



MLN Matters®



Information for Medicare Fee-For-Service Health Care Professionals

Related Change Request (CR) #: 3923

MLN Matters Number: MM3923

Related CR Release Date: July 22, 2005

Related CR Transmittal #: 609

Effective Date: October 1, 2005

Implementation Date: October 3, 2005

Remittance Advice Remark Code and Claim Adjustment Reason Code Update

Note: This article was updated on February 11, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Physicians, providers, and suppliers who submit claims to Medicare contractors (carriers, Fiscal Intermediaries, Regional Home Health Intermediaries (RHHIs), and Durable Medical Equipment Regional Carriers (DMERCs)) for services

Provider Action Needed



STOP – Impact to You

The complete list, including changes made from November 1, 2004 through February 28, 2005, of X12N 835 Health Care Remittance Advice Remark Codes and X12N 835 Health Care Claim Adjustment Reason Codes can be found at <http://www.wpc-edi.com/codes> on the Internet.



CAUTION – What You Need to Know

Please refer to the Additional Information section of this article for remark and reason code changes approved February 28, 2005.



GO – What You Need to Do

Be sure your staff is aware of these changes.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Background

Two code sets, reason and remark code sets, must be used to report payment adjustments, appeal rights, and related information for transactions 835 (Health Care Claim Payment/Advice), 837 Coordination of Benefits (COB), and on standard paper remittance advice. Medicare contractors must use currently valid codes. An updated code list is published 3 times per year. Medicare contractors are informed of these changes through recurring code updates (such as this article and corresponding CR3923), and/or through a specific CR that describes the change in policy that resulted in the code change.

The **remittance advice remark code list** is maintained by CMS. However additions, deactivations, and modifications to the code list may be initiated by Medicare and non-Medicare entities.

- Medicare contractors must use **modified codes** for codes currently used by Medicare even if the modification was initiated by an entity other than Medicare.
- Medicare contractors do not have to use **new codes** initiated by an entity other than Medicare, unless otherwise instructed by Medicare.
- Medicare contractors must stop using a code that has been deactivated either by the effective date of deactivation, or the effective date established by the code update CR.

The **health care claim adjustment reason code list** is maintained by a national Code Maintenance committee that meets three times a year when X12 meets for their trimester meetings to make decisions about additions, modifications, and retirement of existing reason codes. This updated list is posted thrice per year.

- Reason code changes requested by Medicare may be included in a Medicare instruction in addition to the regular code update notification.
- Reason codes may be retired if they are no longer applicable, or if a similar code exists.
 - Retirements are effective for a specified future and succeeding versions, but Medicare contractors can also discontinue use of retired codes in prior versions.
 - The regular code update notification will establish the deadline for Medicare contractors to retire a reason code that could be earlier than the version specified in the Washington Publishing Company (WPC) posting.

Additional Information

Remark and reason code changes approved by Medicare February 28, 2005 include:

Code Type	Code	New/ Modified/ Deactivated/ Retired	Current Narrative	Comment
Remark	N345	New	Date range not valid with units submitted	Not Medicare Initiated
Remark	N346	New	Missing/incomplete/invalid oral cavity designation code	Not Medicare Initiated
Remark	N347	New	Your claim for a referred or purchased service cannot be	Medicare Initiated

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Code Type	Code	New/ Modified/ Deactivated/ Retired	Current Narrative	Comment
			paid because payment has already been made for this same service to another provider by a payment contractor representing the payer.	
Remark	MA100	Modified	Missing/incomplete/invalid date of current illness or symptoms	Modified effective as of March 30, 2005.
Remark	MA128	Modified	Missing/incomplete/invalid FDA approval number	Modified effective on March 30, 2005
Reason	166	New	These services were submitted after this payer's responsibility for processing claims under this plan ended.	New as of February , 2005

Note: Typographic errors were also identified and corrected in reason codes 52, 57, 70, 76 and 146. No codes were retired.

Additional Information

For additional information about Remittance Advice, please refer to "Understanding the Remittance Advice (RA): A Guide for Medicare Providers, Physicians, Suppliers, and Billers," at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/RA_Guide_Full_03-22-06.pdf on the CMS website.

The official instruction issued to your FI/carrier/DMERC/RHHI regarding this change may be found by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R609CP.pdf> on the CMS website.

Please refer to your local Medicare contractor for more information about this issue. To find the toll free phone number, go to <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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