



Implement Operating Rules – Phase III Electronic Remittance Advice (ERA) Electronic Funds Transfer (EFT): Committee on Operating Rules for Information Exchange (CORE) 360 Uniform Use of Claim Adjustment Reason Codes (CARC), Remittance Advice Remark Codes (RARC) and Claim Adjustment Group Code (CAGC) Rule – Update from Council for Affordable Quality Health Care (CAQH) CORE

MLN Matters Number: MM12428

Related Change Request (CR) Number: 12428

Related CR Release Date: September 8, 2021

Effective Date: January 1, 2022

Related CR Transmittal Number: R10967CP

Implementation Date: January 3, 2022

Provider Types Affected

This MLN Matters Article is for physicians, providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs) for services they provide to Medicare patients.

Provider Action Needed

Make sure your billing staff knows of these updates.

Background

HHS adopted the Phase III CAQH CORE, EFT and ERA Operating Rule Set started on January 1, 2014, under the Patient Protection sections in [45 Code of Federal Regulations \(CFR\) 162.1601-162.1603](#) and [Section 1104 of the Affordable Care Act](#).

CAQH CORE will publish the next version of the Code Combination List on or about October 1, 2021. This is based on the [CARC and RARC updates](#) as posted on the official [ASC X12](#) website on or about July 1, 2021. CAQH CORE bases the updates on the market-based review it conducts once every 2 years to fit in code combinations that Medicare and other health plans are now using, as the industry requires.

See the official [ASC X12](#) website for the [CAQH CORE-defined code combination update](#) which is an Excel® file containing the CAQH CORE defined code combination updates.

More Information

We issued [CR 12428](#) to your MAC as the official instruction for this change.

For more information, contact your [MAC](#).

Document History

Date of Change	Description
September 8, 2021	First article released.

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