

## Change to 835 ERA for all D-SNP MA members for 2019

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Anthem updated the 835 electronic remittance advice (ERA) for individual Medicare Advantage members enrolled in dual special needs plans (D-SNPs). These members have Medicare and Medicaid coverage. This change was made per the Centers for Medicare & Medicaid Services [Change Request CR10433](#). The following changes have been implemented for the cost share and should be filed with the state Medicaid agency:

- Group code patient responsibility (PR) will be assigned.
- Claim adjustment reason codes (CARCs) will include the following:

Claim Adjustment Reason Code	Description
1	Deductible amount (professional claim)
2	Coinsurance amount (professional claim)
3	Copay amount (professional and facility claim)
247	Deductible for professional service rendered in an institutional setting and billed on an institutional claim (facility claim)
248	Coinsurance for professional service rendered in an institutional setting and billed on an institutional claim (facility claim)

- Remittance advice remark codes (RARCs) will include the following:

Remittance Advice Remark Code	Description
N781	Patient is a Medicaid/qualified Medicare beneficiary. Review

	your records for any wrongfully collected deductible. This amount may be billed to a subsequent payer.
N782	Patient is a Medicaid/qualified Medicare beneficiary. Review your records for any wrongfully collected coinsurance. This amount may be billed to a subsequent payer.
N783	Patient is a Medicaid/qualified Medicare beneficiary. Review your records for any wrongfully collected copay. This amount may be billed to a subsequent payer.

Please be sure to ask Medicare Advantage members for their Medicaid identification number to assist with billing for the cost share. This number will be different from their Medicare Advantage identification number.

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