

Remark codes

The Remark codes feature lets you review and set classifications for the CARC and RARC explanation codes. The dashboards use these remark code settings in the KPI data visualizations to classify soft versus hard denials. Visualutions manages the importation of the CARC and RARC codes as new codes are created or codes that are no longer active are deactivated. However, a customer may find that a default classification provided by Visualutions does not apply to their payers and needs to be updated.

It displays the following for each of the remark codes.

- **Payer:** This refers to the payer(s) the classification applies to. Default is all, but you can create exceptions.
- **Code set:** This refers to the code's category associated with it, either CARC or RARC. For a complete list of CARC and RARC codes, refer to <https://x12.org/codes>.
 - **Claim Adjustment Reason Codes (CARCs)** convey information about remittance processing and communicate to the healthcare provider why the payer processed the claim the way they did. CMS develops and maintains these standardized codes, which consist of two letters and a numeric value. For example, CO-97: The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
 - **Remittance Advice Remark Codes (RARCs)** provide supplemental and informational explanations for an adjustment already described by a CARC or convey additional information about remittance processing. CMS also maintains these standardized codes, which can combine a letter with a numeric value. For example, a Claim Adjustment Reason Code (CARC) indicates that more information is needed, and the M24 RARC specifies exactly what is required. M24: Missing/incomplete/invalid number of doses per vial.
- **Code:** This is the payer-generated value for the CARC or RARC.
- **Classification:** This refers to the code's required action, such as informational, soft denial, or hard denial.
 - **Informational** indicates that the code is for information only, which may or may not require action.
 - **Soft deny** indicates that action can be taken to address a claim issue and resubmit it.

- **Hard deny** indicates it is a final processing of the claim, and no further action can be taken.
- **Description:** This is the payer’s definition of the meaning of the code.
- **Last Modified by** and **Modified on:** This displays the user, the date, and the time the code was last updated.

Note: The **Modified on** will be blank if the **Modified by** is “System_Default.”

To access and use:

1. Navigate to **Admin settings**.
2. Locate Scrubbing rules in the navigation menu.
3. Click **Remark codes**.

Scrubbing rules New exception

Remark codes See history

Remark codes serve as brief explanations about your claims. They can tell you about hard denials, which mean your claim won't be paid and why, soft denials, which might be fixable issues before payment, and informational messages, which provide details about how your claim is being processed. Use the following area to best set a classification for remark codes as they pertain to your health center. This will reflect on the dashboards for review after the next data refresh from the EHR.

Search by payer, classification, or description

Show 10 entries Manage columns Exceptions Active

Payer	Code set	Code	Classification	Description	Modified by	Modified on	Status
Aarp Medicare Rx Plan	CARC	1	Informational	Deductible AmountStart: 01/01/1995	heather turner	07/19/2024, 4:57 AM	Active
Acadia Insurance	CARC	1	Informational	Deductible AmountStart: 01/01/1995	Tia Shaw	07/31/2024, 2:44 PM	Active
Acadia Insurance	CARC	10	Informational	The diagnosis is inconsistent with the patient's gender. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 210 Service Payment Information REF), if present.Start: 01/01/1995 Last Modified: 07/01/2017	heather turner	07/19/2024, 4:57 AM	Active
Acadia Insurance	CARC	100	Informational	Payment made to patient/insured/responsible party.Start: 01/01/1995 Last Modified: 05/01/2018	Elise Carter	12/17/2024, 10:06 AM	Active
All	CARC	1	Informational	Deductible AmountStart: 01/01/1995	heather turner	07/11/2024, 5:22 AM	Active

Showing 1 to 10 of 1,403 entries Prev 1 2 3 4 Next

Important Note: When accessing the application for the first time or after updating for new payer codes, the codes will use a ‘default’ Classification or may have a blank Classification. It is important to update the classification according to your health center’s needs and preferences.

4. Enter a description to search or use the scrollbar to review the displayed codes.
5. This automatically changes the list of codes to display the codes from the entered text.

Remark codes See history

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Search:

Show 10 entries Manage columns Exceptions Active

Payer	Code set	Code	Classification	Description	Modified by	Modified on	Status
All	CARC	253	Informational	Sequestration - reduction in federal payment:Start: 05/02/2013 Last Modified: 11/01/2013			Active
All	RARC	NB11	Add classification	Missing Federal Sequestration Reduction from Prior Payer:Start: 11/01/2018			Active

Showing 1 to 2 of 2 entries Prev 1 Next

Saber Analytics provides multiple ways to search for and locate items. Refer to [Search](#) for more details on using these features.

Use the Manage columns button to change the columns displayed. Refer to [Manage columns](#) for more information.

Exceptions

 Active

Turn on the **Exceptions toggle** to view the health center's created remark code exceptions. Refer to [Toggles](#) for more details regarding toggle use.

Use the **Active toggle** to change the display view to only the active codes.

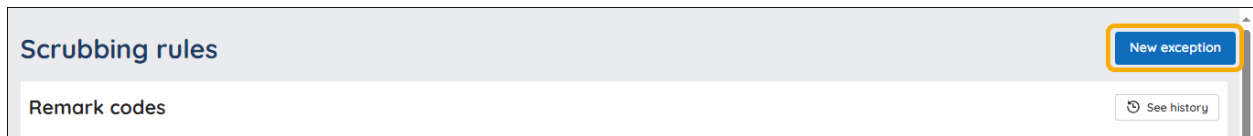
Creating a New exception

The **Remark codes** section allows users to create exception rules for remark codes for a payer(s) according to the health center's needs.

The ability to create is permission/role-based. Not all users can access the New exception button and panel.

Steps to create:

1. Navigate to **Admin settings**.
2. Locate Scrubbing rules and click **Remark codes**.
3. Click the **New exception** button.



4. This will open the **New exception** panel.
5. Use the **Remark code drop-down menu** to select the code (Required).
6. Use the **Payer(s) drop-down menu** to check one or more payers (Required).
7. Use the **Classification drop-down menu** to select the type of exception (Required).
 - Informational
 - Hard denial
 - Soft denial
8. Click **Save**.

New exception ✕

Create exceptions to your remark codes rules by choosing one remark code, one or more payers, and the classification you want them to have (different from the rule for all other payers).

Remark code *

▼

100

Payer(s) *

▼

Alliance ✕

Classification *

Informational ▼

Save

Cancel

The new exception code will now appear in the remark code exception list.

Showing 1 to 1 of 1 entries

Payer	Code set	Code	Classification	Description	Modified by	Modified on	Status
Arnp Medicare Rx Plan	CARC	1	Informational	Deductible AmountStart: 01/01/1995	heather turner	07/19/2024, 4:57 AM	Active
Acadia Insurance	CARC	1	Informational	Deductible AmountStart: 01/01/1995	Tia Shaw	07/31/2024, 2:44 PM	Active
Acadia Insurance	CARC	10	Informational	The diagnosis is inconsistent with the patient's gender. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 210 Service Payment Information REF), if present.Start: 01/01/1995 Last Modified: 07/01/2017	heather turner	07/19/2024, 4:57 AM	Active
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Alliance	CARC	100	Informational	Payment made to patient/insured/responsible party.Start: 01/01/1995 Last Modified: 05/01/2018	Elise Carter	01/17/2025, 9:59 AM	Active

Showing 1 to 1 of 1 entries

Important Note: Users can use only one remark code exception per payer per classification; otherwise, the following message appears.

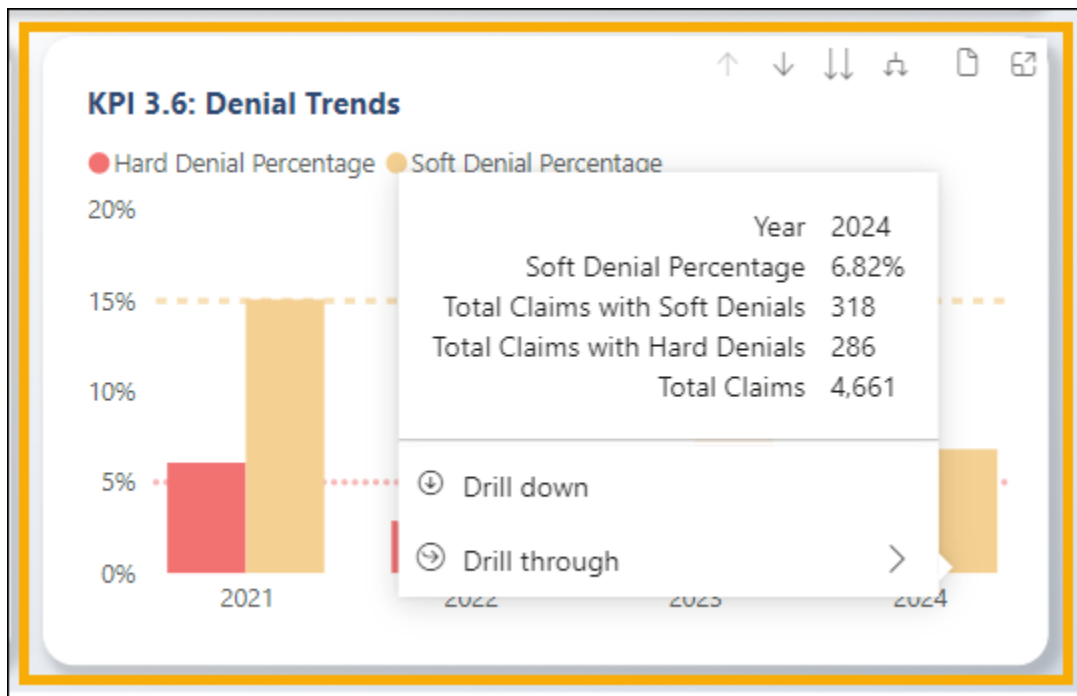
For example, if a 1 Remark code exists for a specific payer, such as AARP Medicare RX Plan, as a Soft denial, it cannot also be entered as a Hard denial for that same payer.



Workflow Example: Remark code 197 for several Aetna payers should be a Hard Denial. It needs to be set up as an exception for these payers.

1. Navigate to **Remark codes**.
2. Create the **New exception** for the Aetna payers as a **Hard Denial**. (See detailed steps above.)
3. Navigate to the **Claims Analysis** dashboard and click **Deep Dive**.

The dashboard's **KPI 3.6 Denial Trends** provides data visualization and details for the claims and the Remark codes.



4. Hover over the Hard Denial percentage for this year in the bar graph.
5. Use the **Drill through** feature to access the **Details**.

All - 1/1/2024 - 3/18/2024 Details Sales Demo

Claim Detail

Ticket Number	Claim Status	Billing Status	Facility	Billing Provider	Payer	Claim Amount	Claim Velocity	Number of Denials	Number of Hard Deni...
275375	None	Paid	Xwedgeanti Health ...	Oti, LPN Intesse	Well Sense	\$328	14	10	0
275209	None	Paid	Xwedgeanti Health ...	Oti, LPN Intesse	Well Sense	\$328	15	10	0
275955	None	Paid	Xwedgeanti Health ...	Aorganaso, R...	Well Sense	\$256	11	10	0
275509	None	Paid	Xwedgeanti Health ...	Aorganaso, R...	Nh Healthy Fam...	\$241	17	9	0
275227	None	Paid	Olaksivrak Medical ...	Tmon, PA-C M...	Anthem All Other	\$276	15	8	1
275218	None	In Progress	Olaksivrak Medical ...	Tmon, PA-C M...	Humana Gold	\$423	15	8	1
275901	None	Paid	Xwedgeanti Health ...	Tmon, PA-C M...	Well Sense	\$241	6	8	0
275214	None	Paid	Xwedgeanti Health ...	Tmon, PA-C M...	Well Sense	\$223	15	8	0
Total						\$2,466,203.19		5817	335

Denial Detail

Ticket Number	Procedure	Remark Code	Description	Date	Classification
276375	H0001	119	Benefit maximum for this time period or occurrence has been reached.Start: 01/01/1995 Last Modified: 02...	02/08/24	Hard Deny
IOPHP001837	H0001	119	Benefit maximum for this time period or occurrence has been reached.Start: 01/01/1995 Last Modified: 02...	02/15/24	Hard Deny
275888	99203	119	Benefit maximum for this time period or occurrence has been reached.Start: 01/01/1995 Last Modified: 02...	03/12/24	Hard Deny
IOPHP001751	H2036	197	Precertification/authorization/notification/pre-treatment absent.Start: 10/31/2006 Last Modified: 05/01/20...	02/08/24	Hard Deny
IOPHP001903	H0015	197	Precertification/authorization/notification/pre-treatment absent.Start: 10/31/2006 Last Modified: 05/01/20...	02/19/24	Hard Deny
IOPHP001905	H0015	197	Precertification/authorization/notification/pre-treatment absent.Start: 10/31/2006 Last Modified: 05/01/20...	02/19/24	Hard Deny
IOPHP001701	H0035	197	Precertification/authorization/notification/pre-treatment absent.Start: 10/31/2006 Last Modified: 05/01/20...	02/19/24	Hard Deny
IOPHP001797	H0035	197	Precertification/authorization/notification/pre-treatment absent.Start: 10/31/2006 Last Modified: 05/01/20...	02/19/24	Hard Deny

Last refresh date - 7/23/2024 1:39:37 PM CST Saber Analytics | Powered by Visualutions

6. The Denial Detail shows the claim data for the 197 Remark Code with the Hard Deny Classification.