

# Medicare A Bulletin

A Newsletter for Florida Medicare Part A Providers

## NEW HIPAA-AS REASON CODES

The following reason codes have been established to return to providers (RTP) claims that have exceeded the field length when submitted on the inbound ANSI 837 HIPAA 4010 transaction. These codes are valid for processing beginning January 7, 2002.

**10139** The data element (see list below) exceeded the field size on the EMC record. Therefore, ampersands were moved to the associated field. This includes the following fields:

Medicare A Provider Identification	EMC-R20 ZIP
Patient Medicare Record Number	Principal Diagnosis
Admission Diagnosis Code	Extra Injury-Diagnosis
Procedure Code	Diagnosis Code 2
Occurrence Code	Condition Codes
Occurrence Span Code	Value Code
Insured Group Name	Insured Group Number
EMC-R32-Payer ZIP	CPT/HCPCS Codes

**10140** Ampersands have been moved to the referring and/or operating physician fields because the data submitted in the EMC claim record exceeded 16 positions.

**10133** '9999999' has been moved to the units of service field because the data submitted in the EMC claim record exceeded seven positions.

**10135** The EMC claim record exceeds 450 service lines.

**10136** The data elements (listed below) on the EMC claim record exceeded the field size for the corresponding UB-92 on-line claim format. Therefore, the "9s" were moved to the following associated field:

Statement Coverage from Date	Admission Date
Procedure Date	Revenue Date

**10137** Currency data elements (see list b below) on the EMC claims record exceeded the field size for the corresponding UB-92 on-line claims format. Therefore, the "9s" were moved to the following associated field:

Total Charge Amount	Value Amount
Prior Payment	Revenue Total Charge Amount
Revenue Service Rate	Revenue Noncovered Charge Amount ❖

**MEDICARE A BULLETIN**  
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*This special issue is also available on the Medicare provider Web site [www.floridamedicare.com](http://www.floridamedicare.com)*



The *Medicare A Bulletin* should be shared with all health care practitioners and managerial members of the provider/supplier staff.

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**Routing Suggestions:**

- Medicare Manager
- Reimbursement Director
- Chief Financial Officer
- Compliance Officer
- DRG Coordinator
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