

Appendix D

HCFA Part A Remittance Advice

List of Changes in the

4A.01 Implementation Guide

from the 3A.00 Implementation Guide

for the X12 835 Version 003051

**DIFFERENCES BETWEEN MEDICARE'S 3A.00 AND 4A.01 VERSIONS OF THE
IMPLEMENTATION GUIDES FOR THE ANSI X12 835 VERSION 003051**

PARTS I-IV

1. Numerous minor changes to language and updating of content have been made throughout these introductory sections.
2. The usage for all segments and data elements in the Medicare Implementation Guide (IG) Version 4A.01 for the X12 835 Version 003051 (3051.4A.01) transaction is either mandatory or conditional. The usage requirement for all segments and data elements previously listed as 'optional' have been changed to either 'mandatory' or 'conditional'. The purpose of these changes was to ensure uniformity in the 835s returned to Medicare providers irrespective of the intermediary from which they are received. With completion in 1998 of our migration to a single Medicare Part A processing system, it is expected that bills will be processed in the same manner, with very few exceptions, e.g., state specific medical review policies, by every intermediary. The practical effect of making all 835 segments and data elements either mandatory or conditional is to create a standard electronic remittance advice (ERA) data set. **The operative rule for intermediaries in respect to the 3051.4A.01 is that if data relevant to the standard ERA is in the standard bill processing system it must be included in the 3051.4A.01 835.**
3. The electronic funds transfer (EFT) discussion in Part II, section E (II-E) has been modified to conform with the removal of most Medicare requirements for EFT.
4. Significant changes and clarifications were made to the balancing section (III-C). The examples from the 3A.00 IG have been corrected. HCFA's position that no purely informational data is to be transmitted in any 835 data element included in the balancing and payment calculation routines is clearly stated.
5. The Medicare Secondary Payer (MSP) section (in III-C) was updated and clarified.
6. The Reversal and Correction section (III-D) has been updated to reflect the Medicare Reversal Method which will be used in the 835 v. 3051.4A.01.
7. The part of previous Medicare implementation guides providing an explanation of basic ANSI ASC X12 concepts has been removed. Providers and other interested parties are referred to the Data Interchange Standards Association (DISA) for such information since ASC X12 has conferred on DISA this responsibility.
8. After consultation with a number of technical users of our previous

implementation guides, the Implementation Summary section was removed from the 4A.01 IG.

IMPLEMENTATION SET CHANGES

Changes were made to the 'Implementation Set' section to reflect usage changes of V003051 segments between the 3A.00 and 4A.01 IGs.

IMPLEMENTATION DETAIL CHANGES

1. Below is a complete listing of the changes which have been made in the 835 to flat file mapping between the 4A.01 and 3A.00 versions:

<u>Element</u>	<u>4A.01 Flat File Map</u>	<u>3A.00 Flat File Map</u>
0-010-ISA01	Translator Generated (TG)	
0-010-ISA02	TG	
0-010-ISA03	TG	
0-010-ISA04	TG	
0-010-ISA05	TG	
0-010-ISA06	01-03 or TG	01-10, 05-09, 10-05
0-010-ISA07	TG	
0-010-ISA08	05-02 or TG	05-10, 95-06
0-010-ISA09	TG	
0-010-ISA10	TG	
0-010-ISA11	TG	
0-010-ISA12	TG	
0-010-ISA13	TG	TG or 01-03, 13-10, 99-02
0-010-ISA14	TG	
0-010-ISA15	TG	
0-010-ISA16	TG	
0-020-GS01	TG	
0-020-GS02	01-03	01-10, 05-09, 10-05
0-020-GS03	05-02, 10-02, or TG	10-02, 13-02, 81-02
0-020-GS04	TG	
0-020-GS05	TG	
0-020-GS06	TG	
0-020-GS07	TG	
0-020-GS08	TG	
1-010-ST01	TG	
1-010-ST02	TG	
1-020-BPR01	13-11	05-08
1-020-BPR02	13-02	10-09, 13-05
1-020-BPR03	TG	

1-020-BPR04	13-03	13-06
1-020-BPR05	TG	
1-020-BPR06	TG	
1-020-BPR07	13-07	
1-020-BPR08	TG	
1-020-BPR09	13-08	
1-020-BPR10	01-03	01-10, 05-09, 10-05
1-020-BPR12	TG	
1-020-BPR13	13-04	13-07
1-020-BPR14	13-05	13-08
1-020-BPR15	13-06	13-09
1-020-BPR16	13-10	01-07, 05-06, 10-07
1-040-TRN01	TG	
1-040-TRN03	01-03	01-10, 05-09, 10-05

<u>Element</u>	<u>4A.01 Flat File Map</u>	<u>3A.00 Flat File Map</u>
1-060-REF01	TG	
1-060-REF02	01-02	01-08, 05-07, 10-08
1-070-DTM01	TG	
1-070-DTM05	12-06	Not Used
1-080.A-N101	TG	(1-080.B-N104 in 3A.00)
1-080.A-N102	01-04	TG
1-080.A-N103	TG	Not Used
1-080.A-N104	01-05	Not Used
1-080.B-N101	TG	(1-080.A-N104 in 3A.00)
1-080.B-N103	TG	
1-080.B-N104	10-02	10-02, 13-02, 81-02
2-003-LX01	14-04, 14-02	
2-005-TS301	10-02	10-02, 13-02, 81-02
2-005-TS302	14-02	14-02, 15-02, 16-02, 17-02, 18-02, 19-02
2-005-TS03	14-04	14-04, 15-04, 16-04, 17-04, 18-04, 19-04, 81-04
2-005-TS310	15-05	15-06
2-005-TS311	15-06	15-07
2-005-TS312	15-07	15-08
2-005-TS313	15-08	15-09
2-005-TS314	15-09	15-10
2-007-TS201	15-10	15-11
2-010-CLP01	20-05 or TG	20-05
2-010-CLP02	20-09	20-10
2-010-CLP04	40-04	40-07
2-010-CLP06	TG	
2-010-CLP08	20-08 (1st 2 digits)	14-02, 15-02, 16-02, 17-02, 18-02, 19-02
2-010-CLP09	20-08 (3rd digit)	20-08
2-010-CLP11	21-13	20-09
2-010-CLP12	42-09	42-10
2-010-CLP13	42-10	42-11
2-020-CAS03	50-04	40-03 to 05, 40-08 TO 10 41-02 to 07, 41-09, 50-04
2-030.A-NM101	20-10	20-11
2-030.A-NM102	TG	
2-030.B-NM101	TG	
2-030.B-NM102	TG	

2-030.B-NM108	TG	
2-033-MIA01	21-03	
2-033-MIA06	42-07	42-08
2-033-MIA07	40-05	41-10
2-033-MIA09	43-04	43-05
2-033-MIA10	43-05	43-06
2-033-MIA11	43-06	43-07
<u>Element</u>	<u>4A.01 Flat File Map</u>	<u>3A.00 Flat File Map</u>
2-033-MIA12	43-08	43-09
2-033-MIA13	43-07	43-08
2-033-MIA14	42-06	42-07
2-033-MIA16	42-05	42-06
2-033-MIA17	43-03	43-04
2-033-MIA18	42-08	42-09
2-033-MIA24	43-09	43-10
2-035-MOA02	40-06	40-08
2-040-REF01	TG	
2-050.A-DTM01	TG	
2-050.A-DTM02	21-15	21-14
2-050.A-DTM05	21-14	Not Used
2-050.B-DTM01	TG	
2-050.B-DTM02	21-17	21-16
2-050.B-DTM05	21-16	Not Used
Not Used		
2-062-AMT01	TG	
2-062-AMT02	AU = 43-10 I = 40-03 NJ = 42-11 ZK = 22-10 ZZ = 42-04	AU = 43-11 I = 40-06 Not Used Not Used ZZ = 42-05
2-064-QTY01	TG	
2-064-QTY02	FL = 22-11 NA = 21-04 OU = 42-03	Not Used NA/NE = 21-04 OU = 42-04
2-070-SVC01-01	TG	
2-070-SVC06-01	TG	
2-070-SVC06-02	30-13	
2-080-DTM01	TG	
2-080-DTM02	30-12	30-15
2-080-DTM05	30-11	Not Used
2-100.A-REF01	TG	

2-100.A-REF02	30-15	31-06
2-100.B-REF01	TG	
2-100.B-REF02	30-16	31-07
2-110.A-AMT01	TG	
2-110.A-AMT02	30-17	31-06
2-110.B-AMT01	TG	
2-110.B-AMT02	31-06	31-07
2-110.C-AMT01	TG	Not Used
2-110.C-AMT02	31-07	Not Used
2-120-QTY01	TG	
2-120-QTY02	VS = 31-04	Not Used
<u>Element</u>	<u>4A.01 Flat File Map</u>	<u>3A.00 Flat File Map</u>
2-130-LQ01	TG	
2-130-LQ02	32-02 thru 32-20	32-04 thru 08 32-11 thru 15 32-18 thru 22
3-010-PLB01	81-02	10-02, 13-02, 81-02
3-010-PLB02	81-04	14-04, 15-04, 16-04,17-04, 18-04, 19-04, 81-04
3-010-PLB03	81-05	81-05, 81-07, 81-09, 81-11
3-010-PLB04	81-06	81-06, 81-08, 81-10, 81-12
3-010-PLB05	81-07	
3-010-PLB06	81-08	
3-010-PLB07	81-09	
3-010-PLB08	81-10	
3-010-PLB09	81-11	
3-010-PLB10	81-12	
3-020-SE01	TG	
3-020-SE02	TG	
4-0100GE01	TG	
4-010-GE02	TG	
4-020-IEA01	TG	
4-020-IEA02	TG	01-03, 13-10, 99-02

NOTE: In the 3A.00 Implementation Guide (IG), there are a number of elements for which no flat file mapping is provided. In the 4A.01 IG, either a standard Medicare flat file map location is provided or the source of the data is provided.

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2. 0-020-GS Comments have been clarified.
 3. 0-020-GS04/05 Data element name change from 'file' to Functional Group Creation Date and Time respectively.
 4. 1-010-ST Comments corrected
 5. 1-020-BPR Example corrected.
 6. 1-020-BPR01 Data element description updated. 'H' 'Notification Only' code eliminated. 'P' 'Pre-notification' code added.
 7. 1-040-TRN Example corrected.
 8. 1-040-TRN02 Element name changed to "Trace Number/Check Number".
 9. 1-060-REF Medicare's name for the segment Name has been changed to Implementation Guide Version Code.
 10. 1-060-REF02 Medicare's data element description is changed.
 11. 1-070-DTM Medicare's name for the segment Name has been changed to Payer Cycle Date. Example corrected. Max use changed to "1".
 12. 1-070-DTM05 The usage for the Century data element has been changed from Not Used to Mandatory for millennium capability.
 13. 1-080.A/B-N1 The sequence of these segments have been reversed in the 4A.01 IG. In the 4A.01 IG, the 1-080.A-N1 segment carries the Payer Name and the 1-080.B-N1 segment carries the Payee Identification.
 14. 1-080.A-N1 The example for the Payer Name segment has been corrected.
 15. 1-080.A-N103,
1-080.A-N104 In previous IGs these two elements were "Not used". In the 4A.01 IG these elements are conditional and will be used to carry National Payer ID data when this data becomes effective for Medicare.
 16. 1-080.B-N104 The name for this data element has been changed to Provider Number. This element will carry the National Provider Identifier (NPI) when available.
 17. 1-100-N3 Instructional comment has been added. Max use changed to "1".
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18. 1-110-N4 The segment usage has been changed from Optional to Conditional and an instructional Comment has been added.
19. 2-003-LX The segment usage has been changed from Mandatory to Conditional and the comment has been modified accordingly.
20. 2-003-LX01 Flat file mapping instructions have been provided.
21. 2-005-TS3 The segment usage has been changed from Optional to Conditional. The usage for most of the data elements in TS3 has been changed and new data element definitions and flat file mapping instructions have been provided. **Please review all data element instructions carefully.**
22. 2-007-TS2 Medicare's name for the segment Name has been changed to Inpatient PPS Statistics. The segment usage has been changed from Optional to Conditional and the Example has been corrected. The usage for most of the data elements in TS2 has been changed and new data element definitions and flat file mapping instructions have been provided. **Please review all data element instructions carefully.**
23. 2-010-CLP The Example and the Comments for the segment have been corrected.
24. 2-010-CLP01 Flat file map changed to "20-05 or Translator Generated (TG)".
25. 2-010-CLP02 The following unused codes have been deleted from the code list:
- 5 Pended
 - 10 Received, but not in process
 - 23 Not our Claim and Crossed Over
 - 27 Reviewed
26. 2-010-CLP06 This previously "Not Used" element will be used to convey type of claim information.
27. 2-030.B-NM1 Max use changed to "1".
28. 2-033-MIA The Purpose and the Example for the segment have been corrected. The Comments have been clarified. The usage for all MIA data elements previously listed as Optional has been changed to Conditional.
29. 2-033-MIA01 The usage for this data element has been changed from Not Used to Mandatory. The definition for this
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- element in the 4A.01 IG is Covered Days.
30. 2-033-MIA24 Flat file map changed to "43-09".
31. 2-035-MOA The Purpose and Comments for this element have been clarified. The Example has been corrected. The usage for all MOA data elements previously listed as Optional has been changed to Conditional.
32. 2-040-REF The usage for this segment has been changed from Optional to Conditional and an instructional Comment has been added. Max use changed from "99" to "1".
33. 2-050.A-DTM Max use changed from "9" to "1". Example corrected.
34. 2-050.A-DTM02 Flat file map changed to "21-15".
35. 2-050.A-DTM05 The usage for this data element for Century has been changed from Not Used to Mandatory in preparation for the millennium. Flat filefield 21-14 has been changed to a 2 character field.
36. 2-050.B-DTM Max use changed from "9" to "1". Example corrected.
37. 2-050.B-DTM02 Flat file map changed to "21-17".
38. 2-050.B-DTM05 The usage for this data element for Century has been changed from Not Used to Mandatory in preparation for the millennium.
39. 2-062-AMT Max use changed from "20" to "8".
40. 2-064-QTY Max use changed from "20" to "8".
41. 2-064-QTY01 The definition for the LA code has been corrected.
42. 2-070-SVC The usage for this segment has been changed from Mandatory to Conditional. The Example has been corrected and the Comments clarified.
43. 2-070-SVC03 This element has been changed to "Line Paid Amount" from "Allowed Amount".
44. 2-070-SVC06-01 The "NU" qualifier code has been deleted from the 4A.01.
45. 2-080-DTM The usage for this segment has been changed from Mandatory to Conditional. The example has been corrected.
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| 46. | 2-080-DTM05 | The usage for this data element for Century has been changed from Not Used to Mandatory in preparation for the millennium. |
| 47. | 2-090-CAS | The usage for this segment has been changed from Optional to Conditional. Comments have been clarified and instructional comments added. |
| 48. | 2-100-REF.A | New segment added to carry the ASC Group Number. |
| 49. | 2-100-REF.B | New segment added to carry the ASC Rate. |
| 50. | 2-110.A-AMT | Function of segment changed to carry the ASC Priced Amount. Max use changed from "20" to "1". |
| 51. | 2-110.B-AMT | Function of segment changed to carry the Per Diem Amount. Max use changed from "20" to "1". |
| 52. | 2-110-C-AMT | New segment added to carry the Allowed Amount. |
| 53. | 2-120-QTY | Function of segment changed to carry the HHA Visits information. Max use changed from "20" to "2". |
| 54. | 2-120-QTY01 | "VS" qualifier code added to represent covered visit information. |
| 55. | 2-120-QTY02 | This element has been modified to carry either HHA non-covered visit or covered visit information. |
| 56. | 3-010-PLB | The usage for this segment has been changed from Optional to Conditional. The Example has been corrected. |
| 57. | 3-020-SE01 | The data element name has been corrected to read Transaction Segment Count. |

APPENDIX A - DATA DICTIONARY

There have been extensive changes to the Data Dictionary. The general types of changes made are:

1. The 4A.01 IG Data Dictionary contains definitions only for data elements in the 835 v. 3051.4A.01. Definitions for adjustment reason, remark and selected value codes have been removed from the Data Dictionary and may be found in Appendix B.
2. The mapping information provided in the Data Dictionary provides a reference to the X12 835 location where the data element name is used. Mapping information between the X12 835 and the Medicare standard remittance flat file is provided in the IG Detail and in Appendix C.

APPENDIX B - HCFA Reason, Remark and Value Codes and Messages

The HCFA standard code list is updated on an ongoing basis and several updates have been implemented since the 3A.00 IG was released. The standard code list available as Appendix B of the 4A.01 IG will be updated and made available as the standard code list is updated.

Appendix C - Medicare Part A Standard Remittance Flat File Specifications

Extensive changes have been made to the Standard Remittance Flat File and its mapping to the 4A.01 835. All those involved in the programming of translators to produce the standard Medicare 4A.01 835 from Medicare's standard remittance flat file must review this document very carefully. It is important to note that the 30 series records carrying line level data have been relocated in the flat file to follow the 50 series records which carry claim level data. Specific mapping changes have been identified in item 1 of the Detail section above.