



Remittance Advice Reason and Remark Codes

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Remittance Advice Reason and Remark Codes

- Reason codes inform the provider why you have fully or partially denied a request for payment.
- Remark codes furnish information to supplement a reason code or to furnish information related to the action, such as appeal rights.

Reason and Remark Codes

- ⌚ **The 835 implementation guide, and by reference HIPAA, does not permit reason or remark codes to be used that have not been approved by the owner of those codes sets.**
- ⌚ **CMS is the owner of the remark codes.**
- ⌚ **The National Reason and Claims Status Code Work Group owns the reason codes.**

Reason and Remark Codes

- Reason codes do not explain why a particular amount was paid for a service.
- They are used to report every reason a service was not paid at the amount billed.
- They furnish providers with data that can be automatically posted to account receivables, and used to evaluate the payment decision .

Reason and Remark Codes

- ⌚ **A generic code set is needed so that a provider that deals with multiple payers can program to automatically post the data received.**
- ⌚ **It would not be administratively simpler to require that providers program separate reason and remark codes for each payer.**

Reason and Remark Codes

- ⌚ **Every payer must map their local reason codes to those in the standard set.**
- ⌚ **In many cases, information that might have been included in a local code must now be reported in another 835 segment.**

Reason and Remark Codes

- ❧ **The NMEH EOB Subworkgroup analyzed local codes from many States, and tried to map them to the current standard reason and remark codes and 835 segments.**
- ❧ **Local codes that couldn't be mapped were sent to the national Reason and Claim Status Code Work Group or to CMS for approval of new or modified codes.**
- ❧ **Process is being repeated with more states.**

Reason and Remark Codes

- Approved codes and requests for new or modified reason or remark codes are at: www.wpc-edi.com/hipaa. Look under code lists and on-line conference.
- Requests are evaluated shortly after receipt. Submitters may be asked for further information.

Reason and Remark Codes

- Ω **The Reason and Claim Status Work Group meets the first Sunday of October, February and June. CMS evaluates remark code requests continuously.**
- Ω **The Work Group and CMS must approve requests, subject to wordsmithing, provide an alternate way to meet the need, or may table the request if further information is still needed.**

Reason and Remark Codes

- Approved codes may be used immediately, but payers should notify providers prior to initial use of a new or modified code.
- The master lists of approved reason and remark codes are updated by November, March and July.

Reason and Remark Codes

- ⌚ **Codes may be “retired” if obsolete or if the information can be reported with another code.**
- ⌚ **“Retired” codes are not to be used effective with a future version as noted in the master lists but may continue to be used on an earlier version.**

Reason and Remark Codes

- **To expedite approval of requests:**
- **explain how this code differs from any similar , existing message.**
- **explain the adverse consequences if the code is not approved,**
- **mention if there is any legislative basis for the code as requested,**

Reason and Remark Codes

- **To expedite approval of requests:**
- **monitor the online reason code conference to quickly respond to requests for further information (CMS will contact you directly via E-Mail or phone),**
- **try to attend the Reason and Claim Status Code Work Group meeting where the request will be discussed,**

Reason and Remark Codes

- **Ω To expedite approval of requests:**
- Ω **discuss reason code requests with one of the work group chairs prior to submission--Bob Poiesz at 717-731-2005 or Jim Whicker at 801-442-6450.**

Reason and Remark Codes

- ⌚ **Medicaid code requests should be submitted through your national coding work group.**
- ⌚ **This avoids duplication, reduces the burden on the National Reason and Claim Status Code Work Group, and facilitates approvals.**