RSC ECO CMG03
Summer 2022 Meeting Minutes
June 27, 2022, 10 am ET

- Claim Adjustment Reason Codes (External Code List 139)
  - Review of requests 247, 263, 265, 277 and 278
- Health Care Claim Status Category Codes (External Code List 507)
  - No requests received
- Health Care Claim Status Codes (External Code List 508)
  - Review of requests 63 and 73

Old Business:
None

New Business:
Claim Adjustment Reason Codes (External Code List 139)

1. **Request 247**
   Request Type: Add a new CARC code
   Justification: CARCs currently exist to notify providers of re-routed/forwarded claims for dental (291), pharmacy (292), vision (298), and behavioral health (300) claims. As an MAO plan, we are required by CMS to also forward medical claims, such as specialist or therapist claims. Is there a code to use for medical or can one be created
   Requested Description: Claim received by the medical plan, but benefits not available under this plan. Claim has been forwarded to the patient's medical delegated health plan for further consideration.
   Motion: Motion and second to withdraw.
   Approve: 11   **Disapprove:** 0   **Abstain:** 0

2. **Request 263**
   Request Type: Add a new CARC code
   Justification: Currently, we only have RARC's that communicate the No Surprise Act. In order to communicate this on an ERA, we need to have a CAS segment and that CAS segment can only be a CARC.
   Requested Description: No Surprises Act (NSA) Qualifying Payment Amount (QPA)

Motion: Motion and seconded to disapprove because there is no way to report the QPA in the 835 at this time.

Approve: 11   **Disapprove:** 0   **Abstain:** 0

3. **Request 265**

   Request Type: Add a new CARC code

   Justification: Receive denials from Auto Related claims for the reason above.

   Requested Description: Our records indicate injured party is reserving/directing payment of PIP/MPC benefits.

   Motion: Motion and second to disapprove and use P21, P22 and P23 with RARC N577 or N579

   Approve: 10   **Disapprove:** 0   **Abstain:** 1

4. **Request 277**

   Request Type: Add a new CARC code

   Justification: In our claims system, if data elements submitted on a claim adjustment request are different than the original claim we must void the original and we also create a closed claim transaction. We then create a new claim/claim number. We need a way to let the provider know on their remittance that the claim will be reprocessed under a different claim number.

   Requested Description: Claim closed due to changes in submitted data. Claims will be processed under a new claim number.

   Motion: Motion and second to disapprove.

   Recommendations:
   - CARC 129 – description: prior processing information appears incorrect. RARC required
   - Refer to the reversal & correction process defined in the 835 IG
   - Another option is to do reversal only of the claim and create a new claim and process as primary.
   - Refer to RARCs such as N694 or N770
   - Suggest submitting for a new RARC if needed
   - Suggest submitter refer to RFI 2060

   Approve: 10   **Disapprove:** 0   **Abstain:** 0

5. **Request 278**

   Request Type: Add a new CARC code

   Justification: In P&C there can be court ordered liability based on settlement terms and can be for any state/jurisdiction. This liability can be shared between insured, claimant, estate, other insurer, other entity, etc. We need a code that clearly indicates there was an adjustment due to apportionment.

Requested Description: Payment adjusted due to Apportionment.

Motion: Motion and second to approve. Add as P code.

Approve: 9 **Disapprove:** 0   **Abstain:** 1

Code number to be assigned

Effective Date: August 1, 2022

Health Care Claim Status Codes (External Code List 508)

6. **Request 63**

   Request Type: New Health Care Claim Status

   Justification: We are looking to add a new 277 status code code (Code Set 508) for predetermination/estimation transactions that would indicate when an estimate can't be completed because of manual review. This request would expand upon the current verbiage used by status code 687 to provide additional specificity to the submitter.

   Requested Description: Claim predetermination/estimation could not be completed in real time. Claim requires manual review upon submission. Do not resubmit.

   Motion: Motion and second to approve.

   Approve: 10 **Disapprove:** 0 **Abstain:** 0

   Code number to be assigned

   Effective Date: August 1, 2022

7. **Request 73**

   Request Type: Add a new Health Care Claim Status code

   Justification: We have scenarios where new claims are being submitted after a replacement claim. Need to create an edit to reject these back to the submitter. Existing error code/description 787 Resubmit a new claim, not a replacement claim. Need a new error code/description

   Requested Description: Resubmit a replacement, not a new claim.

   Motion: Motion and second to approve with amended description, adding 'claim' to mirror 787 – Resubmit a replacement claim, not a new claim.

   Approve: 9 **Disapprove:** 0   **Abstain:** 1

   Code number to be assigned

   Effective Date: August 1, 2022

Next meeting: Fall 2022

Meeting adjourned: