**June 2019 Meeting Announcement**

The June 2019 Code Maintenance Committee meeting will be held in San Antonio, TX on Sunday, June 2 at the Hyatt Regency San Antonio. This is the same hotel where the ASC X12 Standing Meeting is held. Please see http://www.x12.org for meeting information.

The Code Committee meets from 1:00 pm until 3:30 pm - usually in the same room as the Medicare Caucus. To request a new code, change or deletion, use the Request Form. Post to the June 2019 Agenda entry to reflect your topics for discussion, or reply to individual posting when new codes are listed. The agenda for the meeting will close on Friday, May 3, 2019. A virtual preliminary screening meeting will be scheduled to review requests. That meeting will be announced via the "Meeting Announcements" Online Conference. No voting will be held on that session, but requests will be screened to determine if additional outreach is needed. This timing permits groups to conduct conference calls prior to the Code Maintenance Committee meeting.

Each October the committee will hold elections for the Chair and Vice-Chair position of the committee. In the even year (e.g. 2018, 2020) the Vice-Chair position election is held. In the odd year (2019, 2021) the Chair position election is held.

This meeting is in an odd year, consequently there will be a Chair election.

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**June 2, 2019 Meeting**

Chair election:

The External Code List Oversight Subcommittee (ECO) appoints a chair to the action group within the External Code List Oversight (ECO) Subcommittee of the Registered Standards Committee (RSC). Chair positions are an appointed position, not elected. Since this committee is transitioning into the ECO structure, we will not have an election at the September meeting. For the September meeting, we will be reviewing the new charter, the voting member list as well as any new requests received.

A transition check list has been developed and we are currently reviewing and working through it as our committee is a beta for this check list. Code list “Service Type Code” and “Health Care Services Decision Reason Codes” will no longer be under the Code Committee. You can find the scope for ECO and the code maintenance groups on X12.org under Policies and Procedures, CAP12 – External Code Lists and under Registered Standards Committee.
Old Business

No tabled items from January 2019.

New Business

New items since the last meeting.

1

**New Claim Status Code for Missing/Invalid Consent Date**

<table>
<thead>
<tr>
<th>Name</th>
<th>Vicky Pierce</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company</td>
<td>Utah State Medicaid</td>
</tr>
<tr>
<td>Phone</td>
<td>801-884-3902</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:vickypierce@utah.gov">vickypierce@utah.gov</a></td>
</tr>
<tr>
<td>Request Type</td>
<td>New</td>
</tr>
<tr>
<td>List Name</td>
<td>Health Care Claim Status</td>
</tr>
<tr>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td>Missing/Invalid Consent Date</td>
</tr>
<tr>
<td>Explanation</td>
<td>Medicaid's are required to have Sterilization/Abortion/Hospital Consent forms signed and dated. There are specific requirements regarding when a consent can be signed in relationship to when the surgery occurs (ie sterilization consent expires 180 days from date of signature). Need new code to identify that it is the consent date on the form that is causing the claim to suspend or deny.</td>
</tr>
</tbody>
</table>

Commenter:

Comment:

Motioner:

Seconded:
Discussion

Pre-Meeting May 16, 2019

WG5 was ok with the request. Believe it should say Consent “Form”. Submitter is ok with changing to Missing Consent Form (not plural).

Question: are there other consent forms? “Consent form” very generic and could be confusing to the provider.

Requester asked if “Sterilization/Abortion/Hospital” Consent Form could be used. There are three types of consent that must be obtained. They are mandated. Just remove the “date” from the request title.

Comment: there needs to be something that says references date. Difference between sending the form and having the date. Requester says that it is ok because the code will mean there is a missing form or an invalid form (and no date would be invalid).

Comment: pending codes do not have the missing or invalid.

Agreed to description change: Missing/Invalid Sterilization/Abortion/Hospital Consent Form

Meeting June 2, 2019

Requester not present at meeting.

A motion was made and seconded to approve.

Effective date: July 1

VOTE RESULTS - NUMBER OF: YES 13 NO 0 ABSTAIN 3

Passed: X – Effective Date: July 1, 2019

Failed:

Tabled:

Withdrawn:

Assigned Code: 785

Definition: Missing/Invalid Sterilization/Abortion/Hospital Consent Form.

2

Bariatric service type request

Name: Chris Cioffi

Company: Anthem, Inc.

Phone: 301-752-6698

Email: chris.cioffi@anthem.com

Request Type: New

List Name: Health Care Service Type

Value:

Description: Bariatric services - Services that deals with the causes, education, prevention and treatment of obesity

Explanation: This code would be used to properly route these services to the correct group.
JUNE 2, 2019  4

VOTE RESULTS - NUMBER OF: YES 14 NO 0 ABSTAIN 0

Passed: X – Effective Date: July 1, 2019

Failed:

Tabled:

Withdrawn:

Assigned Code: 99

Definition: Bariatric services - Services that deal with the causes, education, prevention and treatment of obesity.

3

I need status

Name: Andrea Brown

Company: microsoft

Phone: 9719307490

Email: Parent@work.com

Request Type: New

List Name: Health Care Claim Status Category

Value: 50000000

Description: to obtain financial stability

Explanation: New code for new issues that happen to federal employees

Commenter:

Comment:

Motioner:
**Discussion**

**Pre-Meeting May 16, 2019**
Margaret contacted submitter but email is invalid.

**Meeting June 2, 2019**
Not enough information to adjudicate
A motion was made and seconded to disapprove.

### VOTE RESULTS

- NUMBER OF: YES _17___ NO _0___ ABSTAIN _0_

<table>
<thead>
<tr>
<th>Passed:</th>
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</thead>
<tbody>
<tr>
<td>Failed:</td>
<td></td>
</tr>
<tr>
<td>Tabled:</td>
<td></td>
</tr>
<tr>
<td>Withdrawn:</td>
<td></td>
</tr>
<tr>
<td>Assigned Code:</td>
<td></td>
</tr>
<tr>
<td>Definition:</td>
<td></td>
</tr>
</tbody>
</table>

### 4

**Rejection of claim/bill. Must submit to the auto third party insurer.**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Tina Greene</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company:</td>
<td>Mitchell</td>
</tr>
<tr>
<td>Phone:</td>
<td>858-368-7104</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:tina.greene@mitchell.com">tina.greene@mitchell.com</a></td>
</tr>
<tr>
<td>Request Type:</td>
<td>New</td>
</tr>
<tr>
<td>List Name:</td>
<td>Health Care Claim Status</td>
</tr>
<tr>
<td>Value:</td>
<td></td>
</tr>
<tr>
<td>Description:</td>
<td>Submit claim to auto third party insurer.</td>
</tr>
<tr>
<td>Explanation:</td>
<td>This code is needed to reject a claim/bill back to a provider because the payer is not responsible for payment. It is a third party auto claim and must be submitted to the third party insurer.</td>
</tr>
</tbody>
</table>

| Commenter: | |
| Comment: | |
| Motioner: | |
| Seconder: | |
**Discussion**

### Pre-Meeting May 16, 2019

- **Comment:** Spell out “auto” to “automobile”.
- **Question:** About an entity code, but there is no “auto” entity code in 5010 or 7030.
- **Suggestion:** Description change: “Submit claim to third party automobile insurer.”

### Meeting June 2, 2019

A motion was made and seconded to approve.

**Discussion:**

Comment made that “auto” should be changed to “automobile”. It was agreed and description now reflects “automobile”.

**Effective Date:** July 1

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**VOTE RESULTS**

<table>
<thead>
<tr>
<th></th>
<th>NUMBER OF: YES_15 NO_0 ABSTAIN_1</th>
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<tbody>
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<tr>
<td>Tabled</td>
<td></td>
</tr>
<tr>
<td>Withdrawn</td>
<td></td>
</tr>
</tbody>
</table>

**Assigned Code:** 786

**Definition:** Submit claim to the third party property and casualty automobile insurer.

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### Need a code for Durable Medical Equipment Supplier

**Name:** George BOEHRINGER

**Company:** A V C SERVICES

**Phone:** 2484713371

**Email:** avboeh@yahoo.com

**Request Type:** New

**List Name:** Health Care Service Type

**Value:**

**Description:** Code to procure a NPI number

**Explanation:** Registering for EDI

---

**Commenter:**

**Comment:**

**Motioner:**

**Seconder:**
Discussion | Pre-Meeting May 16, 2019

Meeting June 2, 2019
A motion was made and seconded to disapprove.
Comment was made that a DME supplier has to have a separate NPI to get the claim in the door, but it shouldn’t be a service code.

VOTE RESULTS | - NUMBER OF: YES__18__ NO_0_ ABSTAIN_0_

| Passed: | X - disapproved |
| Failed: | |
| Tabled: | |
| Withdrawn: | |
| Assigned Code: | |
| Definition: | |

6
Revision of coding

Name: Naira Shahinyan
Company: Rodavi Home Health Care Inc
Phone: 8186450151
Email: nashanoma@yahoo.com
Request Type: Revision
List Name: Health Care Claim Status Category
Value: |
Description: Update the codes
Explanation: Update the codes based on new requirements for billable codes

Commenter:
Comment:
Motioner:
Seconder:

Discussion | Pre-Meeting May 16, 2019
Margaret emailed requester but did not receive a response. Does not believe there is enough information to adjudicate.

Meeting June 2, 2019
A motion was made and seconded to disapprove.
VOTE RESULTS - NUMBER OF: YES 17  NO 0  ABSTAIN 0

Passed: X - disapproved

Failed:

Tabled:

Withdrawn:

Assigned Code:

Definition:

7

Revision of coding

Name: Naira Shahinyan

Company: Rodavi Home Health Care Inc

Phone: 8186450151

Email: nashanoma@yahoo.com

Request Type: Revision

List Name: Health Care Claim Status Category

Value:

Description: Update the codes

Explanation: Update the codes based on new requirements for billable codes

Commenter:

Comment:

Motioner:

Seconder:

Discussion

Pre-Meeting May 16, 2019
Margaret emailed requester but did not receive a response. Does not believe there is enough information to adjudicate.

Meeting June 2, 2019
Duplicate of item #6 above.
We will use the same vote as above.

VOTE RESULTS - NUMBER OF: YES 17  NO 0  ABSTAIN 0

Passed: X – disapproved

Failed:

Tabled:

Withdrawn:

Assigned Code:
8

<table>
<thead>
<tr>
<th>Definition:</th>
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<tr>
<td>Description:</td>
</tr>
<tr>
<td>Explanation:</td>
</tr>
</tbody>
</table>

**Discussion**

**Pre-Meeting May 16, 2019**

WG3 will discuss in next meeting.

**Meeting June 2, 2019**

A motion was made and seconded to approve.

X12N/B/WG3 discussed in call and did not feel that it should be a new code. Could use an existing code (216) and add a RARC. WG3 requests to defer until next meeting so that the workgroup can have a little longer to review.

Comment: NCPDP feels that 216 is too broad for this description. It was agreed that 216 is broad.

Motion was made and seconded to defer until next meeting. Motion was then withdrawn since a new request will be made. NCPDP will work with WG3 for resubmission.
<table>
<thead>
<tr>
<th>VOTE RESULTS - NUMBER OF:</th>
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<th>NO 7</th>
<th>ABSTAIN 6</th>
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<td>Definition:</td>
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</table>

<table>
<thead>
<tr>
<th>9</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Need claim status code for claim that was originally denied and provider just needs to correct the claim for the denial reason and submit as a new claim</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>MARY WINTER</td>
</tr>
<tr>
<td>Company:</td>
<td>PRIMEWEST HEALTH</td>
</tr>
<tr>
<td>Phone:</td>
<td>3203355239</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:mary.winter@primewest.org">mary.winter@primewest.org</a></td>
</tr>
<tr>
<td>Request Type:</td>
<td>New</td>
</tr>
<tr>
<td>List Name:</td>
<td>Health Care Claim Status</td>
</tr>
<tr>
<td>Value:</td>
<td></td>
</tr>
<tr>
<td>Description:</td>
<td>The original claim was denied. Resubmit a new claim, not a replacement claim.</td>
</tr>
<tr>
<td>Explanation:</td>
<td>The Payer Claim Control Number is required for replacement or void claims, but in this case the claim was originally denied by the payer and not process in the payer system. The provider needs to submit the claim as a new claim.</td>
</tr>
<tr>
<td>Commenter:</td>
<td></td>
</tr>
<tr>
<td>Comment:</td>
<td></td>
</tr>
<tr>
<td>Motioner:</td>
<td></td>
</tr>
<tr>
<td>Seconder:</td>
<td></td>
</tr>
</tbody>
</table>
Discussion

Pre-Meeting May 16, 2019

WG5 looked through the status codes. There is a RARC with the exact verbiage.

Requester commented that they would like to reject on the front end and not bring the claims into the system.

Question: what is driving it to reject? Response: the claim doesn’t actually come in for a payment. When it does come into the system the provider receives a denial and the provider has to resubmit.

Requester confirmed that a claim number is not given.

Need to reject original claim not deny.

Change in description was recommended to: “Resubmit a new claim, not a replacement claim.”

Meeting June 2, 2019

A motion was made and seconded to approve.

X12N/B/WG5 recommends to use with 535.

VOTE RESULTS

- NUMBER OF: YES 16  NO 0  ABSTAIN 2

Passed: X – approved Effective date: July 1, 2019

Failed:

Tabled:

Withdrawn:

Assigned Code: 787

Definition: Resubmit a new claim, not a replacement claim.

10

MA112 REMARK CODE CO-16 ADJUSTMENT REASON CODE: I DON'T UNDERSTAND THE BECAUSE OF THIS ERROR SINCE FEBRUARY 2019

I DON'T UNDERSTAND THE BECAUSE OF THIS ERROR SINCE FEBRUARY 2019

Name: GERARDO A ROJAS

Company: GLOBAL HEALTH CARE FOR ADULTS

Phone: 4075174827

Email: rsandoval.ghcfa@gmail.com

Request Type: Revision

List Name: Claim Adjustment Reason Code

Value: MA112

Description: THIS ERROR IS SINCE FEBRUARY 2019

Explanation: I DON'T UNDERSTAND THE BECAUSE OF THIS ERROR SINCE FEBRUARY 2019
Commenter:

Comment:

Motioner:

Seconder:

Discussion

Pre-Meeting May 16, 2019
Margaret emailed requester, but did not receive a response.

Meeting June 2, 2019
A motion was made and seconded to disapprove.

VOTE RESULTS - NUMBER OF: YES 17 NO 0 ABSTAIN 0
Passed: X - disapproved
Failed:
Tabled:
Withdrawn:
Assigned Code:
Definition:

11

Need claim status code for claim that was received by Medical Health Plan, but is covered under the patient’s Pharmacy plan (PBM)

Name: MARY WINTER
Company: PRIMEWEST HEALTH
Phone: 3203355239
Email: mary.winter@primewest.org
Request Type: New
List Name: Health Care Claim Status
Value:
Description: Claim received by the medical plan, but benefits not available under this plan. Submit these services to the patient’s Pharmacy plan for further consideration. Submit
Explanation: Would like the capability to reject the claim, when the claim should have been sent to Pharmacy Benefit Manager. Currently there is a CARC code with the requested description, but do not want to bring claim into payer system, would want to reject claim and give a detailed description to why claim was rejected. Currently we have to use Status Code 116, which is correct, but would like more detail for the providers. Currently we are getting calls questioning rejections.
Discussion

Pre-Meeting May 16, 2019
Requester comment: Need a front end rejection. Have a CARC/RARC combination but would like to do a front end rejection and not bring into the system.

WG5 – 116 is probably the best, but wonder if they should modify 116 to require another code. In 7030 there are ways to handle.

Discussion around using 116 and creating new codes with an additional code for specificity, Medical, Dental, DME, Third Party Auto, WC, etc.

Meeting June 2, 2019
Recommendation is to create new code to use with 116.
A motion was made to approve with modified language.
Revised wording: Submit these services to the patient's XXX plan for further consideration. (the XXX will be replaced with the list below).
Pharmacy
Medical
Dental
Vision
Behavioral Health
Property and Casualty

VOTE RESULTS - NUMBER OF: YES 16 NO 0 ABSTAIN 1

Passed: X – Effective Date: July 1, 2019
Failed:
Tabled:
Withdrawn:
Assigned Code: 788 - 793
| Definition | 788 Submit these services to the patient's Pharmacy Plan for further consideration.  
789 Submit these services to the patient's Medical Plan for further consideration.  
790 Submit these services to the patient's Dental Plan for further consideration.  
791 Submit these services to the patient's Vision Plan for further consideration.  
792 Submit these services to the patient's Behavioral Health Plan for further consideration.  
793 Submit these services to the patient's Property and Casualty Plan for further consideration. |

<table>
<thead>
<tr>
<th>12</th>
</tr>
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<tbody>
<tr>
<td><strong>Revise CARC 4 description</strong></td>
</tr>
<tr>
<td><strong>Name:</strong></td>
</tr>
<tr>
<td><strong>Company:</strong></td>
</tr>
<tr>
<td><strong>Phone:</strong></td>
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<td><strong>Email:</strong></td>
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<tr>
<td><strong>Request Type:</strong></td>
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<tr>
<td><strong>List Name:</strong></td>
</tr>
<tr>
<td><strong>Value:</strong></td>
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<tr>
<td><strong>Description:</strong></td>
</tr>
<tr>
<td><strong>Explanation:</strong></td>
</tr>
</tbody>
</table>

**Discussion**

**Pre-Meeting May 16, 2019**

X12/B/WG3 submitted two new RARCs that reference missing modifier and they were approved.

**Meeting June 2, 2019**

A motion was made and seconded to remove "or a required modifier is missing".  
Recommendation was made to make the effective date March 1, 2020.
VOTE RESULTS - NUMBER OF:  YES 15  NO 0  ABSTAIN 3

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<thead>
<tr>
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<th>X – Effective Date: March 1, 2020</th>
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<tr>
<td>Withdrawn:</td>
<td></td>
</tr>
<tr>
<td>Assigned Code:</td>
<td>Modify CARC 4</td>
</tr>
<tr>
<td>Definition:</td>
<td>The procedure code is inconsistent with the modifier used. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.</td>
</tr>
</tbody>
</table>

13

CARC code for billing provider

<table>
<thead>
<tr>
<th>Name:</th>
<th>Kellene Parthemore</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company:</td>
<td>Aetna</td>
</tr>
<tr>
<td>Phone:</td>
<td>717-671-6838</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:kparthemore@aetna.com">kparthemore@aetna.com</a></td>
</tr>
<tr>
<td>Request Type:</td>
<td>New</td>
</tr>
<tr>
<td>List Name:</td>
<td>Claim Adjustment Reason Code</td>
</tr>
</tbody>
</table>

| Value: | |
| Description: | THE BILLING PROVIDER IS NOT ELIGIBLE TO RECEIVE PAYMENT FOR THE SERVICE BILLED |

| Explanation: | The Pennsylvania State Medicaid has required all provider types (billing, rendering, ordering, referring and/or prescribing physician) to have a valid State ID on the claim for the DOS. There is currently CARC codes available for the other provider types, but not one for the billing provider. This new CARC would be used in conjunction with RARC N767, as it is with the other provider types, to indicate a State ID is required. |

Commenter: |
Comment: |
Motioner: |
Seconder: |

Discussion

Pre-Meeting May 16, 2019
Requester: need a CARC that references billing provider, we have CARCs for other provider types, but not billing. To be used with RARC N767.

This would be in the case of where the billing and rendering providers are different.

Meeting June 2, 2019
A motion was made and seconded to approve.
**14**

**Behavioral Health Carrier**

**Name:** Kellene Parthemore

**Company:** Aetna

**Phone:** 717-671-6838

**Email:** kparthemore@aetna.com

**Request Type:** New

**List Name:** Claim Adjustment Reason Code

**Value:**

**Description:** CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. CLAIM HAS BEEN FORWARDED TO THE PATIENT’S BEHAVIORAL HEALTH PLAN FOR FURTHER CONSIDERATION.

**Explanation:** This is would allow a denial to direct to the behavioral health carrier similar to the CARC codes for dental and pharmacy carriers

**Commenter:**

**Comment:**

**Motioner:**

**Seconder:**

**Discussion**

*Pre-Meeting May 16, 2019*

Same as the current dental and pharmacy codes, this one is just for behavioral health.

WG3 supports.

*Meeting June 2, 2019*

A motion was made and seconded to approve.

It was confirmed that the description matches other codes.

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<thead>
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<th>ABSTAIN_4_.</th>
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<tr>
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</tr>
</tbody>
</table>

**Assigned Code:** 299

**Definition:** The billing provider is not eligible to receive payment for the service billed.
Passed: X – Effective Date: July 1, 2019

| Definition | Claim received by the Medical Plan, but benefits not available under this plan. Claim has been forwarded to the patient's Behavioral Health Plan for further consideration. |

| Assigned Code | 300 |

15

Behavioral Health Carrier

<table>
<thead>
<tr>
<th>Name</th>
<th>Kelle Parthemore</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company</td>
<td>Aetna</td>
</tr>
<tr>
<td>Phone</td>
<td>717-671-6838</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:kparthemore@aetna.com">kparthemore@aetna.com</a></td>
</tr>
</tbody>
</table>

| Request Type | New |
| List Name | Claim Adjustment Reason Code |
| Value | |

| Description | CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. CLAIM HAS BEEN FORWARDED TO THE PATIENT’S BEHAVIORAL HEALTH PLAN FOR FURTHER CONSIDERATION. CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. SUBMIT THESE SERVICES TO THE PATIENT’S BEHAVIORAL HEALTH PLAN FOR FURTHER CONSIDERATION. |

| Explanation | This is would allow a denial to direct to the behavioral health carrier similar to the CARC codes for dental and pharmacy carriers |

| Commenter: |
| Comment: |
| Motioner: |
| Seconder: |

Discussion

Pre-Meeting May 16, 2019

WG3 supports.

Meeting June 2, 2019

A motion was made and seconded to approve.
VOTE RESULTS  - NUMBER OF:  YES 15  NO 0  ABSTAIN 2

Passed:  X  – Effective Date:  July 1, 2019
Failed:
Tabled:
Withdrawn:
Assigned Code:  301
Definition:  Claim received by the Medical Plan, but benefits not available under this plan.  Submit these services to the patient's Behavioral Health Plan for further consideration.

16

VISION CARRIER

Name:  Kellene Parthemore
Company:  Aetna
Phone:  717-671-6838
Email:  kparthemore@aetna.com
Request Type:  New
List Name:  Claim Adjustment Reason Code
Value:
Description:  CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. CLAIM HAS BEEN FORWARDED TO THE PATIENT'S VISION PLAN FOR FURTHER CONSIDERATION.
Explanation:  This is would allow a denial to direct to the vision carrier similar to the CARC codes for dental and pharmacy carriers

Commenter:
Comment:
Motioner:
Seconder:
Discussion  Pre-Meeting May 16, 2019
Meeting June 2, 2019
This request has been withdrawn.

VOTE RESULTS  - NUMBER OF:  YES___  NO ___  ABSTAIN___
Passed:
Failed:
Tabled:
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<th>Withdrawn by submitter via email on 5/15/2019</th>
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<td>Assigned Code:</td>
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<td>Definition:</td>
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**17**

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<td><strong>Name:</strong></td>
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**Discussion**

**Pre-Meeting May 16, 2019**

This has been withdrawn.

**Meeting June 2, 2019**

This request has been withdrawn.

**VOTE RESULTS**

- NUMBER OF:  
  YES  NO  ABSTAIN

**Passed:**

**Failed:**

**Tabled:**

**Withdrawn:** Withdrawn by submitter via email on 5/15/2019

**Assigned Code:**

**Definition:**