

**CAQH Committee on Operating Rules for Information Exchange (CORE)
Code Combinations Task Group**

Results: *Task Group Follow-up Straw Poll on Potential Compliance-based and Market-based Adjustments to the CORE-required Code Combinations for CORE-defined Business Scenarios v3.6.2 October 2020*

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1 Straw Poll Background

On its 12/01/20 call, the CAQH CORE Code Combinations Task Group reviewed the results of the *Task Group Initial Straw Poll on Potential Compliance-based Adjustments to the CORE-required Code Combinations for CORE-defined Business Scenarios v3.6.2 October 2020*. Based on the Initial Straw Poll results and Task Group consensus reached on the call, the Task Group approved a subset of the potential Compliance-based Adjustments to the [CORE-required Code Combinations v3.6.2 October 2020](#). All approved new code combinations meet the [CAQH CORE Code Combination Evaluation Criteria](#).

On the call, the Task Group also agreed to conduct a Compliance-based Review (CBR) Follow-up Straw Poll to obtain participant feedback on:

- **5** code combination adjustments that received high support ($\geq 65\%$) on the CBR Initial Straw Poll but had strong opposition from some Task Group Participants
- **10** RARCs submitted by respondents to the CBR Initial Straw Poll for association with the straw-pollled CARCs

The *Task Group Follow-up Straw Poll on Potential Compliance-based Adjustments to the CORE-required Code Combinations for CORE-defined Business Scenarios v3.6.2 October 2020* was sent to Task Group participants on Monday, 12/14/20 with a deadline for completion of 5 pm ET on Wednesday, 01/06/21. The *Decisions Document for the 12/01/20 Task Group Call* was sent to the Task Group as a reference to assist in completing the CBR Follow-up Straw Poll. Task Group Participants were also instructed to review the *Doc #1: Task Group Rationale: Task Group Follow-up Straw Poll on Potential Compliance-based Adjustments to the CORE Code Combinations v3.6.2 October 2020* prior to completing the CBR Follow-up Straw Poll. In accordance with the Revised Task Group Adjudication Process, Task Group Participants were asked to submit any rationale in support/not in support of the Follow-up Straw Poll code combinations for consideration by the straw poll respondents. Document #1 identified the comments received during the rationale submission period.

The Task Group will use the results of the CBR Follow-up Straw Poll to determine final Compliance-Based Adjustments to the *CORE Code Combinations v3.6.2 October 2020* to bring the *CORE Code Combinations* into compliance with the most current CARC and RARC lists, published on 11/01/20. The results of this Compliance-based Review will be published by 02/01/21 as the *CORE-required Code Combinations for CORE-defined Business Scenarios for CAQH CORE Code Combinations v3.6.3 February 2021*.

2 Format of CBR Follow-up Straw Poll

The *Task Group Follow-up Straw Poll on Potential Compliance-based Adjustments to the CORE-required Code Combinations for CORE-defined Business Scenarios v3.6.2 October 2020* contained three sections:

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- **Section 1: Code Combinations with High Support (≥ 65%) on Initial Straw Poll with Strong Opposition from Task Group Participants**
 - Section 1 asked respondents, after considering Task Group rationale in support/not in support of addition, to indicate their organization’s support/non-support for 5 potential code combinations that received high support (≥ 65%) on the CBR Initial Straw Poll but had strong opposition from some Task Group Participants
- **Section 2: RARCs Submitted on Initial Straw Poll for Association with Straw-pollled CARCs**
 - Section 2 asked respondents, after considering Task Group rationale in support/not in support of addition, to indicate their organization’s support/non-support for 10 potential code combinations submitted by respondents to the CBR Initial Straw Poll for association with the straw-pollled CARCs
- **Section 3: Potential Adjustments to CORE Code Combinations Evaluation Criteria**
 - Section 3 asked respondents, after considering Task Group rationale in support/not in support of adjustment, to indicate their organization’s support/non-support for 1 potential adjustment to the CORE Code Combinations Evaluation Criteria

Optional text boxes were provided for respondents to submit any rationale or comments on their organization’s position.

3 Summary of Respondents

Responses to the Task Group Straw Poll were received from 67% of the active CAQH CORE Code Combinations Task Group participating organizations and 5 key industry stakeholder types.

Table 1: Summary of Responses from Task Group Participating Entities by Entity Type

Number of Active* Task Group Participating Entities	24
Total Number of Individual Organizational Responses	15 (67%)
Number of Health Plan/Health Plan Association Responses	8 (50% of respondents)
Number of Provider/Provider Association Responses	3 (19% of respondents)
Number of Vendor/Clearinghouse Responses	2 (13% of respondents)
Number of Government Responses (Medicaids, etc.)	1 (6% of respondents)
Number of Other Stakeholder Type Responses (SDO/Regional Entities, etc.)	2 (13% of respondents)

***NOTE:** Active participants attended most Task Group calls and responded to a majority of Task Group Straw Polls for the last 4 Compliance-based Reviews.

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4 Summary of Results – Code Combinations Included on November 2020 CBR Follow-up Straw Poll

The Task Group November 2020 Initial Straw Poll asked respondents to indicate their organization’s support for adding four code combinations to CORE-defined Business Scenarios #1 in the CORE Code Combinations and 11 code combinations to CORE-defined Business Scenario #3. Five code Combinations received high support (≥65%) for addition on the Initial Straw Poll; however, there was strong opposition from some Task Group Participants on the 12/01/20 Task Group call. The Task Group November 2020 CBR Initial Straw Poll also asked respondents to submit any additional RARCs that their organization supported associating with the new CARCs recommended for addition to the CORE Code Combinations. Ten RARCs were submitted for association.

As shown in Table 3 below, 11 code combinations received high support (≥65%) on the follow-up straw poll and four code combinations received mixed (51-64%) to low support (≤50%). As such, CAQH CORE co-chairs and staff recommend adding the code combinations that received high support (≥65%) and not adding the code combinations that received mixed to low support ≤64%). The follow-up straw poll also noted that, should the Task Group support addition of each code combination, CAGCs would be included in accordance with the associated CARC’s CORE-defined Business Scenario per [CORE Code Combinations Evaluation Criterion #17](#). Respondents were asked to provide any comments their organization had regarding association of the CAGCs which each straw-pollled code combination, no such comments were submitted.

Table 2: Code Combinations Included on November 2020 CBR Follow-up Straw Poll

CARC #	CARC Description	RARC #	RARC Description	% Support	# Abstains	Key Comment Issues (Based on Submitted Comments/Analysis)	Task Group Co-Chair & CAQH CORE Staff Recommendation	Task Group Decision
Potential CORE-defined Business Scenario #1: Additional Information Required – Missing/Invalid/Incomplete Documentation								
252	An attachment/other documentation is required to adjudicate this claim/service. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).	N836	Provider W9 or Payee Registration not on file.	93%	2	<ul style="list-style-type: none"> N/A 	Add to CORE Code Combinations	
P30	Payment denied for exacerbation when supporting documentation was not complete. To be used for Property and Casualty only.	N206	The supporting documentation does not match the information sent on the claim.	56%	7	<ul style="list-style-type: none"> One respondent not in support felt that the CARC and RARC descriptions are inconsistent. 	Do NOT Add to CORE Code Combinations	

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CARC #	CARC Description	RARC #	RARC Description	% Support	# Abstains	Key Comment Issues (Based on Submitted Comments/Analysis)	Task Group Co-Chair & CAQH CORE Staff Recommendation	Task Group Decision
P30	Payment denied for exacerbation when supporting documentation was not complete. To be used for Property and Casualty only.	N224	Incomplete/invalid documentation of benefit to the patient during initial treatment period.	89%	7	• N/A	Add to CORE Code Combinations	
		N683	Missing/Incomplete/Invalid prior treatment documentation.	89%	7	• N/A	Add to CORE Code Combinations	
Potential CORE-defined Business Scenario #3: Billed Service Not Covered by Health Plan								
302	Precertification/notification/authorization/pre-treatment time limit has expired.			93%	2	• N/A	Add to CORE Code Combinations	
		N54	Claim information is inconsistent with pre-certified/authorized services.	93%	2	<ul style="list-style-type: none"> • One respondent not in support felt that the RARC description adds no new information to the CARC description. The respondent also noted that the CARC 198¹/RARC N351² and CARC 198/RARC N640³ code combinations in CORE-defined Business Scenario #3 already convey a similar message. • One respondent who abstained felt that the CARC and RARC descriptions were inconsistent. 	Add to CORE Code Combinations	
		N170	A new/revised/renewed certificate of medical necessity is needed.	85%	3	<ul style="list-style-type: none"> • One respondent in support felt that the RARC description gives helpful information to the provider as to what next steps to take to receive approval. 	Add to CORE Code Combinations	
		N206	The supporting documentation does not match the information sent on the claim.	46%	3	<ul style="list-style-type: none"> • One respondent not in support felt that the supporting documentation referenced by the RARC description is inconsistent with the prior authorization referenced in the CARC description. • 	Do NOT Add to CORE Code Combinations	

¹ The description for CARC 198 is "Precertification/notification/authorization/pre-treatment exceeded."

² The description for RARC N351 is "Service date outside of the approved treatment plan service dates."

³ The description for RARC N640 is "Exceeds number/frequency approved/allowed within time period."

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CARC #	CARC Description	RARC #	RARC Description	% Support	# Abstains	Key Comment Issues (Based on Submitted Comments/Analysis)	Task Group Co-Chair & CAQH CORE Staff Recommendation	Task Group Decision
302	Precertification/notification/authorization/pre-treatment time limit has expired.	N351	Service date outside of the approved treatment plan service dates.	86%	2	<ul style="list-style-type: none"> One respondent not in support felt that this code combination would be redundant to the CARC 198/RARC N351 code combination in CORE-defined Business Scenario #3. 	Add to CORE Code Combinations	
		N362	The number of Days or Units of Service exceeds our acceptable maximum.	54%	3	<ul style="list-style-type: none"> One respondent not in support felt that the RARC description refers to a policy maximum and is inconsistent with an expired prior authorization as referenced by the CARC description. 	Do NOT Add to CORE Code Combinations	
		N435	Exceeds number/frequency approved /allowed within time period without support documentation.	62%	3	<ul style="list-style-type: none"> One respondent not in support felt that the RARC description refers to a policy maximum and is inconsistent with an expired prior authorization as referenced by the CARC description. 	Do NOT Add to CORE Code Combinations	
P31	Payment denied for exacerbation when treatment exceeds time allowed. To be used for Property and Casualty only.	N351	Service date outside of the approved treatment plan service dates.	78%	7	<ul style="list-style-type: none"> One respondent not in support felt that the RARC description is duplicative of the CARC description. 	Add to CORE Code Combinations	
		N370	Billing exceeds the rental months covered/approved by the payer.	78%	7	<ul style="list-style-type: none"> N/A 	Add to CORE Code Combinations	
		N435	Exceeds number/frequency approved /allowed within time period without support documentation.	78%	7	<ul style="list-style-type: none"> N/A 	Add to CORE Code Combinations	
		N640	Exceeds number/frequency approved/allowed within time period.	78%	7	<ul style="list-style-type: none"> N/A 	Add to CORE Code Combinations	

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5 Summary of Results – Potential Adjustment to CORE Code Combinations Evaluation Criteria

In August 2020, the Task Group completed a Feedback Submission form to provide offline feedback on the current Task Group Policies and Procedures. The Feedback Submission Form asked Task Group Participants to provide any additions, deletions or amendments to the current Task Group Policies and Procedures. The CORE Code Combinations Task Group 2020 Policies and Procedures Feedback Submission Form was sent to Task Group Participants on 08/12/20 with a completion deadline of 08/26/20. Results were discussed on the Task Group’s 09/01/20 call.

One potential amendment to the [CORE Code Combinations Evaluation Criteria](#) was received that could not be adjudicated on the Task Group’s 09/01/20 call. The Task Group agreed to adjudicate this recommendation via straw poll during the November 2020 CBR.

PROPOSED ADJUSTMENT TO CORE CODE COMBINATIONS EVALUATION CRITERIA: One respondent to the Feedback Submission Form recommended a modification to the [CORE Code Combinations Evaluation Criteria](#) to allow a CORE-required CARC to exist in more than one CORE-defined Business Scenario, given that a code combination could still be unique (i.e. the combination of CORE-required CARC, RARC and CAGC(s)).

The respondent recommended this modification due to past instances where a CORE-required CARC has been requested for addition or relocation, but the CCTG could not come to a majority decision due to disagreement over the correct CORE-defined Business Scenario.

As seen in Table 3 below, only 57% of Task Group Participants supported modifying the [CORE Code Combinations Evaluation Criteria](#). As such, CAQH CORE co-chairs and staff do NOT recommend modifying the [CORE Code Combinations Evaluation Criteria](#).

Table 3: Comments in Support/Not in Support of Potential Adjustment to CORE Code Combinations Evaluation Criteria

Potential Adjustment to CORE Code Combinations Evaluation Criteria	% Support	# Abstains	Key Comment Issues (Based on Submitted Comments/Analysis)	Task Group Co-Chair & CAQH CORE Staff Recommendation	Task Group Decision
Modify CORE Code Combinations Evaluation Criteria #2 to allow a CORE-required CARC to exist in more than one CORE-defined Business Scenario, given that a code combination could still be unique (i.e. the combination of CORE-required CARC, RARC and CAGC(s)).	57%	2	<ul style="list-style-type: none"> Two respondents not in support of modification felt that if a code combination were to exist in multiple CORE-defined Business Scenarios providers will not know the reason for a claim adjustment and will resort to calling health plans for clarification. The respondent noted that while there may be a need for a CARC to exist in two CORE-defined Business Scenarios depending on the group code, the solution should be to use a more specific CARC rather than allowing CARCs to exist in multiple CORE-defined Business Scenarios. 	Do NOT Adjust	

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6 Next Steps

Once the CAQH CORE Code Combination Task Group agrees to Compliance-based Adjustments to the *CORE Code Combinations v3.6.2 October 2020*, the updated *CORE Code Combinations v3.6.3 February 2021* will be published to the CAQH CORE website on 02/01/21 for industry implementation.

A. Appendix

During the 2018 review of CORE Code Combinations Task Group policies and procedures, the Task Group requested that results of straw polls also be broken down by stakeholder type. Table 4 below shares the results of the November 2020 CBR Follow-up Straw Poll by the three major stakeholder types.

Table 3. Support for Adding Code Combinations by Stakeholder Type

CARC #	CARC Description	RARC #	RARC Description	% Total Support	# Total Abstains	% Health Plan Support	% Provider Support	% Other Support
Potential CORE-defined Business Scenario #1: Additional Information Required – Missing/Invalid/Incomplete Documentation								
252	An attachment/other documentation is required to adjudicate this claim/service. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).	N836	Provider W9 or Payee Registration not on file.	93%	2	100%	100%	75%
P30	Payment denied for exacerbation when supporting documentation was not complete. To be used for Property and Casualty only.	N206	The supporting documentation does not match the information sent on the claim.	56%	7	100%	0%	0%
		N224	Incomplete/invalid documentation of benefit to the patient during initial treatment period.	89%	7	100%	100%	0%
		N683	Missing/Incomplete/Invalid prior treatment documentation.	89%	7	100%	100%	0%

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CARC #	CARC Description	RARC #	RARC Description	% Total Support	# Total Abstains	% Health Plan Support	% Provider Support	% Other Support
Potential CORE-defined Business Scenario #3: Billed Service Not Covered by Health Plan								
302	Precertification/notification/authorization/pre-treatment time limit has expired.			93%	2	100%	67%	0%
		N54	Claim information is inconsistent with pre-certified/authorized services.	93%	2	100%	67%	0%
		N170	A new/revised/renewed certificate of medical necessity is needed.	85%	3	100%	50%	0%
		N206	The supporting documentation does not match the information sent on the claim.	46%	3	71%	0%	0%
		N351	Service date outside of the approved treatment plan service dates.	86%	2	100%	33%	0%
		N362	The number of Days or Units of Service exceeds our acceptable maximum.	54%	3	57%	50%	0%
		N435	Exceeds number/frequency approved /allowed within time period without support documentation.	62%	3	71%	50%	0%
P31	Payment denied for exacerbation when treatment exceeds time allowed. To be used for Property and Casualty only.	N351	Service date outside of the approved treatment plan service dates.	78%	7	100%	50%	0%
		N370	Billing exceeds the rental months covered/approved by the payer.	78%	7	100%	50%	0%
		N435	Exceeds number/frequency approved /allowed within time period without support documentation.	78%	7	100%	50%	0%
		N640	Exceeds number/frequency approved/allowed within time period.	78%	7	100%	50%	0%