

COVID-19 CARC Code
Date Issued: April 3, 2020

Overview: On March 6, 2020, Governor Wolf issued an emergency disaster declaration in response to the presence of the COVID-19 (coronavirus) in Pennsylvania. Pursuant to this disaster declaration, the Office of Mental Health and Substance Abuse Services (OMHSAS) is issuing guidance to advise Behavioral Health (BH) County Contractors and Managed Care Organizations (MCO)s where Prior Authorization requirements were waived and for claims accepted and paid from providers not currently enrolled in the PA Medicaid program for services related to COVID-19.

For the Department to identify the submission of the respective encounters, County Contractors and MCOs are to use a newly designated CARC code of 279. This will be effective March 1, 2020 in accordance with CMS' approval of the Department's waiver.

Background: It is the Commonwealth's intention to streamline and facilitate the County Contractors and MCOs ability to process incoming claims for COVID-19 related services. This would require the MCOs to process claims from providers who are not currently enrolled in the PA Medicaid program OR have been previously enrolled and have only closed service locations. This notice also requires the MCOs to follow DHS guidance on bypassing Prior Authorizations during the pandemic emergency. This would include billing and rendering providers as well as Ordering, Referring, Prescribing providers which may currently be validated upfront within MCO processing systems. Once the MCOs process the claims, the subsequent encounters submitted to PROMISE would typically set edits indicating that the service location is closed or not enrolled. CARC code 279 are now being recognized to ensure the encounters can be identified by DHS staff to illustrate all medical services which were processed under these special circumstances.

Encounter Submission Details:

For 837 encounters: Claim Adjustment Reason Code (CARC) '24' is the only CARC which crosswalks to a carrier indicator of '9 – Service was Approved/Accepted by the MCO'. As an existing rule, the MCO payment should be contained within the first payor loop/CAS segment and the services paid should still be illustrated with CARC 24. Following the MCO payment CAS, we are requesting a second CAS segment be added to the encounter with a CAS02 CARC of 279 and a CAS03 amount of \$0.00. CARC 279 should be used for ORP, servicing, or billing provider not enrolled, and any prior authorization being waived based on DHS direction. PROMISE processing will continue the path of existing edits/validations of an MCO Paid/Approved service.

Example (837 encounter):

1st CAS - MCO Paid Amount (Existing Process)

CAS01 – Send value 'CO'.
CAS02 – Send value '24'.
CAS03 – Send the difference between the billed amount and MCO paid amount.

2nd CAS – MCO Indicating Participating Provider Not MA Enrolled (New Process)
CAS01 – Send value 'CO'.
CAS02 – Send value '279'.
CAS03 – Send the dollar value of '\$0.00'.

If you have any questions, please contact PW.OMHSAS.OMHSAS-837.Issues@pa.gov