

Related Change Request (CR) #: 3636

MLN Matters Number: MM3636

Related CR Release Date: January 21, 2005

Related CR Transmittal #: 436

Effective Date: April 1, 2005

Implementation Date: April 4, 2005

Note: This article was updated on February 4, 2013, to reflect current Web addresses. All other information remains unchanged.

Remittance Advice Remark Code and Claim Adjustment Reason Code Update

Provider Types Affected

All Medicare providers

Provider Action Needed



STOP – Impact to You

The July 2004 through October 2004 updates have been posted for the X12N 835 Health Care Remittance Advice Remark Codes and the X12 N 835 Health Care Claim Adjustment Reason Codes. Your Medicare carrier or fiscal intermediary must use the latest approved and valid codes in 835 transactions, corresponding standard paper remittance advice, and coordination of benefits transactions.



CAUTION – What You Need to Know

The most current and complete code list will be found online at <http://www.wpc-edi.com/codes>. Please note that in case of a discrepancy, the code text included on this Washington Publishing Company (WPC) web site will supersede any corresponding text in a Medicare CR.



GO – What You Need to Do

The above noted codes are updated three times a year. Please advise your billing staff to stay current with the latest approved and valid codes, in accordance with effective and implementation dates, to ensure correct interpretation of the electronic or paper remittance advice notices sent by Medicare.

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Background

The Remittance Advice Remark Code list is one of the code lists mentioned in the ASC X12 transaction 835 (Health Care Claim Payment/Advice) version 4010A1 Implementation Guide (IG). This list is maintained by The Centers for Medicare & Medicaid Services (CMS) and is updated three times a year.

The Health Care Claim Adjustment Codes are maintained by the Claim Adjustment Reason Code and Status Code Maintenance Committee. The Committee meets at the beginning of each X12 trimester meeting (February, June, and October) and decides on any additions, modifications, or retirement of reason codes. This updated list is also posted three times a year.

The complete list of current codes is available online at the WPC website: <http://www.wpc-edi.com/codes>. Here is a summary of the current updates.

Remark Codes

New

New codes from N247 to N344 have been created to replace a number of generic remark codes, or to enable some existing codes to be split to better reflect their lowest component. This has been done to resolve some provider complaints that it is difficult for them to correlate certain remark codes with segments and data elements submitted on their corresponding claims. Codes with multiple meanings have been split, and new code(s) added to report each of the multiple bits of information previously included in a single message. For example:

- M45 (Missing/incomplete/invalid occurrence codes or dates) has been modified to mean "Missing/incomplete/invalid occurrence code(s)," and N299 (Missing/incomplete/invalid occurrence date(s)) has been added to address the date portion of the prior message.
- MA29 has been deactivated entirely and codes N256, N258, N261, N264, N266, N269, N279, N281, N285, N289, N292, N294, and N296 have been added to convey distinct types of information previously conveyed in MA29.

The following is a list showing the new codes and the source code that has been modified/split to create the new code:

New Code	Split from Existing Code
N299	M45
N300	M46
N301	M51
N302	M74
N303	MA66
N304	N57

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Modified Remark Codes

The following table reflects modified remark codes:

Code	Current Modified Narrative	Modification Date
M67	Missing/incomplete/invalid other procedure code(s).	12/2/04
M74	This service does not qualify for a HPSA/Physician Scarcity bonus payment.	12/2/04
M45	Missing/incomplete/invalid occurrence code(s).	12/2/04
M46	Missing/incomplete/invalid occurrence span code(s).	12/2/04
M51	Missing/incomplete/invalid procedure code(s).	12/2/04
MA66	Missing/incomplete/invalid principal procedure code.	12/2/04
MA121	Missing/incomplete/invalid x-ray date.	12/2/04
MA122	Missing/incomplete/invalid initial treatment date.	12/2/04
N31	Missing/incomplete/invalid prescribing provider identifier.	12/2/04
N57	Missing/incomplete/invalid prescribing date.	12/2/04

Deactivated Remark Codes

Codes M57, M68, M108, M110, M120, M128, MA29, MA38, MA 52, MA82, MA105, MA127, and N145 have been deactivated.

Reason Codes

New

Code 165 has been added as of October 2004 and its narrative is "Payment denied/reduced for absence of, or exceeded referral."

Additional Information

The most recent changes approved for the Remittance Advice Remark Codes and the Claim Adjustment Reason Codes can be found in the official instruction issued to your carrier or fiscal intermediary, including Durable Medical Equipment Regional Carriers (DMERCs). That official instruction is found in CR 3636, which is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R436CP.pdf> on the CMS website.

The CR attachments also include information on the process of the decision making process that updates the X12N 835 Health Care Remittance Advice Remark Codes and the X12 N 835 Health Care Claim Adjustment Reason Codes. It also includes a table of changes; however, please note that the most current and complete list is online at the WPC website. This CR includes changes made only from July through October of 2004.

If you have questions regarding this issue, you may also contact your carrier or fiscal intermediary at their toll free number at <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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