

# *The Patient Protection and Affordable Care Act*



## Section 1104 – Administrative Simplification

# Council for Affordable Quality Healthcare (CAQH)

## Committee on Operating Rules for Information Exchange (CORE<sup>®</sup>)

Phase III CORE 360 Uniform Use of Claim  
Adjustment Reason Codes and  
Remittance Advice Remark Codes (835)  
Rule



<http://www.caqh.org/CORECodeCombinations.php>

# The 4 Business Scenarios

1. Additional Information Required – Missing / Invalid / Incomplete Documentation
2. Additional Information Required – Missing / Invalid / Incomplete Data from the Submitted Claim
3. Billed Service Not Covered by the Health Plan
4. Benefit for Billed Service Not Separately Payable



# Washington Publishing Company

Claim Adjustment Reason Code

Remittance Advice Remark Code

## 835 Electronic Remittance Advice

- If needed CARCs and RARCs will be returned;
- 2100 loop CAS segment (CARC)
- 2100 loop MIA segment (RARC)
- 2100 loop MOA segment (RARC)
- 2110 loop LQ segment (RARC)

