

# North Carolina Medicaid Special Bulletin

An Information Service of the  
Division of Medical Assistance

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**December 2017**

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**Attention: All  
Providers**

## **Claims Processing Updates: Medicaid Secondary Claims Submitted with CARC Code 97**

*Providers are responsible for informing their billing agency of information in this bulletin.  
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**UPDATE:** This is a follow up to September 25 2017 [announcement](#) regarding the temporary change related to CARC 97 reported on claims by the prior payer.

**Note:** CARC 97 description: “The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.”

**Beginning Jan. 8, 2018,** NCTracks will **resume posting** Explanation of Benefits (EOB) 01843 – MEDICAID DENIED BASED ON CLAIM ADJUSTMENT REASON ASSIGNED BY PRIOR PAYER **when** the claim is submitted with prior payer CARC 97 reported at the claim header or detail line. The only exception will occur when a prior payer reports CARC 97 on the claim line with an Allowed Amount greater than zero.

This change is based on the direction of the N.C. Division of Medical Assistance.

**Important Instruction:** Prior payer Claim Adjustment Group Code (CAGC) and CARC information must be submitted to NCTracks, either by X12 batch transaction or via Provider portal, **exactly** as it appears on the prior payer EOB/Remittance. This includes accurately submitting codes at the header or detail claim line.

**Guides and additional information:** Providers submitting claims with prior payer details on the Provider Portal are encouraged to review the [Provider User Guides and Training](#) page for the guide “How to Indicate Other Payer Details on a Claims In NCTracks and Batch Submission.” This guide provides instruction for entering prior payer information such as CARCs, CAGCs and the adjustment amounts.

Providers with questions may contact DMA Provider Reimbursement at 919-814-0060.

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