Appendix C

HCFA Part A Remittance Advice

Medicare Part A Standard Remittance

Flat File Specifications

and

Standard Mapping to the

Medicare 4A.01
Implementation of the

X12 835 version 003051

Guide to Documentation:

1. A mandatory record must always be written.

2. A conditional record must be written if the data is present and applies.

3. A crosswalk to Medicare Part A 835 format is provided for each record, both in the flat file documentation and in the data dictionary documentation.

Flat File Sequence of Records

Record Type	Record Name	Usage
01	File Header	Mandatory
05	Chain Header	Mandatory
10	Provider Header 1	Mandatory
11	Provider Header 2	Conditional
12	Provider Header 3	Conditional
13	Provider Control Trailer	Mandatory
14	Provider Subtotal Data 1	Conditional
15	Provider Subtotal Data 2	Conditional
16	Provider Subtotal Data 3	Conditional
17	Provider Subtotal Data 4	Conditional
18	Provider Subtotal Data 5	Conditional
19	Provider Subtotal Data 6	Conditional
20	Claim Level Data 1	Mandatory
21	Claim Level Data 2	Mandatory
22	Claim Level Data 3	Mandatory
23	Claim Level Data 4	Conditional
40	Claim Payment Data 1	Mandatory
42	Claim Payment Data 3	Conditional
43	Claim Payment Data 4	Conditional
50	Claim Payment Data 5	Conditional
51	Claim Payment Data 6	Conditional
30	Line Item Data 1	Conditional
31	Line Item Data 2	Conditional
32	Line Item Data 3	Conditional
33	Line Item Data 4	Conditional
34	Line Item Data 5	Conditional
81	Provider Adjustment Data	Conditional
95	Chain Control Trailer	Mandatory
99	File Control Trailer	Mandatory

NOTE: 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.

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
File Header	01	80

MANDATORY

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	X12.835 SEG	ELE-MENT	DES REQ
1	Record type '01'	X(2)	L	1	2				
2*	Implementation Guide Version Code	X(6)	L	3	8	1-060	REF	02	C
3**	Intermediary Number	X(10)	L	9	18	0-010	ISA	06	M
						0-020	GS	02	M
						1-020	BPR	10	C
						1-040	TRN	03	M
4	Intermediary Name	X(28)	L	19	46	1-080.A	N1	02	C
5	National Payer ID	X(9)	L	47	55	1-080.A	N1	04	C
6	Filler	X(25)		56	80				

NOTE: * This value will be 4A.01 to indicate the fourth HCFA directed Medicare A implementation of the ASC X12.835.

NOTE:** Although the Intermediary Number is a five position numeric value, X12N syntax requires that the Intermediary Number be reflected as a full ten position value, with the first position containing "9". Consequently, the full 10 position value will be stated as "90000xxxxx".

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Chain Header	05	80

MANDATORY

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	X12.835 SEG	X12.835 ELE-MENT	DES REQ
1	Record Type '05'	X(2)	L	1	2				
2	Provider Chain ID	X(15)	L	3	17	0-010	ISA	08	M
3*	Implementation Guide Version Code	X(6)	L	18	23	1-060	REF	02	C
4**	Intermediary Number	X(10)	L	24	33	0-010	ISA	06	M
						0-020	GS	02	M
						1-020	BPR	10	C
						1-040	TRN	03	M
5	Intermediary Name	X(28)	L	34	61	1-080.A	N1	02	C
6	National Payer ID	X(9)	L	62	70	1-080.A	N1	04	C
7	Filler	X(10)		71	80				

NOTE: * This value will be 4A.01 to indicate the fourth HCFA directed Medicare "A"implementation of the ASC X12.835.

** Although the Intermediary Number is a five position numeric value, X12N syntax requires that the Intermediary Number be reflected as a full ten position value, with the first position containing "9". Consequently, the full 10 position value will be stated as "90000xxxxx".

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Provider Header 1	10	80

MANDATORY

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	X12.835 SEG	X12.835 ELE-MENT	X12.835 DES REQ
1	Record Type '10'	X(2)	L	1	2				
2	Provider Number	X(13)	L	3	15	0-020	GS	03	M
						1-080.B	N1	04	M
						2-005	TS3	01	M
3	Test/Production Indicator (currently spaced)	X(1)	L	16	16	(Not mapped)			
4*	Implementation Guide Version Code	X(6)	L	17	22	1-060	REF	02	C
5**	Intermediary Number	X(10)	L	23	32	0-010	ISA	06	M
						0-020	GS	02	M
						1-020	BPR	10	C
						1-040	TRN	03	M
6	Intermediary Name	X(28)	L	33	60	1-080.A	N1	02	C
7	National Payer ID	X(9)	L	61	69	1-080.A	N1	04	C
8	Filler	X(11)		70	80				

NOTE: * This value will be 4A.01 to indicate the fourth HCFA directed Medicare "A" implementation of the ASC X12.835.

** Although the Intermediary Number is a five position numeric value, X12N syntax requires that the Intermediary Number be reflected as a full ten position value, with the first position containing "9". Consequently, the full 10 position value will be stated as "90000xxxxx".

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Provider Header 2	11	80

CONDITIONAL

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	X12.835 SEG	X12.835 ELE-MENT	DES REQ
1	Record Type '11'	X(2)	L	1	2				
2	Provider Name	X(25)	L	3	27	1-080.B	N1	02	C
3	Provider Address 1	X(25)	L	28	52	1-100	N3	01	M
4	Provider Address 2	X(25)	L	53	77	1-100	N3	02	C
5	Filler	X(3)		78	80				

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Provider Header 3	12	80

CONDITIONAL

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	X12.835 SEG	X12.835 ELE-MENT	DES REQ
1	Record Type '12'	X(2)	L	1	2				
2	Provider City	X(15)	L	3	17	1-110	N4	01	C
3	Provider State	X(2)	L	18	19	1-110	N4	02	C
4	Provider ZIP Code	X(9)	L	20	28	1-110	N4	03	C
5	Trace/Check Number	X(10)	L	29	38	1-040	TRN	02	M
6	Payer Cycle Century	9(2)	R	39	40	1-070	DTM	05	M
7	Payer Cycle Date	9(6)	R	41	46	1-070	DTM	02	M
8	Filler	X(34)		47	80				

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Provider Control Trailer MANDATORY	13	80

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	SEG	X12.835 ELE-MENT	DES REQ
1	Record Type '13'	X(2)	L	1	2				
2	Provider Payment Total	S9(9) V99	R	3	13	1-020	BPR	02	M
3	Payment Method Code	X(3)	L	14	16	1-020	BPR	04	M
4	Receiving Bank ABA Number	X(9)	L	17	25	1-020	BPR	13	C
5*	Provider Bank Account Number Qualifier	X(2)	L	26	27	1-020	BPR	14	C
6	Provider Bank Account Number	X(17)	L	28	44	1-020	BPR	15	C
7	Intermediary Bank ID Number	X(9)	L	45	53	1-020	BPR	07	C
8	Intermediary Bank Account Number	X(17)	L	54	70	1-020	BPR	09	C
9	Effective Entry Date Century (CC)	9(2)	R	71	72				
10	Effective Entry Date (YYMMDD)	9(6)	R	73	78	1-020	BPR	16	M
11	Data Indicator	X(1)	L	79	79	1-020	BPR	01	M
12	Filler	X(1)		80	80				

NOTE: * This value will be "DA", representing Demand Deposit or "SG" representing Savings.

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Provider Subtotal Data 1 CONDITIONAL	14*	80

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	X12.835 SEG	ELE-MENT	DES REQ
1	Record Type '14'	X(2)	L	1	2				
2	Type of Bill Summary	9(2)	R	3	4	2-003 2-005	LX TS3	01 02	M M
3	Fiscal Period End Century (CC)	9(2)	R	5	6				
4**	Fiscal Period End (YYMMDD)	9(6)	R	7	12	2-003 2-005	LX TS3	01 03	M M
5	Average DRG Weight	S9(3) V9999	R	13	19	2-007	TS2	16	C
6	Total Claims	9(6)	R	20	25	2-005	TS3	04	M
7	Total Reported Charges	S9(9) V99	R	26	36	2-005	TS3	05	M
8	Total Covered Charges	S9(9) V99	R	37	47	2-005	TS3	06	C
9	Total Noncovered Charges	S9(9) V99	R	48	58	2-005	TS3	07	C
10	Total Denied Charges	S9(9) V99	R	59	69	2-005	TS3	08	C
11	Total Provider Payment	S9(9) V99	R	70	80	2-005	TS3	09	C

NOTE: * Grouped by Type of Bill Summary within Fiscal Period.

** For 2-003-LX01, use only the firs 4 digits.

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Provider Subtotal Data 2	15	80
CONDITIONAL		

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	X12.835 SEG	X12.835 ELE-MENT	DES REQ
1	Record Type '15'	X(2)	L	1	2				
2	Type of Bill Summary	9(2)	R	3	4				
3	Fiscal Period Century (CC)	9(2)	R	5	6				
4	Fiscal Period (YYMMDD)	9(6)	R	7	12				
5	Total Interest Included	S9(9) V99	R	13	23	2-005	TS3	10	C
6	Total Contractual Adjustment	S9(9) V99	R	24	34	2-005	TS3	11	C
7	Total Gramm-Rudman Reduction	S9(9) V99	R	35	45	2-005	TS3	12	C
8	Total MSP Payer Amount	S9(9) V99	R	46	56	2-005	TS3	13	C
9	Total Blood Deductible	S9(9) V99	R	57	67	2-005	TS3	14	C
10	Total DRG Amount	S9(9) V99	R	68	78	2-007	TS2	01	M
11	Filler	X(2)		79	80				

NOTE: Grouped by Type of Bill Summary within Fiscal Period.

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Provider Subtotal Data 3	16	80
CONDITIONAL		

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	SEG	X12.835 ELE-MENT	DES REQ
1	Record Type '16'	X(2)	L	1	2				
2	Type of Bill Summary	9(2)	R	3	4				
3	Fiscal Period Century	9(2)	R	5	6				
4	Fiscal Period (YYMMDD)	9(6)	R	7	12				
5	Total Federal-Specific Amount	S9(9) V99	R	13	23	2-007	TS2	02	C
6	Total Hospital-Specific Amount	S9(9) V99	R	24	34	2-007	TS2	03	C
7	Total Disproportionate Share Amount	S9(9) V99	R	35	45	2-007	TS2	04	M
8	Total Capital Amount	S9(9) V99	R	46	56	2-007	TS2	05	M
9	Total Indirect Med Education Amount	S9(9) V99	R	57	67	2-007	TS2	06	C
10	Sum of Non-Lab Charges	S9(9) V99	R	68	78	2-005	TS3	15	C
11	Filler	X(2)		79	80				

NOTE: Grouped by Type of Bill Summary within Fiscal Period.

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Provider Subtotal Data 4	17	80
CONDITIONAL		

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	X12.835 SEG	X12.835 ELE-MENT	DES REQ
1	Record Type '17'	X(2)	L	1	2				
2	Type of Bill Summary	9(2)	R	3	4				
3	Fiscal Period Century (CC)	9(2)	R	5	6				
4	Fiscal Period (YYMMDD)	9(6)	R	7	12				
5	Total Outlier Days	S9(4)	R	13	16	2-007	TS2	07	C
6	Total Day Outlier Amount	S9(9) V99	R	17	27	2-007	TS2	08	C
7	Total Cost Outlier Amount	S9(9) V99	R	28	38	2-007	TS2	09	C
8	Average DRG Length of Stay	S9(3)	R	39	41	2-007	TS2	10	C
9	Total PPS Capital FSP DRG Amount	S9(9) V99	R	42	52	2-007	TS2	17	C
10	Total PPS Capital HSP DRG Amount	S9(9) V99	R	53	63	2-007	TS2	18	C
11	Total PPS DSH DRG Amount	S9(9) V99	R	64	74	2-007	TS2	19	C
12	Filler	X(6)		75	80				

NOTE: Grouped by Type of Bill Summary within Fiscal Period.

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Provider Subtotal Data 5	18	80

CONDITIONAL

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	X12.835 SEG	X12.835 ELE-MENT	DES REQ
1	Record Type '18'	X(2)	L	1	2				
2	Type of Bill Summary	9(2)	R	3	4				
3	Fiscal Period Century (CC)	9(2)	R	5	6				
4	Fiscal Period (YYMMDD)	9(6)	R	7	12				
5	Total Discharges	S9(5) V9(4)	R	13	21	2-007	TS2	11	C
6	Total Cost Report Days	S9(4)	R	22	25	2-007	TS2	12	C
7	Total Coinsurance Amount	S9(9) V99	R	26	36	2-005	TS3	16	C
8	Total HCPCS Reported Charges	S9(9) V99	R	37	47	2-005	TS3	17	C
9	Total HCPCS Allowable Amount	S9(9) V99	R	48	58	2-005	TS3	18	C
10	Total Deductible Amount	S9(9) V99	R	59	69	2-005	TS3	19	C
11	Total Professional Component	S9(9) V99	R	70	80	2-005	TS3	20	C

NOTE: Grouped by Type of Bill Summary within Fiscal Period.

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Provider Subtotal Data 6	19	80

CONDITIONAL

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	X12.835 SEG	X12.835 ELE-MENT	DES REQ
1	Record Type '19'	X(2)	L	1	2				
2	Type of Bill Summary	9(2)	R	3	4				
3	Fiscal Period (CC)	9(2)	R	5	6				
4	Fiscal Period (YYMMDD)	9(6)	R	7	12				
5	Total Covered Days	S9(5)	R	13	17	2-007	TS2	13	C
6	Total Noncovered Days	S9(6)	R	18	23	2-007	TS2	14	C
7	Total MSP Pass Through	S9(9) V99	R	24	34	2-007	TS2	15	C
8	Total MSP Patient Liability Met	S9(9) V99	R	35	45	2-005	TS3	21	C
9	Total Patient Reimbursement	S9(9) V99	R	46	56	2-005	TS3	22	C
10	Filler	X(6)		57	62				
11	Total PIP Claims	9(5)	R	63	67	2-005	TS3	23	C
12	Total PIP Adjustment	S9(9) V99	R	68	78	2-005	TS3	24	C
13	Filler	X(2)		79	80				

NOTE: Grouped by Type of Bill Summary within Fiscal Period.

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Claim Level Data 1 MANDATORY	20	80

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	SEG	X12.835 ELE-MENT	DES REQ
1	Record Type '20'	X(2)	L	1	2				
2	Patient First Name	X(9)	L	3	11	2-030.A	NM1	04	C
3	Patient Middle Initial	X(1)	L	12	12	2-030.A	NM1	05	C
4	Patient Last Name	X(20)	L	13	32	2-030.A	NM1	03	C
5	Patient Control Number	X(20)	L	33	52	2-010	CLP	01	M
6	Medical Record Number	X(17)	L	53	69	2-040	REF	02	C
7*	Patient Number/ Change	X(2)	L	70	71	2-030.A	NM1	08	M
8	Type of Bill Summary/Frequency	X(3)	L	72	74	2-010	CLP	08-09	M
9	Claim Status Code	X(2)	L	75	76	2-010	CLP	02	M
10**	Patient Name/ Change	X(2)	L	77	78	2-030.A	NM1	01	M
11	Filler	X(2)		79	80				

NOTE: * If the HIC number has been changed = "C", otherwise = "HN"

** If the patient name has been changed = "74", otherwise = "QC".

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Claim Level Data 2	21	80

MANDATORY

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	X12.835 SEG	X12.835 ELE-MENT	DES REQ
1	Record Type '21'	X(2)	L	1	2				
2	Internal Control Number	X(23)	L	3	25	2-010	CLP	07	M
3	Covered Days	S9(3)	R	26	28	2-033	MIA	01	M
						2-064	QTY	02	M
4	Noncovered Days	S9(4)	R	29	32	2-064	QTY	02	M
5	Lifetime Reserve Days	S9(3)	R	33	35	2-064	QTY	02	M
6	Lifetime Psych Days	S9(3)	R	36	38	2-033	MIA	03	C
7	Cost Report Days	S9(3)	R	39	41	2-033	MIA	15	C
8	Coinsurance Days	S9(3)	R	42	44	2-064	QTY	02	M
9	Patient Status	X(2)	L	45	46	2-010	CLP	10	M
10*	MSP Primary Payer Value code	X(2)	L	47	48				
11*	MSP Primary Payer Value code	X(2)	L	49	50				
12	Reimbursement Rate	S9(4) V999	R	51	57	2-035	MOA	01	C
13	DRG	X(3)	L	58	60	2-010	CLP	11	C
14**	Statement Covers Period Century (Start) (CC)	9(2)	R	61	62	2-050.A	DTM	05	M
15**	Statement Covers Period (Start) (YYMMDD)	9(6)	R	63	68	2-050.A	DTM	02	M
16***	Statement Covers Period Century (End) (CC)	9(2)	R	69	70	2-050.B	DTM	05	M
17***	Statement Covers Period (End) (YYMMDD)	9(6)	R	71	76	2-050.B	DTM	02	M
18	Filler	X(4)		77	80				

NOTE: * When Processing an MSP claim, MIA/MOA Remark Code field/s will be populated with the constant "MSP" in the first three positions and the two position MSP "Primary Payer" value code/s from Record 21 Field/s 10/11 in the last two positions, e.g. MSP12.

** Statement Covers Period (start) is moved to DTM05/DTM02 (1st iteration) Date Type - 1 (DTM01) is "232".

*** Statement Covers Period (End) is moved to DTM05 & DTM02 (2nd iteration) Date Type - 1 (DTM01) is "233".

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Claim Level Data 3	22	80

MANDATORY

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	X12 SEG	835 ELE-MENT	DES REQ
1	Record Type '22'	X(2)	L	1	2				
2	HIC Number	X(19)	L	3	21	2-030.A	NM1	09	M
3	MIA/MOA-1 (Remark Code)	X(5)	L	22	26	2-033 2-035	MIA MOA	05 03	C C
4	MIA/MOA-2 (Remark Code)	X(5)	L	27	31	2-033 2-035	MIA MOA	20 04	C C
5	MIA/MOA-3 (Remark Code)	X(5)	L	32	36	2-033 2-035	MIA MOA	21 05	C C
6	MIA/MOA-4 (Remark Code)	X(5)	L	37	41	2-033 2-035	MIA MOA	22 06	C C
7	MIA/MOA-5 (Remark Code)	X(5)	L	42	46	2-033 2-035	MIA MOA	23 07	C C
8	Negative Reimbursement	S9(7)V99	R	47	55	2-062	AMT	02	M
9	Per Diem Amount (Inpatient only)	S9(7)V99	R	56	64	2-062	AMT	02	M
10	Hemophelia Add on Amount	S9(7)V99	R	65	73	2-062	AMT	02	M
11	Hemophelia Add on Units	S9(7)	R	74	80	2-064	QTY	02	M

NOTE: When Processing an MSP claim, MIA/MOA Remark Code field/s will be populated with the constant "MSP" in the first three positions and the two position MSP "Primary Payer" value code/s from Record 21 Field/s 10/11 in the last two positions, e.g. MSP12.

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Claim Level Data 4 CONDITIONAL	23	80

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	X12 SEG	835 ELE-MENT	DES REQ
1	Record Type '23'	X(2)	L	1	2				
2	Intermediary/ Supplemental Insurer Name	X(33)	L	3	35	2-030.B	NM1	03	C
3	Identification Number	X(15)	L	36	50	2-030.B	NM1	09	M
4	Patient Paid Amount	S9(7)V99	R	51	59	2-062	AMT	02	M
5	Filler	X(21)		60	80				

NOTE: The 30 series records have been relocated to follow the 50 records.

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Claim Payment Data 1 MANDATORY	40	80

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	X12.835 SEG	X12.835 ELE-MENT	DES REQ
1	Record Type '40'	X(2)	L	1	2				
2	Claim Submitted Charges	S9(7) V99	R	3	11	2-010	CLP	03	M
3	Interest Amount	S9(6) V99	R	12	19	2-062	AMT	02	M
4	Claim Payment Amount	S9(7) V99	R	20	28	2-010	CLP	04	M
5	Claim MSP Pass Through Amount	S9(7) V99	R	29	37	2-033	MIA	07	C
6	Claim HCPCS Allowed Amount	S9(7) V99	R	38	46	2-035	MOA	02	C
7	Filler	X(34)		47	80				

NOTE: The 30 series records have been relocated to follow the 50 records.

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Claim Payment Data 3 CONDITIONAL	42	80

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	X12.835 SEG	X12.835 ELE-MENT	DES REQ
1	Record Type '42'	X(2)	L	1	2				
2	DRG Amount	S9(7) V99	R	3	11	2-033	MIA	04	C
3	Outlier Days	S9(3)	R	12	14	2-064	QTY	02	M
4	Outlier Amount	S9(7) V99	R	15	23	2-062	AMT	02	M
5	PPS (Operating) Federal-specific DRG Amount	S9(7) V99	R	24	32	2-033	MIA	16	C
6	PPS (Operating) Hospital-specific DRG Amount	S9(6) V99	R	33	40	2-033	MIA	14	C
7	Disproportionate Share NOTE: The 30 series records have been relocated to follow the 50 records. Amount	S9(6) V99	R	41	48	2-033	MIA	06	C
8	Indirect Teaching Amount	S9(6) V99	R	49	56	2-033	MIA	18	C
9	DRG Weight	S9(3) V9999	R	57	63	2-010	CLP	12	C
10	Discharge Fraction	S9(4) V999	R	64	70	2-010	CLP	13	C
*11	Medicare Secondary Payer Liability Met	S9(6) V99	R	71	78	2-062	AMT	02	C
12	Filler	X(2)		79	80				

NOTE: * The Standard Adjustment Reason Code "A3" is no longer used to identify the Medicare Secondary Payer Liability Met. This value is appropriately identified in the 2-062-AMT 02 Segment/ Element with an AMT 01 Segment Element qualifier of "NJ".

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Claim Payment Data 4 CONDITIONAL	43	80

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	X12.835 SEG	X12.835 ELE-MENT	DES REQ
1	Record Type '43'	X(2)	L	1	2				
2	Claim PPS-Capital Amount	S9(7) V99	R	3	11	2-033	MIA	08	C
3	Claim PPS-Capital Outlier Amount	S9(6) V99	R	12	19	2-033	MIA	17	C
4	PPS-Capital FSP DRG Amount	S9(6) V99	R	20	27	2-033	MIA	09	C
5	PPS-Capital HSP DRG Amount	S9(6) V99	R	28	35	2-033	MIA	10	C
6	PPS-Capital DSH DRG Amount	S9(6) V99	R	36	43	2-033	MIA	11	C
7	PPS-Capital IME Amount	S9(6) V99	R	44	51	2-033	MIA	13	C
8	Old Capital Amount	S9(6) V99	R	52	59	2-033	MIA	12	C
9	PPS-Capital Exception Amount	S9(6) V99	R	60	67	2-033	MIA	24	C
10	Total Covered Charges	S9(7) V99	R	68	76	2-062	AMT	02	C
11	Filler	X(4)		77	80				

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Claim Payment Data 5 CONDITIONAL	50	80

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	SEG	X12.835 ELE-MENT	DES REQ
1	Record Type '50'	X(2)	L	1	2				
2	Group Code	X(2)	L	3	4	2-020	CAS	01	M
3	Adjustment Reason Code	X(3)	L	5	7	2-020	CAS	02	M
4	Adjustment Amount	S9(7) V99	R	8	16	2-020	CAS	03	M
5	Adjustment Quantity	S9(5)	R	17	21	2-020	CAS	04	C
6	Adjustment Reason Code	X(3)	L	22	24	2-020	CAS	05	C
7	Adjustment Amount	S9(7) V99	R	25	33	2-020	CAS	06	C
8	Adjustment Quantity	S9(5)	R	34	38	2-020	CAS	07	C
9	Adjustment Reason Code	X(3)	L	39	41	2-020	CAS	08	C
10	Adjustment Amount	S9(7) V99	R	42	50	2-020	CAS	09	C
11	Adjustment Quantity	S9(5)	R	51	55	2-020	CAS	10	C
12	Adjustment Reason Code	X(3)	L	56	58	2-020	CAS	11	C
13	Adjustment Amount	S9(7) V99	R	59	67	2-020	CAS	12	C
14	Adjustment Quantity	S9(5)	R	68	72	2-020	CAS	13	C
15	Filler	X(8)		73	80				

NOTE: Write a 50 record or 50/51 record set for each Group Code value until the end of the adjustment data.

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Claim Payment Data 6 CONDITIONAL	51	80

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	X12.835 SEG	X12.835 ELE-MENT	DES REQ
1	Record Type '51'	X(2)	L	1	2				
2	Adjustment Reason Code	X(3)	L	3	5	2-020	CAS	14	C
3	Adjustment Amount	S9(7) V99	R	6	14	2-020	CAS	15	C
4	Adjustment Quantity	S9(5)	R	15	19	2-020	CAS	16	C
5	Adjustment Reason Code	X(3)	L	20	22	2-020	CAS	17	C
6	Adjustment Amount	S9(7) V99	R	23	31	2-020	CAS	18	C
7	Adjustment Quantity	S9(5)	R	32	36	2-020	CAS	19	C
8	Filler	X(44)		37	80				

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Line Item Data 1 CONDITIONAL	30	80

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	X12.835 SEG	X12.835 ELE-MENT	DES REQ
1	Record Type '30'	X(2)	L	1	2				
2	Revenue Code	9(4)	R	3	6	2-070 2-070	SVC01 SVC	*-02 04	M C
3	Sequence Number	9(2)	R	7	8				
4	Procedure/HCPCS Code	X(5)	L	9	13	2-070	SVC01	*-02	M
5	HCPCS Modifier	X(2)	L	14	15	2-070	SVC01	*-03	C
6	HCPCS Modifier	X(2)	L	16	17	2-070	SVC01	*-04	C
7	HCPCS Modifier	X(2)	L	18	19	2-070	SVC01	*-05	C
8	Submitted Units of Service	9(7)	R	20	26	2-070	SVC	07	C
9	Line Paid Amount	S9(7)V99	R	27	35	2-070	SVC	03	M
10	Reported Charge	S9(7)V99	R	36	44	2-070	SVC	02	M
11	Service Date Century (CC)	9(2)	R	45	46	2-080	DTM	05	M
12	Service Date (YYMMDD)	9(6)	R	47	52	2-080	DTM	02	C
13*	Submitted Procedure Code	X(5)	L	53	57	2-070	SVC06	*-02	M
14	Covered Units of Service	S9(7)	R	58	64	2-070	SVC	05	C
15**	ASC Group Number	X(3)	L	65	67	2-100.A	REF	02	M
16**	ASC Rate	X(3)	L	68	70	2-100.B	REF	02	M
17**	ASC Priced Amount	S9(7)V99	R	71	79	2-110.A	AMT	02	M
18	Filler	X(1)		80	80				

NOTE: * The composite SVC06 data element will be created only when the paid procedure code differs from the submitted procedure code. Flat file field 30-13 will carry data only when the paid procedure code (30-04) differs from the submitted procedure code.

** The ASC Pricer data is generated by the Medicare ASC Pricer Module. The ASC Group Number is a one byte indicator added to the HCPCS code that identifies the “Payment Group” for the ASC claim. The ASC Rate will be one of the following values: 0, 50, 100, or 150. These values are to be translated into 2-100.B-REF02. The ASC Priced Amount is the “Allowed Amount” as calculated by the ASC Pricer.

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Line Item Data 2	31	80

CONDITIONAL

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	SEG	X12.835 ELE-MENT	DES REQ
1	Record Type '31'	X(2)	L	1	2				
2	Revenue Code	9(4)	R	3	6				
3	Sequence Number	9(2)	R	7	8				
4	Covered Visits	S9(7)	R	9	15	2-120	QTY	02	M
5	Noncovered Visits	S9(7)	R	16	22	2-120	QTY	02	M
6	Per Diem Amount	S9(7) V99	R	23	31	2-110.B	AMT	02	M
7	Allowed Amount	S9(7)		32	40	2-110.C	AMT	02	M
8	Filler	X(49)		41	80				

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Line Item Data 3	32	80
CONDITIONAL		

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	X12.835 SEG	X12.835 ELE-MENT	DES REQ
1	Record Type '32'	X(2)	L	1	2				
2	REF Remark Code 1	x(4)	L	3	6	2-130	LQ	02	C
3	REF Remark Code 2	X(4)	L	7	10	2-130	LQ	02	C
4	REF Remark Code 3	X(4)	L	11	14	2-130	LQ	02	C
5	REF Remark Code 4	X(4)	L	15	18	2-130	LQ	02	C
6	REF Remark Code 5	X(4)	L	19	22	2-130	LQ	02	C
7	REF Remark Code 6	X(4)	L	23	26	2-130	LQ	02	C
8	REF Remark Code 7	X(4)	L	27	30	2-130	LQ	02	C
9	REF Remark Code 8	X(4)	L	31	34	2-130	LQ	02	C
10	REF Remark Code 9	X(4)	L	35	38	2-130	LQ	02	C
11	REF Remark Code 10	X(4)	L	39	42	2-130	LQ	02	C
12	REF Remark Code 11	X(4)	L	43	46	2-130	LQ	02	C
13	REF Remark Code 12	X(4)	L	47	50	2-130	LQ	02	C
14	REF Remark Code 13	X(4)	L	51	54	2-130	LQ	02	C
15	REF Remark Code 14	X(4)	L	55	58	2-130	LQ	02	C
16	REF Remark Code 15	X(4)	L	59	62	2-130	LQ	02	C
17	REF Remark Code 16	X(4)	L	63	66	2-130	LQ	02	C
18	REF Remark Code 17	X(4)	L	67	70	2-130	LQ	02	C
19	REF Remark Code 18	X(4)	L	71	74	2-130	LQ	02	C
20	REF Remark Code 19	X(4)	L	75	78	2-130	LQ	02	C
21	Filler	X(2)		79	80				

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Line Item Data 4	33	80
CONDITIONAL		

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	SEG	X12.835 ELE-MENT	DES REQ
1	Record Type '33'	X(2)	L	1	2				
2	Group Code	X(2)	L	3	4	2-090	CAS	01	M
3	Adjustment Reason Code	X(3)	L	5	7	2-090	CAS	02	M
4	Adjustment Amount	S9(7) V99	R	8	16	2-090	CAS	03	M
5	Adjustment Quantity	S9(5)	R	17	21	2-090	CAS	04	C
6	Adjustment Reason Code	X(3)	L	22	24	2-090	CAS	05	C
7	Adjustment Amount	S9(7) V99	R	25	33	2-090	CAS	06	C
8	Adjustment Quantity	S9(5)	R	34	38	2-090	CAS	07	C
9	Adjustment Reason Code	X(3)	L	39	41	2-090	CAS	08	C
10	Adjustment Amount	S9(7) V99	R	42	50	2-090	CAS	09	C
11	Adjustment Quantity	S9(5)	R	51	55	2-090	CAS	10	C
12	Adjustment Reason Code	X(3)	L	56	58	2-090	CAS	11	C
13	Adjustment Amount	S9(7) V99	R	59	67	2-090	CAS	12	C
14	Adjustment Quantity	S9(5)	R	68	72	2-090	CAS	13	C
15	Filler	X(8)		73	80				

NOTE: * Write a 33 record or 33/34 record set for each Group Code value until the end of the adjustment data.

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Line Item Data 5	34	80
CONDITIONAL		

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	SEG	X12.835 ELE-MENT	DES REQ
1	Record Type '34'	X(2)	L	1	2				
2	Adjustment Reason Code	X(3)	L	3	5	2-090	CAS	14	C
3	Adjustment Amount	S9(7) V99	R	6	14	2-090	CAS	15	C
4	Adjustment Quantity	S9(5)	R	15	19	2-090	CAS	16	C
5	Adjustment Reason Code	X(3)	L	20	22	2-090	CAS	17	C
6	Adjustment Amount	S9(7) V99	R	23	31	2-090	CAS	18	C
7	Adjustment Quantity	S9(5)	R	32	36	2-090	CAS	19	C
8	Filler	X(44)		37	80				

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Provider Adjustment Data CONDITIONAL	81	80

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	X12.835 SEG	X12.835 ELE-MENT	DES REQ
1	Record Type '81'	X(2)	L	1	2				
2	Provider Number	X(13)	L	3	15	3-010	PLB	01	M
3	Fiscal Period End Century (CC)	9(2)	R	16	17				
4	Fiscal Period End	X(6)	L	18	23	3-010	PLB	02	M
5	Provider Adjustment Reason Code	X(2)	L	24	25	3-010	PLB	03	M
6	Provider Adjustment Amount	S9(9) V99	R	26	36	3-010	PLB	04	M
7	Provider Adjustment Reason Code	X(2)	L	37	38	3-010	PLB	05	C
8	Provider Adjustment Amount	S9(9) V99	R	39	49	3-010	PLB	06	C
9	Provider Adjustment Reason Code	X(2)	L	50	51	3-010	PLB	07	C
10	Provider Adjustment Amount	S9(9) V99	R	52	62	3-010	PLB	08	C
11	Provider Adjustment Reason Code	X(2)	L	63	64	3-010	PLB	09	C
12	Provider Adjustment Amount	S9(9) V99	R	65	75	3-010	PLB	10	C
13	Filler	X(5)		76	80				

NOTE: If multiple fiscal period dates are encountered, sequencing of record type "81" should occur to enable writing multiple PLB's for each fiscal period.

If more than four adjustment code/amount pairs are required for this provider, for this transmission, write additional records '81'.

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
Chain Control Trailer MANDATORY	95	80

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	X12.835 SEG	ELE-MENT	DES REQ
1	Record Type '95'	X(2)	L	1	2				
2	Total Providers in Chain	9(6)	R	3	8				
3	Total Records in Chain	9(13)	R	9	21				
4	Provider Chain Payment Total	S9(9) V99	R	22	32				
5	Provider Chain ID	X(15)	L	33	47				
6	Filler	X(33)		48	80				

835 FLAT FILE SPECIFICATIONS

Record Name	Record Type	Record Size
File Control Trailer MANDATORY	99	80

FLD NO.	FIELD NAME	PIC	L/R	FM	TO	TABLE POS'N	SEG	X12.835 ELE-MENT	DES REQ
1	Record Type '99'	X(2)	L	1	2				
2	Interchange Control Number	9(9)	R	3	11				
3	Total Records in File	9(12)	R	12	23				
4	Total Provider Chains in File	9(4)	R	24	27				
5	Filler	X(53)		28	80				