<table>
<thead>
<tr>
<th>September 2019 Meeting Announcement</th>
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<tbody>
<tr>
<td>The September 2019 Code Maintenance Committee meeting will be held in Pittsburgh, PA on Sunday, September 15 at the Westin Convention Center. This is the same location where the ASC X12 Standing Meeting is held. Please see <a href="http://www.x12.org">http://www.x12.org</a> for meeting information.</td>
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<tr>
<td>The Code Committee meets from 1:00 pm until 3:30 pm. To request a new code, change or deletion, use the Request Form. Post to the September 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, August 16, 2019. A virtual preliminary screening meeting will be scheduled to review requests. That meeting will be announced via the &quot;Meeting Announcements&quot; 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.</td>
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Old Business

| No tabled items from June 2019. |

New Business

| New items since the last meeting. |

<table>
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<tbody>
<tr>
<td><strong>New CARC for corrected Claim receipt</strong></td>
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<tr>
<td><strong>Name:</strong></td>
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<td><strong>Company:</strong></td>
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<td><strong>Phone:</strong></td>
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<td><strong>Email:</strong></td>
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<td><strong>Request Type:</strong></td>
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<tr>
<td><strong>List Name:</strong></td>
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<tr>
<td><strong>Description:</strong></td>
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<tr>
<td><strong>Explanation:</strong></td>
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### Discussion

**Pre-meeting August 26, 2019**

Requester was on call and explained the need for the new code. 18 was created for WC and they need a code.

WG3 - request is confusing. It doesn’t sound like an 835 CARC. It almost sounds like a claim status code.

Requester needs a code when a corrected claim or late charges come in and is processed under the original claim. Needs to show that it was adjusted.

Commenter: there is a RARC - N770 that describes this scenario. It could be used with CARC 129.

Chair suggested requester go back to team and see if the above CARC 129 and RARC N770 would work. If it does, send an email withdrawing the request.

**Meeting September 15, 2019**

Withdrawn per email from Megan Soccorso on 9/10/19.

### VOTE RESULTS

- **NUMBER OF:**
  - YES____
  - NO __
  - ABSTAIN__

- **Passed:**
- **Failed:**
- **Tabled:**
- **Withdrawn:** X
- **Assigned Code:**
- **Definition:**

### 2

**Add RARC to existing CARC under BS 3**

- **Name:** Celenia
- **Company:** Health Care Service Corporation
- **Phone:** 312-653-4742
- **Email:** ramirezcg2@bcbsil.com
- **Request Type:** Revision
- **List Name:** Claim Adjustment Reason Code
- **Value:** 22
- **Description:** Requesting to add RARC N686 to CARC 22 Missing/incomplete/invalid questionnaire needed to complete payment determination.
- **Explanation:** Add additional options to CARC 22 based on internal need.

**Commenter:**

**Comment:**
### Discussion

**Pre-meeting August 26, 2019**

This is a CORE request.

Following up with requester as it was indicated this request should be withdrawn.

**September 15, 2019 Meeting**

A motion was made and seconded to deny.

### VOTE RESULTS

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<tr>
<th>Category</th>
<th>Yes</th>
<th>No</th>
<th>Abstain</th>
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<tbody>
<tr>
<td>Passed</td>
<td>15</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Failed</td>
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<tr>
<td>Withdrawn</td>
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Passed: Request denied

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### Request Information

**Name:** SUSAN A RAMSAUR  
**Company:** Helping Families Cope in WA LLC  
**Phone:** 2063717972  
**Email:** sue@helpingfamiliescope.net  
**Request Type:** New  
**List Name:** Health Care Service Type  
**Value:** 3

**Description:** I am an advocate for the disabled and/or elderly and assist families looking for help in various areas of caring for their loved one.

**Explanation:** I review and qualify homes for residential placement, finding in home care, errands, transportation, DPOA or guardianship paperwork, DSHS, SSI or whatever else the family needs help in navigating.

---

**Commenter:**

**Comment:**

**Motioner:**

**Seconder:**
### Discussion

**Pre-meeting August 26, 2019**
Vice Chair reached out by email but did not receive a response. Recommended requester contact the local family services.

**September 15, 2019 Meeting**
Requester was emailed but no response received.

A motion was made and seconded to deny.

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

- **Passed:** X request denied
- **Failed:**
- **Tabled:**
- **Withdrawn:**
- **Assigned Code:**
- **Definition:**

### 4

**Change Descriptions for 30 and 60 Service Type Codes**

- **Name:** Donna Campbell
- **Company:** HCSC
- **Phone:** 312-402-4733
- **Email:** donna_campbell@bcbsil.com
- **Request Type:** Revision
- **List Name:** Health Care Service Type
- **Value:** 30
- **Description:** Plan Coverage and General Benefits
- **Explanation:**
The description of the code value 30 as it's used with the type of coverages and benefits required to be returned are more appropriate with this different code description. The 5010 terms have often caused confusion as the 30's Health Benefit Plan Coverage is not basic plan coverage, as that's typically what is returned when a 60 is received. And a 60, currently described as General Benefits, returns no benefits and is more frequently thought of as "Plan Coverage" information. With the above explanation, we would like to have the name for 30 as Plan Coverage and General Benefits

- **Commenter:**
- **Comment:**
- **Motioner:**
- **Seconder:**
**Discussion**

**Pre-meeting August 26, 2019**

WG1 would like a name change for this service type. The name change will reflect the description better.

Would like 30 to be “Plan Coverage and General Benefits”. The definition will stay the same.

30 will send back detailed benefits and 60 will only send back plan coverage. Today 60 is General Benefits but no benefits are given.

Commenter: the description needs to change to add plan coverage. Since this one is plan coverage and benefits. The current description does not include “plan coverage”.

WG1: will update request to clean up the description as well.

**September 15, 2019 Meeting**

A motion was made and seconded to approve request (to change the name).

It was recognized that during the pre-call there was discussion to change the description and definition.

Friendly amendment to motion was made to change the definition as well.

Name: Plan Coverage and General Benefits

Definition: Plan coverage and general benefits for the member’s policy or contract.

Effective Date: Nov 1

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**VOTE RESULTS** - NUMBER OF: YES 14, NO 0, ABSTAIN 1

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<tr>
<th>Passed:</th>
<th>X</th>
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<tbody>
<tr>
<td>Failed:</td>
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<td>Tabled:</td>
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<td>Withdrawn:</td>
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**Assigned Code:** Modify 30 to Plan Coverage and General Benefits

**Definition:** Modify definition. Plan coverage and general benefits for the member’s policy or contract.

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**5**

**Change Service Type Codes 30 and 60 Code Value Descriptions**

| Name: | Donna Campbell |
| Company: | HCSC |
| Phone: | 312-402-4733 |
| Email: | donna_campbell@bcbsil.com |
| Request Type: | Revision |
| List Name: | Health Care Service Type |
| Value: | 60 |
Description: Plan Coverage

Explanation: The description of the code value 60 as it's used with the type of coverage information required to be returned are more appropriate with this different code description. The 5010 terms have often caused confusion as the 30's Health Benefit Plan Coverage is not basic plan coverage, as that's typically what is returned when a 60 is received. And a 60, currently described as General Benefits, returns no benefits and is more frequently thought of as "Plan Coverage" information. With the above explanation, we would like to have the name for 60 as Plan Coverage.

Commenter:

Comment:

Motioner:

Seconder:

Discussion

Pre-meeting August 26, 2019
WG1 would like a name change for this service type. The name change will reflect the description and function better.

30 will send back detailed benefits and 60 will only send back plan coverage. Today 60 is General Benefits and no benefits is given.

This request is good. No modification needed.

September 15, 2019 Meeting
A motion was made and seconded to approve.

Discussion: current definition limits it to medical coverage. Maybe should remove dental since it can apply to dental, etc.?

Change 60 to Plan Coverage and removing "medical" in the definition.

Effective Date: Nov 1

VOTE RESULTS - NUMBER OF: YES__14__ NO __0__ ABSTAIN_1_

Passed: X

Failed:

Tabled:

Withdrawn:

Assigned Code: Modify 60 to Plan Coverage

Definition: Modification to definition: Remove "medical". Definition will now read: *Indicates whether a patient has active or inactive coverage for the service date requested.*

6

P26 - Remove for P&C use only

Name: Megan Soccorso

Company: Cigna
Phone: 8609020222
Email: megan.soccorso2@cigna.com
Request Type: Revision
List Name: Claim Adjustment Reason Code
Value: P26

Description: Payment adjusted based on Voluntary Provider network (VPN). Usage: If adjustment is at the Claim Level, the payer must send and the provider should refer to the 835 Class of Contract Code Identification Segment (Loop 2100 Other Claim Related Information REF). If adjustment is at the Line Level, the payer must send and the provider should refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment information REF) if the regulations apply. To be used for Property and Casualty only. (Use only with Group Code CO).

Explanation: Based on new contractual programs being created by Cigna, we are requesting to remove the wording “To be used for Property and Casualty only.” As a healthcare payer we would like to use this CARC.

Commenter:
Comment:
Motioner:
Seconder:

Discussion

Pre-meeting August 26, 2019

CO 45 and a RARC that states it is a bundling or value based care, etc. was recommended. A RARC may need to be requested.

Comment: would this arrangement be reported under the REF CE where you are saying this is the contractual arrangement with the provider? In future versions there is additional qualifiers that may help.

Requester did not feel CO 45 was right for this scenario. Could be a rejection because another entity is responsible for this procedure. Response: that would be CO 97.

Chair: we do not want to remove the P&C reference. We would need to either deny, or we could entertain a modification to the request.

Vice Chair suggested taking P26 description and modifying this request as a new code request.

Requester was invited to join the WG3 call to discuss.

Meeting September 15, 2019

Withdrawn per email from Megan Soccorso on 9/10/19.

VOTE RESULTS - NUMBER OF: YES ___ NO ___ ABSTAIN ___

Passed:
VPN Denial code request

Name: Megan Soccorso
Company: Cigna
Phone: 8609020222
Email: megan.soccorso2@cigna.com
Request Type: New
List Name: Claim Adjustment Reason Code
Value:

Description: Payment denied based on Voluntary Provider network (VPN). Usage: If adjustment is at the Claim Level, the payer must send and the provider should refer to the 835 Class of Contract Code Identification Segment (Loop 2100 Other Claim Related Information REF). If adjustment is at the Line Level, the payer must send and the provider should refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment information REF) if applicable. (Use only with Group Code CO).

Explanation: Cigna is creating new "networks" and is requesting to create a new code for denials for VPN.

Requester: will modify this request similar to above.
Will also discuss on the WG3 call.

Meeting September 15, 2019
Withdrawn per email from Megan Soccorso 9/10/19

VOTE RESULTS - NUMBER OF: YES___ NO __ ABSTAIN___
Passed:
Failed:
Tabled:
Withdrawn: X

Assigned Code:  
Definition:  

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<tbody>
<tr>
<td>RARC code needs to be added to CARC codes to define what was exceeded or not met such as auth, referral, etc.</td>
</tr>
</tbody>
</table>

| Name: | Dawn Nunning |
| Company: | US Oncology |
| Phone: | 812.962.6418 |
| Email: | dawn.nunning@usoncology.com |

| Request Type: | Revision |
| List Name: | Claim Adjustment Reason Code |
| Value: | 272, 273 CARC |

| Description: | Coverage/program guidelines were exceeded or met |
| Explanation: | Both of these codes would benefit from an additional remark code added to state what coverage/program guidelines were not met- "was it auth, or referral or......" some specificity needs to be added. |

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

**Discussion**

Pre-meeting August 26, 2019

Vice Chair will reach out to requester.

WG3 thought this looked like a CORE combination request as well.

Now is the time to reach out to CORE because comments are open.

September 15, 2019 Meeting

Vice Chair received a response from requester explaining the request further.

Motion was made and seconded to deny because it is a request for something that is not governed by this committee.

Suggestion was made for requester to submit to CORE a request for a business scenario code combination.

Comment was made that maybe the requester would like additional RARCs.

Vice Chair will educate requester on both CORE and RARC request process.

**VOTE RESULTS**

- NUMBER OF: YES 15, NO 0, ABSTAIN 0

Passed: X - denied
<table>
<thead>
<tr>
<th>Request a new code for 'Expenses occurred during a non-covered period'</th>
</tr>
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<tbody>
<tr>
<td><strong>Name:</strong> Jill Schoenfeld</td>
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<tr>
<td><strong>Company:</strong> Plexis Healthcare Systems, Inc</td>
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<tr>
<td><strong>Phone:</strong> 541-708-4211</td>
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<tr>
<td><strong>Email:</strong> <a href="mailto:jschoenfeld@plexishealth.com">jschoenfeld@plexishealth.com</a></td>
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<tr>
<td><strong>Request Type:</strong> New</td>
</tr>
<tr>
<td><strong>List Name:</strong> Claim Adjustment Reason Code</td>
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<tr>
<td><strong>Value:</strong> Expenses occurred during a non-covered period</td>
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<tr>
<td><strong>Explanation:</strong> Medicaid member lost coverage for a period of time before being covered again. A claim was submitted for a date of service in the gap of coverage. Their identifier value is the same for the coverage before and after the gap. Neither code '26', nor '27' is sufficient to describe the situation. Some adjudication systems just report that the member is not covered for the dates of service. A new code with an explanation of 'Expenses occurred during a non-covered period' would be able to communicate that a member has coverage on some dates, but not the date of service.</td>
</tr>
</tbody>
</table>

**Discussion**

Pre-meeting August 26, 2019

WG3 recommends CARC 200.

All agreed.

September 15, 2019 Meeting

Motion was made and seconded to deny and instead use CARC 200.

**VOTE RESULTS** - NUMBER OF:  
YES __16__  NO  _0_  ABSTAIN _0_

Passed: X - denied

Failed:
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<td>Assigned Code:</td>
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<td>Definition:</td>
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<tbody>
<tr>
<td>Code Maintenance Group Charter for the Insurance Payment and Status Code Maintenance Group (CMG130.03)</td>
</tr>
<tr>
<td>Description: Review and approve Charter</td>
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<tr>
<td>Motioner:</td>
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<td>Seconder:</td>
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## Discussion

### Pre-meeting August 26, 2019

Code Committee management has reviewed the draft charter and has a few changes.

1. List of members needs to be updated
2. Review of members to determine if all should remain
3. Decide if there needs to be a vice chair – if wg co-chair, past co-chair or chair of sub wg, cannot be a vice chair

Chair is awaiting re-appointment.

The charter will be reviewed in full at the meeting on September 15th in Pittsburgh.

This will be the last meeting where this committee will maintain service type codes unless the new committee is not formed before the summer meeting.

### September 15, 2019 Meeting

- **X12 website, Registered Standards**
  - Currently 4 committees
  - Reviewed charter template

**Discussion on voting members (list in the charter):**

- Explanation that there will be one Blues member vote. This will be the Blue Cross Blue Shield Association.
- It was determined that a representative of the American Dental Plans does attend X12. Chair will reach out regarding participation in the code committee meetings.
- WG1 and WG10 will be removed from voting member list since these code sets will be maintained by a new committee. All agreed.
- Voting WG or organization needs to email Secretary with Representative and Alternate by Oct. 1st. This will be the list we give ECO.
- Discussion regarding CMS Medicaid member name. New name going forward will be Medicaid Caucus.
- Lu – when will WG1 and WG10 be notified that they will be removed from this committee and what committee will they now be under?
- Request was made to add “caucus” to Commercial Health Insurance. New name Commercial Health Insurance Caucus.

**Discussion on voting:**

- Question was raised regarding calls required to continue large agendas in the future and if voting will be allowed.
- All agreed that we should update the charter to reflect the allowance for continuation of full voting meetings in a conference call when agenda is not completed at standing meeting.

It was confirmed with ECO management that it will be business as usual for this committee until CMG04 is established.

**Discussion on Officers:**

- Agreed by all that this committee should continue to have a vice chair.
- It was suggested that minutes should be specified Under Entering Deliberations in the charter. Agreed by all.
- It was conveyed if anyone holds any type of existing position in a work group, task group, etc., they will not be allowed to be a chair or vice chair of an ECO committee.
- Comment was made that to avoid a representative from a work group not being allowed to run for Chair or Vice Chair, think about sending representatives from work groups that are not work group co-chairs. See CAP12 policy for reference.

Action items:
Add secretary responsible for meetings
Add conference call to continue voting after standing meeting

Recommendation to add to charter the code sets that are maintained in this committee.

It was determined that the vote on the new charter will need to be postponed until the other code maintenance groups are established.

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<th>VOTE RESULTS</th>
<th>NUMBER OF:</th>
<th>YES</th>
<th>NO</th>
<th>ABSTAIN</th>
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