CMS Manual System	Department of Health & Human Services (DHHS)
Pub. 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)

Transmittal 252	Date: JULY 23, 2004

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CHANGE REQUEST 3344

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I. SUMMARY OF CHANGES: Expansion of paper remittance advice to accommodate forced balanced amount, corresponding change in the flat file, and a change in the companion document for fiscal intermediaries (FIs) and their shared system maintainer (SSM).

NEW/REVISED MATERIAL - EFFECTIVE DATE: January 1, 2005
*IMPLEMENTATION DATE: January 3, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (*N/A if manual not updated.*)
   (R = REVISED, N = NEW, D = DELETED) – (*Only One Per Row.*)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	22/50/2.1/Part A/FI SPR Format

*III. FUNDING:

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

*Medicare contractors only

Attachment – Business Requirements

Pub. 100-04	Transmittal: 252	Date: July 23, 2004	Change Request 3344

SUBJECT: Paper Remittance Advice format change to accommodate the forced balancing amount to balance at the claim level as well as the provider level, a flat file change, and a change in the companion document for fiscal intermediaries (FIs).

I.   GENERAL INFORMATION

A.   Background:

Section A - Changes in the fiscal intermediary flat file to accommodate the forced balancing amount in the standard paper remittance (SPR).

The paper remittance advice format currently does not have any space to insert the forced balancing amount that is necessary to balance the SPR. This amount is reported in the electronic remittance advice (ERA), and the SPR needs to expand to create the appropriate space for this information.

The presumptive payment adjustment "PRE PAY ADJ", field will be added below the interest field in Part A and Part B in claim detail sections.

The SPR Summary page, recap section is also being modified to include a new field to report provider level CS/CA Adjustments. These adjustments reflect an out of balance value, thus assisting in balancing the SPR.

For additional reconciling/balancing at the provider level, the flat file requires a change to be able to accurately report claims accounts receivable data in the SPR. The 835 4010.A1 flat file, record 60, has been modified at the end, after the adjustments, and before the filler. The new field name is Claim A/R Adjustment for Balancing and is defined as a decimal S9(9)V99. This new field would only be used for SPR. This field would only be populated once, on the 1st 60 record if multiple 60 records were present.

This new field will be used to report the dollar amount of the claims accounts receivable withholding that occurred in the payment cycle/remittance.

A copy of the updated SPR is attached as an example.

The updated flat file is posted at
http://www.cms.hhs.gov/providers/edi/hipaadoc.asp
under the file name A835v4010&4010A1-3.xls

Section B - Changes in the FI Companion Document.

TS317 – Total HCPCS reported charge amount must be equal to the sum of reported charge amount(s) when the qualifier is HC. The companion document has been updated to reflect

this. The updated companion document is posted at
http://www.cms.hhs.gov/providers/edi/hipaadoc.asp
under the file name A835v4010CD-8-004.doc

B.   Policy: HIPAA transactions must comply with the implementation guides. CMS policy is to make the standard paper remittance advice mimic the electronic remittance advice as much as possible.

C.   Provider Education: A provider education article related to this instruction will be available at http://www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article must be included in your next regularly scheduled bulletin.

II.   BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
3344.1	Fiscal Intermediary Standard System (FISS) shall make programming changes to report a claim or line(s) level out of balance condition on the standard paper remittance advice to ensure that the SPR will balance at the claim level. The standard paper remittance advice report format will be modified to reflect a new field 'Presumptive Payment Adjustment'. The presumptive payment adjustment, 'PRE PAY ADJ', field will be added below the interest field in the Part A and Part B claim detail section. A new field "ADJUSTMENT TO BALANCE" will be added below the balance forward withhold field in the PROVIDER PAYMENT RECAP section in the Summary Page. The contractors shall use reason code 'A7' "Presumptive Payment Adjustment" in the reason code, RC, field to reflect the forced balancing amount in the SPR.	FISS/Fiscal Intermediaries

3344.2	Fiscal Intermediary Standard System (FISS) shall make programming changes to make sure that the total HCPCS reported charge amount in TS317 is equal to the sum of reported charge amount(s) when the qualifier is HC.	FISS	

III. SUPPORTING INFORMATION & POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date: January 1, 2005 **Implementation Date:** January 3, 2005 **Pre-Implementation Contact(s):** Sumita Sen, ssen@cms.hhs.gov, (410) 786-5755 **Post-Implementation Contact(s):** Sumita Sen, ssen@cms.hhs.gov, (410) 786-5755	These instructions should be implemented within your current operating budget.

50.2.1 - Part A/FI SPR Format

(Rev. 252, Issued 07-23-04, Effective: January 1, 2005/Implementation: January 3, 2005)

EXAMPLE

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MEDICARE PART A                  P.O. BOX ABC123              LITTLE ROCK     AR  72207     TEL# 0000000000 VER# 4010-A1

PROV #      PROVIDER NAME                        PART A        PAID DATE: XX/XX/XXXX    REMIT#: XXXXX      PAGE:       1

PATIENT NAME           PATIENT CNTRL NUMBER   RC  REM  DRG#        DRG OUT AMT    COINSURANCE    PAT REFUND      CONTRACT ADJ
HIC NUMBER             ICN NUMBER             RC  REM  OUTCD  CAPCD NEW TECH      COVD CHGS      ESRD NET ADJ    PER DIEM RTE
FROM DT    THRU DT     NACHG  HICHG  TOB      RC  REM  PROF COMP   MSP PAYMT      NCOVD CHGS     INTEREST        PROC CD AMT
CLM STATUS             COST  COVDY  NCOVDY    RC  REM  DRG AMT     DEDUCTIBLES    DENIED CHGS    PRE PAY ADJ     NET REIMB

XXXXXXXXXX       X X XXXXXXXXXXXXX           XX  XXXXX XXX                 .00            .00            .00              .00
XXXXXXXXXX           XXXXXXXXXXXXX           XX              X            .00            .00            .00              .00
XX/XX/XXXX XX/XX/XXXX   XX      X     XXX    XX            .00            .00            .00            .00              .00
     X                 X    XX               XX            .00            .00            .00            .00              .00

SUBTOTAL FISCAL YEAR - XXXX                                                .00            .00            .00              .00
                                                                          .00            .00            .00              .00
                                                          .00            .00            .00            .00              .00
                       X    X                             .00            .00            .00            .00              .00

SUBTOTAL PART A                                                            .00            .00            .00              .00
                                                                          .00            .00            .00              .00
                                                          .00            .00            .00            .00              .00
                       XX    XX                           .00            .00            .00            .00              .00
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EXAMPLE

PROV #   PROVIDER NAME   PART B   PAID DATE: XX/XX/XXXX   REMIT#: XXXXX   PAGE: 1

PATIENT NAME	PATIENT CNTRL NUMBER	RC	REM	DRG#	DRG OUT AMT	COINSURANCE	PAT REFUND	CONTRACT ADJ
HIC NUMBER	ICN NUMBER	RC	REM	OUTCD CAPCD	NEW TECH	COVD CHGS	ESRD NET ADJ	PER DIEM RTE
FROM DT THRU DT	NACHG HICHG TOB	RC	REM	PROF COMP	MSP PAYMT	NCOVD CHGS	INTEREST	PROC CD AMT
CLM STATUS	COST COVDY NCOVDY	RC	REM	DRG AMT	DEDUCTIBLES	DENIED CHGS	**PRE PAY ADJ**	NET REIMB

XXXXXXXXXX X X	XXXXXXXXXXX	XX	XXXX	000	.00	.00	.00	.00
XXXXXXXXXX	XXXXXXXXXXXXXX	XX			.00	.00	.00	.00
XX/XX/XXXX XX/XX/XXXX XX X XXX		XX		.00	.00	.00	.00	.00
1	X	XX		.00	.00	.00	.00	.00

SUBTOTAL FISCAL YEAR - XXXX

					.00	.00	.00	.00
					.00	.00	.00	.00
				.00	.00	.00	.00	.00
	X			.00	.00	.00	.00	.00

SUBTOTAL PART B

					.00	.00	.00	.00
					.00	.00	.00	.00
				.00	.00	.00	.00	.00
	X			.00	.00	.00	.00	.00

EXAMPLE

S U M M A R Y

CLAIM DATA:			PASS THRU AMOUNTS:				PROVIDER PAYMENT RECAP	:	
			CAPITAL	:		.00			
DAYS	:		RETURN ON EQUITY	:		.00			
COST	:	0	DIRECT MEDICAL EDUCATION	:		.00	PAYMENTS	:	
COVDY	:	2	KIDNEY ACQUISITION	:		.00	DRG OUT AMT	:	.00
NCOVDY	:	0	BAD DEBT	:		.00	INTEREST	:	.00
			NON PHYSICIAN ANESTHETISTS:			.00	PROC CD AMT	:	.00
CHARGES	:		TOTAL PASS THRU	:		.00	NET REIMB	:	.00
COVD	:	.00					TOTAL PASS THRU	:	.00
NCOVD	:	.00	PIP PAYMENT	:		.00	PIP PAYMENTS	:	.00
DENIED	:	.00	SETTLEMENT PAYMENTS	:		.00	SETTLEMENT PYMTS	:	.00
			ACCELERATED PAYMENTS	:		.00	ACCELERATED PAYMENTS	:	.00
			REFUNDS	:		.00	REFUNDS	:	.00
PROF COMP	:	.00	PENALTY RELEASE	:		.00	PENALTY RELEASE	:	.00
MSP PAYMT	:	.00	TRANS OUTP PYMT	:		.00	TRANS OUTP PYMT	:	.00
DEDUCTIBLES	:	.00	HEMOPHILIA ADD-ON	:		.00	HEMOPHILIA ADD-ON	:	.00
COINSURANCE	:	.00	NEW TECH ADD-ON	:		.00	NEW TECH ADD-ON	:	.00
							BALANCE FORWARD	:	.00
PAT REFUND	:	.00	WITHHOLD FROM PAYMENTS	:			WITHHOLD	:	.00
INTEREST	:	.00	CLAIMS ACCOUNTS RECEIVABLE:			.00	**ADJUSTMENT TO BALANCE**:		**.00**
CONTRACT ADJ	:	.00	ACCELERATED PAYMENTS	:		.00	NET PROVIDER PAYMENT	:	.00
PROC CD AMT	:	.00	PENALTY	:		.00	(PAYMENTS MINUS WITHHOLD)		
NET REIMB	:	.00	SETTLEMENT	:		.00			
			TOTAL WITHHOLD	:		.00	CHECK/EFT NUMBER	:	