment contains a varying number of elements or fields.



The HIPAA 835v4010A1 and 835v5010 formats separate data into segments and loops. To understand how to read segments and loops, refer to the X12 835 Implementation Guides.

Making Sense of the Search Tab

For the procedure to view the data, see *How to Search Payment Information* on page 73.

The Search Tab displays a summarized list of claim information that matches the criteria of the user's search. The Name field's format is the beneficiary's Last Name, followed by a comma and then the First Name.

Buttons



Print the list of claims from the search. (type Alt + B + P)

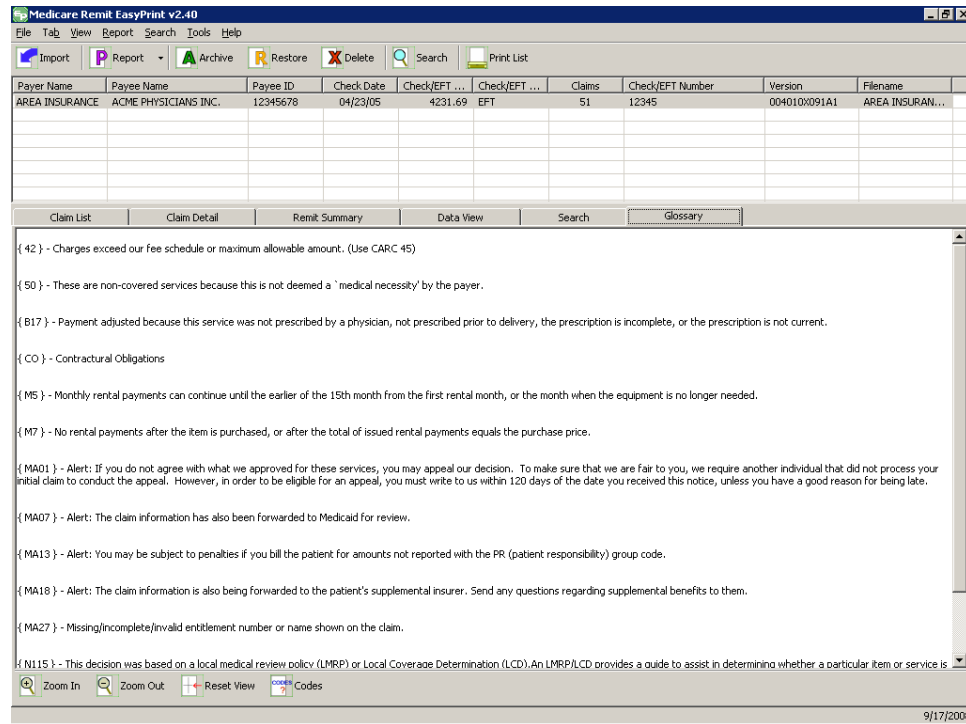


View details for all of the claims from the search. (type Alt + B + C)

Making Sense of the Glossary Tab

For the procedure to view the data, see *How to View the CARC and RARC Codes* on page 62.

The Glossary tab displays the CARC/RARC codes and descriptions for the selected remittance.



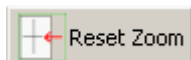
Buttons



Zoom in to make the size of the type larger. (type Alt + B + I)



Zoom out to make the size of the type smaller. (type Alt + B + O)



Reset the type to the original size. (type Alt + B + R)



Displays CARCs/RARCs and descriptions for the selected claims when checked. (type Alt + B + S)

Working with Reports

Medicare Remit Easy Print has 11 different reports:

- Denied Service Lines
- Adjusted Service Lines
- Deductible Service Lines
- Coinsurance Service Lines
- Deductible/Coinsurance Service Lines
- COB Claims Report
- Non-COB Claims Report
- MSP Claims Report
- Non-MSP Claims Report
- Other Adjustment Report
- Entire Remittance

Making Sense of the Denied Service Lines Report

This report displays claim service lines that have an allowed amount equal to zero *and* are associated with a claim that does NOT have a claim status 22 (reversed claim). The report includes only the lines on the claim that meet these criteria.

Denied Service Line(s) Report											
Generated: 9/22/2009 9:26:34 AM											
Carrier: AEA INSURANCE											
Payee #: 0208980001											
Payee Name: ACME PHYSICIANS INC.											
Chk Date: 04/22/05											
CHK/REF #: 12945											
Seq #	Prov#/MPI	ACMT # / Name	ICN/HICN	Ln#	Service Date(s)	Prod/Serv ID	Billed	Allowed	Deduct	Coins	Pd to Prov
00001	0208980001	7722237 Rigo Samuel	119932404007801 SJD11111	01	12/22/02-12/22/02	A6261 AI	40.00	0.00	0.00	0.00	0.00
							Reason Code: C0-16	Remark Codes: N111			
							40.00	0.00	0.00	0.00	0.00

Making Sense of the Adjusted Service Lines Report

This report displays claims that have a status of 22 (reversed claim).

This report does NOT show the adjustment claim that reflects the corrected dollar amounts.

Adjusted Service Line(s) Report											
Generated: 9/21/2009 12:24:21 PM											
Carrier:		AREA INSURANCE									
Payee #:		0208980001									
Payee Name:		ACME PHYSICIANS INC.									
Chk Date:		04/23/05									
Chk/EFT #:		12345									
Seq #	Prov#/NPI	ACNT # / Name	ICN/HICN	Ln#	Service Date(s)	Prod/Serv ID	Billed	Allowed	Deduct	Coins	Pd to Prov
00001	0208980001	7722337 Doe Sally	119932404007801 S3D11111	01	02/10/04-02/10/04	A4450 AW	-18.00	-13.20	0.00	-2.64	-10.56
							Reason Code:	CR-42 CR-2	Remark Codes:		
00002	0208980001	7722337 Doe Sally	119932404007801 S3D11111	02	02/10/04-02/10/04	A6196 A1	-238.50	0.00	0.00	0.00	0.00
							Reason Code:	CR-50	Remark Codes: M25 H102		
00003	0208980001	7722337 Doe Sally	119932404007801 S3D11111	03	02/10/04-02/10/04	A6253 A2	-411.00	-380.40	0.00	-76.08	-304.32
							Reason Code:	CR-42 CR-2	Remark Codes:		
00004	0208980001	7722337 Doe Sally	119932404007801 S3D11111	04	02/10/04-02/10/04	A6402 A1	-13.05	0.00	0.00	0.00	0.00
							Reason Code:	CR-57	Remark Codes: M25 H115		
00005	0208980001	7722337 Doe Sally	119932404007801 S3D11111	05	02/10/04-02/10/04	A6446 A2	-216.00	-98.40	0.00	-19.68	-78.72
							Reason Code:	CR-42 CR-2	Remark Codes:		
00006	0208980001	7722337 Doe Sally	119932404007801 S3D11111	06	02/10/04-02/10/04	A6402 A1	-13.95	-11.16	0.00	-2.23	-8.93
							Reason Code:	CR-42 CR-2	Remark Codes:		
							-910.50	-583.16	0.00	-100.63	-402.53

Making Sense of the Deductible Service Lines Report

This report shows claim service lines that have deductible amounts greater than zero, as well as those service lines with only deductible amounts greater than zero. It includes only the lines on the claim that meet these criteria.

Deductible Service Line(s) Report											
Generated: 9/21/2009 12:36:43 PM											
Carrier: AREA INSURANCE											
Payee #: 0208980001											
Payee Name: ACME PHYSICIANS INC.											
Chk Date: 04/23/05											
Chk/EFT #: 12345											
Seq #	Err#	NEI	ACNT # / Name	ICN/HICN	Ln#	Service Date(s)	Prod/Serv ID	Billed	Allowed	Deduct	Pd to Err#
00001	0208980001		7722337 Doe Sally	SUD11111	01	02/11/05-02/11/05	A4310 KX	15.40	13.12	13.12	0.00
								Reason Code: PR-1 CO-42 Remark Codes:			
00002	0208980001		7722337 Doe Sally	SUD11111	02	02/11/05-02/11/05	A4338 KX	22.80	22.80	7.17	12.50
								Reason Code: PR-1 PR-2 Remark Codes:			
00003	0208980001		7722337 Doe Sally	SUD11111	01	02/10/05-02/10/05	A4450 AB	6.00	4.40	4.40	0.00
								Reason Code: PR-23 PR-1 Remark Codes:			
								CO-42 OR-23			
00004	0208980001		7722337 Doe Sally	SUD11111	02	02/10/05-02/10/05	A6021 A1	375.00	315.30	30.84	31.53
								Reason Code: PR-23 PR-1 Remark Codes:			
								PR-2 CO-42 OR-23			
								419.20	355.62	55.53	44.03

Making Sense of the Coinsurance Service Lines Report

This report shows claim service lines that have coinsurance amounts greater than zero, as well as those service lines with only coinsurance amounts greater than zero. It includes only the lines on the claim that meet these criteria.

Coinsurance Service Line(s) Report										
Generated: 9/21/2009 12:39:21 PM										
Carrier:		AREA INSURANCE								
Payee #:		0208980001								
Payee Name:		ACME PHYSICIANS INC.								
Chk Date:		04/23/05								
Chk/EFT #:		12345								
Seq #	Prov#/NPI	ACWT # / Name	ICN/HICN	Ln#	Service Date(s)	Prod/Serv ID	Billed	Allowed	Coins	Pd to Error
00001	0208980001	7722337 Doe Sally	119932404007801 SJD11111	01	02/10/04-02/10/04	A4450 AW	18.00	13.20	2.64	10.56
							Reason Code:	PR-2 CO-42	Remark Codes:	
00002	0208980001	7722337 Doe Sally	119932404007801 SJD11111	02	02/10/04-02/10/04	A6196 A1	238.50	220.50	44.10	176.40
							Reason Code:	PR-2 CO-42	Remark Codes:	
00003	0208980001	7722337 Doe Sally	119932404007801 SJD11111	03	02/10/04-02/10/04	A6253 A2	411.00	380.40	76.08	304.32
							Reason Code:	PR-2 CO-42	Remark Codes:	
00004	0208980001	7722337 Doe Sally	119932404007801 SJD11111	04	02/10/04-02/10/04	A6402 A1	13.05	10.44	2.09	8.35
							Reason Code:	PR-2 CO-42	Remark Codes:	
00005	0208980001	7722337 Doe Sally	119932404007801 SJD11111	05	02/10/04-02/10/04	A6446 A2	216.00	98.40	19.68	78.72
							Reason Code:	PR-2 CO-42	Remark Codes:	
00006	0208980001	7722337 Doe Sally	119932404007801 SJD11111	06	02/10/04-02/10/04	A6402 A1CC	13.95	11.16	2.23	8.93
							Reason Code:	PR-2 CO-42	Remark Codes:	
00007	0208980001	7722337 Doe Sally	119932404007801 SJD11111	02	02/11/05-02/11/05	A4338 KK	22.80	22.80	3.13	12.50
							Reason Code:	PR-1 PR-2	Remark Codes:	
00008	0208980001	7722337 Right Samuel	119932404007801 SJD11111	01	03/28/05-03/28/05	A6209 A2	194.40	179.52	35.90	143.62
							Reason Code:	PR-2 CO-42	Remark Codes: H88	
00009	0208980001	7722337 Right Samuel	119932404007801 SJD11111	02	03/28/05-03/28/05	A6446 A2	43.20	19.68	3.94	15.74
							Reason Code:	PR-2 CO-42	Remark Codes: H88	
00010	0208980001	7722337 Doe Sally	119932404007801 SJD11111	02	02/10/05-02/10/05	A6021 A1	375.00	315.30	7.85	31.53
							Reason Code:	PR-23 PR-1	Remark Codes:	
							PR-2 CO-42 OA-23			
00011	0208980001	7722337 Doe Sally	119932404007801 SJD11111	03	02/10/05-02/10/05	A6446 A1	25.20	11.48	0.32	1.14
							Reason Code:	PR-23 PR-2	Remark Codes:	
							CO-42 OA-23			
00012	0208980001	7722337 Doe Sally	119932404007801 SJD11111	01	03/09/05-03/09/05	A6446 A1	28.80	13.12	2.62	10.50
							Reason Code:	PR-2 CO-42	Remark Codes:	
00013	0208980001	7722337 Doe Sally	119932404007801 SJD11111	02	03/09/05-03/09/05	A6456 A1	120.00	102.40	20.48	81.92
							Reason Code:	PR-2 CO-42	Remark Codes:	
							1719.90	1398.40	221.06	884.23

Making Sense of the Deductible/Coinsurance Service Lines Report

This report shows claim service lines that have both deductible and coinsurance amounts greater than zero, as well as those service lines with only coinsurance and deductible amounts greater than zero. It includes only the lines on the claim that meet these criteria.

Deductible/Coinsurance Service Line(s) Report											
Generated: 9/11/2009 11:46:15 AM											
Carrier:	AREA INSURANCE										
Payee #:	0208980001										
Payee Name:	ACHE PHYSICIANS INC.										
Chk Date:	04/23/05										
CHK/REF #:	12345										
Seq #	Prov#/NPI	ACNT # / Name	ICN/NCN	Ln#	Service Date(s)	Prod/Sev ID	Billed	Allowed	Deduct	Coins	Pd to Prov
00001	0208980001	7722337 Doe Sally	SJD11111	01	02/10/04-02/10/04	A4450	18.00	13.20	0.00	2.64	10.56
						AM	Reason Code: PR-2 CO-42		Remark Codes:		
00002	0208980001	7722337 Doe Sally	SJD11111	02	02/10/04-02/10/04	A6196	238.50	220.50	0.00	44.10	176.40
						AL	Reason Code: PR-2 CO-42		Remark Codes:		
00003	0208980001	7722337 Doe Sally	SJD11111	03	02/10/04-02/10/04	A6250	411.00	380.40	0.00	76.08	304.22
						A2	Reason Code: PR-2 CO-42		Remark Codes:		
00004	0208980001	7722337 Doe Sally	SJD11111	04	02/10/04-02/10/04	A6402	13.05	10.44	0.00	2.09	8.35
						AL	Reason Code: PR-2 CO-42		Remark Codes:		
00005	0208980001	7722337 Doe Sally	SJD11111	05	02/10/04-02/10/04	A6446	216.00	98.40	0.00	12.68	78.72
						A2	Reason Code: PR-2 CO-42		Remark Codes:		
00006	0208980001	7722337 Doe Sally	SJD11111	06	02/10/04-02/10/04	A6402	12.95	11.15	0.00	2.22	8.93
						A1CC	Reason Code: PR-2 CO-42		Remark Codes:		
00007	0208980001	7722337 Doe Sally	SJD11111	01	02/11/05-02/11/05	A4010	15.40	13.12	13.12	0.00	0.00
						KX	Reason Code: PR-1 CO-42		Remark Codes:		
00008	0208980001	7722337 Doe Sally	SJD11111	02	02/11/05-02/11/05	A4028	22.80	22.80	7.17	2.13	12.50
						KX	Reason Code: PR-1 PR-2		Remark Codes:		
00009	0208980001	7722337 Right Samuel	SJD11111	01	03/28/05-03/28/05	A6209	194.40	179.52	0.00	25.90	140.62
						A2	Reason Code: PR-2 CO-42		Remark Codes: N88		
00010	0208980001	7722337 Right Samuel	SJD11111	02	03/28/05-03/28/05	A6446	43.20	19.68	0.00	2.94	15.74
						A2	Reason Code: PR-2 CO-42		Remark Codes: N88		
00011	0208980001	7722337 Doe Sally	SJD11111	01	02/10/05-02/10/05	A4450	6.00	4.40	4.40	0.00	0.00
						AM	Reason Code: PR-23 PR-1		Remark Codes:		
00012	0208980001	7722337 Doe Sally	SJD11111	02	02/10/05-02/10/05	A6021	375.00	315.00	30.84	7.85	31.53
						AL	Reason Code: PR-23 PR-1		Remark Codes:		
00013	0208980001	7722337 Doe Sally	SJD11111	03	02/10/05-02/10/05	A6446	25.20	11.48	0.00	0.32	1.14
						AL	Reason Code: PR-23 PR-2		Remark Codes:		
00014	0208980001	7722337 Doe Sally	SJD11111	01	03/09/05-03/09/05	A6446	28.80	13.12	0.00	2.62	10.50
						AL	Reason Code: PR-2 CO-42		Remark Codes:		
00015	0208980001	7722337 Doe Sally	SJD11111	02	03/09/05-03/09/05	A6456	120.00	102.40	0.00	20.48	81.92
						AL	Reason Code: PR-2 CO-42		Remark Codes:		
							1741.30	1435.92	55.53	221.06	884.23

Making Sense of the COB Claims Report

This report shows those claims on the HIPAA 835v4010A1 or 835v5010 file that were crossed over. The requirement for crossover claims to print on the report is that the 2100 loop, CLP02 data field must contain one of the following values:

- 19 Processed as Primary, Forwarded to Additional Payer(s)
- 20 Processed as Secondary, Forwarded to Additional Payer(s)
- 21 Processed as Tertiary, Forward to Additional Payer(s)

COB Claims Report									
Generated: 9/11/2009 12:04:58 PM									
Carrier:	AREA INSURANCE								
Payee #:	0209980001								
Payee Name:	ACHE PHYSICIANS INC.								
Chk Date:	04/22/05								
Chk/EFT #:	12345								
Seq#	ACMT#	Name	HCN	ICN	Billed	Allowed	Deductible	COINS	Paid
00001	7722327	Doe, Sally	SJD11111	119932404007801	910.50	724.10	0.00	146.62	587.28
<i>Processed as primary, forwarded to SUPPLEMENTAL INSURER</i>									
00002	7722327	Right, Samuel	SJD11111	119932404007801	237.60	199.20	0.00	39.84	159.36
<i>Processed as primary, forwarded to UNKNOWN</i>									
00003	7722327	Doe, Sally	SJD11111	119932404007801	148.00	115.52	0.00	22.10	92.42
<i>Processed as primary, forwarded to BCBS OF SOUTH CAROLINA (TSP)</i>									
					1296.90	1048.82	0.00	209.76	839.06

Making Sense of the Non-COB Claims Report

This report shows those claims on the HIPAA 835v4010A1 or 835v5010 file that did not cross over. The requirement for claims to print on the report is that the 2100.CLPO2 data field does not contain one of the following values:

- 19 Processed as Primary, Forwarded to Additional Payer(s)
- 20 Processed as Secondary, Forwarded to Additional Payer(s)
- 22 Processed as Tertiary, Forward to Additional Payer(s)

NON COB Claims Report									
Generated: 9/11/2009 12:08:31 PM									
Carrier:	AREA INSURANCE								
Payee #:	0208980001								
Payee Name:	ACHE PHYSICIANS INC.								
Chk Date:	04/22/05								
CHK/EFT #:	12345								
Seq#	ACMT#	Name	HICN	ICN	Billed	Allowed	Deductible	COINS	Paid
00001	7722337	Doe, Sally	SJD11111	119932404007801	38.20	35.92	20.29	0.10	12.50
00002	7722337	Doe, Sally	SJD11111	119932404007801	406.20	331.18	35.24	6.17	32.67
00003	7722337	Right, Samuel	SJD11111	119932404007801	40.00	0.00	0.00	0.00	0.00
					484.40	367.10	55.53	11.30	45.17

Making Sense of the MSP Claims Report

This report contains those claims, within a remittance, on the HIPAA 835v4010A1 or 835v5010 file that were processed by Medicare as secondary. The claims have a value of 2 (Processed as Secondary) or 20 (Processed as Secondary, Forwarded to Additional Payer(s)) in the 2100 loop, CLP02 data field.

MSP Claims Report										
Generated: 11/23/2010 9:37:07 AM										
Carrier: PAYER INC.										
Payee #: 9876543210										
Payee Name: JOHNSON PHARMACY INC										
Chk Date: 04/24/10										
Chk/EFT #: 00050045678										
Seq#	RCNT#	Name	HICN	ICN	Billed	Allowed	Deductible	COINS	Paid	
00001	245Y67	GARY, MATTHEW	55555555A	10129466789000	1082.13	676.29	0.00	135.26	541.03	
					1082.13	676.29	0.00	135.26	541.03	

Making Sense of the Non-MSP Claims Report

This report contains those claims, within a remittance, on the HIPAA 835v4010A1 or 835v5010 file that were processed by Medicare as primary. The claims have a value of 1 (Processed as Primary) or 19 (Processed as Primary, Forwarded to Additional Payer(s)) in the 2100.CLP02 data field.


NON MSP Claims Report										
Generated: 11/23/2010 9:17:19 AM										
Carrier:	PAYER INC.									
Payee #:	9876543210									
Payee Name:	JOHNSON PHARMACY INC									
Chk Date:	04/24/10									
Chk/EFT #:	00050034567									
Seq#	ICNT#	Name	MCN	ICN	Billed	Allowed	Deductible	COINS	Paid	
00001	1A2B3C	THOMAS, CHARLES	999999999A	10123456789000	1082.13	676.29	0.00	135.26	541.03	
					1082.13	676.29	0.00	135.26	541.03	

Making Sense of the Other Adjustments Report

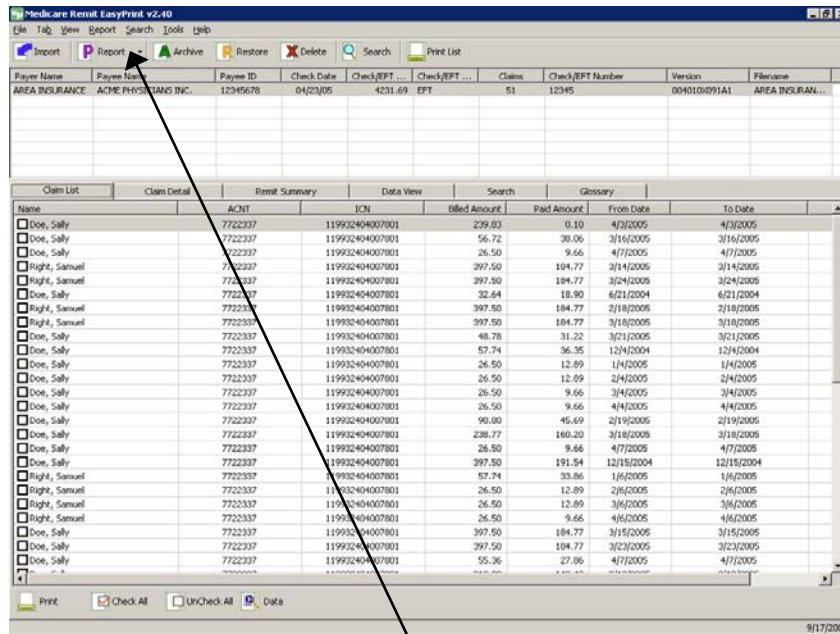
This report shows those claims on the HIPAA 835v4010A1 or 835v5010 file that had some type of adjustment. Claims that have Late Filing and Interest and remittances that have Withholding and a Forwarding Balance print on the report.

Other Adjustments Report						
Generated: 7/15/2011 12:08:00 PM						
Carrier:	AREA INSURANCE					
Payee #:	1234567890					
Payee Name:	ACHE PHYSICIANS INC.					
Chk Date:	04/23/05					
Chk/EFT #:	12345					
Seq#	Name	ACMT#	MLCN	ICN	Adjustment	Description
00001	Doe, Sally	7722227	SJD11111	119922404007801	2.81	Interest
00002	Right, Samuel	7722227	SJD11111	119922404007801	1.23	Interest
00003	Doe, Sally	7722227	SJD11111	119922404007801	1.76	Interest
00004	Doe, Sally	7722227	SJD11111	119922404007801	2.22	Interest
Withholding/Capitation (PLB=33)					13.91	
Withholding/Keesl. Pmt (PLB=4P)					24.77	
Withholding/IES (PLB=IR)					15.30	
Overpayment Recovery (PLB=RO)					13.42	
Forwarding Balance (PLB=FB)					33.33	

How to Print the Denied Service Lines Report

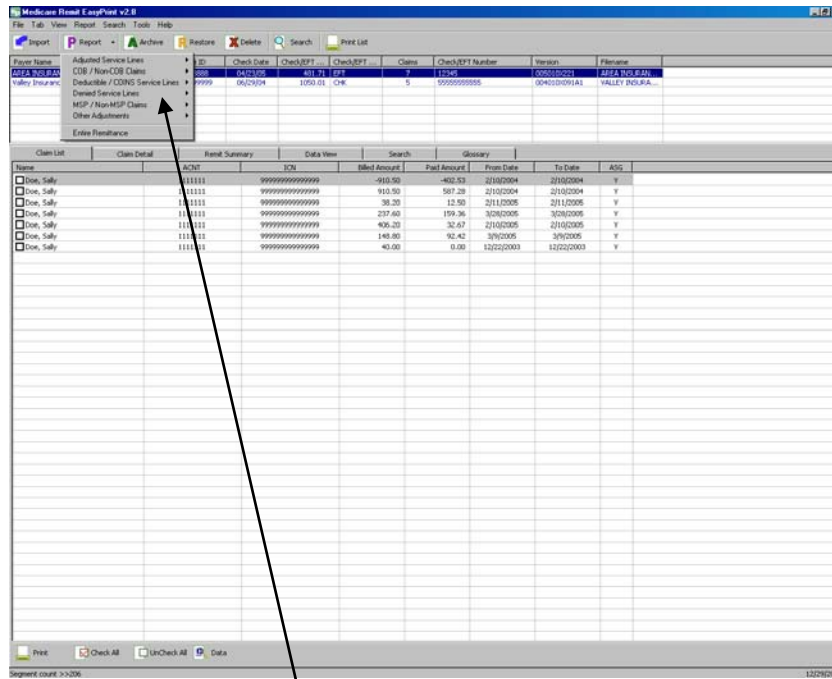
- Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon. 

The Medicare Remit Easy Print Claim List tab opens.



- Click the down arrow on the Report button.

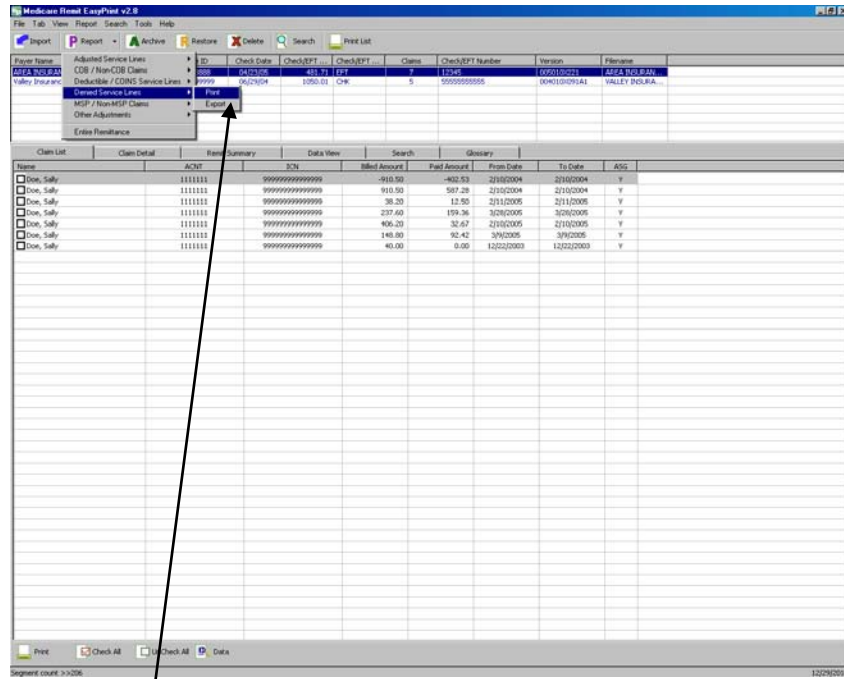
The Report List appears.



- Select Denied Service Lines.

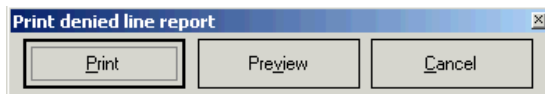
Use or disclosure of the information contained on this page is subject to the restrictions on the title page of this document.

The Print and Export options appear:



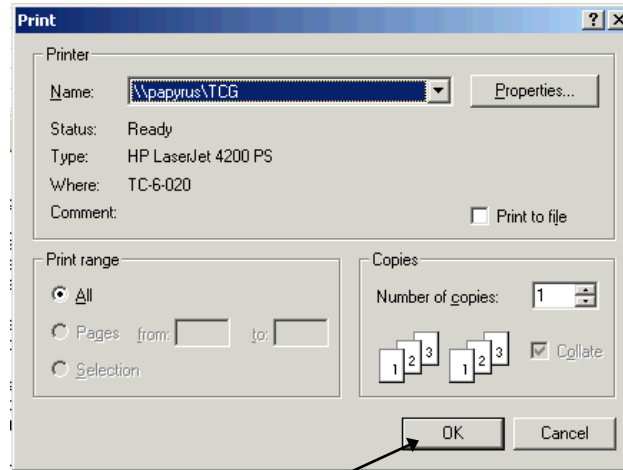
- 5. Select Print.

The Print Options window opens.



- 5. Print the detail listing in one of the following ways:
 - A. Click Print to print the detail without previewing it.

The Print dialog opens, for example:

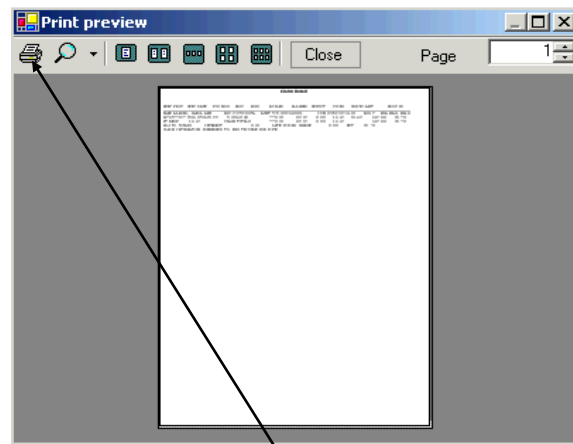


If you need to change the properties, click Properties and make changes as necessary.

Click OK. Medicare Remit Easy Print prints the detail at your default printer.

- B. Click Preview to view a preview of the printed page before printing.

The Print Preview window opens.




Click the printer button  at the top of the window.

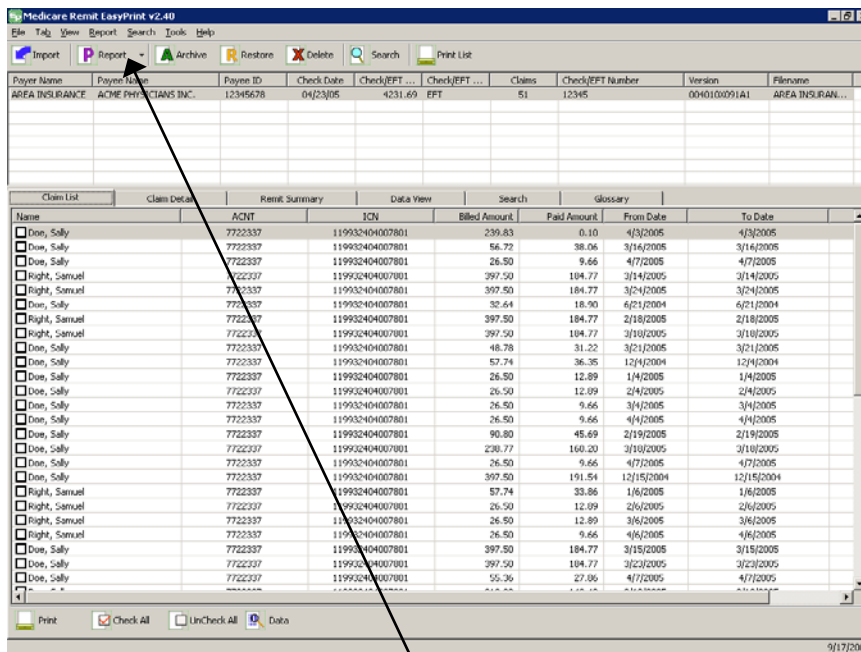
Medicare Remit Easy Print prints the detail at your default printer.

How to Export the Denied Service Lines Report

You export the report in .csv (comma separated values) format.

- Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

The Medicare Remit Easy Print Claim List tab opens.

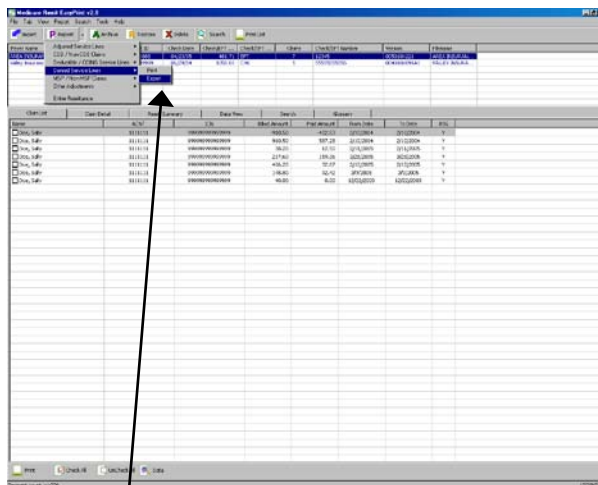


- Click the down arrow on the Report button.

The Report List appears.

- Select Denied Service Lines.

The Print and Export options appear:

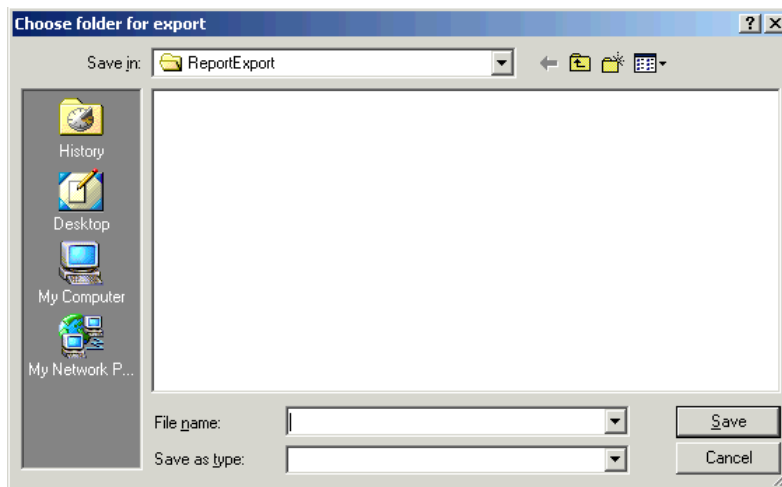


- Select Export.

The Export folder window opens.


Hint:

When you export, the default folder is the ReportExport folder in the Medicare Remit Easy Print directory. You can select another location using the Save in drop-down list.

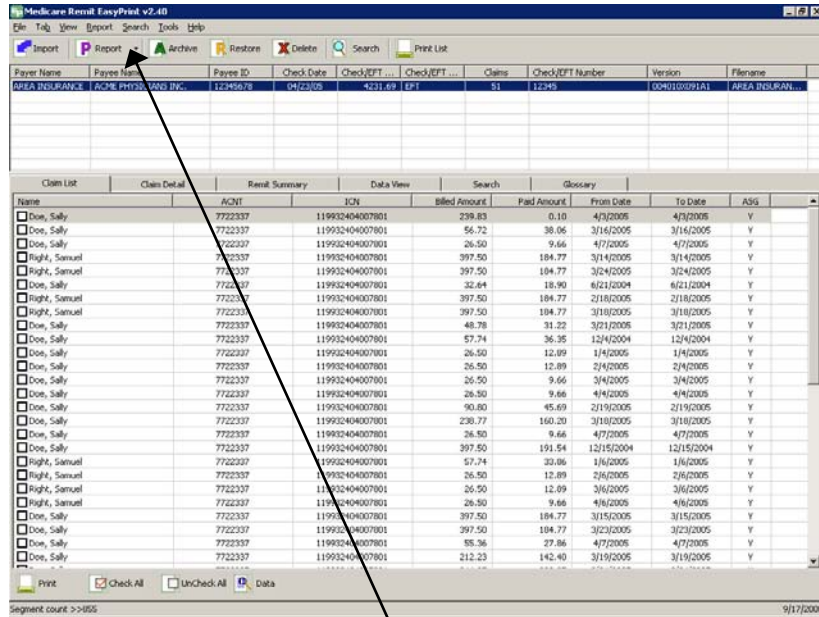


5. Enter the file name.
6. Click the Save button.

How to Print the Adjusted Service Lines Report

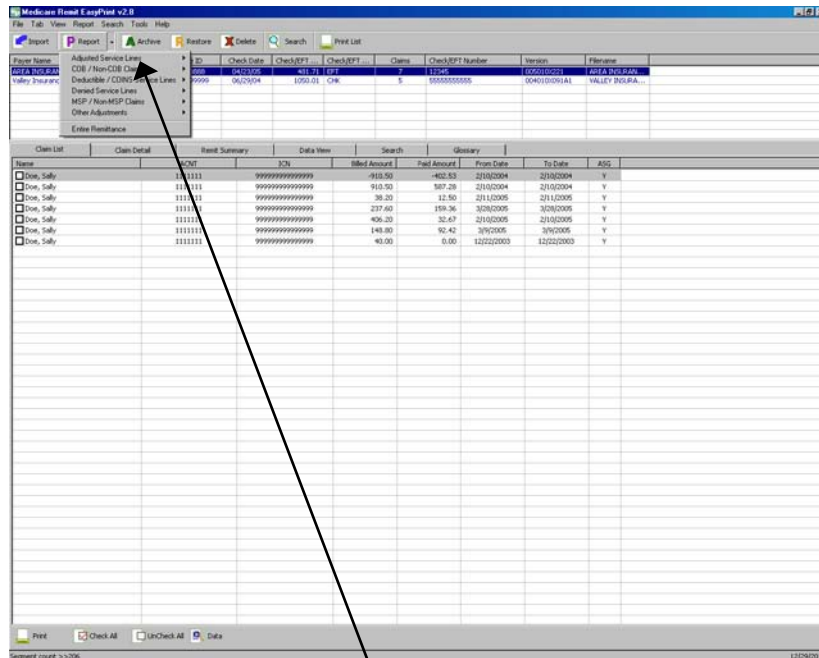
- Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

The Medicare Remit Easy Print Claim List tab opens.



- Click the down arrow on the Report button.

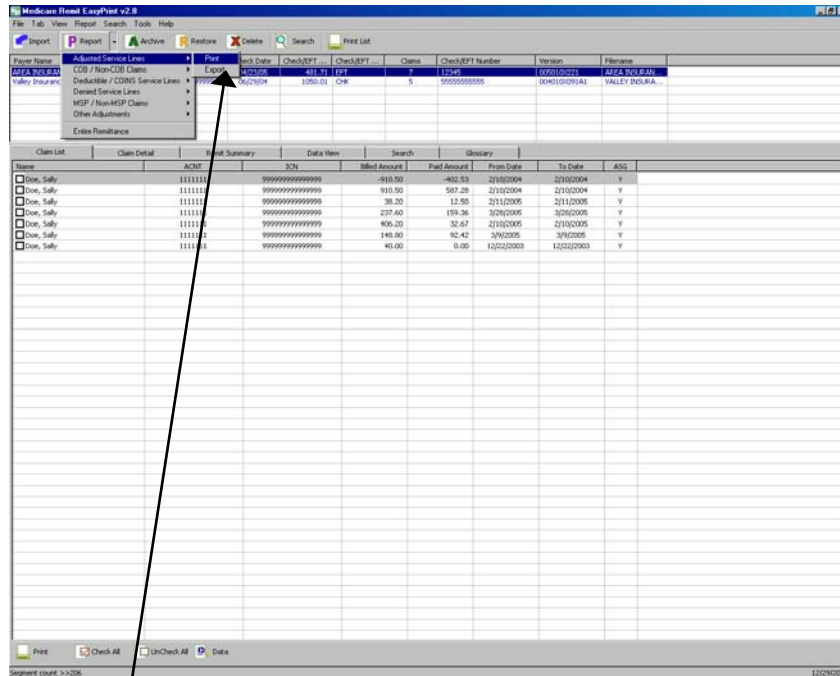
The Report List appears.



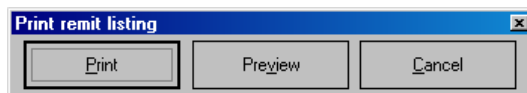
- Select Adjusted Service Lines.

The Print and Export options appear:

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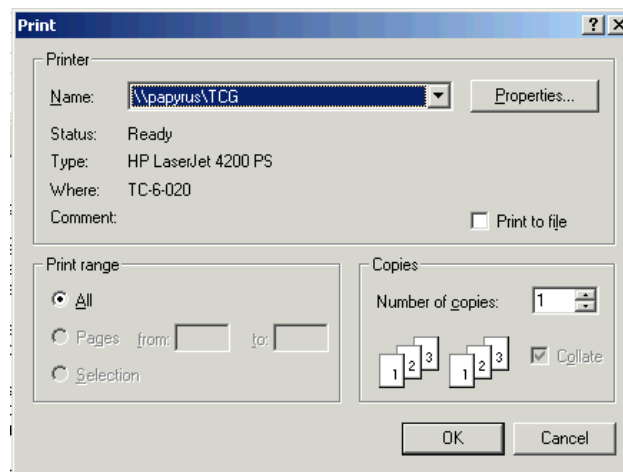


11. Select Print. The Print Options window appears.



- 5. Print the detail listing in one of the following ways:
 - A. Click Print to print the detail without previewing it.

The Print dialog opens, for example:

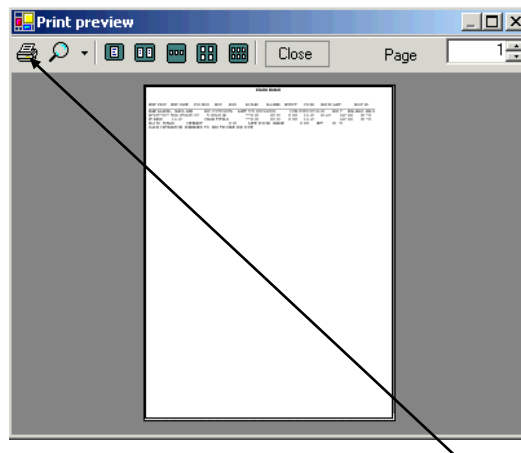


If you need to change the properties, click Properties and make changes as necessary.

Click OK. Medicare Remit Easy Print prints the detail at your default printer.

- B. Click Preview to view a preview of the printed page before printing.


The Print Preview window opens.



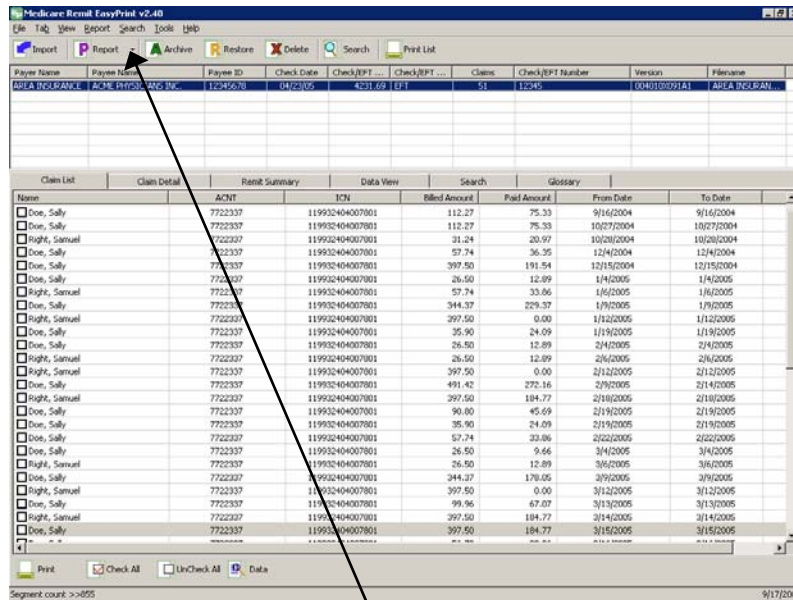
Click printer button  at the top of the window.

Medicare Remit Easy Print prints the detail at your default printer.

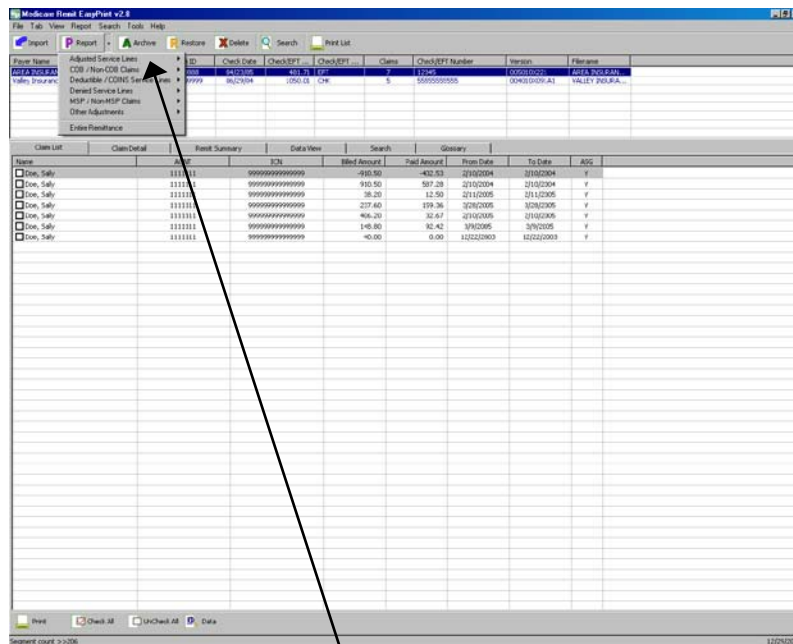
How to Export the Adjusted Service Lines Report

- Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

The Medicare Remit Easy Print Claim List tab opens.




- Click the down arrow on the Report button. The Report List appears.



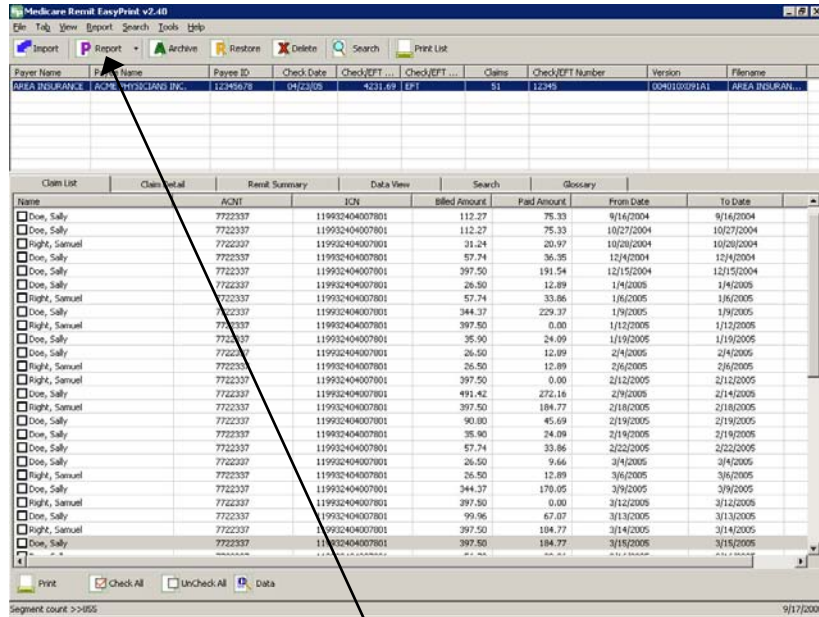
- Select Adjusted Service Lines.

Use or disclosure of the information contained on this page is subject to the restrictions on the title page of this document.

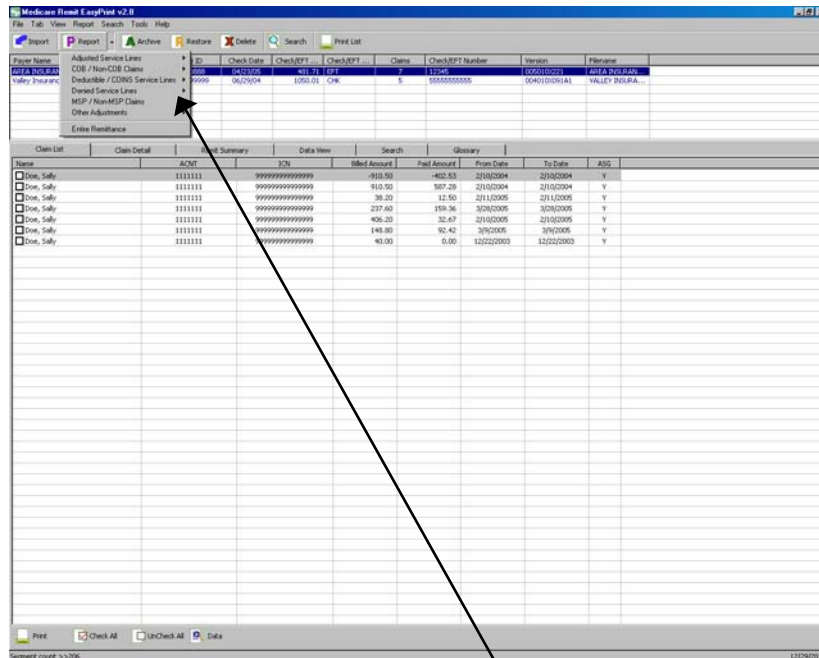
How to Print the Deductible Service Lines Report

- Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon. 

The Medicare Remit Easy Print Claim List tab opens.



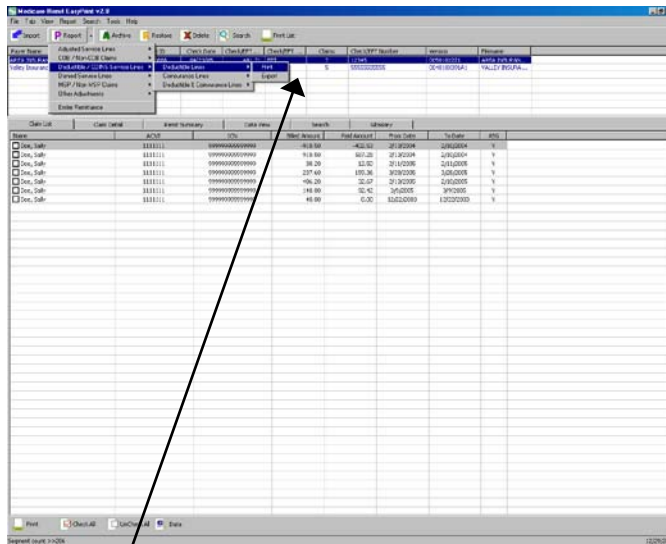
- Click the down arrow on the Report button. The Report List appears.



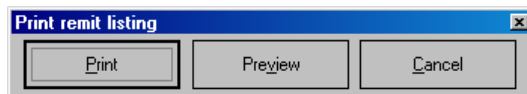
- Select Deductible/COINS Service Lines. The Deductible/COINS Service Lines report options appear.

Use or disclosure of the information contained on this page is subject to the restrictions on the title page of this document.

17. Select Deductible Lines:



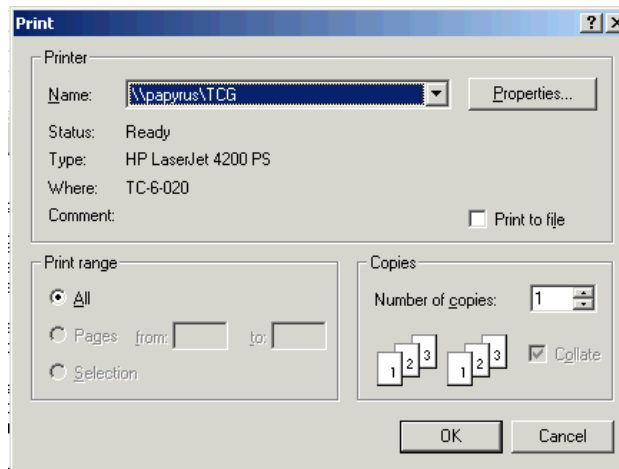
18. Select Print. The Print Options window appears.



6. Print the detail listing in one of the following ways:

- A. Click Print to print the detail without previewing it.

The Print dialog opens, for example:

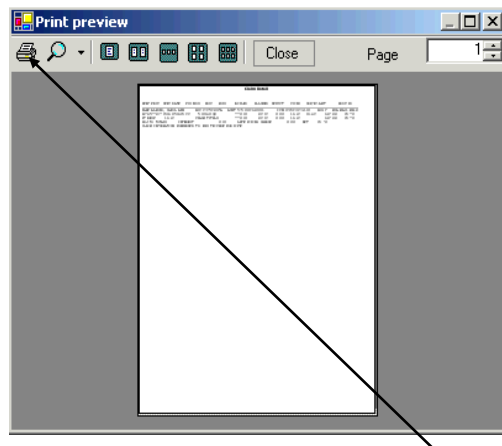


If you need to change the properties, click Properties and make changes as necessary.

Click OK. Medicare Remit Easy Print prints the detail at your default printer.

- B. Click Preview to view a preview of the printed page before printing.


The Print Preview window opens.



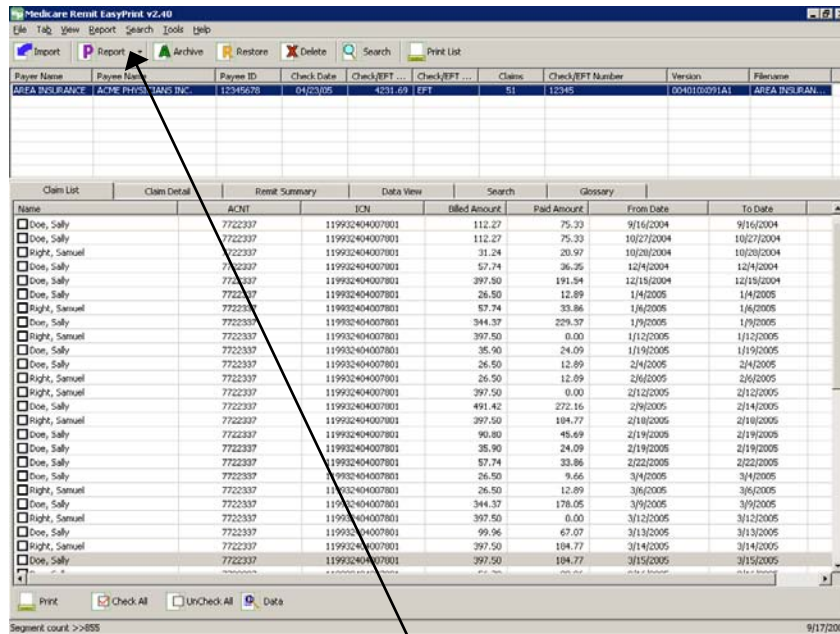
Click printer button  at the top of the window.

Medicare Remit Easy Print prints the detail at your default printer.

How to Export the Deductible Service Lines Report

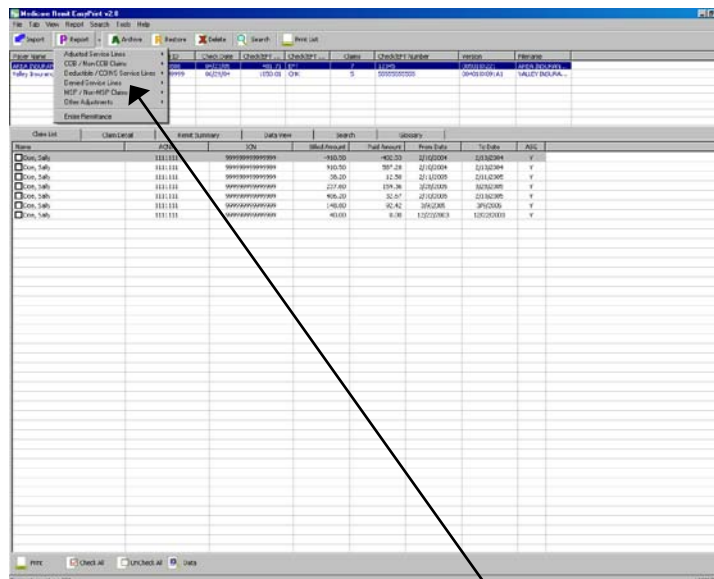
- Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

The Medicare Remit Easy Print Claim List tab opens.



- Click the down arrow on the Report button.

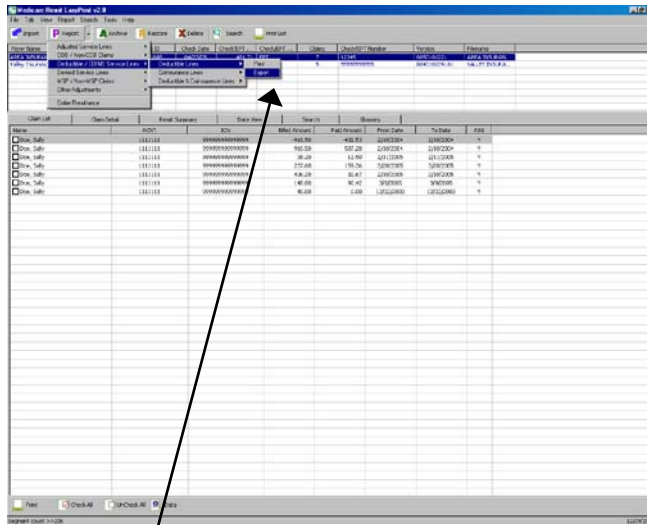
The Report List appears.



- Select Deductible/COINS Service Lines.

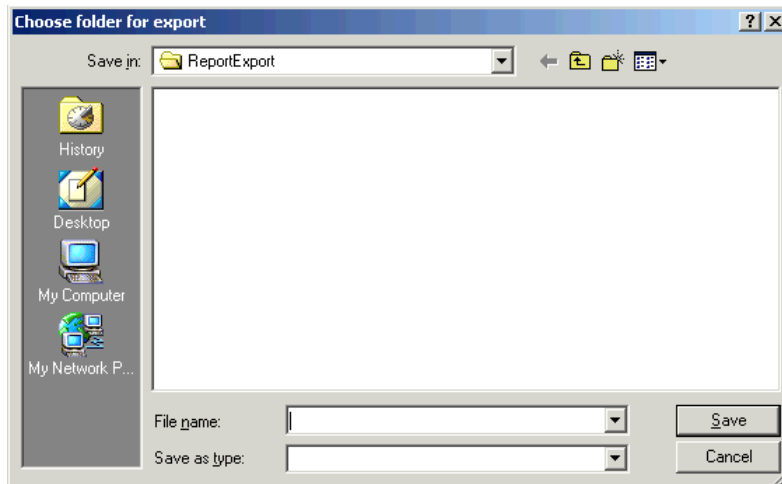
The Deductible/COIN Service Lines report options appear.

21. Select Deductible Lines:



22. Select Export.


The Export folder window opens.



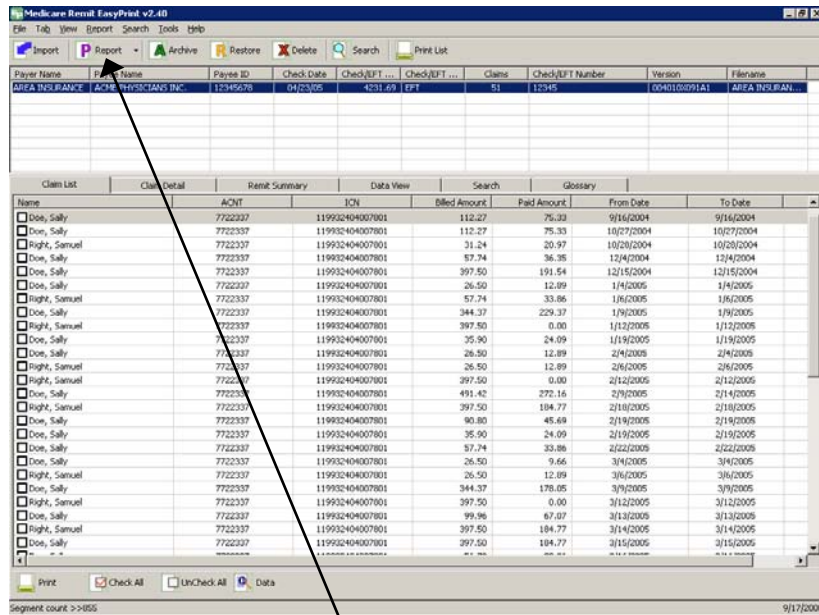
Hint:
When you export, the default folder is the ReportExport folder in the Medicare Remit Easy Print directory. You can select another location using the Save in drop-down list.

6. Enter the file name.
7. Click the Save button.

How to Print the Coinsurance Service Lines Report

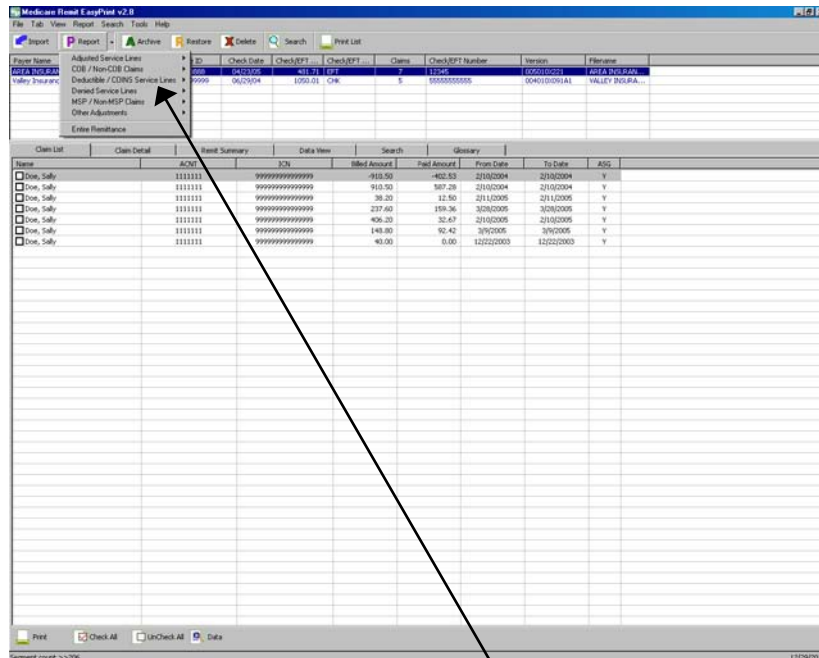
- Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon. 

The Medicare Remit Easy Print Claim List tab opens.



- Click the down arrow on the Report button.

The Report List appears.

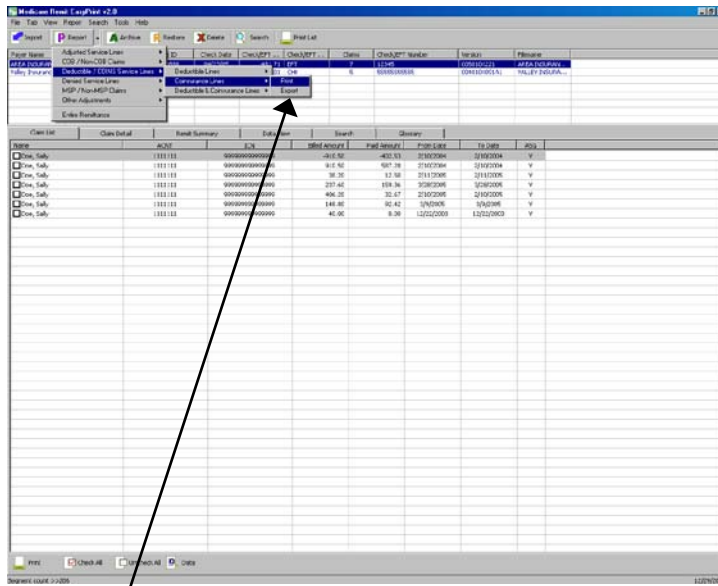


- Select Deductible/COINS Service Lines.

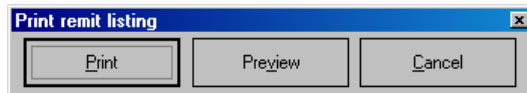
The Deductible/COINS Service Lines report options appear.

Use or disclosure of the information contained on this page is subject to the restrictions on the title page of this document.

25. Select Coinsurance Lines:



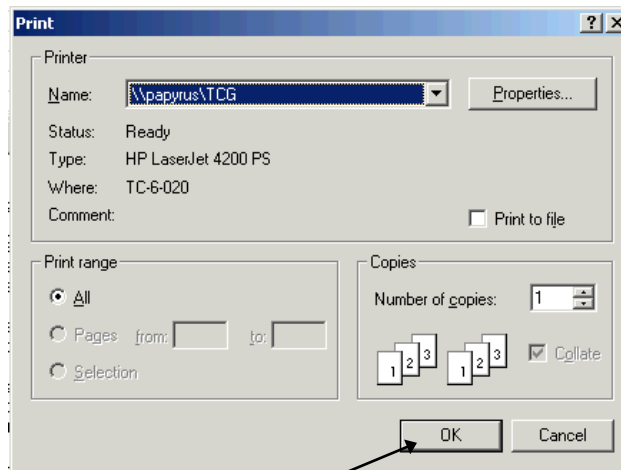
26. Select Print. The Print Options window appears.



6. Print the detail listing in one of the following ways:

- A. Click Print to print the detail without previewing it.

The Print dialog opens.

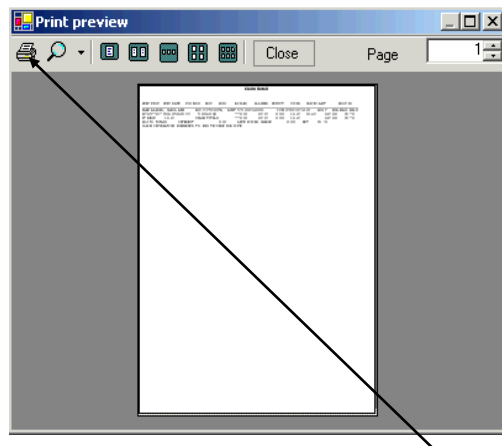


If you need to change the properties, click Properties and make changes as necessary.

Click OK. Medicare Remit Easy Print prints the detail at your default printer.

- B. Click Preview to view a preview of the printed page before printing.


The Print Preview window opens.



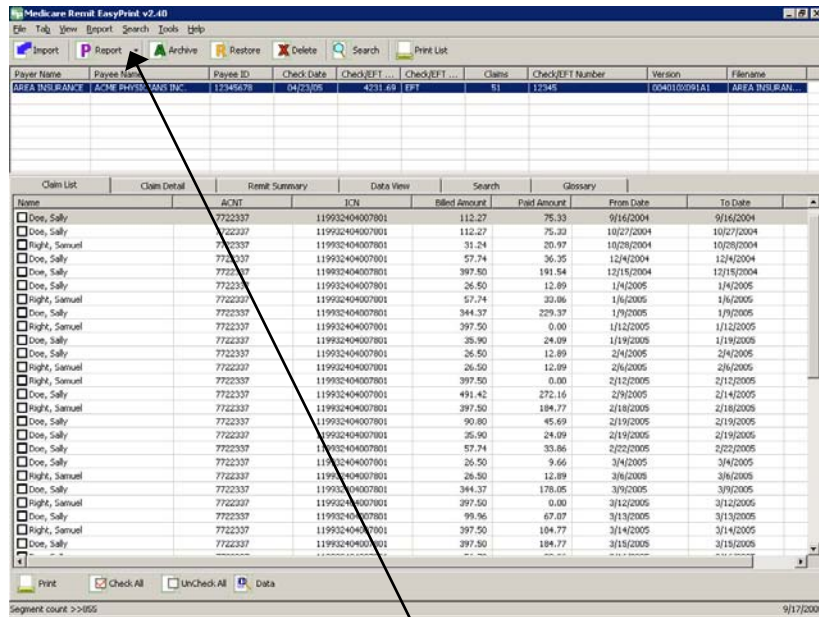
Click printer button  at the top of the window.

Medicare Remit Easy Print prints the detail at your default printer.

How to Export the Coinsurance Service Lines Report

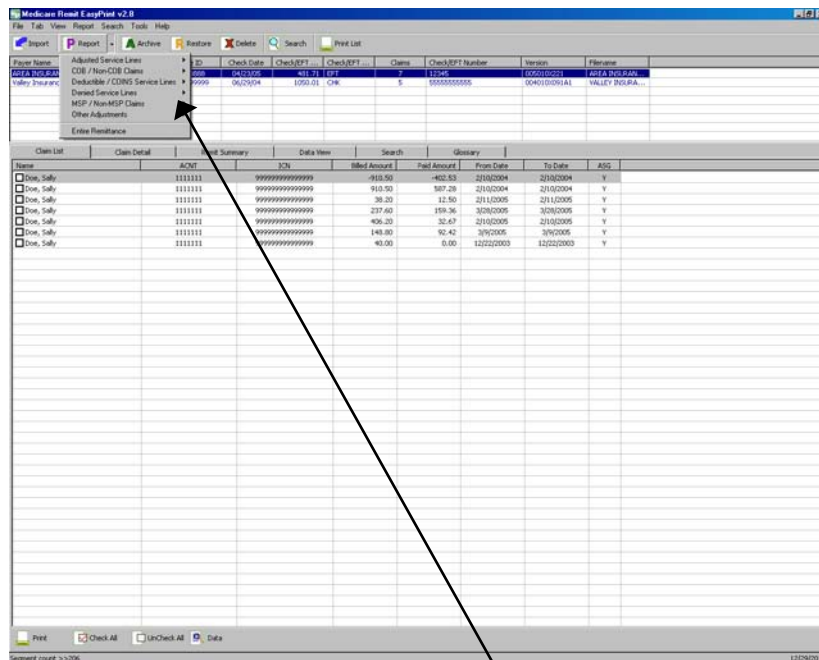
27. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

The Medicare Remit Easy Print Claim List tab opens.



2. Click the down arrow on the Report button.

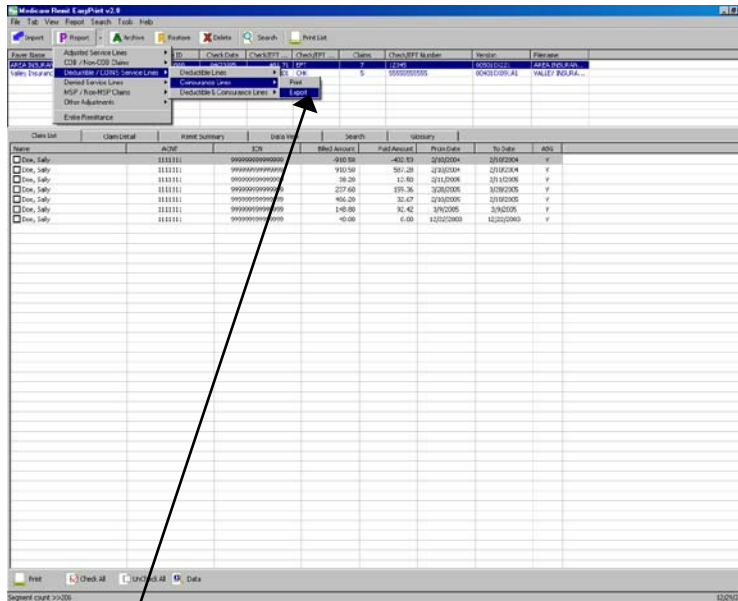
The Report List appears.



28. Select Deductible/COINS Service Lines.

The Deductible/COIN report options appear.

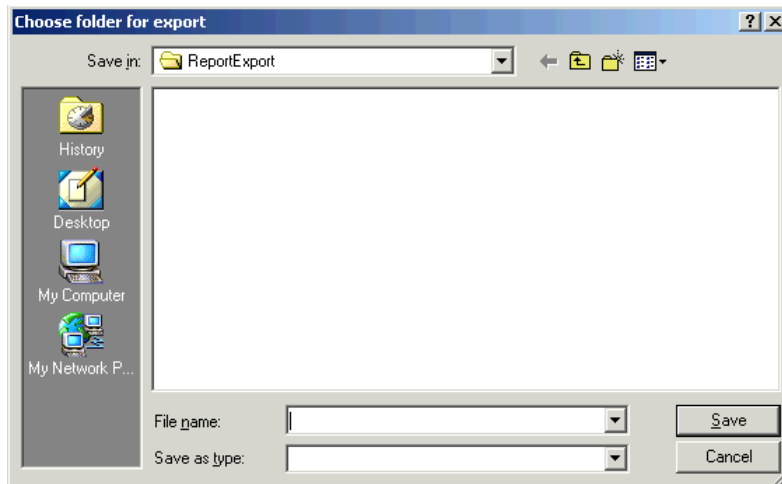
29. Select Coinsurance Lines:



30. Select Export.


The Export folder window opens.

Hint:
When you export, the default folder is the ReportExport folder in the Medicare Remit Easy Print directory. You can select another location using the Save in drop-down list.

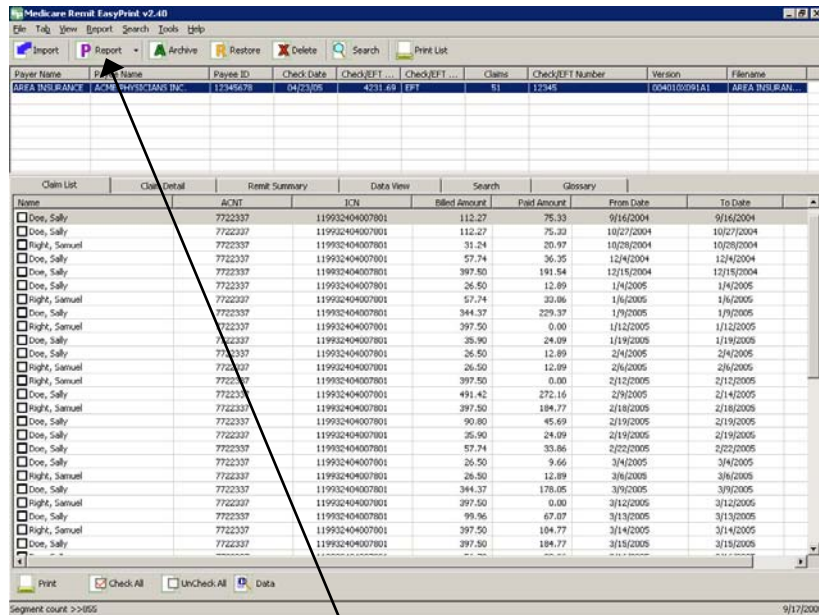


6. Enter the file name.
7. Click the Save button.

How to Print the Deductible/Coinsurance Service Lines Report

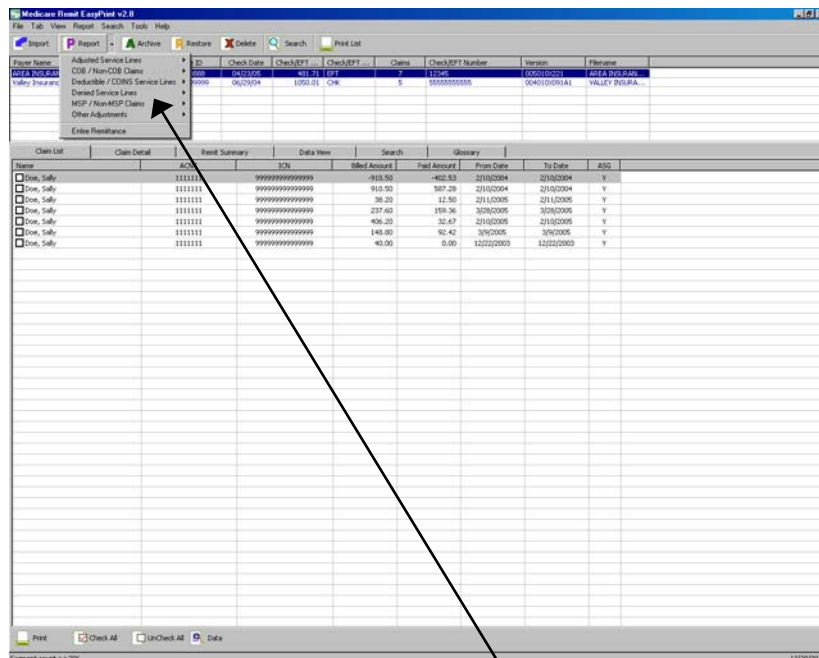
- Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon. 

The Medicare Remit Easy Print Claim List tab opens.



- Click the down arrow on the Report button.

The Report List appears.

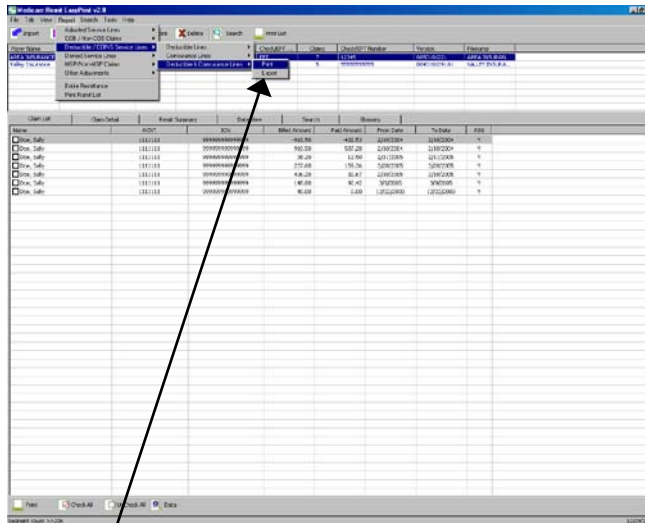


- Select Deductible/COINS Service Lines.

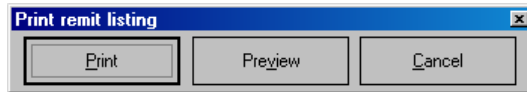
The Deductible/COIN report options appear.

Use or disclosure of the information contained on this page is subject to the restrictions on the title page of this document.

33. Select Deductible & Coinsurance Lines:

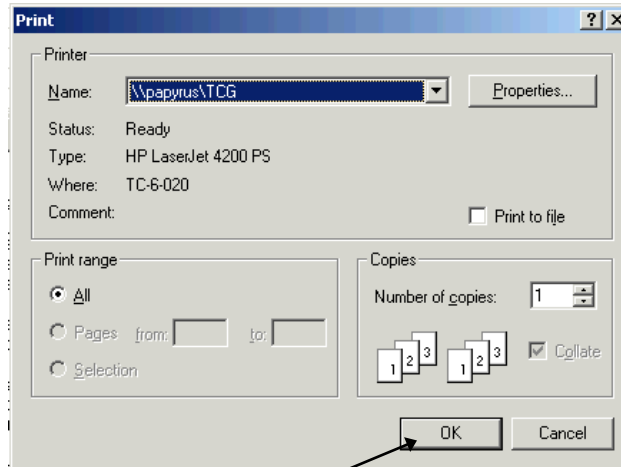


34. Select Print. The Print Options window appears.



- 6. Print the detail listing in one of the following ways:
 - A. Click Print to print the detail without previewing it.

The Print dialog opens, for example:

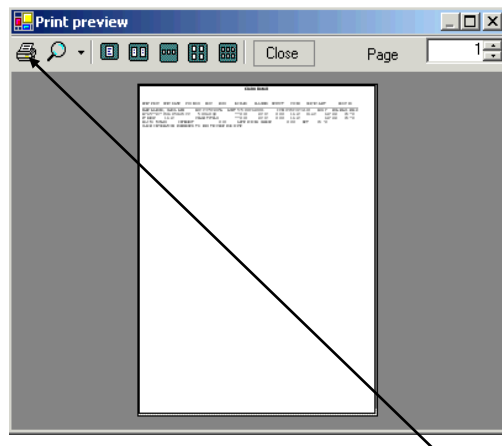


If you need to change the properties, click Properties and make changes as necessary.

Click OK. Medicare Remit Easy Print prints the detail at your default printer.

- B. Click Preview to view a preview of the printed page before printing.


The Print Preview window opens.



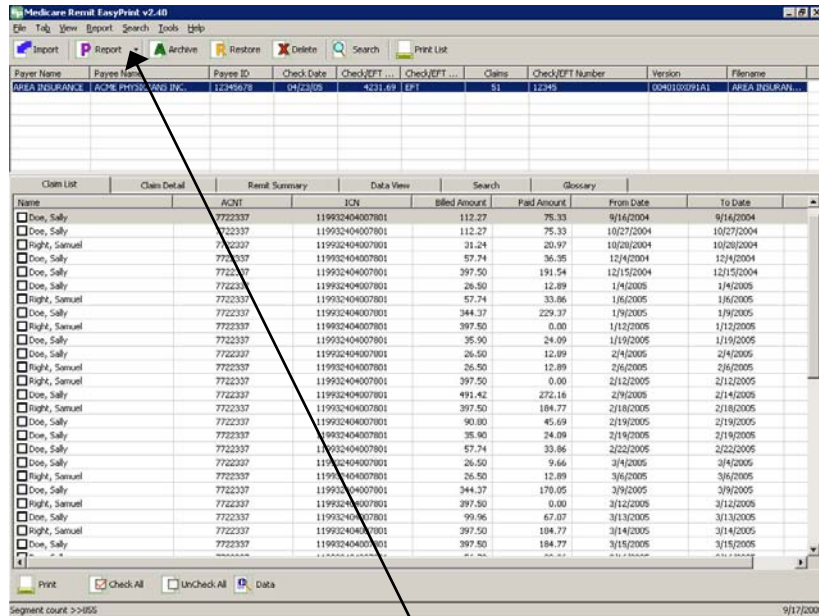
Click printer button  at the top of the window.

Medicare Remit Easy Print prints the detail at your default printer.

How to Export the Deductible/Coinsurance Service Lines Report

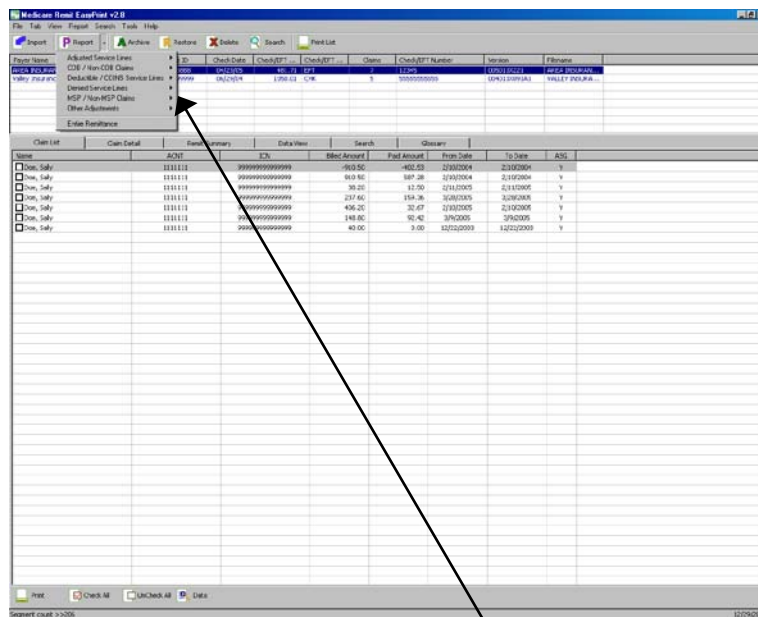
- Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

The Medicare Remit Easy Print Claim List tab opens.



- Click the down arrow on the Report button.

The Report List appears.

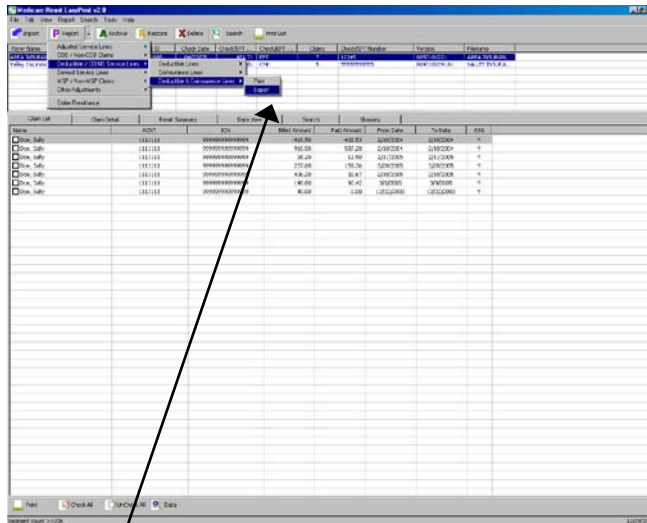


- Select Deductible/COINS Service Lines.

The Deductible/COINS report options appear.

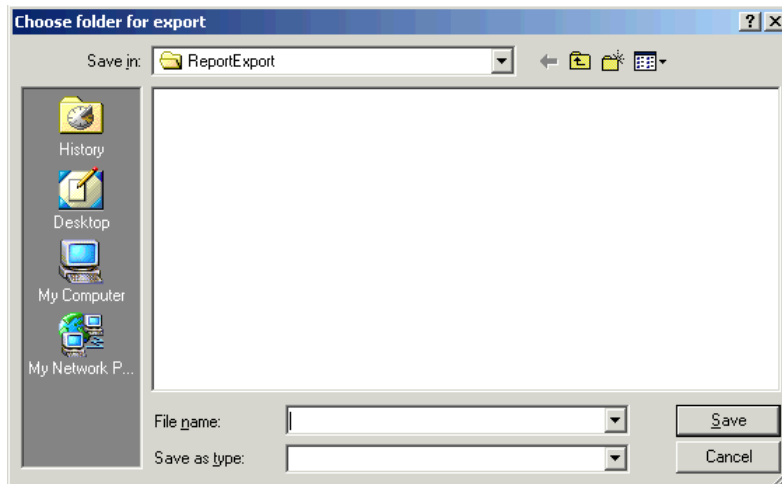
Use or disclosure of the information contained on this page is subject to the restrictions on the title page of this document.

37. Select the Deductible & Coinsurance Lines:



38. Select Export.


The Export folder window opens.



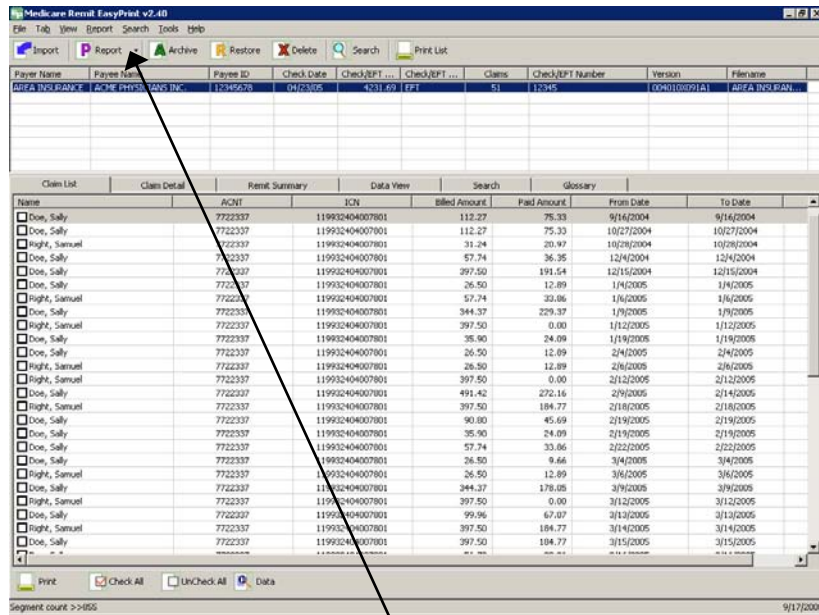
Hint:
When you export, the default folder is the ReportExport folder in the Medicare Remit Easy Print directory. You can select another location using the Save in drop-down list.

6. Enter the file name.
7. Click the Save button.

How to Print the COB Claims Report

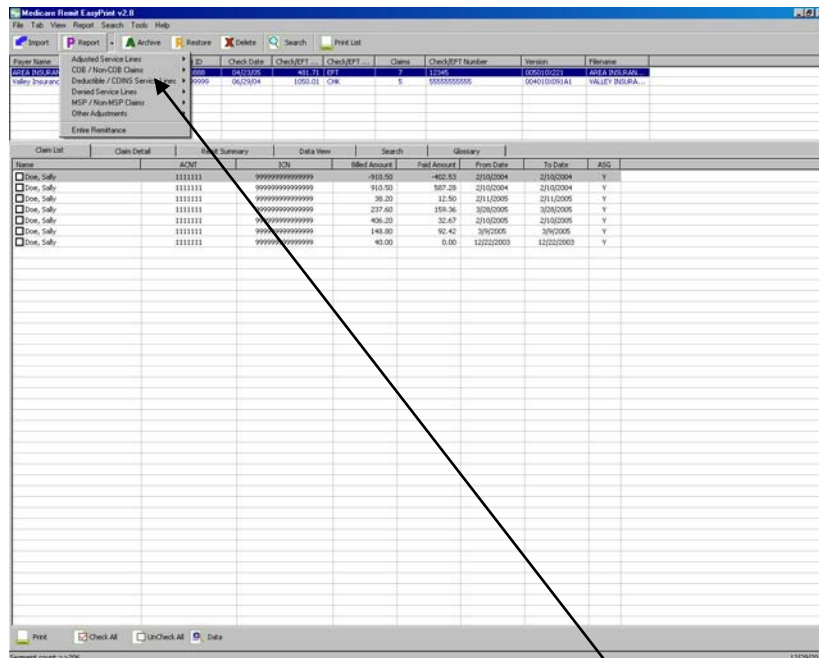
- Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon. 

The Medicare Remit Easy Print Claim List tab opens.



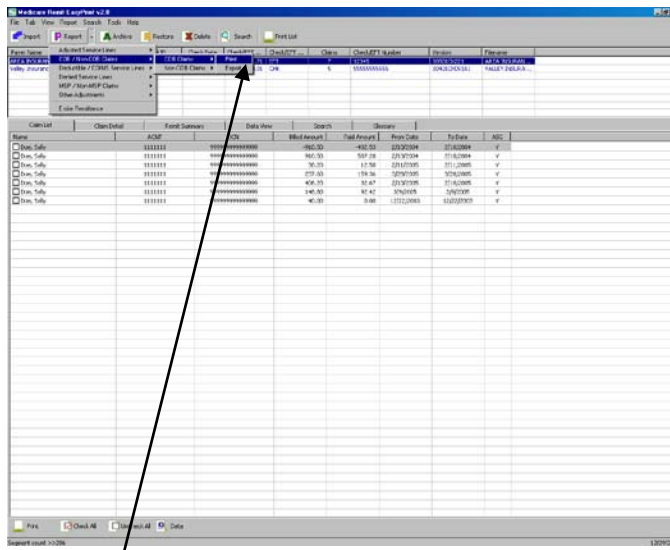
- Click the down arrow on the Report button.

The Report List appears.



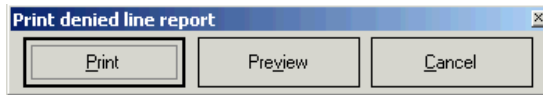
- Select COB/Non-COB Claims. Select COB Claims.

The Print and Export options appear:



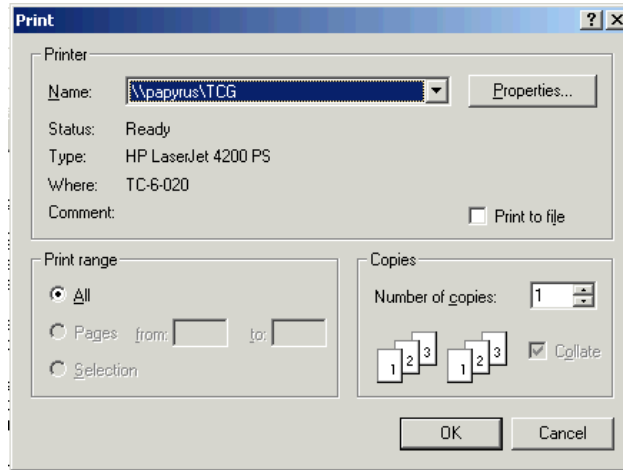
41. Select Print.

The Print Options window opens.



- 5. Print the detail listing in one of the following ways:
 - A. Click Print to print the detail without previewing it.

The Print dialog opens.

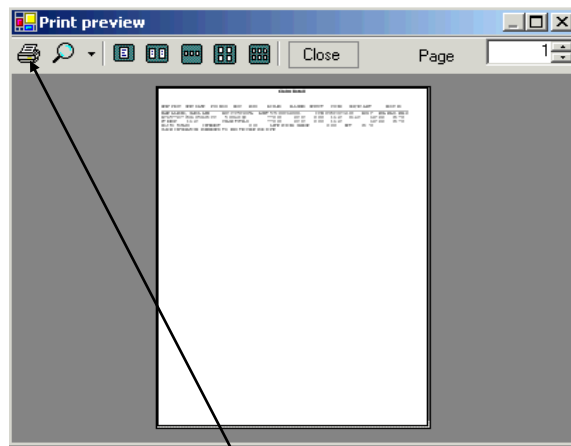


If you need to change the properties, click Properties and make changes as necessary.

Click OK. Medicare Remit Easy Print prints the detail at your default printer.

- B. Click Preview to view a preview of the printed page before printing.

The Print Preview window opens.




Click printer button  at the top of the window.

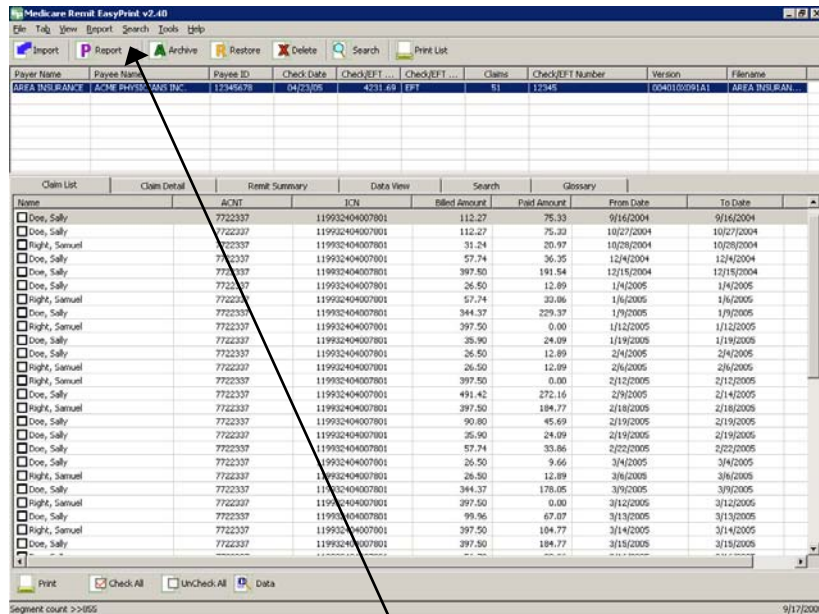
Medicare Remit Easy Print prints the detail at your default printer.

How to Export the COB Claims Report

You export the report in .csv (comma separated values) format.

42. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

The Medicare Remit Easy Print Claim List tab opens.

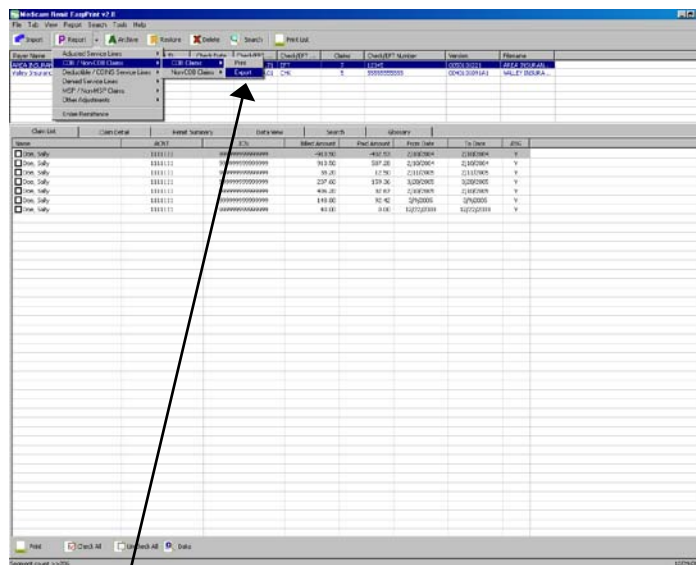


2. Click the down arrow on the Report button.

The Report List appears.

43. Select COB/Non-COB Claims. Select COB Claims.

The Print and Export options appear.



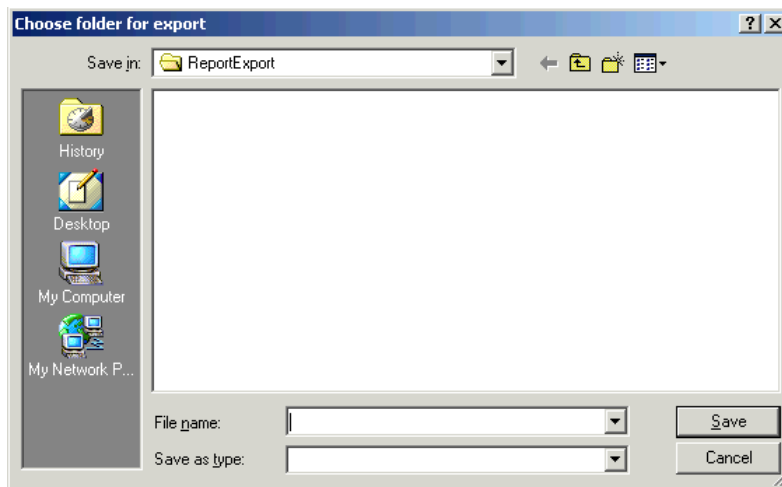
44. Select Export.

Use or disclosure of the information contained on this page is subject to the restrictions on the title page of this document.

The Export folder window opens.


Hint:

When you export, the default folder is the ReportExport folder in the Medicare Remit Easy Print directory. You can select another location using the Save in drop-down list.

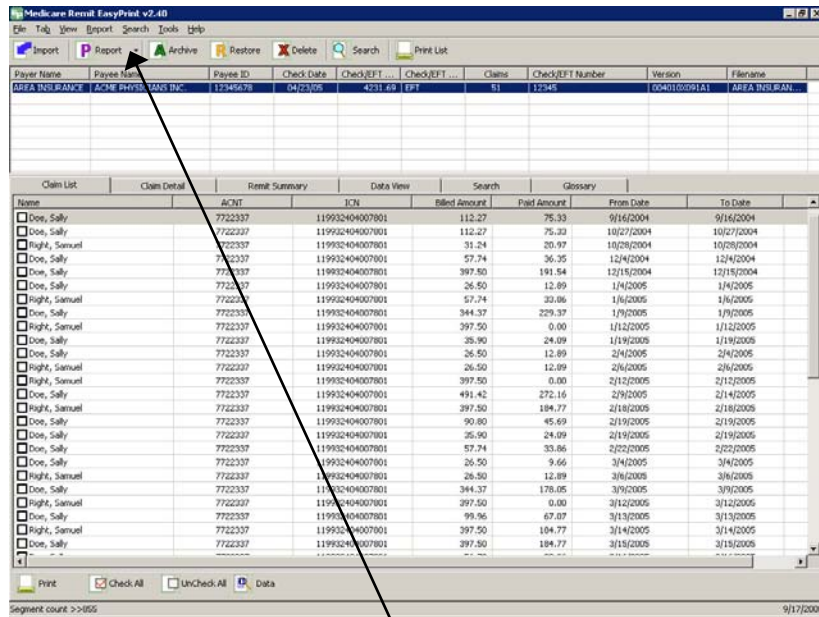


5. Enter the file name.
6. Click the Save button.

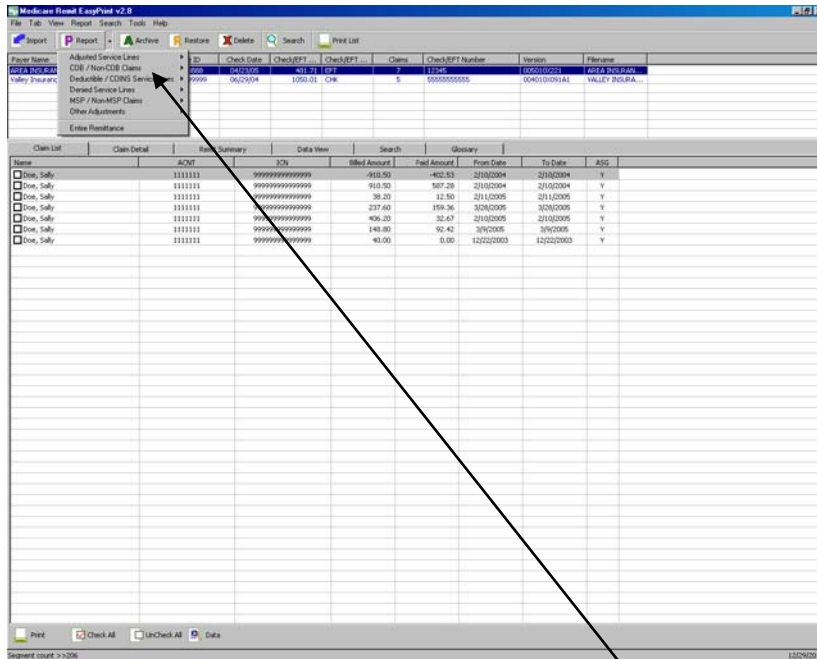
How to Print the Non-COB Claims Report

- Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon. 

The Medicare Remit Easy Print Claim List tab opens.

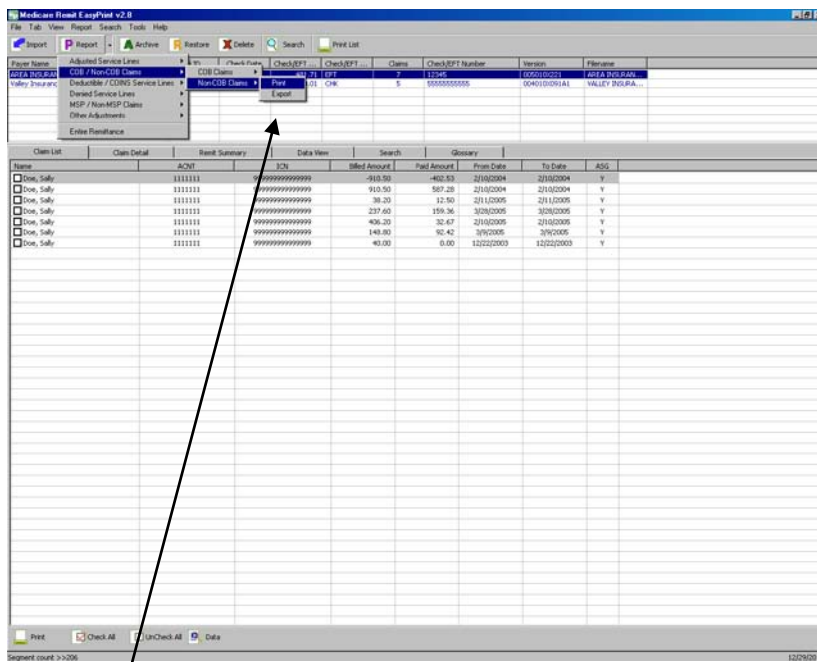


- Click the down arrow on the Report button.
The Report List appears.



46. Select COB/Non-COB Claims. Select Non-COB Claims.

The Print and Export options appear:



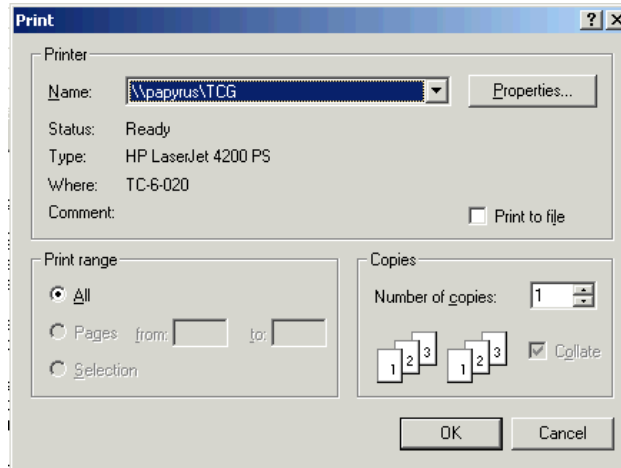
47. Select Print.

The Print Options window opens.



- 5. Print the detail listing in one of the following ways:
 - A. Click Print to print the detail without previewing it.

The Print dialog opens, for example:

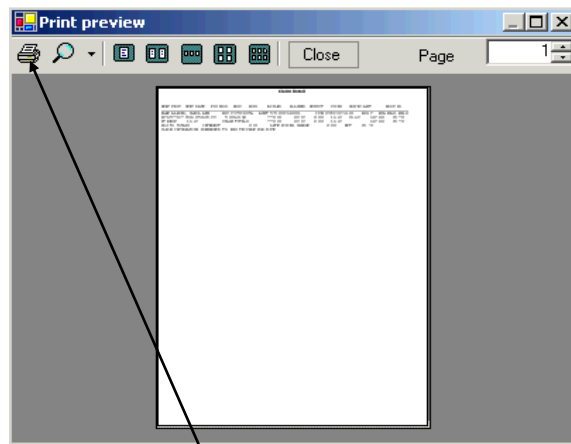


If you need to change the properties, click Properties and make changes as necessary.

Click OK. Medicare Remit Easy Print prints the detail at your default printer.

- B. Click Preview to view a preview of the printed page before printing.

The Print Preview window opens.



Click printer button  at the top of the window.

Medicare Remit Easy Print prints the detail at your default printer.

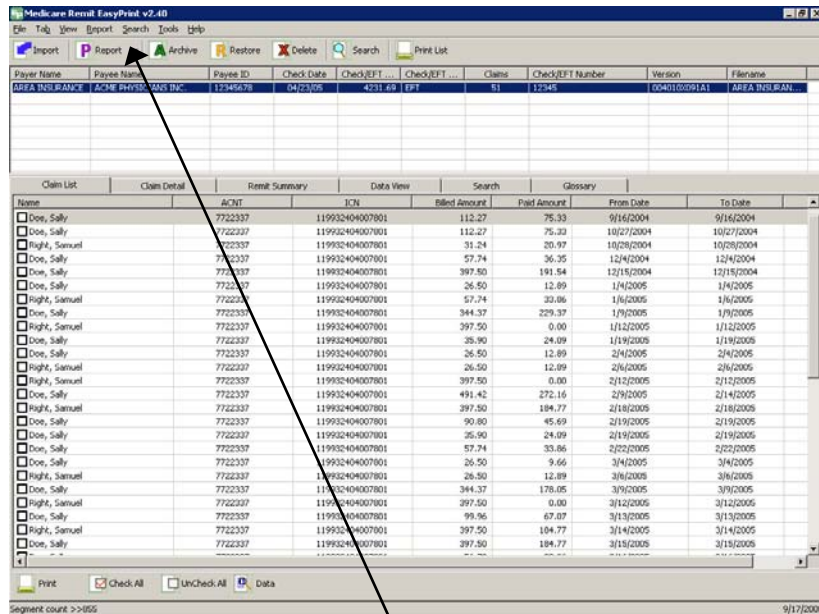
How to Export the Non-COB Claims Report

You export the report in .csv (comma separated values) format.

48. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon.



The Medicare Remit Easy Print Claim List tab opens.

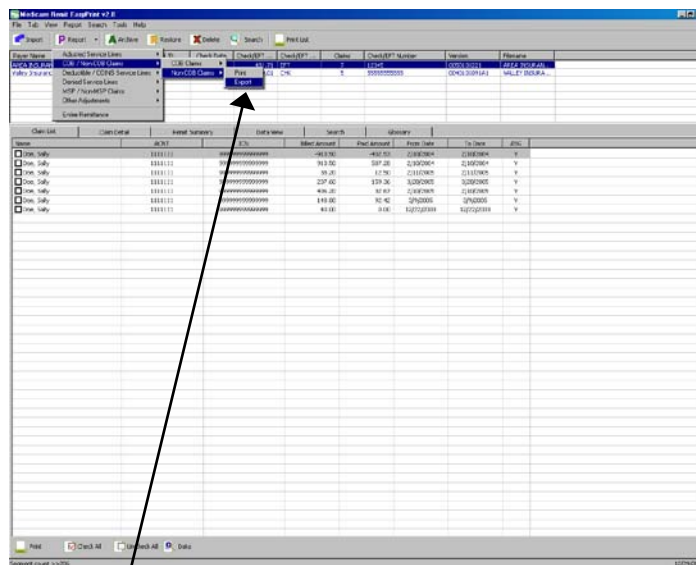


2. Click the down arrow on the Report button.

The Report List appears.

49. Select COB/Non-COB Claims. Select Non-COB Claims.

The Print and Export options appear.



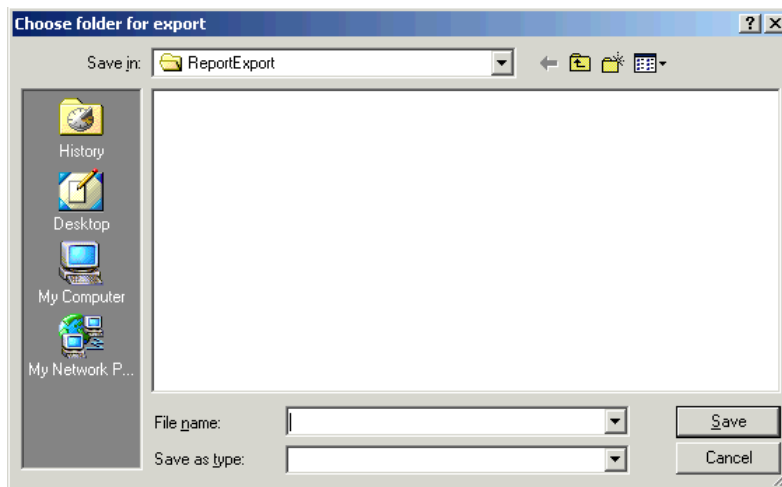
50. Select Export.

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The Export folder window opens.


Hint:

When you export, the default folder is the ReportExport folder in the Medicare Remit Easy Print directory. You can select another location using the Save in drop-down list.

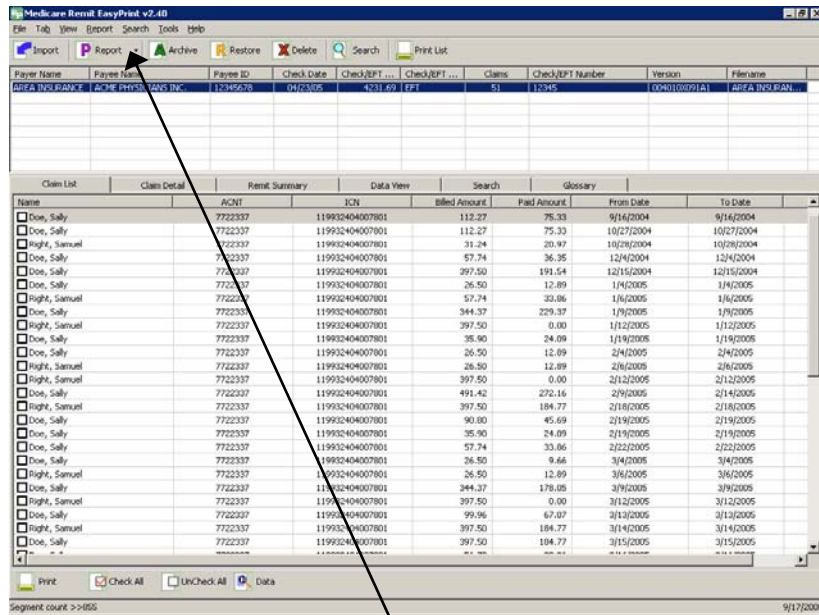


5. Enter the file name.
6. Click the Save button.

How to Print the MSP Claims Report

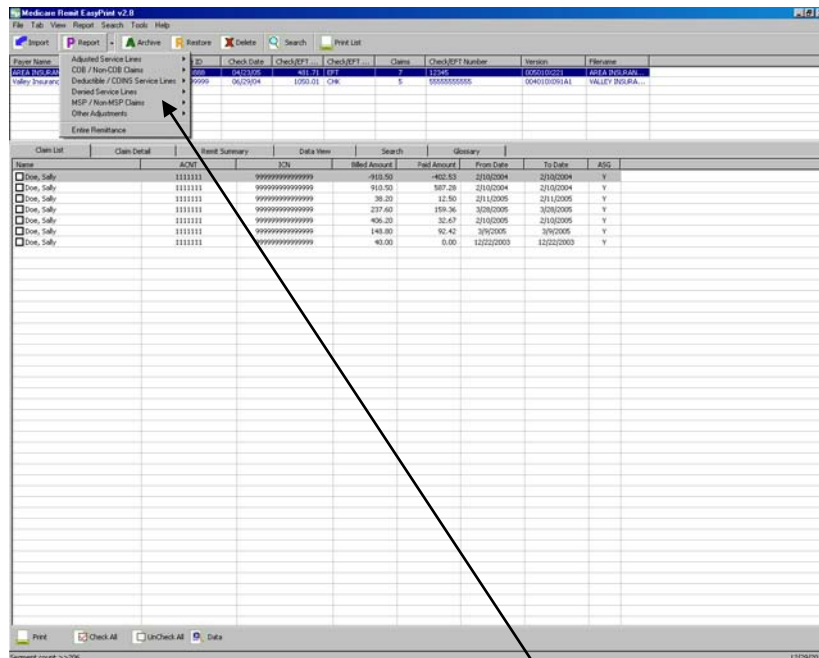
- Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon. 

The Medicare Remit Easy Print Claim List tab opens.



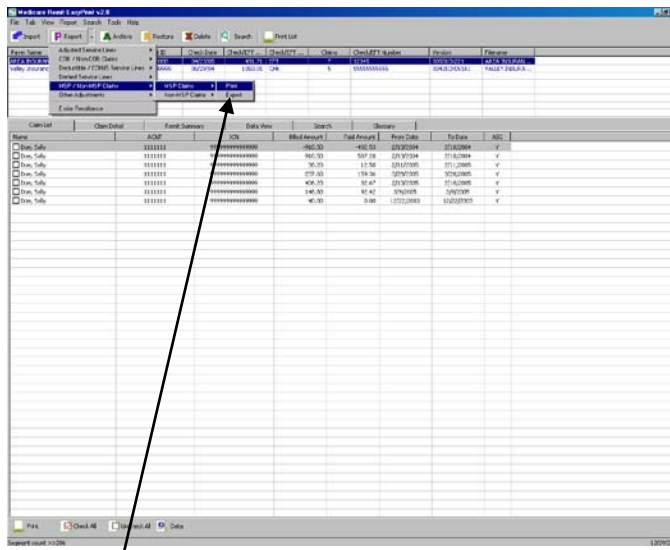
- Click the down arrow on the Report button.

The Report List appears.



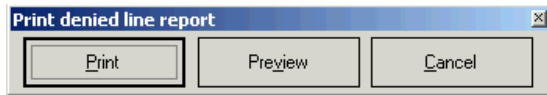
- Select MSP/Non-MSP Claims. Select MSP Claims.

The Print and Export options appear.



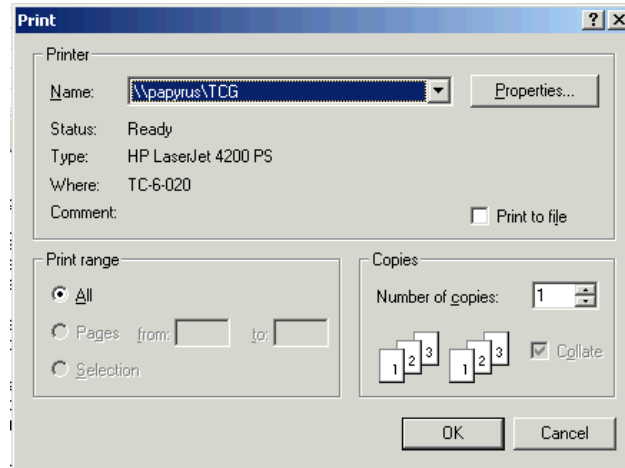
53. Select Print.

The Print Options window opens.



- 5. Print the detail listing in one of the following ways:
 - A. Click Print to print the detail without previewing it.

The Print dialog opens.

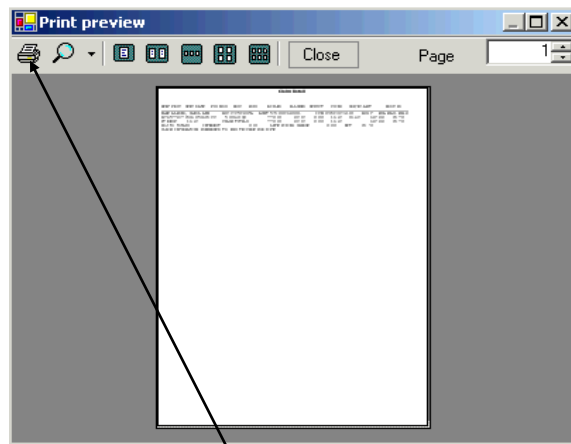


If you need to change the properties, click Properties and make changes as necessary.

Click OK. Medicare Remit Easy Print prints the detail at your default printer.

- B. Click Preview to view a preview of the printed page before printing.

The Print Preview window opens.



Click printer button  at the top of the window.

Medicare Remit Easy Print prints the detail at your default printer.

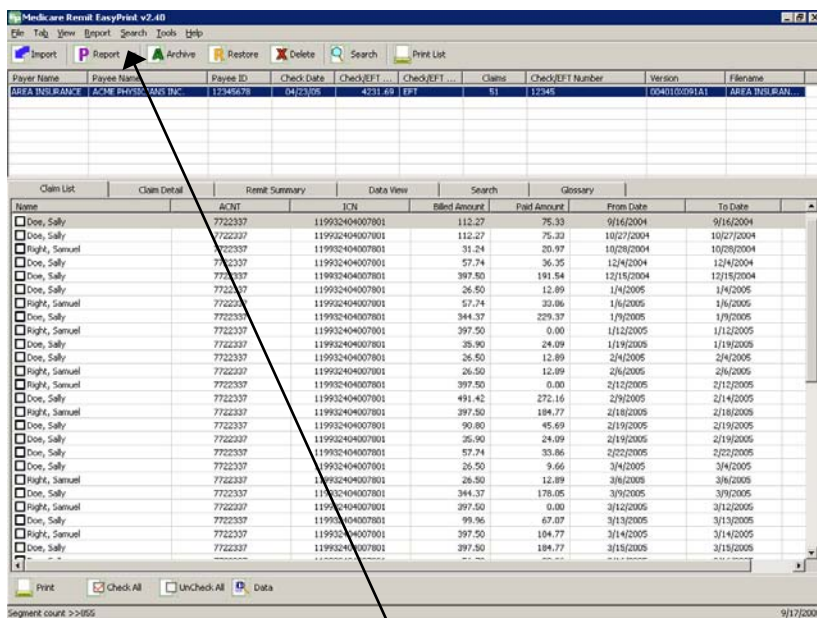
How to Export the MSP Claims Report

You export the report in .csv (comma separated values) format.

54. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon.



The Medicare Remit Easy Print Claim List tab opens.

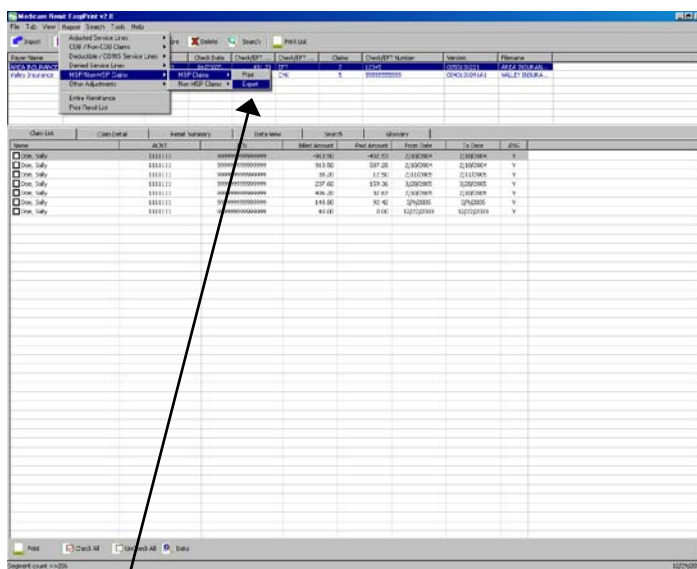


2. Click the down arrow on the Report button.

The Report List appears.

55. Select MSP/Non-MSP Claims. Select MSP Claims.

The Print and Export options appear.



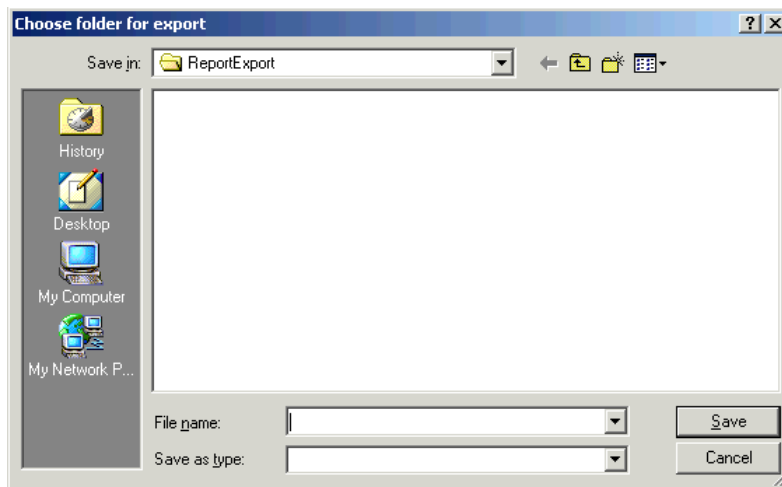
56. Select Export.

Use or disclosure of the information contained on this page is subject to the restrictions on the title page of this document.

The Export folder window opens.


Hint:

When you export, the default folder is the ReportExport folder in the Medicare Remit Easy Print directory. You can select another location using the Save in drop-down list.

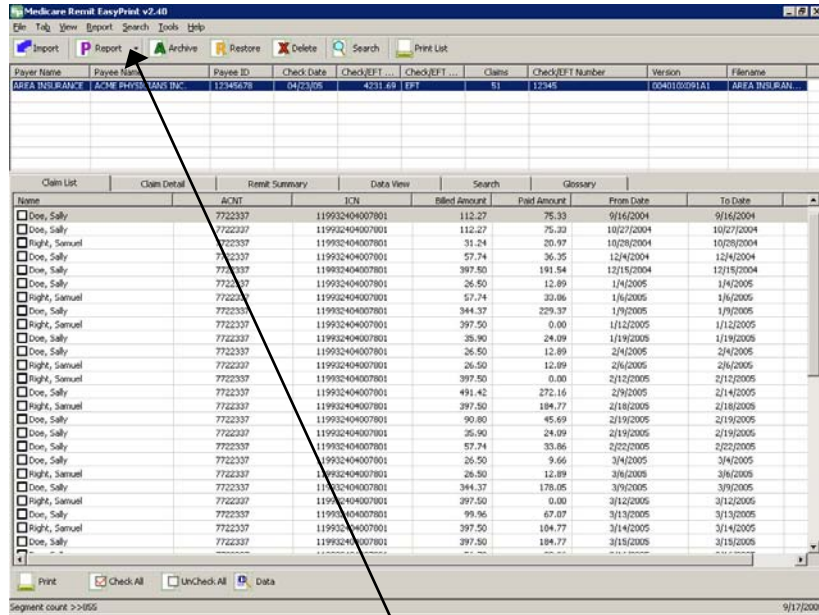


5. Enter the file name.
6. Click the Save button.

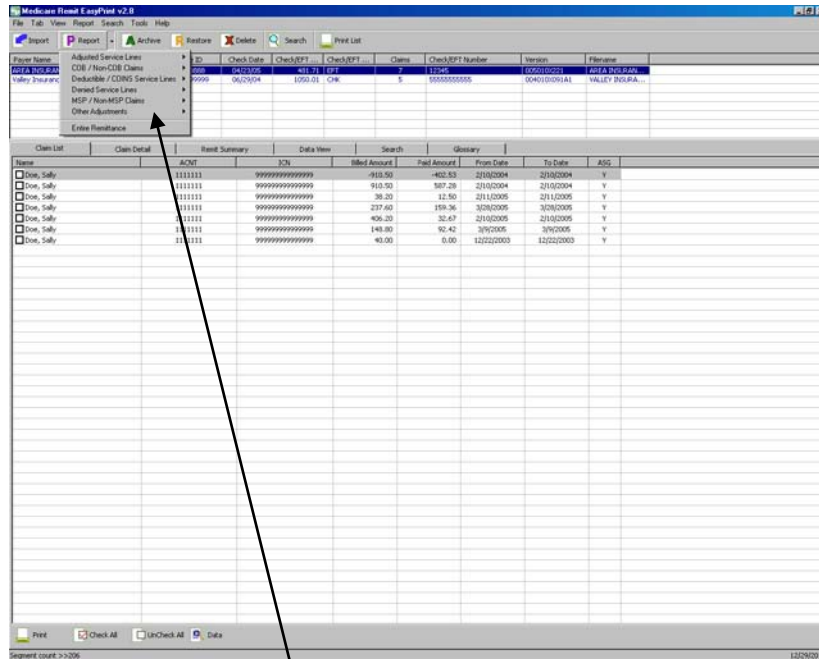
How to Print the Non-MSP Claims Report

57. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon. 

The Medicare Remit Easy Print Claim List tab opens.

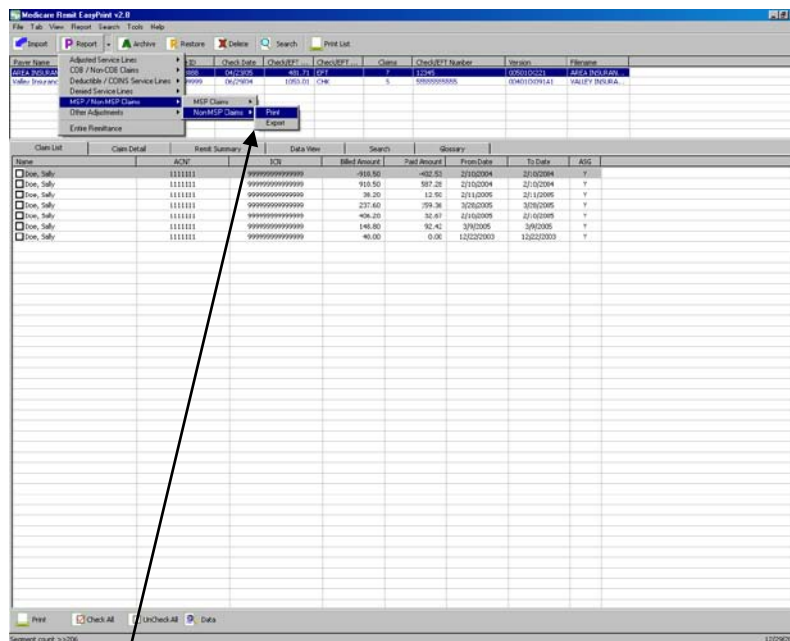


2. Click the down arrow on the Report button.
The Report List appears.



58. Select MSP/Non-MSP Claims. Select Non-MSP Claims.

The Print and Export options appear.



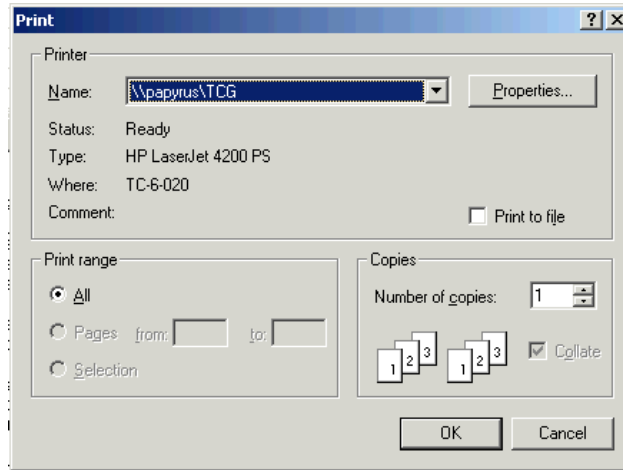
59. Select Print.

The Print Options window opens.



- 5. Print the detail listing in one of the following ways:
 - A. Click Print to print the detail without previewing it.

The Print dialog opens, for example:

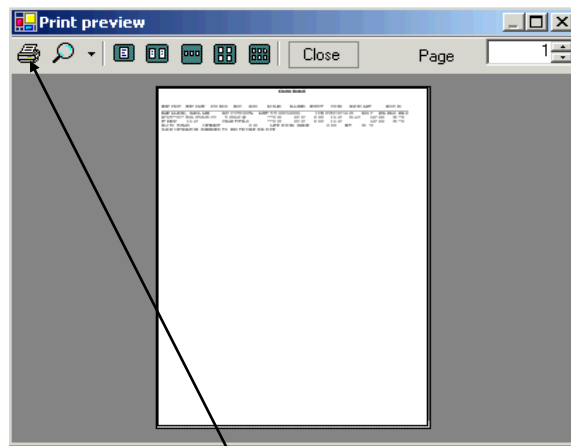


If you need to change the properties, click Properties and make changes as necessary.

Click OK. Medicare Remit Easy Print prints the detail at your default printer.

- B. Click Preview to view a preview of the printed page before printing.

The Print Preview window opens.



Click printer button  at the top of the window.

Medicare Remit Easy Print prints the detail at your default printer.

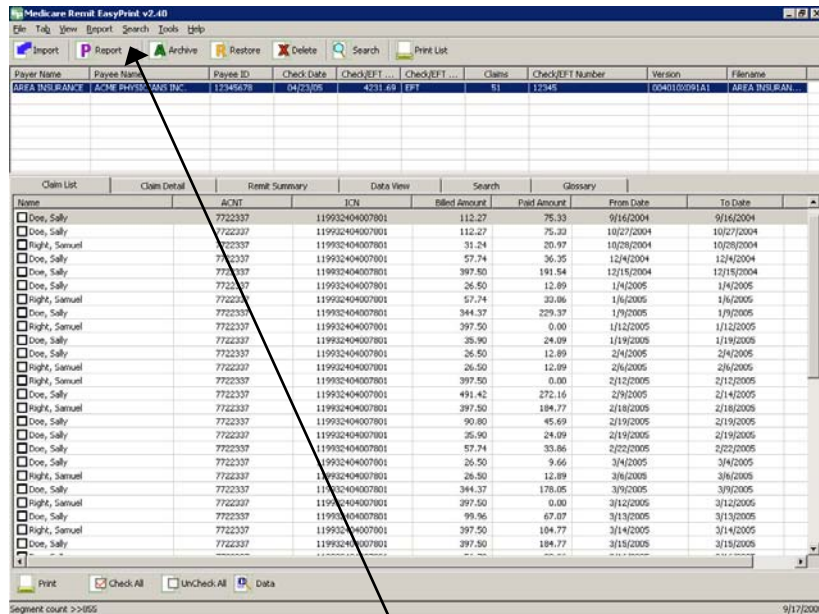
How to Export the Non-MSP Claims Report

You export the report in .csv (comma separated values) format.

60. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print



The Medicare Remit Easy Print Claim List tab opens.

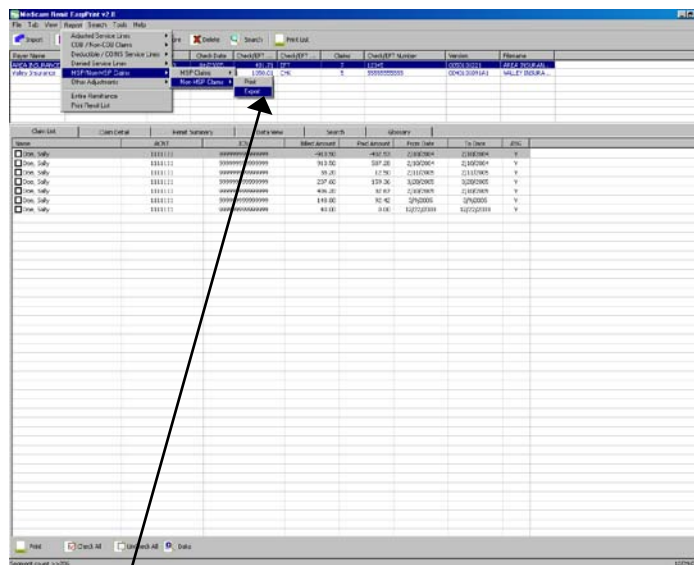


2. Click the down arrow on the Report button.

The Report List appears.

61. Select MSP/Non-MSP Claims. Select Non-MSP Claims.

The Print and Export options appear.



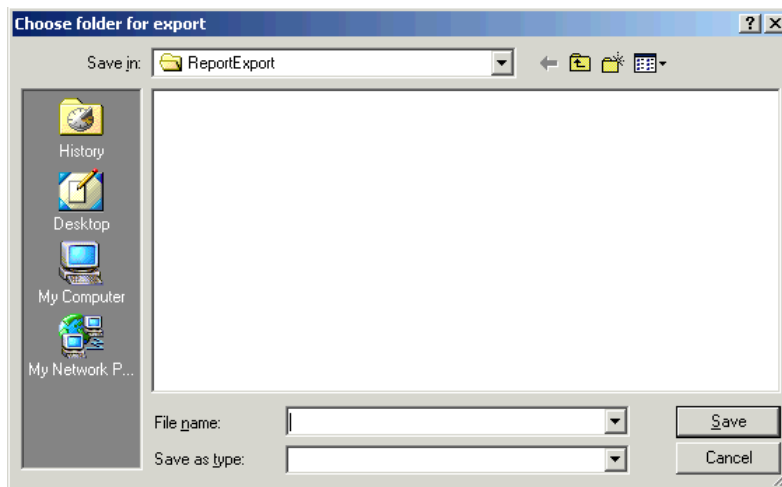
62. Select Export.

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The Export folder window opens.


Hint:

When you export, the default folder is the ReportExport folder in the Medicare Remit Easy Print directory. You can select another location using the Save in drop-down list.

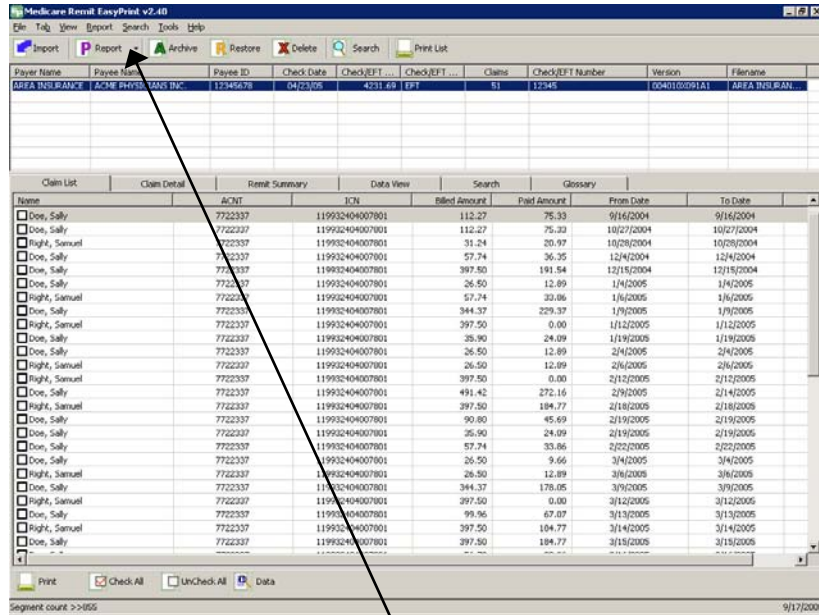


5. Enter the file name.
6. Click the Save button.

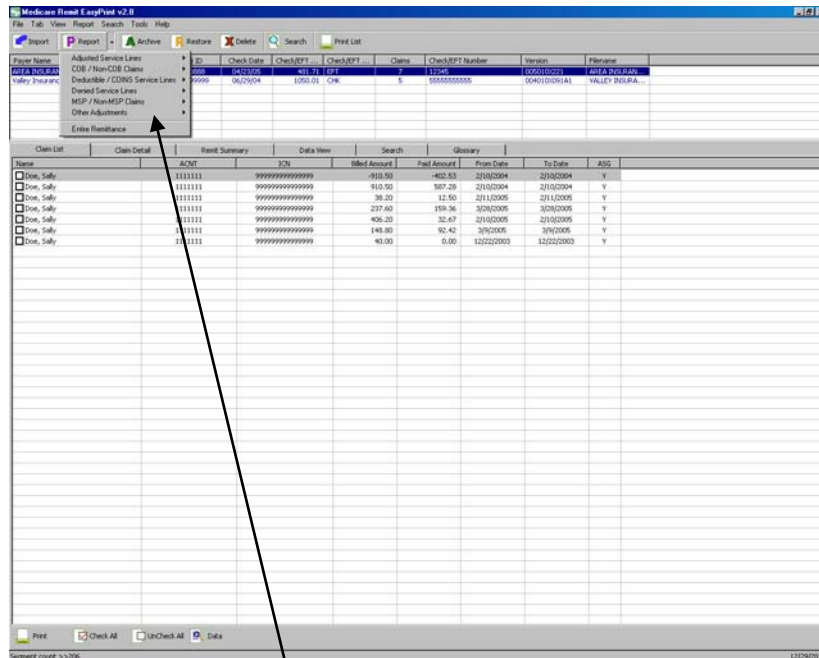
How to Print the Other Adjustments Report

- Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon. 

The Medicare Remit Easy Print Claim List tab opens.



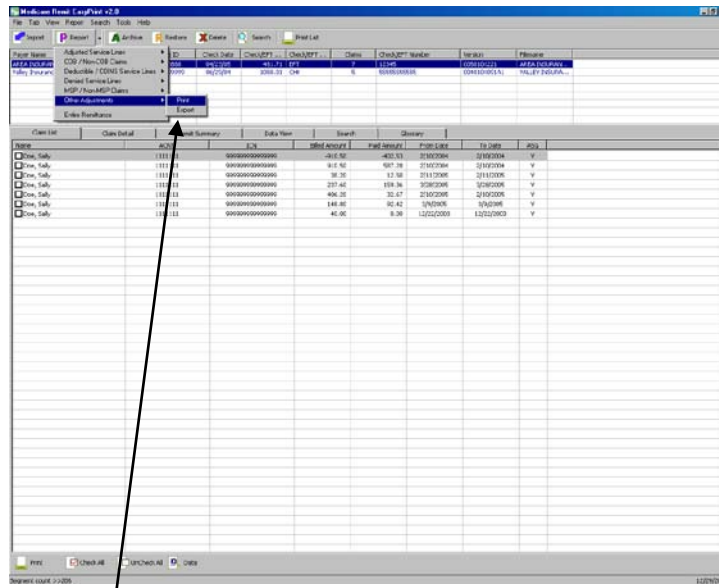
- Click the down arrow on the Report button. The Report List appears.



- Select Other Adjustments.

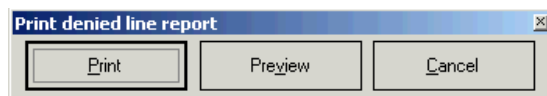
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The Print and Export options appear.



65. Select Print.

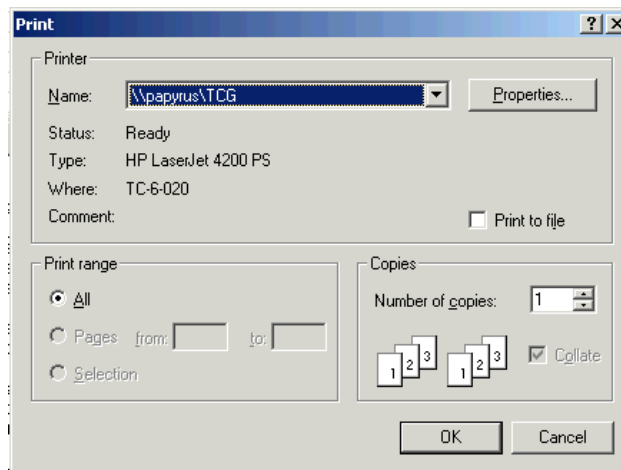
The Print Options window opens.



5. Print the detail listing in one of the following ways:

A. Click Print to print the detail without previewing it.

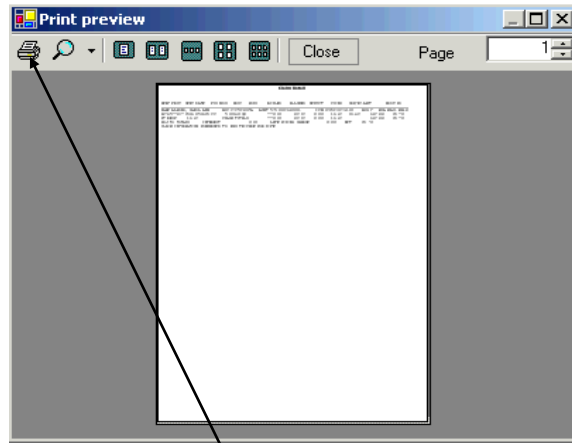
The Print dialog opens.



If you need to change the properties, click Properties and make changes as necessary.

Click OK. Medicare Remit Easy Print prints the detail at your default printer.

- B. Click Preview to view a preview of the printed page before printing.
The Print Preview window opens.



Click printer button  at the top of the window.

Medicare Remit Easy Print prints the detail at your default printer.

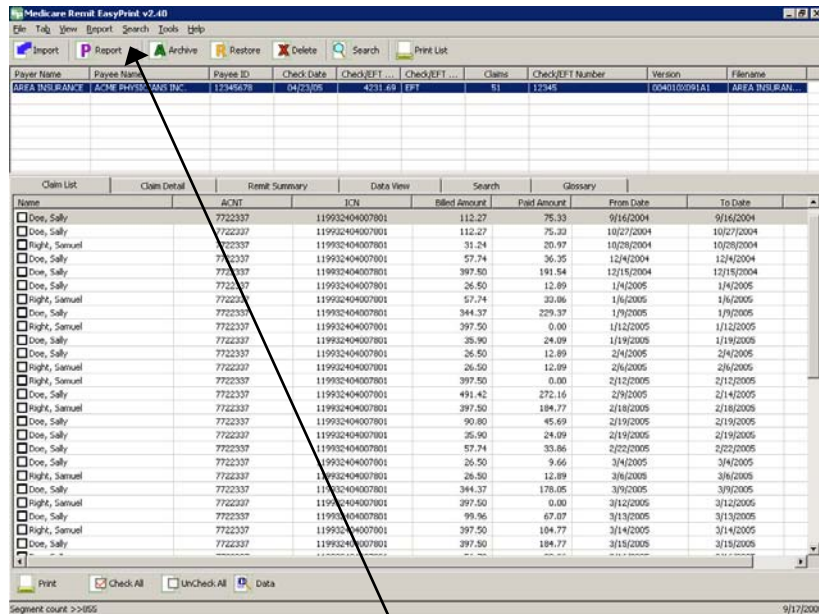
How to Export the Other Adjustments Report

You export the report in .csv (comma separated values) format.

66. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print



The Medicare Remit Easy Print Claim List tab opens.

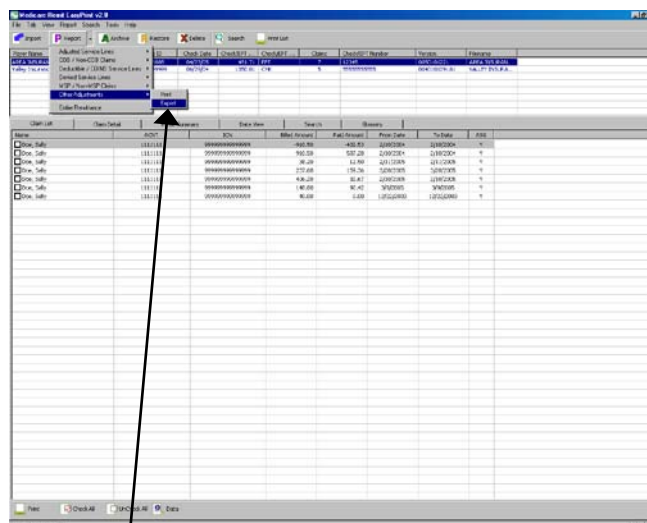


2. Click the down arrow on the Report button.

The Report List appears.

67. Select Other Adjustments.

The Print and Export options appear.

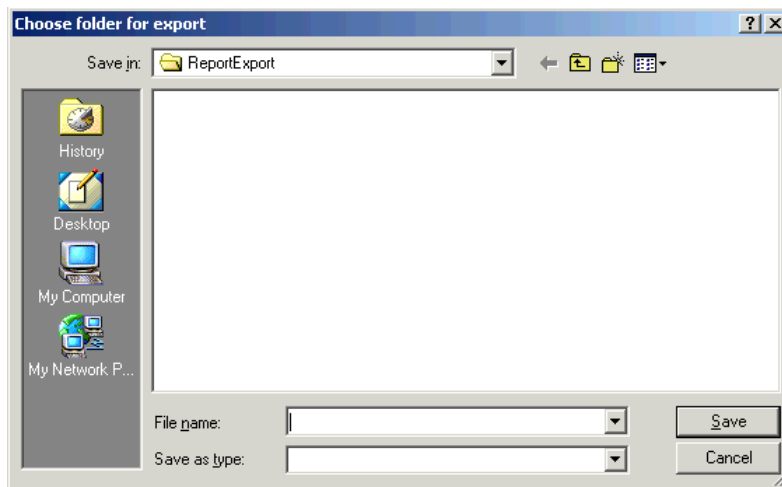


68. Select Export.

The Export folder window opens.


Hint:

When you export, the default folder is the ReportExport folder in the Medicare Remit Easy Print directory. You can select another location using the Save in drop-down list.

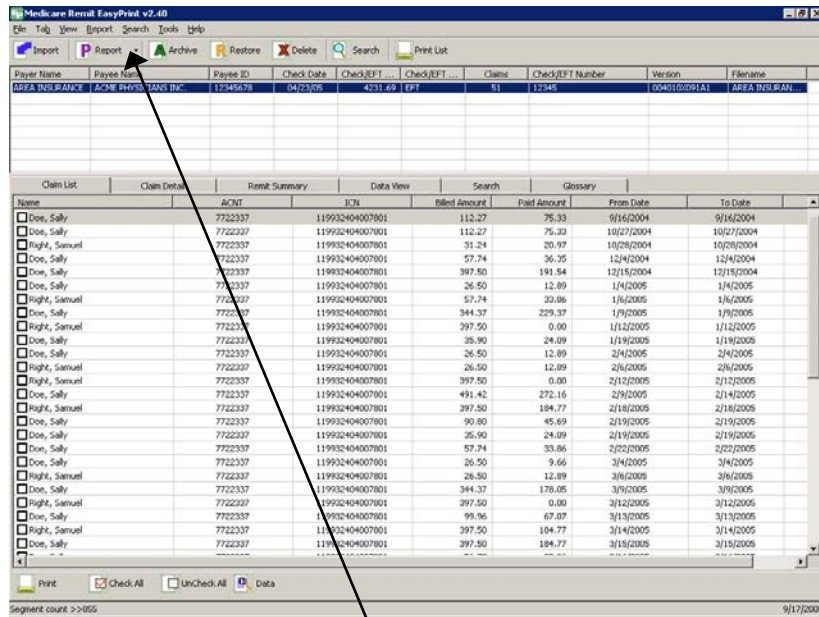


5. Enter the file name.
6. Click the Save button.

How to Print the Entire Remittance Report

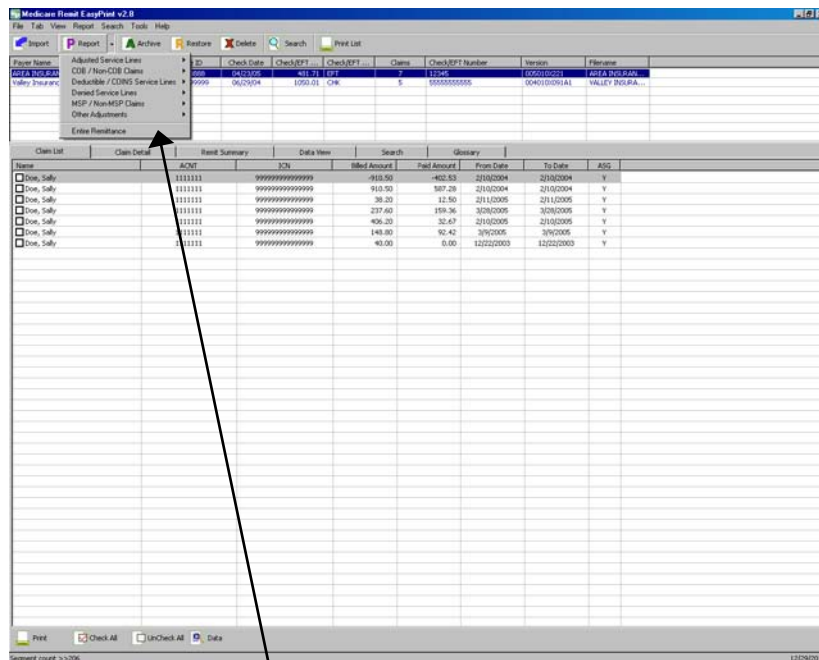
69. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon. 

The Medicare Remit Easy Print Claim List tab opens.



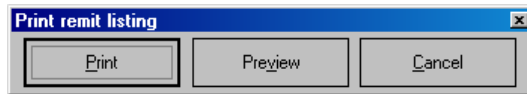
2. Click the down arrow on the Report button.

The Report List appears.



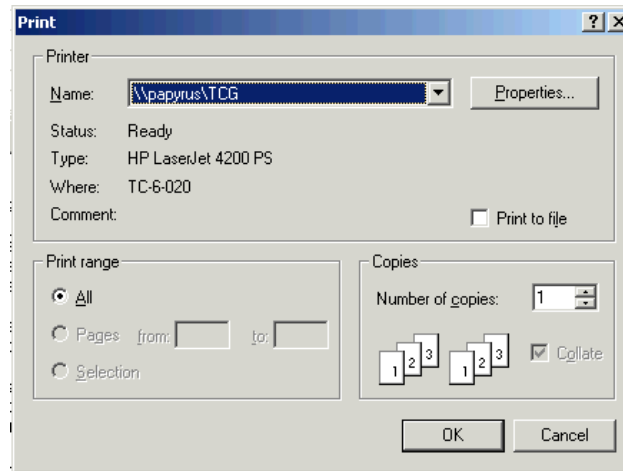
70. Select Entire Remittance.

The Print Options window appears.



4. Print the detail listing in one of the following ways:
 - A. Click Print to print the detail without previewing it.

The Print dialog opens.

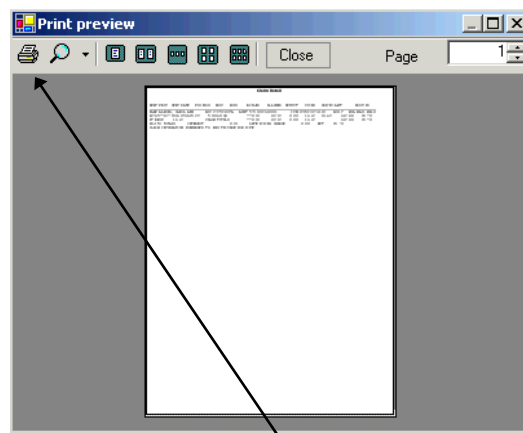


If you need to change the properties, click Properties and make changes as necessary.

Click OK. Medicare Remit Easy Print prints the detail at your default printer.

- B. Click Preview to view a preview of the printed page before printing.

The Print Preview window opens.



Click printer button  at the top of the window.

Medicare Remit Easy Print prints the detail at your default printer.

Housekeeping for the Import files

Housekeeping includes:


- Archiving files
- Restoring files
- Deleting files

Archiving Import files

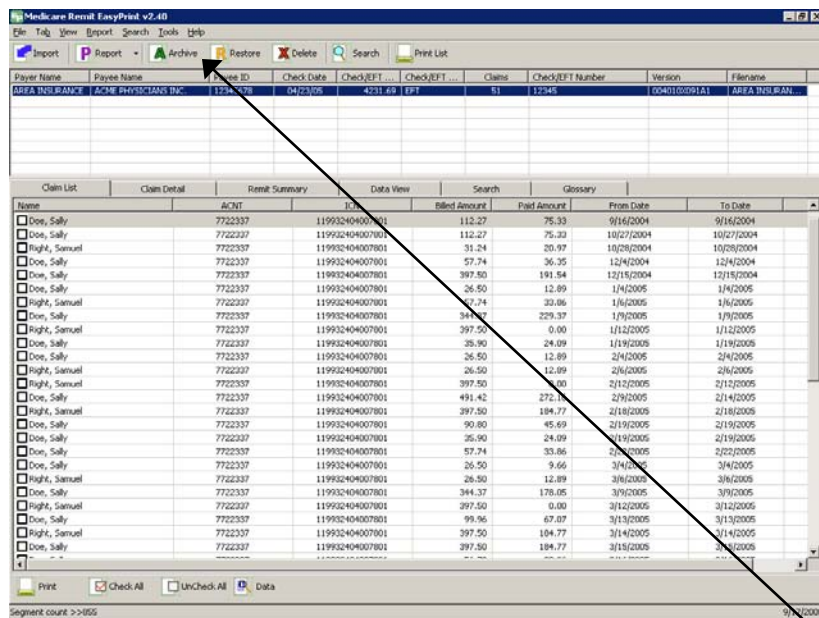
Medicare Remit Easy Print does NOT automatically archive any Import file, and Import files can slow down the processing time of the PC.

Therefore, Medicare Remit Easy Print lets you archive Import files. The location you choose for the archive must have adequate security to protect PHI.

How to Archive Import files

71. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

The Medicare Remit Easy Print Claim List tab opens.



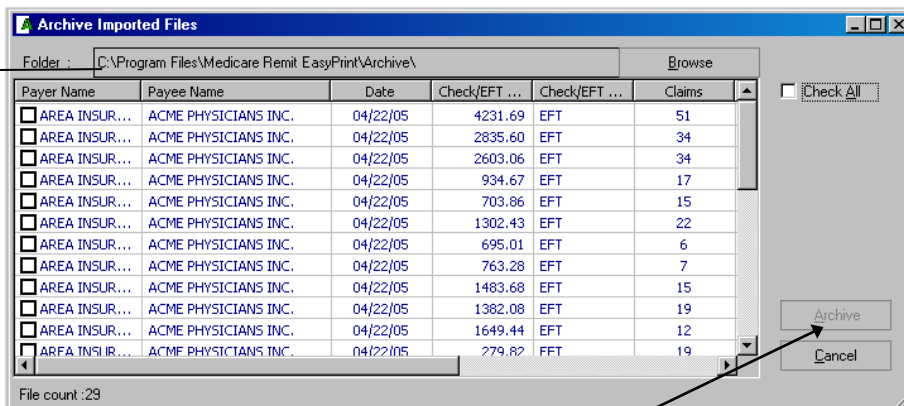
2. On the top of the window, select the file that you want to archive and click the Archive button.

The Archive Imported Files window opens.

Pathname for the Archive folder

Hint:

You can use the Browse button to specify another location for the archived file.



Hint:

You can use the Check All checkbox to select all the claims.

72. Select the file(s) you want to archive by checking the box(es).

This activates the Archive button.

73. Click the Archive button.


Medicare Remit Easy Print moves the file to the Archive folder.

Restoring Import files

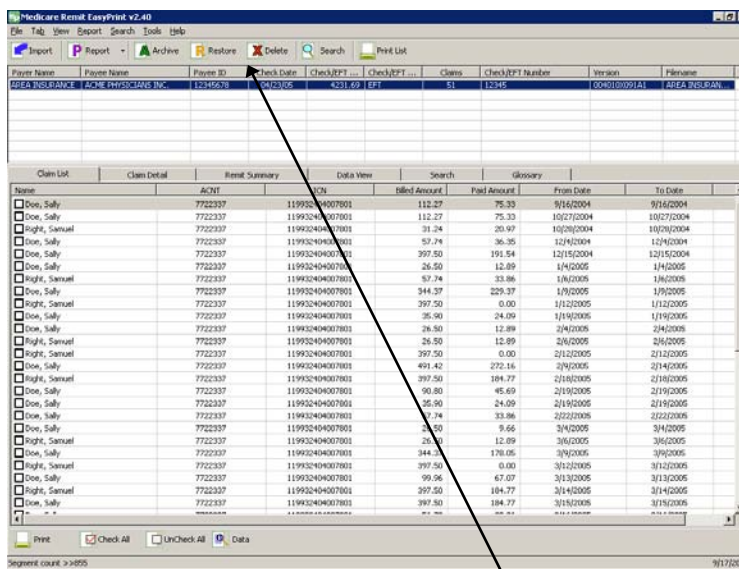
You can restore an Import file after you have archived it.

For information about archiving Import files, see page 149.

How to Restore Import files

74. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

The Medicare Remit Easy Print Claim List tab opens.



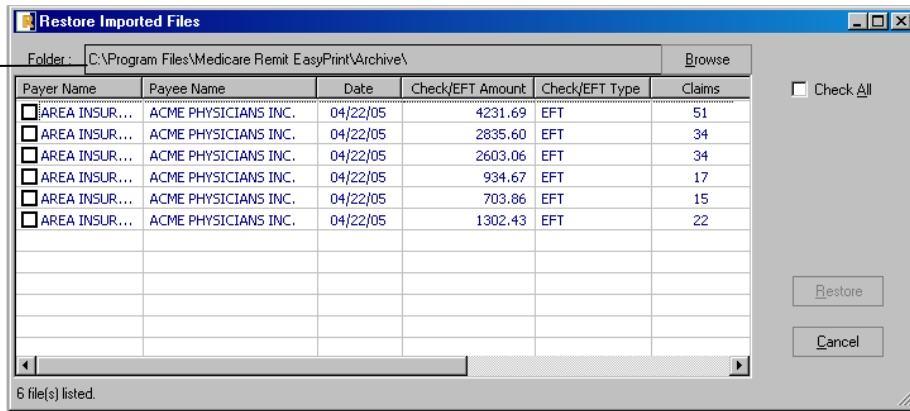
2. On the top of the window, click the Restore button.

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The Restore Imported Files window opens.

Pathname for the Archive folder

Hint:
You can use the Check All checkbox to select all the claims.



75. Select the file(s) you want to restore by checking the box(es).

This activates the Restore button.


76. Click the Restore button.

Medicare Remit Easy Print moves the file from the Archive folder to the Import folder. The file is now available for viewing.

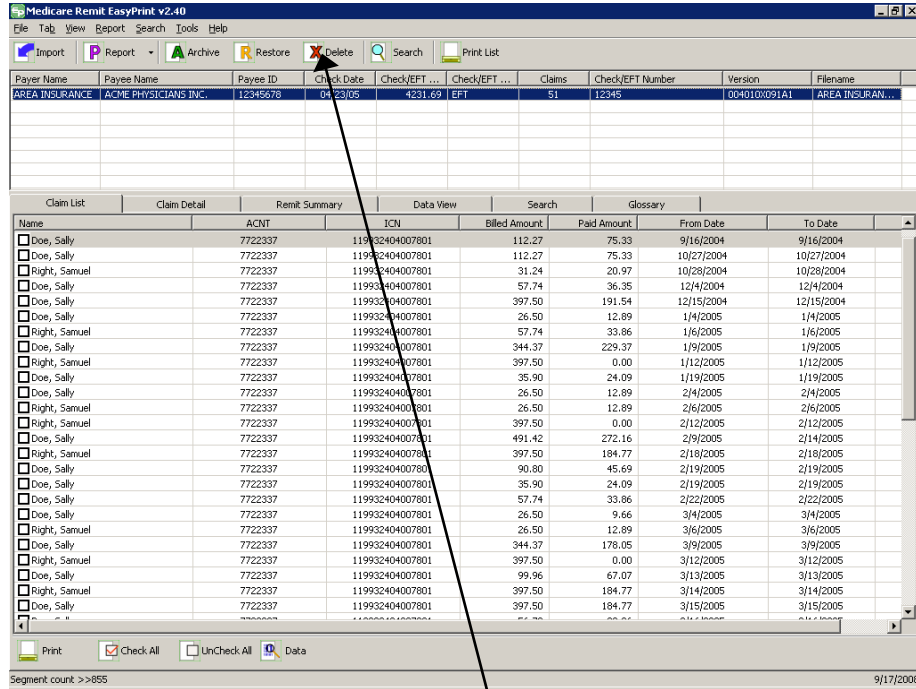
Deleting Import files

If you delete an Import file by mistake, you must re-import the HIPAA 835 file. You cannot restore the Import file.

How to Delete a Import file

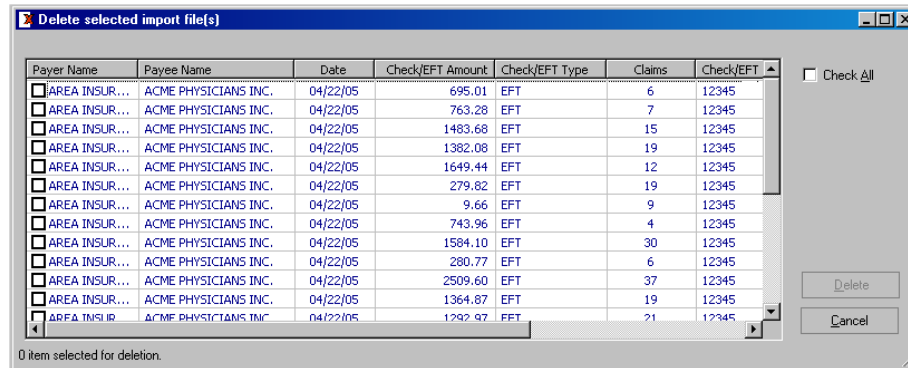
77. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon. 

The Medicare Remit Easy Print Claim List tab opens.



2. On the top of the window, click the Delete button.

The Delete Imported Files window opens.



78. Select the file(s) you want to delete by checking the box(es).

This activates the Delete button.

79. Click the Delete button.

Medicare Remit Easy Print deletes the file(s).

Using Keystroke Shortcuts

You can use a series of keystrokes to complete a number of tasks.

To do this	Use this combination
Import a HIPAA 835 file	Alt + F + I
View a list of claims	Alt + V + L
View claim detail	Alt + V + D
View totals	Alt + V + S
View the way the data is stored in the file	Alt + V + V
Search the Remittance Advice	Alt + V + E Or Alt + S + S
View the CARC and RARC codes for the Remittance Advice	Alt + V + G
Look up the meaning of a CARC/RARC code	Alt + T + C
Print the Denied Service Lines Report	Alt + R + D + P
Export the Denied Service Lines Report	Alt + R + D + E
Print the Adjusted Service Lines Report	Alt + R + A + P
Export Adjusted Service Lines Report	Alt + R + A + E
Print the Deductible Service Lines Report	Alt + R + E + P
Export the Deductible Service Lines Report	Alt + R + E + E
Print the Entire Remittance Report	Alt + R + R + P
Archive Import files	Alt + T + A
Restore archived Import files	Alt + T + R
Delete Import files	Alt + T + D
With the Claim List Tab Selected:	
Print Claim List	Alt + B + P
Check all claims in the list	Alt + B + C
Uncheck all claims in the list	Alt + B + U
Claim display (single line format) * Claim must be highlighted	Alt + B + D
With the Claim Detail Tab Selected:	
Print Claim Detail	Alt + B + P
Zoom In	Alt + B + I
Zoom Out	Alt + B + O
Reset Zoom	Alt + B + R
Show Glossary (check box)	Alt + B + S

Keystroke Shortcuts (continued)

To do this (continued)	Use this combination
<i>With the Remit Summary Tab Selected:</i>	
Print Summary	Alt + B + P
Zoom In	Alt + B + I
Zoom Out	Alt + B + O
Reset Zoom	Alt + B + R
<i>With the Search Tab Selected:</i>	
Print Results	Alt + B + P
Results Claim Detail	Alt + B + C
<i>With the Glossary Tab Selected :</i>	
Zoom In	Alt + B + I
Zoom Out	Alt + B + O
Reset Zoom	Alt + B + R
Codes	Alt + B + C

Appendix A: MREP RA/HIPAA 835v4010A1 Segment Field Crosswalk

This information can help you if you need to troubleshoot the Import file.

Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
Payer (Contractor) Name	1000A	N102	N101 = 'PR'
Payer (Contractor) Address	1000A	N301	N101 = 'PR', ADDR1
		N302	N101 = 'PR', ADDR2
Payer (Contractor) City	1000A	N401	N101 = 'PR'
Payer (Contractor) State	1000A	N402	N101 = 'PR'
Payer (Contractor) Zip	1000A	N403	N101 = 'PR'
Payee (Provider) Name	1000B	N102	N101 = 'PE'
	1000B	N301	N101 = 'PE', ADDR1
Payee (Provider) Address		N302	N101 = 'PE', ADDR2
Payee (Provider) City	1000B	N401	N101 = 'PE'
Payee (Provider) State	1000B	N402	N101 = 'PE'
Payee (Provider) Zip	1000B	N403	N101 = 'PE'
PROVIDER # or NPI #	1000B	N104 or REF02	N101 = 'PE' & N103 = 'XX' Payee level REF01 = '1C'
Date		BPR16	
CHECK/EFT #		TRN02	BPR04 = 'CHK' or 'EFT' or 'NON'
Assigned claims			LX01 = '1', pertains only to Medicare
NAME (Patient Last Name)	2100	NM103	NM101 = 'QC'
NAME (Patient First Name)	2100	NM104	NM101 = 'QC' / NM102 = '1'
NAME (Patient Middle Name)	2100	NM105	NM101 = 'QC' / NM102 = '1'
HIC (Patient ID)	2100	NM109	NM108 = 'HN'
ACNT (Patient Account Number)	2100	CLP01	
ICN (Claim Control Number)		CLP07	
ASG (Claim Assignment)	2000		Hard-coded 'Y' for Medicare when LX01 = '1'
MOA	2100	MOA03, MOA04,	

Medicare Remit Easy Print

Appendix A: MREP RA/HIPAA 835v4010A1 Segment Field Crosswalk

Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
(Claim Level Remark Codes)		MOA05, MOA06, MOA07	
REND PROV (Rendering Provider)	2110	REF02	REF01 = HPI or REF01 = '1C'
	2100	NM109 or REF02	NM108 = 'XX' or REF01 = '1C'
	1000B	N104 or REF02 or spaces	N103 = 'XX' or REF01 = 'XX'
SERV DATE (From Service Date)	2110	DTM02	Line level DTM01 = '150' or '472' else Claim level DTM01 = '232'
SERV DATE (To Service Date)	2110	DTM02	Line level DTM01 = '151' or '472' else Claim level DTM01 = '233'
POS (Place of Service)	2110	REF02	REF01 = 'LU'
NOS (Number of Services)	2110	SVC05	
PROC (Procedure code – paid and if down-coded then down-code procedure appears.)	2110	SVC01-2	SVC01-1 = 'HC' or 'N4'
MODS (Procedure Code Modifiers)	2110	SVC01-3, SVC01-4, SVC01-5, SVC01-6	SVC01-1 = 'HC' or 'N4'
BILLED (Billed Amount)	2110	SVC02	
ALLOWED (Allowed Amount)	2110	AMT02	AMT01 = 'B6'
DEDUCT (Deductible Amount)	2110	CAS03 or CAS06 or CAS09 or CAS12 or CAS15 or CAS18	CAS01 = 'PR' & (CAS02 = '1' or CAS05 = '1' or CAS08 = '1' or CAS11 = '1' or CAS14 = '1' or CAS17 = '1')
COINS (Coinsurance Amount)	2110	CAS03 or CAS06 or CAS09 or CAS12 or CAS15 or CAS18	CAS01 = 'PR' & (CAS02 = '2' or CAS05 = '2' or CAS08 = '2' or CAS11 = '2' or CAS14 = '2' or CAS17 = '2')
GRP/RC-AMT (Group/Reason Code)	2110	CAS01-CAS02, CAS05, CAS08, CAS11, CAS14, CAS17	Do not print CAS01 = 'PR' and ((CAS02 = '1' or '2') or (CAS05 = '1' or '2') or (CAS08 '1' or '2') or (CAS11 = '1' or '2') or (CAS14 = '1' or '2') or (CAS17 '1' or '2')); hard-code dash between group code and reason code

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Medicare Remit Easy Print

Appendix A: MREP RA/HIPAA 835v4010A1 Segment Field Crosswalk

Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
GRP/RC-AMT (Reason Code Amount)	2110	CAS03 or CAS06 or CAS09 or CAS12 or CAS15 or CAS18	Do not print CAS01 = 'PR' and ((CAS02 = '1' or '2') or (CAS05 = '1' or '2') or (CAS08 '1' or '2') or (CAS11 = '1' or '2') or (CAS14 = '1' or '2') or (CAS17 '1' or '2'))
PROV PD (Provider Paid Amount)	2110	SVC03	
SUBNOS : (Submitted Number of Services)	2110	SVC07	If paid units of service (SVC05) do not equal submitted units of service
Submitted procedure code	2110	SVC06-2, SVC06-3, SVC06-4, SVC06-5, SVC06-6	Value appears in parentheses
REM: (Line Level Remark Codes)	2110	LQ02	LQ01 = 'HE'
PT RESP (Patient Responsibility)	2100	CLP05	
CLAIM TOTAL (Billed Amount)	2100	CLP03	
CLAIM TOTAL (Allowed Amount)			Sum of all lines AMT02, when AMT01 = 'B6'
CLAIM TOTAL (Deductible Amount)			Sum of all lines CAS monetary amounts, when CAS01 = 'PR' and the corresponding adjustment reason code equals '1'
CLAIM TOTAL (Coinsurance Amount)			Sum of all lines CAS monetary amounts, when CAS01 = 'PR' and the corresponding adjustment reason code equals '2'
CLAIM TOTAL (Reason Code Amounts)			Sum of all lines CAS monetary amounts, except those associated with adjustment reason codes '1' and '2' (Group code PR)
CLAIM TOTAL (Provider Paid Amount)	2100	CLP04	
ADJ TO TOTALS: PREV PD (Adjustment to Totals: Previous Paid Amount)			Not available
ADJ TO TOTALS: INTEREST (Adjustment to Totals: Interest Amount)	2100	AMT02	Claim level AMT01 = 'I'
ADJ TO TOTALS: LATE	2110		Sum of all line level AMT02,

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Medicare Remit Easy Print

Appendix A: MREP RA/HIPAA 835v4010A1 Segment Field Crosswalk

Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
FILINE CHARGE (Adjustment to Totals: Late Filing Charge)			when AMT01 = 'KH'
NET			Sum of all the line level provider paid amts plus adj to totals: interest minus adj to totals: late filing charge
CLAIM INFORMATION FORWARDED TO:	2100	NM103 (Carrier name)	NM101 = 'TT' or NM102 = '2'
TOTALS: # OF CLAIMS			Number of CLP segments within a LX
TOTALS: BILLED AMT (Total – Billed Amount)			Sum of CLP03
TOTALS: ALLOWED AMT (Total – Allowed Amount)			Sum of AMT02 when AMT01 = 'B6'
TOTALS: DEDUCT AMT (Total – Deductible Amount)			Sum of CAS monetary amts, when CAS01 = 'PR' and the corresponding adjustment reason code equals '1'
TOTALS: COINS AMT (Total – Coinsurance Amount)			Sum of CAS monetary amts, when CAS01 = 'PR' and the corresponding adjustment reason code equals '2'
TOTALS: RC-AMT (Total – Reason Code Amount)			Sum of CAS monetary amounts, excepting those associated with adjustment reason codes '1' and '2'
TOTALS: PROV PD AMT (Total – Provider Paid Amount)			Sum of CLP04
TOTALS: PROV ADJ AMT (Total – Provider Adjustment Amount)			Sum of AMT02 when AMT01 = 'B6' and 'KH' (The sum of the details (amount) in the PROVIDER ADJ DETAILS section.)
CHECK AMT (Check Amount)		BPR02	
<i>Provider Adjustment Details</i>			
PLB REASON CODE		PLB03-1, PLB05-1, PLB07-1, PLB09-1, PLB11-1, PLB13-1	
FCN/OTHER IDENTIFIER		Positions 3 – 19 of PLB03-2, PLB05-2, PLB07-2, PLB09-2, PLB11-2, PLB13-2	
HIC		Positions 20 – 30 of PLB03-2, PLB05-2, PLB07-2, PLB09-2, PLB11-2, PLB13-2	

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Medicare Remit Easy Print

Appendix A: MREP RA/HIPAA 835v4010A1 Segment Field Crosswalk

Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
AMOUNT		PLB04, PLB06, PLB08, PLB10, PLB12, PLB14	
Summary of non-assigned claims			LX01 = '0', pertains only to Medicare
NAME (Patient Last Name)	2100	NM103	NM101 = 'QC'
NAME (Patient First Name)	2100	NM104	NM101 = 'QC' / NM102 = '1'
NAME (Patient Middle Name)	2100	NM105	NM101 = 'QC' / NM102 = '1'
HIC (Patient ID)	2100	NM109	NM108 = 'HN'
ACNT (Patient Account Number)	2100	CLP01	
ICN (Claim Control Number)		CLP07	
ASG (Claim Assignment)	2000		Hard-coded 'N' for Medicare when LX01 = '0'
MOA (Claim Level Remark Codes)	2100	MOA03, MOA04, MOA05, MOA06, MOA07	
REND PROV (Rendering Provider)	2110	REF02	REF01 = HPI or REF01 = '1C'
	2100	NM109 or REF02	NM108 = 'XX' or REF01 = '1C'
	1000B	N104 or REF02 or spaces	N103 = 'XX' or REF01 = 'XX'
SERV DATE (From Service Date)	2110	DTM02	Line level DTM01 = '150' or '472' else Claim level DTM01 = '232'
SERV DATE (To Service Date)	2110	DTM02	Line level DTM01 = '151' or '472' else Claim level DTM01 = '233'
POS (Place of Service)	2110	REF02	REF01 = 'LU'
NOS (Number of Services)	2110	SVC05	
PROC (Procedure code – paid and if down-coded then down-code procedure appears.)	2110	SVC01-2	SVC01-1 = 'HC' or 'N4'

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Medicare Remit Easy Print

Appendix A: MREP RA/HIPAA 835v4010A1 Segment Field Crosswalk

Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
MODS (Procedure code modifiers)	2110	SVC01-3, SVC01-4, SVC01-5, SVC01-6	SVC01-1 = 'HC' or 'N4'
BILLED (Billed Amount)	2110	SVC02	
ALLOWED (Allowed Amount)	2110	AMT02	AMT01 = 'B6'
DEDUCT (Deductible Amount)	2110	CAS03 or CAS06 or CAS09 or CAS12 or CAS15 or CAS18	CAS01 = 'PR' & (CAS02 = '1' or CAS05 = '1' or CAS08 = '1' or CAS11 = '1' or CAS14 = '1' or CAS17 = '1')
COINS (Coinsurance Amount)	2110	CAS03 or CAS06 or CAS09 or CAS12 or CAS15 or CAS18	CAS01 = 'PR' & (CAS02 = '2' or CAS05 = '2' or CAS08 = '2' or CAS11 = '2' or CAS14 = '2' or CAS17 = '2')
GRP/RC-AMT (Group/Reason Code)	2110	CAS01-CAS02, CAS05, CAS08, CAS11, CAS14, CAS17	Do not print CAS01 = 'PR' and ((CAS02 = '1' or '2') or (CAS05 = '1' or '2') or (CAS08 '1' or '2') or (CAS11 = '1' or '2') or (CAS14 = '1' or '2') or (CAS17 '1' or '2')); hard-code dash between group code and reason code
GRP/RC-AMT (Reason Code Amount)	2110	CAS03 or CAS06 or CAS09 or CAS12 or CAS15 or CAS18	Do not print CAS01 = 'PR' and ((CAS02 = '1' or '2') or (CAS05 = '1' or '2') or (CAS08 '1' or '2') or (CAS11 = '1' or '2') or (CAS14 = '1' or '2') or (CAS17 '1' or '2'))
PROV PD (Provider Paid Amount)	2110	SVC03	
SUBNOS : (Submitted Number of Services)	2110	SVC07	If paid units of service (SVC05) do not equal submitted units of service
Submitted procedure code	2110	SVC06-2, SVC06-3, SVC06-4, SVC06-5, SVC06-6	Value appears in parentheses
REM: (Line Level Remark Codes)	2110	LQ02	LQ01 = 'HE'
PT RESP (Patient Responsibility)	2100	CLP05	
CLAIM TOTAL (Billed Amount)	2100	CLP03	
CLAIM TOTAL (Allowed Amount)			Sum of all lines AMT02, when AMT01 = B6.

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Medicare Remit Easy Print

Appendix A: MREP RA/HIPAA 835v4010A1 Segment Field Crosswalk

Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
CLAIM TOTAL (Deductible Amount)			Sum of all lines CAS monetary amounts, when CAS01 = 'PR' and the corresponding adjustment reason code equals '1'
CLAIM TOTAL (Coinsurance Amount)			Sum of all lines CAS monetary amounts, when CAS01 = 'PR' and the corresponding adjustment reason code equals '2'
CLAIM TOTAL (Reason Code Amounts)			Sum of all lines CAS monetary amounts, excepting those associated with adjustment reason codes '1' and '2'
CLAIM TOTAL (Provider Paid Amount)	2100	CLP04	
ADJ TO TOTALS: PREV PD (Adjustment to Totals: Previous Paid Amount)			Not available
ADJ TO TOTALS: INTEREST (Adjustment to Totals: Interest Amount)	2100	AMT02	Claim level AMT01 = 'I'
ADJ TO TOTALS: LATE FILING CHARGE (Adjustment to Totals: Late Filing Charge)	2110		Sum of all line level AMT02, when AMT01 = 'KH'
NET			Sum of all the line level provider paid amts plus adj to totals: interest minus adj to totals: late filing charge
CLAIM INFORMATION FORWARDED TO:	2100	NM103 (Carrier name)	NM101 = 'TT' or NM102 = '2'
GLOSSARY		MOA03, MOA04, MOA05, MOA06, MOA07, CAS01, CAS02, CAS05, CAS08, CAS11, CAS14, CAS17	If there are duplicates, only print once

Appendix B: MREP RA/HIPAA 835v5010 Segment Field Crosswalk

This information can help you if you need to troubleshoot the Import file.

Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
Payer (Contractor) Name	1000A	N102	N101 = 'PR'
Payer (Contractor) Address	1000A	N301	N101 = 'PR', ADDR1
		N302	N101 = 'PR', ADDR2
Payer (Contractor) City	1000A	N401	N101 = 'PR'
Payer (Contractor) State	1000A	N402	N101 = 'PR'
Payer (Contractor) Zip	1000A	N403	N101 = 'PR'
PAYER'S WEB SITE:	1000A	PER04	PER01 = 'IC'
PAYER BUSINESS CONTACT INFORMATION:	1000A		PER01= 'CX'
Name		PER02	
Email Address (up to 50 positions)		PER04 or PER06	PER03 or PER05 = 'EM' (respectively)
Telephone Number		PER04 and PER06 PER06 and PER08	PER03 = 'TE' and PER05 = 'EX' PER05 = 'TE' and PER07 = 'EX'
PAYER TECHNICAL CONTACT INFORMATION:	1000A		PER01= 'BL'
Name		PER02	
Email Address (up to 50 positions)		PER04 or PER06	PER03 or PER05 = 'EM' (respectively)
Telephone Number		PER04 and PER06 PER06 and PER08	PER03 = 'TE' and PER05 = 'EX' PER05 = 'TE' and PER07 = 'EX'
Payee (Provider) Name	1000B	N102	N101 = 'PE'
	1000B	N301	N101 = 'PE', ADDR1
Payee (Provider) Address		N302	N101 = 'PE', ADDR2
Payee (Provider) City	1000B	N401	N101 = 'PE'
Payee (Provider) State	1000B	N402	N101 = 'PE'
Payee (Provider) Zip	1000B	N403	N101 = 'PE'
PROVIDER # or NPI #	1000B	N104 or REF02	N101 = 'PE' & N103 = 'XX' Payee level REF01 = '1C'
Date		BPR16	
CHECK/EFT #		TRN02	BPR04 = 'CHK' or 'EFT' or

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Appendix B: MREP RA/HIPAA 835v5010 Segment Field Crosswalk

Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
			'NON'
Assigned claims			LX01 = '1', pertains only to Medicare
NAME (Patient Last Name)	2100	NM103	NM101 = 'QC'
NAME (Patient First Name)	2100	NM104	NM101 = 'QC' / NM102 = '1'
NAME (Patient Middle Name)	2100	NM105	NM101 = 'QC' / NM102 = '1'
HIC (Patient ID)	2100	NM109	NM108 = 'HN'
ACNT (Patient Account Number)	2100	CLP01	
ICN (Claim Control Number)		CLP07	
ASG (Claim Assignment)	2000		Hard-coded 'Y' for Medicare when LX01 = '1'
MOA (Claim Level Remark Codes)	2100	MOA03, MOA04, MOA05, MOA06, MOA07	
REND PROV (Rendering Provider)	2110	REF02	REF01 = HPI or REF01 = '1C'
	2100	NM109 or REF02	NM108 = 'XX' or REF01 = '1C'
	1000B	N104 or REF02 or spaces	N103 = 'XX' or REF01 = 'XX'
SERV DATE (From Service Date)	2110	DTM02	Line level DTM01 = '150' or '472' else Claim level DTM01 = '232'
SERV DATE (To Service Date)	2110	DTM02	Line level DTM01 = '151' or '472' else Claim level DTM01 = '233'
POS (Place of Service)	2110	REF02	REF01 = 'LU'
NOS (Number of Services)	2110	SVC05	
PROC (Procedure code – paid and if down-coded then down-code procedure appears.)	2110	SVC01-2	SVC01-1 = 'HC' or 'N4'
MODS (Procedure Code Modifiers)	2110	SVC01-3, SVC01-4, SVC01-5, SVC01-6	SVC01-1 = 'HC' or 'N4'
BILLED (Billed Amount)	2110	SVC02	
ALLOWED	2110	AMT02	AMT01 = 'B6'

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Appendix B: MREP RA/HIPAA 835v5010 Segment Field Crosswalk

Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
(Allowed Amount)			
DEDUCT (Deductible Amount)	2110	CAS03 or CAS06 or CAS09 or CAS12 or CAS15 or CAS18	CAS01 = 'PR' & (CAS02 = '1' or CAS05 = '1' or CAS08 = '1' or CAS11 = '1' or CAS14 = '1' or CAS17 = '1')
COINS (Coinsurance Amount)	2110	CAS03 or CAS06 or CAS09 or CAS12 or CAS15 or CAS18	CAS01 = 'PR' & (CAS02 = '2' or CAS05 = '2' or CAS08 = '2' or CAS11 = '2' or CAS14 = '2' or CAS17 = '2')
GRP/RC-AMT (Group/Reason Code)	2110	CAS01-CAS02, CAS05, CAS08, CAS11, CAS14, CAS17	Do not print CAS01 = 'PR' and ((CAS02 = '1' or '2') or (CAS05 = '1' or '2') or (CAS08 '1' or '2') or (CAS11 = '1' or '2') or (CAS14 = '1' or '2') or (CAS17 '1' or '2')); hard-code dash between group code and reason code
GRP/RC-AMT (Reason Code Amount)	2110	CAS03 or CAS06 or CAS09 or CAS12 or CAS15 or CAS18	Do not print CAS01 = 'PR' and ((CAS02 = '1' or '2') or (CAS05 = '1' or '2') or (CAS08 '1' or '2') or (CAS11 = '1' or '2') or (CAS14 = '1' or '2') or (CAS17 '1' or '2'))
PROV PD (Provider Paid Amount)	2110	SVC03	
SUBNOS : (Submitted Number of Services)	2110	SVC07	If paid units of service (SVC05) do not equal submitted units of service
Submitted procedure code	2110	SVC06-2, SVC06-3, SVC06-4, SVC06-5, SVC06-6	Value appears in parentheses
REM: (Line Level Remark Codes)	2110	LQ02	LQ01 = 'HE'
CNTL #: (Line Item Control Number)	2110	REF02	REF01 = '6R'
HCPI: (HealthCare Policy Information)	2110	REF02	REF01 = '0K' (zero K)
PT RESP (Patient Responsibility)	2100	CLP05	
CLAIM TOTAL (Billed Amount)	2100	CLP03	
CLAIM TOTAL (Allowed Amount)			Sum of all lines AMT02, when AMT01 = 'B6'
CLAIM TOTAL (Deductible Amount)			Sum of all lines CAS monetary amounts, when CAS01 = 'PR' and the corresponding adjustment reason code equals

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Appendix B: MREP RA/HIPAA 835v5010 Segment Field Crosswalk

Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
			'1'
CLAIM TOTAL (Coinsurance Amount)			Sum of all lines CAS monetary amounts, when CAS01 = 'PR' and the corresponding adjustment reason code equals '2'
CLAIM TOTAL (Reason Code Amounts)			Sum of all lines CAS monetary amounts, except those associated with adjustment reason codes '1' and '2' (Group code PR)
CLAIM TOTAL (Provider Paid Amount)	2100	CLP04	
ADJ TO TOTALS: PREV PD (Adjustment to Totals: Previous Paid Amount)			Not available
ADJ TO TOTALS: INTEREST (Adjustment to Totals: Interest Amount)	2100	AMT02	Claim level AMT01 = 'I'
ADJ TO TOTALS: LATE FILING CHARGE (Adjustment to Totals: Late Filing Charge)	2110		Sum of all line level AMT02, when AMT01 = 'KH'
NET			Sum of all the line level provider paid amts plus adj to totals: interest minus adj to totals: late filing charge
CLAIM INFORMATION FORWARDED TO:	2100		NM101 = 'TT'
(Crossover Carrier Name)		NM103	NM102 = '2'
(Crossover Carrier Identifier)		NM109	NM108 = 'PI' or 'XV'
CORRECTED PRIORITY PAYER INFO :	2100		NM101 = 'PR'
(Corrected Priority Payer Name)		NM103	NM102 = '2'
(Corrected Priority Payer Identification Number)		NM109	NM108 = 'PI' or 'XV'
TOTALS: # OF CLAIMS			Number of CLP segments within a LX
TOTALS: BILLED AMT (Total – Billed Amount)			Sum of CLP03
TOTALS: ALLOWED AMT (Total – Allowed Amount)			Sum of AMT02 when AMT01 = 'B6'
TOTALS: DEDUCT AMT (Total – Deductible)			Sum of CAS monetary amts, when CAS01 = 'PR' and the

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Appendix B: MREP RA/HIPAA 835v5010 Segment Field Crosswalk

Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
Amount)			corresponding adjustment reason code equals '1'
TOTALS: COINS AMT (Total – Coinsurance Amount)			Sum of CAS monetary amts, when CAS01 = 'PR' and the corresponding adjustment reason code equals '2'
TOTALS: RC-AMT (Total – Reason Code Amount)			Sum of CAS monetary amounts, excepting those associated with adjustment reason codes '1' and '2'
TOTALS: PROV PD AMT (Total – Provider Paid Amount)			Sum of CLP04
TOTALS: PROV ADJ AMT (Total – Provider Adjustment Amount)			Sum of AMT02 when AMT01 = 'B6' and 'KH' (The sum of the details (amount) in the PROVIDER ADJ DETAILS section.)
CHECK AMT (Check Amount)		BPR02	
<i>Provider Adjustment Details</i>			
PLB REASON CODE		PLB03-1, PLB05-1, PLB07-1, PLB09-1, PLB11-1, PLB13-1	
FCN/OTHER IDENTIFIER		Positions 1 - 17 of PLB03-2, PLB05-2, PLB07-2, PLB09-2, PLB11-2, PLB13-2	
HIC		Positions 18 - 28 of PLB03-2, PLB05-2, PLB07-2, PLB09-2, PLB11-2, PLB13-2	
AMOUNT		PLB04, PLB06, PLB08, PLB10, PLB12, PLB14	
Summary of non-assigned claims			LX01 = '0', pertains only to Medicare
NAME (Patient Last Name)	2100	NM103	NM101 = 'QC'
NAME (Patient First Name)	2100	NM104	NM101 = 'QC' / NM102 = '1'
NAME (Patient Middle Name)	2100	NM105	NM101 = 'QC' / NM102 = '1'
HIC (Patient ID)	2100	NM109	NM108 = 'HN'
ACNT (Patient Account Number)	2100	CLP01	
ICN (Claim Control Number)		CLP07	

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Appendix B: MREP RA/HIPAA 835v5010 Segment Field Crosswalk

Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
ASG (Claim Assignment)	2000		Hard-coded 'N' for Medicare when LX01 = '0'
MOA (Claim Level Remark Codes)	2100	MOA03, MOA04, MOA05, MOA06, MOA07	
REND PROV (Rendering Provider)	2110	REF02	REF01 = HPI or REF01 = '1C'
	2100	NM109 or REF02	NM108 = 'XX' or REF01 = '1C'
	1000B	N104 or REF02 or spaces	N103 = 'XX' or REF01 = 'XX'
SERV DATE (From Service Date)	2110	DTM02	Line level DTM01 = '150' or '472' else Claim level DTM01 = '232'
SERV DATE (To Service Date)	2110	DTM02	Line level DTM01 = '151' or '472' else Claim level DTM01 = '233'
POS (Place of Service)	2110	REF02	REF01 = 'LU'
NOS (Number of Services)	2110	SVC05	
PROC (Procedure code – paid and if down-coded then down-code procedure appears.)	2110	SVC01-2	SVC01-1 = 'HC' or 'N4'
MODS (Procedure code modifiers)	2110	SVC01-3, SVC01-4, SVC01-5, SVC01-6	SVC01-1 = 'HC' or 'N4'
BILLED (Billed Amount)	2110	SVC02	
ALLOWED (Allowed Amount)	2110	AMT02	AMT01 = 'B6'
DEDUCT (Deductible Amount)	2110	CAS03 or CAS06 or CAS09 or CAS12 or CAS15 or CAS18	CAS01 = 'PR' & (CAS02 = '1' or CAS05 = '1' or CAS08 = '1' or CAS11 = '1' or CAS14 = '1' or CAS17 = '1')
COINS (Coinsurance Amount)	2110	CAS03 or CAS06 or CAS09 or CAS12 or CAS15 or CAS18	CAS01 = 'PR' & (CAS02 = '2' or CAS05 = '2' or CAS08 = '2' or CAS11 = '2' or CAS14 = '2' or CAS17 = '2')

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Appendix B: MREP RA/HIPAA 835v5010 Segment Field Crosswalk

Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
GRP/RC-AMT (Group/Reason Code)	2110	CAS01-CAS02, CAS05, CAS08, CAS11, CAS14, CAS17	Do not print CAS01 = 'PR' and ((CAS02 = '1' or '2') or (CAS05 = '1' or '2') or (CAS08 '1' or '2') or (CAS11 = '1' or '2') or (CAS14 = '1' or '2') or (CAS17 '1' or '2')); hard-code dash between group code and reason code
GRP/RC-AMT (Reason Code Amount)	2110	CAS03 or CAS06 or CAS09 or CAS12 or CAS15 or CAS18	Do not print CAS01 = 'PR' and ((CAS02 = '1' or '2') or (CAS05 = '1' or '2') or (CAS08 '1' or '2') or (CAS11 = '1' or '2') or (CAS14 = '1' or '2') or (CAS17 '1' or '2'))
PROV PD (Provider Paid Amount)	2110	SVC03	
SUBNOS : (Submitted Number of Services)	2110	SVC07	If paid units of service (SVC05) do not equal submitted units of service
Submitted procedure code	2110	SVC06-2, SVC06-3, SVC06-4, SVC06-5, SVC06-6	Value appears in parentheses
REM: (Line Level Remark Codes)	2110	LQ02	LQ01 = 'HE'
PT RESP (Patient Responsibility)	2100	CLP05	
CLAIM TOTAL (Billed Amount)	2100	CLP03	
CLAIM TOTAL (Allowed Amount)			Sum of all lines AMT02, when AMT01 = B6.
CLAIM TOTAL (Deductible Amount)			Sum of all lines CAS monetary amounts, when CAS01 = 'PR' and the corresponding adjustment reason code equals '1'
CLAIM TOTAL (Coinsurance Amount)			Sum of all lines CAS monetary amounts, when CAS01 = 'PR' and the corresponding adjustment reason code equals '2'
CLAIM TOTAL (Reason Code Amounts)			Sum of all lines CAS monetary amounts, excepting those associated with adjustment reason codes '1' and '2'
CLAIM TOTAL (Provider Paid Amount)	2100	CLP04	
ADJ TO TOTALS: PREV PD (Adjustment to Totals:			Not available

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Appendix B: MREP RA/HIPAA 835v5010 Segment Field Crosswalk

Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
Previous Paid Amount)			
ADJ TO TOTALS: INTEREST (Adjustment to Totals: Interest Amount)	2100	AMT02	Claim level AMT01 = 'I'
ADJ TO TOTALS: LATE FILINE CHARGE (Adjustment to Totals: Late Filing Charge)	2110		Sum of all line level AMT02, when AMT01 = 'KH'
NET			Sum of all the line level provider paid amts plus adj to totals: interest minus adj to totals: late filing charge
CLAIM INFORMATION FORWARDED TO:	2100		NM101 = 'TT'
(Crossover Carrier Name)		NM103	NM102 = '2'
(Crossover Carrier Identifier)		NM109	NM108 = 'PI' or 'XV'
CORRECTED PRIORITY PAYER INFO :	2100		NM101 = 'PR'
(Corrected Priority Payer Name)		NM103	NM102 = '2'
(Corrected Priority Payer Identification Number)		NM109	NM108 = 'PI' or 'XV'
GLOSSARY		MOA03, MOA04, MOA05, MOA06, MOA07, CAS01, CAS02, CAS05, CAS08, CAS11, CAS14, CAS17	If there are duplicates, only print once

Appendix C: Abbreviation and Acronym Glossary

The following two column table provides the abbreviations or acronym values in the first column, and the second column contains the descriptions.

Abbreviation or Acronym value	Description
ACNT	Account
ADJ	Adjustment
Adjst	Adjustment
AMT	Amount
ASG	Assignment of claim
Bene	Beneficiary
CARC	Claim Adjustment Reason Code
COB	Coordination of Benefits
COIN	Coinsurance
Coins	Coinsurance
Deduct	Deductible
DMERC	Durable Medical Equipment Resource Center
ERA	Electronic Remittance Advice
EFT	Electronic Funds Transfer
GRP/RC	Group and Claim Adjustment Reason Codes
HCPCS	Health Care Procedure Codes
HIC	Health Insurance Claim Number
HICN	Health Insurance Claim Number
HIPAA	Health Insurance Portability and Accountability Act
ID	Identifier
ICN	Internal Control Number
MOA	Medicare Outpatient Adjudication
MODS	Modifiers
MREP	Medicare Remit Easy Print
MSP	Medicare Secondary Payer
NDC	National Drug Code
NPI	National Provider Identifier
NOS	Number of Services
Orig	Original
PHI	Personal Health Information
POS	Place of Service
PREV PD	Previous Paid
PROC	Procedure Code
PROV	Provider
PROV PD	Provider Paid

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Appendix C: Abbreviation and Acronym Glossary

Abbreviation or Acronym value	Description
PT RESP	Patient Responsibility
RARC	Remittance Advice Remark Code
REM	Remark Code
Remit	Remittance Advice
REND PROV	Rendering Provider
SERV DATE	Service Dates
SPR	Standard Paper Remittance advice
Zip	ZIP Code