TPL CARC and RARC

Insurance Name		Paid Date	
Patient Name			

Detail #	Date of Service	Revenue Code/ Procedure Code	Billed Charges	Prior Payer Paid Amount		Group Code	CARC	Adjusted Amount		Group Code	CARC	Adjusted Amount		Group Code	CARC	Adjusted Amount

Instructions for TPL CARC and RARC Form

THIS FORM IS OPTIONAL. If used, it must be submitted with the ADA Dental, CMS-1500, or UB-04 paper claim form. Use one form for each individual insurance payer if multiple payers are involved.

This form should be used to report secondary payment HIPAA standard claim adjustment reason codes (CARCs) to explain service line adjudicative decisions made by the other insurance payer. The claim(s) adjudication details provided by the other insurance payer must be used to fill in the form. There are situations when a CARC requires a RARC code to be submitted as well.

Note: The amount paid by the other insurance payer plus the amounts adjusted by the other payer must equal the billed amount for the services in the claim.

Group codes: A group code is a code identifying the general category of payment adjustment. A group code must always be used in conjunction with a claim adjustment reason code to show liability for amounts not covered or to identify a correction or reversal of a prior decision.

Compliant values:

- PR – Patient responsibility
- CO – Contractual obligation
- OA – Other adjustment
- CR – Correction or reversal to a prior decision
- PI – Payer-initiated reduction

Commonly used HIPAA-compliant adjustment group and CARCs:

- Deductible: PR 1
- Coinsurance: PR 2
- Copay: PR 3
- Psych Reduction: PR 122

Note: This is not an all-inclusive list. All-inclusive CARC and RARC lists are available on the Washington Publishing Company website.