

APPENDIX E1

MEDICARE PART B ELECTRONIC REMITTANCE NOTICE (ERN)

Medicare Part B providers who submit their claims electronically can take advantage of Electronic Remittance Notices (ERN).

- Medicare Part B payments can be posted to your patient accounts automatically by programming an interface which will allow for the exchange of data;
- ERN's are produced daily for mailbox and include all claims and adjustments for both electronic and paper claims;
- The rEDI-link Blue communication platform is used to provide a direct mailbox system for NSF or ANSI 835. You will need a single analog telephone line and an asynchronous modem and communication software which supports X modem, Y modem, Z modem or Kermit protocol.
- You can save time and money by utilizing ERN to eliminate manual posting of claims payments.

We currently support NSF versions 1.04 and 2.0. Pages E1.2 through E1.17 contain the NSF flat file, version 2.0 specifications. We will continue to support NSF version 1.04 until further notice.

We currently support ANSI versions 3030.2B and 3051.3B. The ANSI 835 Healthcare Payment Advice Implementation Guide may be obtained from the HCFA EDI web site:

<http://www.hcfa.gov>

To obtain additional information for receiving ERN, please contact Provider Support at (972) 766-7406 or 8937.

MEDICARE PART B

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD RECORD TYPE: 100
 "RECEIVER DATA"

FIELD		FIELD		POSITIONS	
NO.	FIELD NAME	LENGTH	TYPE	FROM	THRU
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01.0	RECORD ID "100"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	RECEIVER ID	16	X	14	29
04.0	RESERVED	9	X	30	38
05.0	SUBMITTER ID	16	X	39	54
06.0	RESERVED	6	X	55	60
07.0	SUBMITTER NAME	33	X	61	93
08.0	FILE CREATION DATE	8	X	94	101
09.0	Version Code - NATIONAL	5	N	102	106
10.0	FILLER - LOCAL	214	X	107	320

Field

No.	Field Values
-----	-----
01.0	'100'
02.0	Carrier Number - TX='00900', MD='00901', DE='00902' DCMA='00903'
03.0	Receiver ID Number - 'EXXXXX'
04.0	Blank
05.0	Submitter ID
06.0	Blank
07.0	Submitter name - (not used)
08.0	File Creation Date - CCYYMMDD
09.0	NSF Version Code - '00200'
10.0	Blank

RECORD NAME: BATCH HEADER RECORD
 "PROVIDER DATA"

RECORD TYPE: 200

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS FROM	THRU
01.0	RECORD ID "200"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	SOURCE OF PAYMENT	1	X	14	14
04.0	EMC PROV ID	15	X	15	29
05.0	BATCH NO	4	N	30	33
06.0	PROVIDER NAME	33	X	34	66
07.0	PROVIDER NO	15	X	67	81
08.0	CHECK NO/EFT TRACER NO	15	X	82	96
09.0	CHECK/EFT ISSUE DATE	8	X	97	104
10.0	PAYOR PROCESS DATE	8	X	105	112
11.0	RECVR/PROV BANK ID NO	15	X	113	127
12.0	RECV PROVIDER ACCT #	15	X	128	142
13.0	SENDER/PAYOR BANK ID NO	15	X	143	157
14.0	SENDER/PAYOR ACCT NO	15	X	158	172
15.0	TRANS HANDLING CODE	1	X	173	173
16.0	PAYMENT METHOD CODE	3	X	174	176
17.0	PAYMENT FORMAT CODE	3	X	177	179
18.0	RECVR/PROV TYPE OF ACCT	2	X	180	181
19.0	FILLER - NATIONAL	139	X	182	320

Field

No.	Field Values
01.0	'200'
02.0	Carrier Number - TX='00900', MD='00901', DE='00902' DCMA='00903'
03.0	'C' For Medicare
04.0	EMC Provider I.D.
05.0	Remittance Batch Number - 0001-9999
06.0	Provider Name (Not Used)
07.0	Medicare Provider Number
08.0	Medicare Check Number, EFT Tracer Number, or statement number
09.0	Date Check, statement issued or EFT entry date CCYYMMDD
10.0	Date Payor generated remittance advice CCYYMMDD
11.0	Bank ID Number when EFT is sent-receiving depository
12.0	Bank Account Number to Deposit Funds
13.0	Bank ID Number when EFT is sent-sender's depository
14.0	Bank Account Number (Medicare) sender
15.0	Transaction Handling Code C = Payment accompanies remittance D = Make payment only H = Notification only I = Remittance information only

(REC TYPE 200 CONT.)

16.0 Payment Method Code
 ACH = Automated Clearing House
 BOP = Financial Institution Option
 CHK = Check
 CWK = Clearing House Interbank Payment Systems (CHIPS)
 FEW = Federal Reserve Fund/Wire Transfer-Repetitive
 FWT = Federal Reserve Fund/Wire Transfer-Non-Repetitive
 NON = Non-Payment Data
 PBO = Draft
 PRO = Proprietary Network

17.0 Payment Format in ACH Network
 CCD = Cash Concentration/Disbursement
 CCP = Cash Concentration/Disbursement Plus Addenda
 CTX = Corporate Trade Exchange
 PPD = Prearranged Payment and Deposit
 PPP = Prearranged Payment and Deposit Plus Addenda

18.0 Type of Bank Account
 DA = Demand Deposit
 SG = Savings

19.0 Blank

20.0 Blank

RECORD NAME: PATIENT CLAIM DATA RECORD
 "PATIENT DATA"

RECORD TYPE: 400

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "400"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	PAT CONTROL NO	17	X	14	30
04.0	CHECK NO/EFT TRACER NO	15	X	31	45
05.0	CHECK/EFT ISSUE DATE	8	X	46	53
06.0	GROUP POLICY NO	20	X	54	73
07.0	INSURED ID NO	25	X	74	98
08.0	CORRECTED INSURED ID IND	1	X	99	99
09.0	INSURED LAST NAME	20	X	100	119
10.0	INSURED FIRST NAME	12	X	120	131
11.0	INSURED MI	1	X	132	132
12.0	EMPLOYEE ID	12	X	133	144
13.0	PATIENT LAST NAME	20	X	145	164
14.0	PATIENT FIRST NAME	12	X	165	176
15.0	PATIENT MIDDLE INITIAL	1	X	177	177
16.0	PATIENT SEX	1	X	178	178
17.0	PATIENT DATE OF BIRTH	8	X	179	186
18.0	COMP INSURANCE FLAG	1	X	187	187
19.0	CLAIM STATUS	2	X	188	189
20.0	PAYOR PHONE NO	10	X	190	199
21.0	MEDICAL RECORD NO	17	X	200	216
22.0	PAYOR CLAIM CONTROL NO	17	X	217	233
23.0	CLAIM MESSAGE CODE 1	5	X	234	238
24.0	CLAIM MESSAGE CODE 2	5	X	239	243
25.0	CLAIM MESSAGE CODE 3	5	X	244	248
26.0	CLAIM MESSAGE CODE 4	5	X	249	253
27.0	CLAIM MESSAGE CODE 5	5	X	254	258
28.0	CLAIM REASON CODE 1	6	X	259	264
29.0	CLAIM REASON CODE 2	6	X	265	270
30.0	CLAIM REASON CODE 3	6	X	271	276
31.0	CLAIM REASON CODE 4	6	X	277	282
32.0	CLAIM REASON CODE 5	6	X	283	288
33.0	CLAIM REASON CODE 6	6	X	289	294
34.0	CLAIM REASON CODE 7	6	X	295	300
35.0	FILLER - NATIONAL	8	X	301	308
36.0	FILLER - LOCAL	12	X	309	320

Field No.	Field Values
01.0	'400'
02.0	Carrier Number - TX='00900', MD='00901', DE='00902' DCMA='00903'
03.0	Patient Account Number
04.0	Check Number or EFT Tracer No
05.0	Check/EFT Issue Date - CCYYMMDD
06.0	Group Policy Number
07.0	HIC
08.0	Corrected HIC Indicator. C if corrected HIC
09.0	Insured Last Name
10.0	Insured First Name
11.0	Insured Middle Initial
12.0	Employee Identification Number (Not Used)
13.0	Patient Last Name
14.0	Patient First Name
15.0	Patient Middle Initial
16.0	Patient Sex (M or F)
17.0	Patient Date of Birth - CCYYMMDD
18.0	Identifies complementary insurance N = Claim not forwarded Y = Claim forwarded to complementary insurer
19.0	Claim status codes 70 = Complete, Paid 80 = Complete, No Payment - applied to deductible 90 = Complete, Rejected
20.0	Payor Phone Number (Not Used)
21.0	Medical Record Number (Not Used)
22.0	Medicare ICN
23.0	Claim Message Code 1
24.0	Claim Message Code 2
25.0	Claim Message Code 3
26.0	Claim Message Code 4
27.0	Claim Message Code 5
28.0	Reason Code 1
29.0	Reason Code 2
30.0	Reason Code 3
31.0	Reason Code 4
32.0	Reason Code 5
33.0	Reason Code 6
34.0	Reason Code 7
35.0	Blank
36.0	Blank

RECORD NAME: SERVICE DATA RECORD -1

RECORD TYPE: 450

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "450"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	PAT CONTROL NO	17	X	14	30
04.0	LINE CONTROL NO	17	X	31	47
05.0	SERVICE LINE NO	3	N	48	50
06.0	LINE ITEM STATUS CODE	2	X	51	52
07.0	SERVICE FROM DATE	8	X	53	60
08.0	SERVICE TO DATE	8	X	61	68
09.0	PAYOR RECEIPT DATE	8	X	69	76
10.0	RESERVED	15	X	77	91
11.0	PLACE OF SERVICE	2	X	92	93
12.0	TYPE OF SERVICE	2	X	94	95
13.0	PROCEDURE CODE	5	X	96	100
14.0	MODIFIER 1	2	X	101	102
15.0	MODIFIER 2	2	X	103	104
16.0	MODIFIER 3	2	X	105	106
17.0	UNITS OF SERVICE	4	X	107	110
18.0	SUBMITTED LINE CHARGE	7	N	111	117
19.0	DISALLOWED COST CONTAINMENT	7	N	118	124
20.0	DISALLOWED/NONCOVERED	7	N	125	131
21.0	ALLOWED/CONTRACT AMOUNT	7	N	132	138
22.0	DEDUCTIBLE AMOUNT	7	N	139	145
23.0	COINSURANCE AMOUNT	7	N	146	152
24.0	INTEREST AMOUNT	7	N	153	159
25.0	GRAMM-RUDMAN REDUCTION	7	N	160	166
26.0	AMT PAID BY OTHER PAYOR	7	N	167	173
27.0	PROV ADJUSTMENT	7	N	174	180
28.0	CALC PAY TO PROV	7	N	181	187
29.0	CALC PAY TO PAYEE	7	N	188	194
30.0	PREV PAY TO PROV	7	N	195	201
31.0	PREV PAY TO PAYEE	7	N	202	208
32.0	ACTUAL PAY TO PROV	7	N	209	215
33.0	ACTUAL PAY TO PAYEE	7	N	216	222
34.0	PAYMENT LEVEL BY PERCENT	5	N	223	227
35.0	PPO/HMO IND	1	X	228	228
36.0	FACILITY/SUPPLIER ID	15	X	229	243
37.0	PERFORMING PROVIDER ID	15	X	244	258
38.0	REASON CODE 1	6	X	259	264
39.0	REASON CODE 2	6	X	265	270
40.0	REASON CODE 3	6	X	271	276
41.0	REASON CODE 4	6	X	277	282
42.0	REASON CODE 5	6	X	283	288
43.0	REASON CODE 6	6	X	289	294

44.0	REASON CODE 7	6	X	295	300
45.0	PAYOR CLAIM CONTROL NO	17	X	301	317
46.0	MODIFIER 4	2	X	318	319
47.0	FILLER - NATIONAL	1	X	320	320

Field
No

Field Values

01.0 '450'

02.0 Carrier Number - TX='00900', MD='00901', DE='00902'
DCMA='00903'

03.0 Patient Account Number

04.0 Medicare ICN

05.0 Identifies detail line number (001-999)

06.0 Detail Line item status
01=pended
02= claim transferred to another payor)

07.0 First Date of service - CCYYMMDD

08.0 Last Date of service - CCYYMMDD

09.0 Date claim was received by payor - CCYYMMDD

10.0 Blank

11.0 Medicare Place of Service

12.0 Medicare Type of Service

13.0 Medicare Procedure Code

14.0 Modifier Code - 1

15.0 Modifier Code - 2

16.0 Modifier Code - 3 (Not Used)

17.0 Number of services rendered in days or units (XXX.X)

18.0 Submitted charges for this service

19.0 Disallowed cost containment (Not Used)

20.0 Disallowed/Non-covered (Not Used)

21.0 Maximum amount allowed prior to determination of actual
payment

22.0 Deductible amount

23.0 Coinsurance amount

24.0 Interest amount

25.0 Gramm-Rudman reduction amount

26.0 Amount paid by other payor (Not Used)

27.0 Adjusted amount (Not Used)

28.0 The calculated payment to provider

29.0 The calculated payment to other payee

30.0 Amount previously paid to provider (Not Used)

31.0 Amount previously paid to payee (Not Used)

32.0 Actual amount paid to provider (Not Used)

33.0 Actual amount paid to payee (Not Used)

34.0 Payment level (100%,80%,62.5%) (Not Used)

35.0 PPO/HMO indicator (Not Used)

36.0 Facility/Supplier ID (Not Used)

37.0 Medicare Performing Provider Number

38.0 Reason Code 1(First 2 positions are the 835 group code,
last 4 positions are reason codes)

39.0	Reason Code 2
40.0	Reason Code 3
41.0	Reason Code 4
42.0	Reason Code 5
43.0	Reason Code 6
44.0	Reason Code 7
45.0	Payor claim control number
46.0	Modifier 4
47.0	Blank

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "451"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	PAT CONTROL NO	17	X	14	30
04.0	LINE CONTROL NO	17	X	31	47
05.0	SERVICE LINE NO	3	N	48	50
06.0	PAYOR CLAIM CONTROL NO	17	X	51	67
07.0	LATE FILLING REDUCTION	7	N	68	74
08.0	AMOUNT PATIENT OWES	7	N	75	81
09.0	ORIGINAL PROC CODES	5	X	82	86
10.0	DOLLAR AMT 1	7	N	87	93
11.0	DOLLAR AMT 2	7	N	94	100
12.0	DOLLAR AMT 3	7	N	101	107
13.0	DOLLAR AMT 4	7	N	108	114
14.0	DOLLAR AMT 5	7	N	115	121
15.0	NATIONAL DRUG CODE	11	X	122	132
16.0	REMARK CODE 1	5	X	133	137
17.0	REMARK CODE 2	5	X	138	142
18.0	REMARK CODE 3	5	X	143	147
19.0	REMARK CODE 4	5	X	148	152
20.0	REMARK CODE 5	5	X	153	157
21.0	REMARK CODE DATE	8	X	158	165
22.0	DOLLAR AMOUNT 6	7	N	166	172
23.0	DOLLAR AMOUNT 7	7	N	173	179
24.0	Amount Patient Paid	7	N	180	186
25.0	Original Units of Service	4	X	187	190
26.0	Filler - National	130	X	191	320

Field No.	Field Values
01.0	'451'
02.0	Carrier Number - TX='00900', MD='00901', DE='00902' DCMA='00903'
03.0	Patient control number
04.0	Medicare ICN
05.0	Identifies detail line number
06.0	Control Number
07.0	Amount reduced for late filing
08.0	Amount patient owes
09.0	Original HCPCS/CPT-4 code submitted
10.0	Dollar Amount 1 (amounts relate to reason codes
11.0	Dollar Amount 2 1-5 on 450 record)
12.0	Dollar Amount 3
13.0	Dollar Amount 4
14.0	Dollar Amount 5
15.0	National drug identification number
16.0	Remark Code 1
17.0	Remark Code 2
18.0	Remark Code 3
19.0	Remark Code 4
20.0	Remark Code 5
21.0	Remark Code Date
22.0	Dollar Amount 6 (amounts relate to reason code
23.0	Dollar Amount 7 6 or 7 on 450 record)
24.0	All Zeros (Carried at claim level)
25.0	If adjustment, number of services submitted by provider on original claim. If no adjustment, there will be spaces.
26.0	Blank

RECORD NAME: PATIENT CLAIM TRAILER

RECORD TYPE: 500

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "500"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	PAT CONTROL NO	17	X	14	30
04.0	CT LINE ITEMS	3	N	31	33
05.0	CT SUBMITTED CHARGES	7	N	34	40
06.0	CT DISALLOW-COST CONT	7	N	41	47
07.0	CT DISALLOW/NONCOVER	7	N	48	54
08.0	CT ALLOWED	7	N	55	61
09.0	CT DEDUCTIBLE	7	N	62	68
10.0	CT COINSURANCE	7	N	69	75
11.0	CT INTEREST PAID	7	N	76	82
12.0	CT GRAMM-RUDMAN RED	7	N	83	89
13.0	CT AMT OTHER PAYOR	7	N	90	96
14.0	CT PROV ADJUSTMENT	7	N	97	103
15.0	CT CALC PAY TO PROV	7	N	104	110
16.0	CT CALC PAY TO PAYEE	7	N	111	117
17.0	CT PREV PAY TO PROV	7	N	118	124
18.0	CT PREV PAY TO PAYEE	7	N	125	131
19.0	CT ACTUAL PAY TO PROV	7	N	132	138
20.0	CT ACTUAL PAY TO PAYEE	7	N	139	145
21.0	PAYOR CLAIM CONTROL NO.	17	X	146	162
22.0	CT LATE FILING REDUCTION	7	N	163	169
23.0	CT AMOUNT PATIENT OWES	7	N	170	176
24.0	Claim Filing Ind	1	X	177	177
25.0	Carrier/Suppl Insurer Name 1	33	X	178	210
26.0	Identification Number 1	15	X	211	225
27.0	Carrier/Suppl Insurer Name 2	33	X	226	258
28.0	Identification Number 2	15	X	259	273
29.0	CT Amt Patient Paid	7	X	274	280
30.0	Claim Reason Code 1	6	X	281	286
31.0	Claim Reason Code 2	6	X	287	292
32.0	Claim Reason Code 3	6	X	293	298
33.0	Dollar Amount 1	7	N	299	305
34.0	Dollar Amount 2	7	N	306	312
35.0	Dollar Amount 3	7	N	313	319
36.0	Filler - National	1	X	320	320

Field No.	Field Values
01.0	'500'
02.0	Carrier Number - TX='00900', MD='00901', DE='00902' DCMA='00903'
03.0	Patient Control Number
04.0	Sum of 450 recs for this patient
05.0	Total submitted charges for this claim
06.0	CT Disallow - cost containment (Not Used)
07.0	CT Disallow/Non-cover (Not Used)
08.0	Total allowed charges for this claim
09.0	Total deductible taken for this claim
10.0	Total co-insurance applied for this claim
11.0	Total interest applied for this claim
12.0	Total Gramm-Rudman applied for this claim
13.0	Amount paid by other payor (Not Used)
14.0	Adjusted amount (Not Used)
15.0	Calculated amounts paid to provider
16.0	Calculated amounts paid to other payee
17.0	Amount previously paid to provider (Not Used)
18.0	Amount previously paid to payee (Not Used)
19.0	Actual payment to provider (Not Used)
20.0	Actual payment to payee (Not Used)
21.0	Medicare ICN
22.0	Total amount of late filing reduction
23.0	Total amount patient owes
24.0	Indicates whether the provider accepted assignment 1 = Yes, accepted assignment 2 = No, did not accept assignment
25.0	Supplemental insurer to whom claim was crossed over/transferred
26.0	Number that identifies organization in 25.0 (6 characters - left justified)
27.0	Supplemental insurer to whom the claim was crossed over/transferred
28.0	Number that identifies the organization in 27.0 (6 characters - left justified)
29.0	Total amount patient has paid for this claim
30.0	Claim Reason Code 1
31.0	Claim Reason Code 2
32.0	Claim Reason Code 3
33.0	Dollar Amount 1
34.0	Dollar Amount 2
35.0	Dollar Amount 3
36.0	Blank

RECORD NAME: BATCH ADJUSTMENT RECORD

RECORD TYPE: 700

"PROVIDER ADJUSTMENT DATA"

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS FROM	THRU
01.0	RECORD ID "700"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	SEQUENCE NO	4	N	14	17
04.0	HIC NO	25	X	18	42
05.0	PATIENT ACCT NO	17	X	43	59
06.0	ADJUSTMENT REASON	2	X	60	61
07.0	ADJUSTMENT AMOUNT	7	X	62	68
08.0	FINANCIAL CONTROL NO	17	X	69	85
09.0	Filler - National	235	X	86	320

Field No.	Field Values
01.0	'700'
02.0	Carrier Number - TX='00900', MD='00901', DE='00902' DCMA='00903'
03.0	0001 - 9999
04.0	HIC No
05.0	Patient Account Number
06.0	Adjustment Reason AP - Advance Payment LP - Student Loan Repayment OF - Offset IL - IRS Levy WH - IRS Withholding IN - Interest AJ - Adjustment RF - Refund BF - Balance Forward LF - Late Filing Reduction
07.0	Provider Adjustment Amount
08.0	Financial Control Number
09.0	Blank

RECORD NAME: BATCH TRAILER RECORD

RECORD TYPE: 800

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "800"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	SOURCE OF PAYMENT	1	X	14	14
04.0	EMC PROV ID	15	X	15	29
05.0	BATCH NO	4	N	30	33
06.0	BT CLAIM RECORDS	5	N	34	38
07.0	BT SERV DATA REC	5	X	39	43
08.0	BT SUBMITTED CHARGES	9	N	44	52
09.0	BT DISALLOW-COST CONT	9	N	53	61
10.0	BT DISALLOW/NONCOVER	9	N	62	70
11.0	BT ALLOWED	9	N	71	79
12.0	BT DEDUCTIBLE	9	N	80	88
13.0	BT COINSURANCE	9	N	89	97
14.0	BT INTEREST PAID	9	N	98	106
15.0	GRAMM-RUDMAN RED	9	N	107	115
16.0	BT AMT PAID OTHER PAYOR	9	N	116	124
17.0	BT PROV ADJUSTMENT	9	N	125	133
18.0	BT CALC PAY TO PROV	9	N	134	142
19.0	BT CALC PAY TO PAYEE	9	N	143	151
20.0	BT PREV PAY TO PROV	9	N	152	160
21.0	BT PREV PAY TO PAYEE	9	N	161	169
22.0	BT ACTUAL PAY TO PROV	9	N	170	178
23.0	BT ACTUAL PAY TO PAYEE	9	N	179	187
24.0	BT LATE FILING REDUCTION	9	N	188	196
25.0	BT AMOUNT PATIENT OWES	9	N	197	205
26.0	FILLER	23	X	206	228
27.0	BT TOTAL PROV ADJ RECS	5	N	229	233
28.0	BT TOTAL PROV ADJ AMT	9	N	234	242
29.0	BT AMT PATIENT PAID	9	N	243	251
30.0	FILLER - NATIONAL	69	X	252	320

Field No.	Field Values
01.0	'800'
02.0	Carrier Number - TX='00900', MD='00901', DE='00902' DCMA='00903'
03.0	'C' For Medicare
04.0	Billing Provider Number
05.0	Remittance Batch Number
06.0	Sum of 400 recs for this batch
07.0	Sum of 450 recs for this batch
08.0	Total submitted charges for this batch
09.0	BT Disallowed - cost containment (Not Used)
10.0	BT Disallowed/Non-cover (Not Used)
11.0	Total allowed charges for this batch
12.0	Total deductible taken for this batch
13.0	Total co-insurance applied for this batch
14.0	Total interest applied for this batch
15.0	Total amount of Gramm-Rudman reductions applied to the claims in this batch
16.0	BT Amount paid other payor (Not Used)
17.0	Adjusted amount applied to batch (Not Used)
18.0	Calculated amounts paid to provider for this batch
19.0	Calculated amounts paid to other payee for this batch
20.0	Amount previously paid to provider for batch (Not Used)
21.0	Amount previously paid to payee for batch (Not Used)
22.0	Actual payment to provider for batch (Not Used)
23.0	Actual payment to payees for batch (Not Used)
24.0	Total sum of late filing reductions
25.0	Patient financial responsibility for batch
26.0	Blank
27.0	Number of '700' provider adjustment records
28.0	Provider adjustment amount not related to a claim or service
29.0	Total amount paid by patient
30.0	Blank

RECORD NAME: FILE TRAILER RECORD

RECORD TYPE: 900

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "900"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	RECEIVER ID	16	X	14	29
04.0	RESERVED	9	X	30	38
05.0	SUBMITTER ID	16	X	39	54
06.0	RESERVED	6	X	55	60
07.0	FT BATCHES	5	N	61	65
08.0	FT PATIENT RECORDS	6	N	66	71
09.0	FT SUBMITTED CHARGES	11	N	72	82
10.0	FT DISALLOW-COST CONT	11	N	83	93
11.0	FT DISALLOW/NONCOVER	11	N	94	104
12.0	FT ALLOWED	11	N	105	115
13.0	FT DEDUCTIBLE	11	N	116	126
14.0	FT COINSURANCE	11	N	127	137
15.0	FT INTEREST PAID	11	N	138	148
16.0	FT GRAMM RUDMAN RED	11	N	149	159
17.0	FT AMT PAID OTHER PAYOR	11	N	160	170
18.0	FT PROV ADJUSTMENT	11	N	171	181
19.0	FT CALC PAY TO PROV	11	N	182	192
20.0	FT CALC PAY TO PAYEE	11	N	193	203
21.0	FT PREV PAY TO PROV	11	N	204	214
22.0	FT PREV PAY TO PAYEE	11	N	215	225
23.0	FT ACTUAL PAY TO PROV	11	N	226	236
24.0	FT ACTUAL PAY TO PAYEE	11	N	237	247
25.0	FT LATE FILING REDUCTION	11	N	248	258
26.0	FT AMOUNT PATIENT OWES	11	N	259	269
27.0	FT AMOUNT PATIENT PAID	11	N	270	280
28.0	FILLER	17	X	281	297
29.0	FT PROV ADJUST RECS	6	N	298	303
30.0	FT TOTAL PROV ADJ AMT	11	N	304	314
31.0	FILLER - NATIONAL	6	X	315	320

Field No.	Field Values
01.0	'900'
02.0	Carrier Number - TX='00900', MD='00901', DE='00902' DCMA='00903'
03.0	Receiver ID Number
04.0	Blanks
05.0	Submitter ID
06.0	Filler
07.0	Number of 200 batch records on this file
08.0	Sum of 400 claims in this file
09.0	Total submitted charges for this file
10.0	FT Disallowed - cost containment (Not Used)
11.0	FT Disallowed/Non-cover (Not Used)
12.0	Total allowed charges for this file
13.0	Total deductible taken for this file
14.0	Total co-insurance applied for this file
15.0	Total interest applied for this file
16.0	The total amount of Gramm-Rudman reductions on this file
17.0	Amount paid by other payors (Not Used)
18.0	Adjusted amount applied to file (Not Used)
19.0	Calculated amounts paid to provider for this file
20.0	Calculated amounts paid to other payee
21.0	Amount previously paid to provider (Not Used)
22.0	Amount previously paid to payee (Not Used)
23.0	Total amount paid to provider (Not Used)
24.0	Total amount paid to payees (Not Used)
25.0	Total of late filing reductions
26.0	Amount of patient financial responsibility
27.0	Total amount patient paid
28.0	Blank
29.0	Number of "700" provider adjustment records
30.0	Provider adj amount not related to a service or claim
31.0	Blank

MEDICARE PART B ELECTRONIC FUNDS TRANSFER (EFT)

Medicare now offers all providers the option of having their Medicare part B payments sent directly to their bank account via Electronic Funds Transfer (EFT).

There is no longer an electronic claim submission or electronic remittance participation requirement to be eligible for EFT.

This option allows providers to be paid on a daily basis, for the claims that have finalized and met the payment floor. this eliminates manual handling of checks and mail time to receive payments.

If you would like additional information or need assistance in obtaining this service, please call a Provider Support Representative at (972)766-7406 or (972)766-8937.