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Remittance Advice Remark Code and Claim Adjustment Reason Code Update

Note: This article was updated on May 7, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

All Providers

Provider Action Needed

Be aware of the current remittance advice remark and reason codes to understand actions taken on your claims.

Background

The Centers for Medicare & Medicaid Services (CMS) maintains the remittance advice remark code list, one of the code lists mentioned in the ASC X12 transaction 835 (Health Care Claim Payment/Advice) version 4010A1 Implementation Guide (IG).

The complete list of these codes may be found at *http://www.wpc-edi.com/codes/Codes.asp*.

The list is updated three times per year.

By July 6, 2004 all Medicare carriers and fiscal intermediaries (FIs), including the durable medical equipment carriers (DMERCs) and the Regional Home Health Intermediaries (RHHIs), will have incorporated all current remark code changes in their Medicare systems.

Remark Codes Changes

The following table summarizes remark code changes made from November 1, 2003 to February 29, 2004.

New Codes	
N213	Missing/incomplete/invalid facility/discrete unit DRG/DRG exempt status information.
N214	Missing/incomplete/invalid history or history of the related initial surgical procedure(s).
N215	A payer providing supplemental or secondary coverage shall not require a claims determination for this service from a primary payer as a condition of making its own determination.
N216	Patient is not enrolled in this portion of our benefit package.
Modified Remark Codes (Effective 4/1/04)	
M119	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code.
N115	This decision is based on a Local Medical Review Policy (LMRP) or Local Coverage Determination (LCD). An LMRP/LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at http://ww.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx , or if you do not have Web access, you may contact the contractor to request a copy of the LMRP/LCD.
Modified Remark Codes (Effective 2/1/04	
M51	Missing/incomplete/invalid procedure code(s) and/or dates.
M69	Paid at the regular rate because you did not submit documentation to justify the modified procedure code.
MA53	Missing/incomplete/invalid Competitive Bidding Demonstration Project identification.
MA92	Missing/incomplete/invalid plan information for other insurance.
Deactivated Remark Codes	
None	

Claim Adjustment Reason Code Changes

The Health Care Code Maintenance Committee maintains the health care claim adjustment reason codes. The committee meets at the beginning of each X12 trimester meeting (February, June, and October) and makes decisions about changes, additions, modifications, and retirement of reason codes. The updated list is posted three times per year, after each meeting, and the list may be found at *http://www.wpc-edi.com/codes/Codes.asp* on the Internet.

The committee approved the following reason codes as new codes as of February 2004:

Code	Current Narrative
161	Provider performance bonus
162	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks code for specific explanation.