



Notice Date
January 13, 2017

AETNA BETTER HEALTH® OF PENNSYLVANIA

Claims adjustment (CARC) and remittance advice (RARC) changes

Beginning **February 7, 2017**, providers will see positive changes to their HIPAA standard 835 electronic remittance transactions. Aetna Better Health will begin providing more robust and compliant remark reasons through the standard claims adjustment and remittance advice codes. To ensure compliance with HIPAA standards, only valid claim adjustment (CARC) and remittance (RARC) codes will be utilized. Further, we will now provide up to four RARC values.

What are CARC and RARC?

CARC (claims adjustment reason code) and RARC (remittance advice remark code) are industry-standard code sets used to explain payment adjustments in remittance advice transactions.

- CARCs identify non-payment reasons on submitted healthcare claims or services
- RARCs provide supplemental information about the adjudication of claims or services

Benefits of expanded CARC and RARC codes

Additional CARC and RARC enhancements benefit providers by:

- Giving more information around adjustments and payments of claims
- Providing additional claims disposition transparency
- Simplifying the 835 posting and reconciliation process

We're here to help

Questions? Just call provider relations at **1-866-638-1232**, prompt 3, then prompt 5.

Sincerely,
Aetna Better Health of Pennsylvania