

# Medicare Claims Processing Manual

## Chapter 25 - Instructions for Completing UB-92, NSF, and Related ANSI X12 Formats

### Crosswalk

<b>New Chap.</b>	<b>New Sect.</b>	<b>Int. Pub. 13-3</b>	<b>Hospital Pub 10</b>	<b>Other</b>	<b>Program Memo</b>	<b>Description</b>
25	10				AB-03-036	FI Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Health Care Eligibility Benefit Inquiry/Response Transaction (270/271) Standard
25	20				A-01-20, A-01-63, B-00-68, B-01-06, B-01-32	Health Insurance Portability and Accountability Act (HIPAA) Health Care Claim and Coordination of Benefits
25	20.1				B-01-06	Decimal Data Elements
25	20.2				A-01-20	Transmission Mode - Inbound X12N837 HIPAA version claim
25	20.2				B-01-06	Transmission Mode - Inbound X12N837 HIPAA version claim
25	20.3				A-01-20	Free Billing Software
25	20.4				A-01-20	External Keyshop or Imaging Processing
25	20.5				A-01-20, B-01-06	Provider Direct Data Entry (DDE)

<b>New Chap.</b>	<b>New Sect.</b>	<b>Int. Pub. 13-3</b>	<b>Hospital Pub 10</b>	<b>Other</b>	<b>Program Memo</b>	<b>Description</b>
25	20.6				A-01-20, A-01-63, A-02-119	Edits Performed by the FI
25	20.7				A-01-20, A-01-63	Edits Performed by the Standard systems
25	20.8				A-01-63	Attachment Data Processing
25	20.9					Related Internet Files Routinely Updated by CMS
25	30				A-00-89, A-01-20, B-01-06	Coordination of Benefits
25	30.1				A-01-20	Transmission Mode - Outbound X12N 837 COB Transaction
25	30.1				B-01-06	Transmission Mode - Outbound X12N 837 COB Transaction
25	30.2				A-01-20	External Keyshop or Imaging Processing
25	30.3				A-01-20, B-01-06	Summary of Process
25	30.4				AB-02-54	Generating an Outbound Coordination of Benefits (COB) X12N 837 (4010) When Required Data is Missing or Invalid
25	30.5				A-01-20	Outreach
25	50					Uniform Bill - CMS-1450

<b>New Chap.</b>	<b>New Sect.</b>	<b>Int. Pub. 13-3</b>	<b>Hospital Pub 10</b>	<b>Other</b>	<b>Program Memo</b>	<b>Description</b>
25	50.1	A3-3604	HO-460	HHA-475, HSP-302, OPT-416, RDF-320, SNF-560		Uniform Billing With Form CMS-1450
25	50.2		HO-431.1	HHA-422		Disposition of Copies of Completed Forms
25	60	A3-3604, A3-3873.2	HO-461	HHA-475, OPT-416, RDF-320, SNF-560	A-03-032, A-03-059, R1894A3	General Instructions for Completion of Form CMS-1450 For Billing
25	70	A3-3606	HO-462			Form CMS-1450 Consistency Edits
25	80	A3-3664	HO-411.1, IM-HO-411.1, HO-415.11	HHA-445		Adjustments
25	80.1	A3-3664B				General Rules for Submitting Adjustment Requests
25	80.1.1	A3-3664D				Adjustment Bills Involving Time Limitation for Filing Claims
25	80.1.2		HO-411.2, IM- HO-411.2	HHA-445		Claim Change Reasons
25	80.1.2.1					Claim Change Reason Codes
25	80.1.2.2					Edits on Claim Change Reason Codes
25	80.1.2.3					Additional Edits

<b>New Chap.</b>	<b>New Sect.</b>	<b>Int. Pub. 13-3</b>	<b>Hospital Pub 10</b>	<b>Other</b>	<b>Program Memo</b>	<b>Description</b>
25	80.1.3		HO-411.2, IM-411.2			Late charges
25	80.2	A3-3664, A3-3610.8	IM-HO-411.1, HO-415.11	HHA-445		Inpatient Part A Hospital Adjustment Bills
25	80.2.1	A3-3664.1A				Tolerance Guidelines for Submitting Inpatient Part A Hospital Adjustment Requests
25	80.3					SNF Part A Adjustments
25	80.3.1			SNF-515.5		Adjustment to HIPPS Codes Resulting From MDS Corrections
25	80.3.1.1					Effective Date for Adjustment Billing
25	80.3.1.2			SNF-562		Tolerance Guides for Submitting SNF Inpatient Adjustment Requests
25	80.3.2					SNF Inpatient Paper Claims
25	80.3.3					SNF Inpatient Electronic Claims Using the UB-92 National Format (Version 060)
25	80.3.3.1					Billing Instructions-SNF Inpatient Electronic Claims Using the ANSI ASC X-12 837 (Version 3051)
25	80.3.3.2					Billing Instructions-SNF Inpatient Electronic Claims Using the ANSI ASC X-12 837 (HIPAA version)

<b>New Chap.</b>	<b>New Sect.</b>	<b>Int. Pub. 13-3</b>	<b>Hospital Pub 10</b>	<b>Other</b>	<b>Program Memo</b>	<b>Description</b>
25	80.3.4					Patient Does Not Return From SNF Leave of Absence, and Last Bill Reported Patient Status as Still Patient (30)
25	80.4					Hospital and SNF Part B Adjustment Requests
25	80.4.1					Guidelines for Submitting Adjustment Requests
25	80.5					Home Health Adjustments
25	80.5.1					Submitting Adjustment Requests
25	90					Provider Electronic Billing File and Record Formats - UB-92 Version 6
25	90.1					Recommended Physical File Specifications - Magnetic Tape
25	90.2					File Specifications - Media Other Than Magnetic Tape
25	90.3					Record Specifications
25	90.4					Key to Records
25	90.5					Record Layouts
25	100					CMS-1450, UB-92, ANSI 837A 4010 and 3051 3A.01 Crosswalk of Data Elements

<b>New Chap.</b>	<b>New Sect.</b>	<b>Int. Pub. 13-3</b>	<b>Hospital Pub 10</b>	<b>Other</b>	<b>Program Memo</b>	<b>Description</b>
25	110	Add. A				Notes for Benefit Coordination
25	120					Coordination of Benefits Records - COB - I/O Records
25	130	Add. B				Alphabetic Listing of Data Elements Used in UB-92 Version 6
25	140					Home Health Data Elements - Cross Reference
25	Exh 1					Exhibit 1 - Heading Descriptions of Medicare Part A Claim/COB flat file layout (4010837i.xls)