

**WISCONSIN PHYSICIAN'S SERVICE  
AMERICAN NATIONAL STANDARDS INSTITUTE X12N 835 HEALTH CARE  
CLAIM PAYMENT/ADVICE COMPANION DOCUMENT  
MEDICARE PART B**

**Last Update 12-13-07**

The Electronic Remittance Advice (ERA) is an electronic version of the Standard Provider Remittance (SPR) and contains the same information on claim payment, deductible, and co-insurance. As soon as your Medicare Part B claims finalize each day, we generate your ERA and post it into the appropriate mailbox on our Bulletin Board System. Depending on your software program, it can also be a secure and reliable alternative to manually posting claim adjudication information to an accounts receivable software program.

If you are currently enrolled for ERA, or are planning to enroll in the future, below are some important facts you need to know about X12N 835 V4010A1.

#### Reason and Remark Codes

Reason Codes are maintained by the Blue Cross Blue Shield Association in the Joint Claim Adjustment/Claim Status Reason Code Maintenance Committee, and Remark Codes are maintained by the Centers for Medicare and Medicaid Services (CMS). Reason and Remark Codes are updated quarterly and are available at <http://www.wpc-edi.com>.

#### Corrections and Reversals

The 835 4010A1 Implementation Guide outlines the approved method of adjustment processing. Adjustments, under HIPAA, must be performed utilizing the "correction and reversal" process. When a claim must be adjusted the initial claim is completely reversed and then corrected with a complete adjustment claim. Reference the January 2002 Medicare Bulletin/Communiqué for additional information.

#### Out of Balance ERA

If an Out of Balance ERA is created from the Medicare processing system, we will notify the receiver regarding the Out of Balance situation.

## 835 Adjustments not included on the ERA

There are isolated incidences where the “correction and reversal process” cannot be used to adjust a claim. Since these types of adjustments are considered “non HIPAA compliant,” the CMS has directed carriers not to include these specific claims on the ERA; rather, a SPR will be generated containing the claim(s) that meet this condition. The Remark Code of N112 (this claim has been removed from your Electronic Remittance Advice) will be used for these situations. This remark code will alert you that this specific claim has been removed from the ERA. Processing information will be found on the SPR.

## Gap Fill

The X12 835 version 4010A1 Implementation Guide contains the specific data requirements required to generate a HIPAA compliant ERA. However, Medicare part B claims received on paper or in a non-835 V4010A1 electronic format may lack the required data elements or may not meet all of the data attribute requirements needed to prepare a HIPAA complaint X12N 835 V4010A1 file. In this event, CMS has instructed Carriers to enter meaningless characters in order to create a HIPAA-compliant ERA. If receiving 835 V4010A1 ERAs, you could receive an ERA with such data. When a required date is not available, the system will enter the cycle date. WPS will enter the letter ‘G’ to gap fill required data elements to meet the minimum requirement.

If you want to save your office time and money, call our EDI hotline for more information at:

Illinois, Michigan, Wisconsin	877-567-7261
Minnesota	952-885-2881
	952-885-2882
	952-885-2811
MAC J5	866-503-9670