

CARCs and RARCs CHANGE LOG

The following changes were incorporated into the MassHealth CARC/RARC list **Date of Posting: 10/26/2023**

EOB CODE	EOB CODE DESCRIPTION	ADJUST. REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION	ADD/MODIFY	ITEM	Effective Date
1033	CBHC not allowed for COB claim	96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N180	This item or service does not meet the criteria for the category under which it was billed.	REMOVE	CARC	10/1/2023
2552	CROSSOVER CLAIM MISSING MEDICARE CARRIER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	MA92	MISSING PLAN INFORMATION FOR OTHER INSURANCE.	MODIFY	CARC	10/1/2023
2639	PIP CARRIER IS NOT PRIMARY	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N219	PAYMENT BASED ON PREVIOUS PAYER'S ALLOWED AMOUNT	ADD	CARC	10/1/2023
2641	TPL REPRICING METHOD B	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	N219	PAYMENT BASED ON PREVIOUS PAYER'S ALLOWED AMOUNT	ADD	CARC	10/1/2023
2642	TPL REPRICING METHOD D	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	N219	PAYMENT BASED ON PREVIOUS PAYER'S ALLOWED AMOUNT	ADD	CARC	10/1/2023
2643	TPL REPRICING METHOD E	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	N219	PAYMENT BASED ON PREVIOUS PAYER'S ALLOWED AMOUNT	ADD	CARC	10/1/2023
2646	HDR-TPL REPRICING METHOD B	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	N219	PAYMENT BASED ON PREVIOUS PAYER'S ALLOWED AMOUNT	ADD	CARC	10/1/2023
2647	HDR-TPL REPRICING METHOD E	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	N219	PAYMENT BASED ON PREVIOUS PAYER'S ALLOWED AMOUNT	ADD	CARC	10/1/2023
2648	HDR-TPL REPRICING METHOD D	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	N219	PAYMENT BASED ON PREVIOUS PAYER'S ALLOWED AMOUNT	ADD	CARC	10/1/2023
2654	COMMERCIAL PAYER CANNOT BE PRIMARY FOR CBHC	274	FEE/SERVICE NOT PAYABLE PER PATIENT CARE COORDINATION ARRANGEMENT	242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS	ADD	CARC	10/1/2023
2655	NO PRIMARY PAYER INDICATED CBHC	D16	CLAIM LACKS PRIOR PAYER PAYMENT INFORMATION	MA87	MISSING/INCOMPLETE/INVALID INSURED'S NAME FOR THE PRIMARY PAYER	ADD	CARC	10/1/2023
4500	UNEXPECTED GPCS ERROR	96	NON-COVERED CHARGE(S). AT LEAST ONE REMARK CODE MUST BE PROVIDED (MAY BE COMPRISED OF EITHER THE REMITTANCE ADVICE REMARK CODE OR NC-PDP REJECT REASON	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE	ADD	CARC	10/1/2023
4501	ERROR 403, POSSIBLE EXPIRED TOKEN	96	NON-COVERED CHARGE(S). AT LEAST ONE REMARK CODE MUST BE PROVIDED (MAY BE COMPRISED OF EITHER THE REMITTANCE ADVICE REMARK CODE OR NC-PDP REJECT REASON	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE	ADD	CARC	10/1/2023
4502	ERROR IN THE GPCS REQUEST/RESPONSE	96	NON-COVERED CHARGE(S). AT LEAST ONE REMARK CODE MUST BE PROVIDED (MAY BE COMPRISED OF EITHER THE REMITTANCE ADVICE REMARK CODE OR NC-PDP REJECT REASON	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE	ADD	CARC	10/1/2023
4503	ERROR IN THE GPCS NETWORK REQUEST	96	NON-COVERED CHARGE(S). AT LEAST ONE REMARK CODE MUST BE PROVIDED (MAY BE COMPRISED OF EITHER THE REMITTANCE ADVICE REMARK CODE OR NC-PDP REJECT REASON	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE	ADD	CARC	10/1/2023