

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1111	Date: November 17, 2021
	Change Request 12478

SUBJECT: Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the RARC and CARC lists and to instruct the ViPS Medicare System (VMS) and the Fiscal Intermediary Shared System (FISS) to update the MREP and the PC Print. This Recurring Update Notification (RUN) applies to Chapter 22, Sections 40.5, 60.1, and 60.2 of Publication (Pub.) 100-04.

EFFECTIVE DATE: April 1, 2022

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: April 4, 2022

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	mentioned in this CR. Most new codes become effective on the publication day, but some new codes may become effective at a future date.									
12478.3	Contractors shall make necessary programming changes so that no deactivated reason and remark code is reported in the remittance advice and no deactivated reason code is reported in the Coordination of Benefits (COB) claim by April 1, 2022. NOTE: Check the updated lists as posted on the official ASC X12 website to capture deactivations that were included in previous CR(s). The official ASC X12 publishes lists for already deactivated codes and to be deactivated future codes.	X	X	X	X	X	X	X		CEDI
12478.3.1	Contractors shall review the reason and remark codes, dated November 1, 2021, for "Stop" dates for inclusion in the April 1, 2022 update.	X	X	X	X	X	X	X		CEDI
12478.4	Contractors shall update any crosswalk between the standard reason and remark codes and the shared system internal codes provided to the contractors and make any standard code deactivated since the last update unavailable for use by the contractors by April 1, 2022.					X	X			CEDI
12478.5	Contractors shall make necessary programming changes so that deactivated reason and remark codes are allowed in derivative messages after the deactivation implementation date per this CR or as posted					X	X			CEDI

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	<p>on the official ASC X12 website when:</p> <ul style="list-style-type: none"> • Medicare is not primary; • The COB claim is received after the deactivation effective date; and • The date in DTP03 in Loop 2430 or 2330B in COB 837 transaction is less than the deactivation effective date as posted on the official ASC X12 website. 									
12478.6	Contractors shall make necessary programming changes so that deactivated reason and remark codes are allowed, even after the deactivation implementation date in a Reversal and Correction situation, when a value of 22 in CLP02 identifies the claim to be a corrected claim, and in Medicare Secondary Payer claims, when forwarded to Medicare by primary payers before the deactivation date and Medicare adjudication is done after deactivation date.					X	X			CEDI
12478.7	VMS shall update MREP software by April 1, 2022. This update shall be based on the CARC and RARC lists as posted on the official ASC X12 website on or about November 1, 2021.							X		
12478.8	FISS shall update the PC Print software by April 1, 2022. This update shall be based on the CARC and RARC lists as posted on the official ASC X12 website on or about November 1, 2021.					X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
12478.9	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X	X	X	X	X

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Matthew Klischer, 410-786-7488 or Matthew.Klischer@cms.hhs.gov ,
 Mohammad Ullah, 410-786-4143 or Mohammad.Ullah@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question

and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0