What's new in Version 008020 X12 TR3s?

New 835 & 837 RAS Adjustment Information segment

The Claim Adjustment Information and Service Adjustment Information Segments (835: 2100 and 2110 loop RAS segment, 837: 2320 and 2430 Loop RAS segment) provide the amounts, reasons, and quantities of any adjustments that the payer made to the original submitted charge and to the units related to the claim or service(s). Each RAS segment identifies a single adjustment to the original submitted charge for the claim/service. Each RAS segment identifies a specific adjustment amount and includes all related reasons (Claim Adjustment Reason Codes and all remark codes) for the amount adjusted without multiple resubmissions and subsequent denials.

Segment format

The RAS segment at the Claim and Service Loops provides a single amount, reason(s) and quantity of an adjustment:

- Each RAS segment reports a single adjustment amount to the submitted charge. The adjustment amount cannot be zero.
- Claim Adjustment Group Code to assign the class of adjustment and responsibility
  - The group codes are now external and maintained by X12, found at x12.org website, and will be updated on a periodic basis.
- Claim Adjustment Reason Code (CARC) identifying the reason for the adjustment.
  - One CARC is required
  - Can report up to five CARCs if the adjustment amount is the full submitted charge amount
- Remark code providing additional reason for the adjustment and directly related to the CARC. Up to five remark codes can be reported for each CARC.
- Remark codes can be from three different external code lists: Remittance Advice Remark Codes (RARC), NCPDP Reject Codes, and Insurance Industry Specific Remark Codes (IISRC)
  - The IISRC provides a set of specific remark codes related to certain industry segments e.g., dental industry. The list is maintained by X12 and available at x12.org website
- Adjustment Quantity conveys a reduction in the related units
- Remark codes not directly related to a CARC are reported in the LQ Segment at the claim and service loops

How can this benefit you?

- Game changer in the claim reconciliation process
  - Provides more robust adjustment information by reporting all associated messaging and reasons for the adjustments
  - Reduce potential multiple denials and appeals of the same claim, and reduce payer/ provider burden and expense of processing corrected/resubmitted claims
- Reduces cost:
  - Manual claim rework
  - Decrease in provider A/R days and write-offs
  - Manage appeal process
  - System processing
  - Operational costs e.g., phone calls, service tickets
- Quicker and more accurate determination of member financial responsibility
- Improved member and provider satisfaction
  - Incentivize 835 adoption

How can this impact you?

- Payer and Business Associates business processes
  - Identify all current adjustment reasons in the adjudication systems
  - Update automated adjudication
  - Update manual claims review
  - Update database structure
  - Online display of ERA needs to match the 835 content
  - Internal education e.g., EDI and help desk

- Practice Management System (PMS)
  - Update software to receive increased number of CARCs and remarks
  - Update display and reporting of increased number of codes
  - Update Workflow – tasks assigned to multiple teams with coordination before resubmission
  - Update automated processes based on the CARCs and remarks
  - Update COB processing based on updated workflow
  - Internal education e.g., client facing staff
  - External education to customers

- Provider business processes
  - Work with PMS to update software for increased number of CARCs and remarks
  - Update business processes to concurrently work all CARCs and remarks received
  - Review and update reports containing CARCs and remarks
  - Internal education

- Clearinghouse
  - Identify all current adjustment reasons in the processing systems
  - Update database structure
  - Up or down convert non-X12 file to 835 transactions
  - Up or down convert X12 835 transactions across versions
  - Online display of ERA needs to match the 835 content
  - Internal education e.g., EDI and help desk

Refer to X12's 008020X322 Health Care Claim Payment/Advice 835 for additional information on the RAS segment