

HIPAA Claim Adjustment Reason Code Changes

Effective December 1, 2008



New/Update	WellCare Code (Only supplied on paper EOPs)	WellCare Code Description	Old HIPAA Claim Adjustment Reason Code (CARC)	Old HIPAA CARC Description	Old HIPAA Remittance Advice Remark Code (RARC)	Old HIPAA RARC Description	New HIPAA Claim Adjustment Reason Code (CARC)	New HIPAA CARC Description	New HIPAA Remittance Advice Remark Code (RARC)	New HIPAA RARC Description
Update	AIMPL	IMPLANT ADJUSTMENT PAYMENT	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
Update	ALW	Amount Allowed Per Flat Rate	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
Update	BILAT	Allowed @ 150%, Bilateral Procedure	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
Update	CAP	CAPITATED SERVICE	24	Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	24	Charges are covered under a capitation agreement/managed care plan.		

HIPAA Claim Adjustment Reason Code Changes

Effective October 20, 2008



New/Update	WellCare Code (Only supplied on paper EOPs)	WellCare Code Description	Old HIPAA Claim Adjustment Reason Code (CARC)	Old HIPAA CARC Description	Old HIPAA Remittance Advice Remark Code (RARC)	Old HIPAA RARC Description	New HIPAA Claim Adjustment Reason Code (CARC)	New HIPAA CARC Description	New HIPAA Remittance Advice Remark Code (RARC)	New HIPAA RARC Description
Update	CASER	Service included in case rate	97	Payment is included in the allowance for another service/procedure.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
Update	CL001	ALLOWED AT PER DIEM RATE	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
Update	CL002	ALLOWED AT CONTRACTED FEE SCHEDULE	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
Update	CL003	ALLOWED AT PERCENTAGE OF BILLED	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		

HIPAA Claim Adjustment Reason Code Changes

Effective October 20, 2008



New/Update	WellCare Code (Only supplied on paper EOPs)	WellCare Code Description	Old HIPAA Claim Adjustment Reason Code (CARC)	Old HIPAA CARC Description	Old HIPAA Remittance Advice Remark Code (RARC)	Old HIPAA RARC Description	New HIPAA Claim Adjustment Reason Code (CARC)	New HIPAA CARC Description	New HIPAA Remittance Advice Remark Code (RARC)	New HIPAA RARC Description
Update	CL004	ALLOWED AT DRG RATE	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
Update	CL005	ALLOWED AT FLAT RATE	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
Update	CL006	ALLOWED AT CASE RATE	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
Update	CL007	ALLOWED PER STOP LOSS PROVISION	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		

HIPAA Claim Adjustment Reason Code Changes

Effective October 20, 2008



New/Update	WellCare Code (Only supplied on paper EOPs)	WellCare Code Description	Old HIPAA Claim Adjustment Reason Code (CARC)	Old HIPAA CARC Description	Old HIPAA Remittance Advice Remark Code (RARC)	Old HIPAA RARC Description	New HIPAA Claim Adjustment Reason Code (CARC)	New HIPAA CARC Description	New HIPAA Remittance Advice Remark Code (RARC)	New HIPAA RARC Description
Update	CL008	ALLOWED PER SPECIAL CONTRACT	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
Update	CL019	PAID AT REASONABLE & CUSTOMARY ALLOWANCE	131	Claim specific negotiated discount			45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
Update	CL065	RESUBMIT WITH ANESTHESIA TIME	A1	Claim denied charges.	M58	Missing/incomplete/in valid claim information. Resubmit claim after corrections.	16	Claim/service lacks information which is needed for adjudication.	N203	Missing/incomplete/invalid anesthesia time/units
Update	CL079	Paid at United Resource Networks contracted case rate.	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
Update	CL097	ALLOWED AT DRG OUTLIER RATE	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N18	Payment based on the Medicare allowed amount.	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		

HIPAA Claim Adjustment Reason Code Changes

Effective October 20, 2008



New/Update	WellCare Code (Only supplied on paper EOPs)	WellCare Code Description	Old HIPAA Claim Adjustment Reason Code (CARC)	Old HIPAA CARC Description	Old HIPAA Remittance Advice Remark Code (RARC)	Old HIPAA RARC Description	New HIPAA Claim Adjustment Reason Code (CARC)	New HIPAA CARC Description	New HIPAA Remittance Advice Remark Code (RARC)	New HIPAA RARC Description
Update	CL098	PAYMENT BASED ON MEDICARE APC	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N18	Payment based on the Medicare allowed amount.	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
Update	CL101	ADJUSTMENT- ALLOWED AT MEDICARE FEE SCHEDULE	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N18	Payment based on Medicare allowed amount	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
Update	CL108	INCLUDED IN GLOBAL FEE ALLOWANCE	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
Update	CL118	ADJUSTMENT DUE TO FEE SCHEDULE INCREASE/DECREA SE IN RATES	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		

HIPAA Claim Adjustment Reason Code Changes

Effective October 20, 2008



New/Update	WellCare Code (Only supplied on paper EOPs)	WellCare Code Description	Old HIPAA Claim Adjustment Reason Code (CARC)	Old HIPAA CARC Description	Old HIPAA Remittance Advice Remark Code (RARC)	Old HIPAA RARC Description	New HIPAA Claim Adjustment Reason Code (CARC)	New HIPAA CARC Description	New HIPAA Remittance Advice Remark Code (RARC)	New HIPAA RARC Description
Update	DN023	NO MEDICAID ALLOWABLE	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
Update	DN025	NO CONTRACTUAL FEE ALLOWANCE	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
Update	DN057	Pmnt Included in Chiropractic flat rate allowance	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
Update	DN068	INCLUDED IN TRIAGE FEE ALLOWANCE	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount	B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.		

HIPAA Claim Adjustment Reason Code Changes

Effective October 20, 2008



New/Update	WellCare Code (Only supplied on paper EOPs)	WellCare Code Description	Old HIPAA Claim Adjustment Reason Code (CARC)	Old HIPAA CARC Description	Old HIPAA Remittance Advice Remark Code (RARC)	Old HIPAA RARC Description	New HIPAA Claim Adjustment Reason Code (CARC)	New HIPAA CARC Description	New HIPAA Remittance Advice Remark Code (RARC)	New HIPAA RARC Description
Update	DN112	PLEASE RESUBMIT CLAIM UNDER INDIVIDUAL PROVIDER NUMBER	A1	Claim denied charges	M57	Missing/incomplete/in valid provider identifier.	N433	Resubmit this claim using only your National Provider Identifier (NPI)		
Update	DN114	Inclusive to Group Rates	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
Update	DN147	INITIAL VISIT NOT BILLABLE TWICE	57	Payment denied/reduced because the payer deems the information submitted does not support this level of service, this many services, this length of service, this dosage or this day's supply			151	Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.		

HIPAA Claim Adjustment Reason Code Changes

Effective October 20, 2008



New/Update	WellCare Code (Only supplied on paper EOPs)	WellCare Code Description	Old HIPAA Claim Adjustment Reason Code (CARC)	Old HIPAA CARC Description	Old HIPAA Remittance Advice Remark Code (RARC)	Old HIPAA RARC Description	New HIPAA Claim Adjustment Reason Code (CARC)	New HIPAA CARC Description	New HIPAA Remittance Advice Remark Code (RARC)	New HIPAA RARC Description
Update	DN157	Pmnt Included in flat rate allowance	97	Payment is included in the allowance for another service/procedure.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.		
Update	DN162	INTERIM BILL NOT CONSIDERED. SUBMIT FINAL BILL.	A1	Claim denied charges	M58	Missing/incomplete/in valid claim information. Resubmit claim after corrections.	135	Interim bills cannot be processed.		
Update	DN184	PRIOR TO 10/25/01- COVERED UNDER SETTLEMENT	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
Update	DN194	DATE MISSING AND OR INVALID DATE OF SERVICE	A1	Claim denied charges	MA52	Missing/incomplete/in valid date.	16	Claim/service lacks information which is needed for adjudication.	N56	Procedure code billed is not correct/valid for the services billed or the date of service billed.

HIPAA Claim Adjustment Reason Code Changes

Effective October 20, 2008



New/Update	WellCare Code (Only supplied on paper EOPs)	WellCare Code Description	Old HIPAA Claim Adjustment Reason Code (CARC)	Old HIPAA CARC Description	Old HIPAA Remittance Advice Remark Code (RARC)	Old HIPAA RARC Description	New HIPAA Claim Adjustment Reason Code (CARC)	New HIPAA CARC Description	New HIPAA Remittance Advice Remark Code (RARC)	New HIPAA RARC Description
Update	DNM01	SRVC PAID UNDER SOME OTHER MEDICARE FEE SCHEDULE METHOD	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
Update	DNPCP	Medical Records req. when consultations are submitted by PCP	D6	Claim/service denied. Claim did not include patients medical record for the service.			16	Claim/service lacks information which is needed for adjudication.	M127	Missing patient medical record for this service.
Update	FSPFC	Allowed Amount per Professional Component Fee Schedule	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
Update	GLFEE	SERVICES INCLUDED IN GLOBAL FEE	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	97	Payment is included in the allowance for another service/procedure.	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.		

HIPAA Claim Adjustment Reason Code Changes

Effective October 20, 2008



New/Update	WellCare Code (Only supplied on paper EOPs)	WellCare Code Description	Old HIPAA Claim Adjustment Reason Code (CARC)	Old HIPAA CARC Description	Old HIPAA Remittance Advice Remark Code (RARC)	Old HIPAA RARC Description	New HIPAA Claim Adjustment Reason Code (CARC)	New HIPAA CARC Description	New HIPAA Remittance Advice Remark Code (RARC)	New HIPAA RARC Description
Update	INCLB	Included in Base Rate	97	Payment is included in the allowance for another service/procedure.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.		
Update	LIFEC	PAID @ LIFE TRAC NETWORK CONTRACT RATE	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
Update	MCDR0	Medicaid Fee schedule allows \$0	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
Update	MULTP	Allowed adjusted for Multiple Procedures	59	Charges are adjusted based on multiple surgery rules or concurrent anesthesia rules.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	59	Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.)		

HIPAA Claim Adjustment Reason Code Changes

Effective October 20, 2008



New/Update	WellCare Code (Only supplied on paper EOPs)	WellCare Code Description	Old HIPAA Claim Adjustment Reason Code (CARC)	Old HIPAA CARC Description	Old HIPAA Remittance Advice Remark Code (RARC)	Old HIPAA RARC Description	New HIPAA Claim Adjustment Reason Code (CARC)	New HIPAA CARC Description	New HIPAA Remittance Advice Remark Code (RARC)	New HIPAA RARC Description
Update	PCDRG	Amount Allowed per DRG Rate	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).		
Update	PCFSC	Amount Allowed Per contracted Fee Schedule	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).		
Update	PCSPC	Amount Allowed Per Special Contract	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	45	Charges exceed your contracted/ legislated fee arrangement. This change to be effective 6/1/07: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		

HIPAA Claim Adjustment Reason Code Changes

Effective October 20, 2008



New/Update	WellCare Code (Only supplied on paper EOPs)	WellCare Code Description	Old HIPAA Claim Adjustment Reason Code (CARC)	Old HIPAA CARC Description	Old HIPAA Remittance Advice Remark Code (RARC)	Old HIPAA RARC Description	New HIPAA Claim Adjustment Reason Code (CARC)	New HIPAA CARC Description	New HIPAA Remittance Advice Remark Code (RARC)	New HIPAA RARC Description
Update	PCTBI	Percent Of Billed	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).		
Update	PDAPL	PRICING REFLECTS APL PAYMENT RULES	59	Charges are adjusted based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.)	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
Update	PHYSI	PER CONTRACT, PROFESSIONAL SERVICE NOT WARRANTED	50	These are non-covered services because this is not deemed a medical necessity by the payer.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount	50	These are non-covered services because this is not deemed a 'medical necessity' by the payer.		

HIPAA Claim Adjustment Reason Code Changes

Effective October 20, 2008



New/Update	WellCare Code (Only supplied on paper EOPs)	WellCare Code Description	Old HIPAA Claim Adjustment Reason Code (CARC)	Old HIPAA CARC Description	Old HIPAA Remittance Advice Remark Code (RARC)	Old HIPAA RARC Description	New HIPAA Claim Adjustment Reason Code (CARC)	New HIPAA CARC Description	New HIPAA Remittance Advice Remark Code (RARC)	New HIPAA RARC Description
Update	PRONC	PROCEDURE CODE IS NOT COVERED	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount	204	This service/equipment/dru g is not covered under the patient's current benefit plan		
Update	SETLE	DATES OF SERVICE INCLUDED IN SETTLEMENT	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
Update	SETTL	DATES OF SERVICES INCLUDED IN SETTLEMENT	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		