

**Changes to Claim Adjustment Reason Codes (CARC) sent in the Remittance Advice.**

There will be some changes to the Claim Adjustment Reason Code being sent in the provider's Remittance Advice when claims hit certain system edits during adjudication. This is because some of the codes are scheduled for deactivation in 2007. In some cases a Remittance Remark Code has also been added to reduce ambiguity. However some edits translate to the same Reason Code if the eMedNY edit described is similar. The new mappings are shown in the table below. It is expected that the new mappings will be in effect in March 2007. Please check the Known Issues list at [nyhipadesk.com](http://nyhipadesk.com) for more information as it becomes available.

Also, for the complete list of current eMedNY edits with the Claim Adjustment Reason Codes and Remittance Remark Codes that are sent in the remittance advice see the [crosswalks](http://nyhipadesk.com) section at [nyhipadesk.com](http://nyhipadesk.com).

eMedNY System Edit	eMedNY Edit Definition	Old CARC	New CARC	Old Remark Code	New Remark Code
00126	MANUAL REVIEW CODE 6 MANUAL PRICE - EXCLUDES DME EQUIPMENT - SERVICE AREA CD "C" AND "E"	42	133		
02006	PROCEDURE MANUAL REVIEW CODE 6 REQUIRES MANUAL PRICING - INCLUDES DME EQUIPMENT SERVICE C & E	42	133		
01158	ENHANCED FEE PROCEDURE CODE USED FOR NON- QUALIFIED RECIPIENT OR PROVIDER	52	A1	N30	N52
00186	REQ PA FOR PROCEDURE NOT FOUND	62	197		
00190	PROVIDER EXCEPTION CODE 02 REQUIRES MANUAL PRICING (0-0-S PROVIDER)	62	133		
00552	CLAIM REQUIRES PRIOR APPROVAL	62	197		

<b>eMedNY System Edit</b>	<b>eMedNY Edit Definition</b>	<b>Old CARC</b>	<b>New CARC</b>	<b>Old Remark Code</b>	<b>New Remark Code</b>
00700	PA UNITS OR PAYMENT AMOUNT EXCEEDED	62	198		
00702	SERVICE DATE NOT WITHIN PA APPROVED DATE RANGE	62	198	MA31	N54
00728	PA REQUIRED - STAY GT 15 DAYS OR LEVEL OF CARE CHANGED	62	198		N54
01029	REQUIRED PA FOR RATE CODE NOT FOUND	62	197		
01116	PRIOR APPROVAL REQUIRED FOR AMBULATORY SURGERY	62	197		
01247	THERAPEUTIC DAYS GT 4 FOR RTF CLAIM, NO PA PRESENT	62	197		
00204	PROCEDURE CODE INACTIVE ON SERVICE DATE	B18	181		
00227	PRIMARY DIAGNOSIS INDICATES ABORTION/ABORT CODE INVALID	D21	50		
00228	SECONDARY DIAGNOSIS INDICATES ABORTION/ABORTION CODE INVALID	D21	50		
00737	ICD-9-CM DIAGNOSIS CODE ON PHYSICIAN CLAIM NOT ON FILE	D21	167		
00738	ICD-9-CM DIAGNOSIS CODE ON PHYSICIAN CLAIM NOT ON FILE	D21	167		