

Medicare Claims Processing Manual

Chapter 22 – Remittance Advice

Crosswalk

New Chap.	New Sect.	Int. Pub,13-3	Carrier Pub. 14-3	Program Memos	Description
22	10		B3-7030	A-01-057, A-03-005, AB-03-026	Background
22	20	A3-3750			General Remittance Completion Requirements
22	30			A-01-057, A-02-070, AB-02-067, B-01-35	Remittance Balancing
22	40	A3-3750			Electronic Remittance Advice
22	40.1	A3-3750		A-02-070, AB-02-067, AB-03-060	ANSI ASC X12N 835
22	40.2			AB-02-067	Generating an ERA if Required Data is Missing or Invalid
22	40.3	A3-3751		A-01-057, A-02-070, AB-02-067, B-01-35	Electronic Remittance Advice Data Sent to Banks
22	40.4	A3-3751		A-01-057	Medicare Standard Electronic PC-Print Software
22	40.5			A-01-57	835 Implementation Guide
22	50	A3-3754	B3-3024.5	A-01-057, A-01-93, B-01-076	Standard Paper Remittance Advice Notices
22	50.1			A-02-012, B-02-023, R1763B3	The Do Not Forward (DNF) Initiative
22	50.2	A3-3754			SPR Formats

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22	50.2.1	A3-3754		A-00-36	Part A/FI SPR Format
22	50.2.2				Part B/Carrier and DMERC SPR Format
22	50.3	A3-3754			FI SPR Crosswalk to the 835
22	50.4			B-01-076	Carrier and DMERC SPR Crosswalk to the 835
22	60				Remittance Advice Codes (section heading only)
22	60.1			A-02-070, AB-02-067, AB-02-142, AB-01-132, AB-03-012	Standard Adjustment Reason Codes
22	60.2			AB-02-142, AB-01-132, AB-02-067, AB-03-012, AB-03-095	Remittance Advice Remark Codes
22	60.3		B3-7030.2		Group Codes
22	60.4			AB-02-142, AB-03-012	Requests for Additional Codes
22	70	A3-3754		B-02-050	FI ERA Requirement Changes to Accommodate OPSS and HH PPS
22	70.1	A3-3753			Scope of Remittance Changes for HH PPS
22	70.2	A3-3753			Payment Methodology of the HH PPS Remittance: HIPPS Codes
22	70.3	A3-3753			Items Not Included in HH PPS Episode Payment
22	70.4	A3-3753			835 Version 3051.4A.01 Line Level Reporting Requirements for the Request for Anticipated Payment (RAP) Payment for an Episode
22	70.5	A3-3753			835 Version 3051.4A.01 Line Level Reporting Requirements for the Claim Payment in an Episode (More Than Four Visits)

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22	70.6	A3-3753			835 Version 3051.4A.01 Line Level Reporting Requirements for the Claim Payment in an Episode (Four or Fewer Visits)
22	70.7			A-02-103	PPS Partial Episode Payment (PEP) Adjustment