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## 1 Straw Poll Background

This document provides the results of the *CAQH CORE Code Combinations Task Group Initial Straw Poll on Potential Compliance-based Adjustments to the CORE Code Combinations v3.6.4 June 2021*. The Straw Poll addressed potential Compliance-based Adjustments to the *CORE Code Combinations v3.6.4 June 2021* to ensure alignment with the publication of updates to the CARC and RARC lists on 07/01/21.

The Task Group Initial Straw Poll was sent to Task Group Participants on Wednesday, 07/14/21 with a completion deadline of 5 pm ET on Friday, 07/23/21. *Doc #1: Draft Impact Analysis: Potential Compliance-based Adjustments to the CORE Code Combinations v3.6.4 October 2021* was sent to the Task Group as references to assist in completing the straw poll.

The results of this CBR will be published by Friday, 10/01/21 as the *CORE-required Code Combinations v3.6.5 October 2021* and will supersede all previous versions of the *CORE Code Combinations*.

## 2 Straw Poll Format

The *Task Group Initial Straw Poll on Potential Compliance-based Adjustments to the CORE Code Combinations v3.6.4 June 2021* was divided into two sections which addressed:

- Section 1: *Potential Compliance-based Adjustments for CARCs and RARCs Added to the Published List*
- Section 2: *Telehealth Questions for Task Group*

For each newly added CARC or RARC that met the evaluation criteria for addition to the *CORE Code Combinations*, respondents were asked to list any additional codes (i.e., RARCs or CORE-required CARCs respectively) that they recommended associating with the CARC or RARC in the *CORE Code Combinations*. Additionally, for all questions, respondents were given the option to comment on their organization’s position.

**Table 1: Summary of Recommended Compliance-based Adjustments to *CORE Code Combinations v3.6.4 June 2021* by Type of Code List Adjustment**

Type of Code List Adjustments	Total Published Code List Adjustments	Recommended Potential Impact on <i>CORE Code Combinations</i>
<b>Code List Deactivations in July 2021</b>	<ul style="list-style-type: none"> <li>• 0 CARCs deactivated</li> <li>• 0 RARCs deactivated</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> <li>• N/A</li> </ul>
<b>Code List Description Modifications in July 2021</b>	<ul style="list-style-type: none"> <li>• 0 CARC description modified</li> <li>• 0 RARC descriptions modified</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> <li>• N/A</li> </ul>
<b>Code List Additions in July 2021</b>	<ul style="list-style-type: none"> <li>• 1 CARCs added</li> <li>• 6 RARCs added</li> </ul>	<ul style="list-style-type: none"> <li>• The new CARC does not appear to meet the <a href="#">CORE Code Combinations Evaluation Criteria</a> and is not recommended for addition.</li> <li>• Two of the new RARCs potentially meet the <a href="#">CORE Code Combinations Evaluation Criteria</a> and can be considered for addition.</li> </ul>

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### 3 Summary of Respondents

Responses to the Task Group straw poll were received from **86%** of the active CAQH CORE Code Combinations Task Group participating organizations and **5** key industry stakeholder types.

**Table 2: Responses from Task Group Participating Entities by Number and Entity Type**

Number of Active* Task Group Participating Entities	18
<b>Total Number of Individual Organizational Responses</b>	<b>21 (86%)</b>
Number of Health Plan/Health Plan Association Responses	6 (33% of respondents)
Number of Provider/Provider Association Responses	3 (17% of respondents)
Number of Vendor/Clearinghouse Responses	1 (6% of respondents)
Number of Government Responses (Medicaids, etc.)	2 (11% of respondents)
Number of Other Stakeholder Type Responses (SDO/Regional Entities, etc.)	6 (33% of respondents)

\*NOTE: Active participants attended the majority of Task Group calls and responded to a majority of Task Group Straw Polls for the last 5 Compliance-based Reviews.

### 4 Summary of Results – Potential Compliance-based Adjustments for CARCs Added to the Published List

Section 1 of the initial straw poll asked respondents to indicate their organization’s support for not adding new CARC 303 to the *CORE Code Combinations*. As seen in Table 3 below, support to NOT add CARC 303 to the *CORE Code Combinations* received high support (≥ 65%). As such, CAQH CORE staff and co-chairs recommend not adding CARC 303 to the *CORE Code Combinations*.

The straw poll also asked respondents to submit any RARCs that their organization supported associating with the new CARC in the *CORE Code Combinations*. No CORE-required RARCs were submitted for association. Respondents were asked to provide any comments their organization had regarding association with the new CARC 303, no such comments were submitted.

**Table 3: Support to NOT add CARC 303 to the CORE Code Combinations**

CARC #	CARC Description	% Support	# Abstains	Key Comment Issues (Based on Submitted Comments/Analysis)	Co-Chair & CAQH CORE Staff Recommendation	Task Group Decision
<b>303</b>	Prior payer's (or payers') patient responsibility (deductible, coinsurance, co-payment) not covered for Qualified Medicare and Medicaid Beneficiaries. (Use only with Group Code CO)	100%	3	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<b>Do NOT add</b> to the <i>CORE Code Combinations</i>	

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**5 Summary of Results –Potential Compliance-based Adjustments for RARCs Added to the Published List**

**New RARCs N852 and N853**

The initial straw poll also asked respondents to indicate their organization’s support for adding 6 code combinations using new RARCs N852 and N853 to CORE-defined Business Scenario #2 (Missing/Invalid/Incomplete Data from Submitted Claim) and CORE-defined Business Scenario #3 (Billed Service Not Covered by Health Plan). As seen in Table 4 below, all 6 code combinations received high support (≥ 65%) for addition, as such CAQH CORE staff and co-chairs recommend adding the combinations to the *CORE Code Combinations*.

The straw poll also asked respondents to submit any additional CORE-required CARCs that their organization supported associating with the new RARCs in the *CORE Code Combinations*. The submitted CORE-required CARCs are addressed in [Appendix A](#) of this document. The initial straw poll also noted that, should the Task Group support addition of the new RARCs code combinations, CAGCs would be included in accordance with the associated CARCs’ 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 CO and PI with the CARC 16/RARC N852, CARC 96/RARC N853, CARC 151/RARC N853, CARC 222/RARC N853, CARC 256/RARC N853, CARC 273/RARC N853 code combinations, no such comments were submitted.

CAQH CORE Staff and Task Group Co-chairs recommend the following code combinations using these new RARCs be considered for addition to the CORE Code Combinations. Any CARCs submitted will be included in the Follow-up Straw Poll for consideration by the Task Group

**Table 4: Support for Adding Code Combinations with New RARCs N852 and N853**

CARC #	CARC Description	RARC #	RARC Description	% Support	# Abstains	Key Comment Issues (Based on Submitted Comments/Analysis)	Co-Chair & CAQH CORE Staff Recommendation	Task Group Decision
<b>Potential CORE-defined Business Scenario #2: Missing/Invalid/Incomplete Data from Submitted Claim</b>								
16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N852	The pay-to and rendering provider tax identification numbers (TINs) do not match	93%	4	• N/A	Add to CORE Code Combinations	

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<b>Potential CORE-defined Business Scenario #3: Billed Service Not Covered by Health Plan</b>							
<b>96</b>	Non-covered charge(s). 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.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	<b>N853</b>	The number of modalities performed per session exceeds our acceptable maximum.	93%	4	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<b>Add to CORE Code Combinations</b>
<b>151</b>	Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.	<b>N853</b>	The number of modalities performed per session exceeds our acceptable maximum.	79%	4	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<b>Add to CORE Code Combinations</b>
<b>222</b>	Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service	<b>N853</b>	The number of modalities performed per session exceeds our acceptable maximum.	79%	4	<ul style="list-style-type: none"> <li>One respondent not in support commented that RARC N853 is not consistent with CARC 222</li> </ul>	<b>Add to CORE Code Combinations</b>
<b>256</b>	Service not payable per managed care contract.	<b>N853</b>	The number of modalities performed per session exceeds our acceptable maximum.	75%	6	<ul style="list-style-type: none"> <li>One respondent not in support commented that this is not consistent with other RARC's that speak to frequency/number</li> </ul>	<b>Add to CORE Code Combinations</b>

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<b>273</b>	Coverage/program guidelines were exceeded.	<b>N853</b>	The number of modalities performed per session exceeds our acceptable maximum.	100%	5	• N/A	<b>Add to CORE Code Combinations</b>
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**New RARCs N855 and N856**

The initial straw poll also asked respondents to indicate their organization’s support for not adding new RARCs N855 and N856. As seen in Table 5 below, support to not add new RARCs N855 and N856 received high support (≥ 65%) for not adding these codes . CAQH CORE staff and co-chairs concur and recommend not adding the new RARCs to the *CORE Code Combinations*.

The straw poll also asked respondents to submit any additional CORE-required CARCs that their organization supported associating with the new RARCs in the *CORE Code Combinations*. There were no submitted CORE-required CARCs. Respondents were asked to provide any comments their organization had explaining their position regarding new RARCs N855 and N856, no such comments were submitted.

**Table 5: Support for NOT Adding RARCS N855 and N856**

<b>RARC #</b>	<b>RARC Description</b>	<b>% Support</b>	<b># Abstains</b>	<b>Key Comment Issues (Based on Submitted Comments/Analysis)</b>	<b>Co-Chair &amp; CAQH CORE Staff Recommendation</b>	<b>Task Group Decision</b>
<b>N855</b>	This coverage is subject to the exclusive jurisdiction of ERISA (1974), U.S.C SEC 1001.	100%	5	• N/A	<b>Do NOT add</b> to the <i>CORE Code Combinations</i>	
<b>N856</b>	This coverage is not subject to the exclusive jurisdiction of ERISA (1974), U.S.C SEC 1001.	100%	5	• N/A	<b>Do NOT add</b> to the <i>CORE Code Combinations</i>	

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**6 Summary of Results -- Telehealth**

Task group members were asked to describe any challenges that their organizations continue to face regarding telehealth. No such comments were submitted.

**7 Next Steps**

A follow-up straw poll for the July 2021 Compliance-based Review will be distributed to the Task Group on Thursday, 08/05/21. The follow-up straw poll will include the “write-in” CORE-required CARCs submitted on the initial straw poll in response to potential Compliance-based Adjustments and any code combination adjustments the Task Group agrees to re-poll.

Prior to distribution of the follow-up straw poll, Task Group Participants will be asked to submit any rationale they have in support of/not in support of the code combination adjustments to be included on the follow-up straw poll. These comments will be distributed with the follow-up straw poll for consideration by the respondents. Comments must be submitted to CAQH CORE by **5 pm ET, Wednesday, 08/11/21** to be distributed with the follow-up straw poll. CAQH CORE will distribute a template form on Thursday, 08/05/21 that participants can use to submit rationale.

The CAQH CORE Code Combinations Task Group will meet on Tuesday, 09/14/21 to review the results of the follow-up straw poll and reach agreement on the final Compliance-based Adjustments to the *CORE Code Combinations v3.6.4 June 2021*. The updated *CORE Code Combinations v3.6.5 October 2021*, reflecting Task Group-approved adjustments, will be published to the CAQH CORE website by Friday, 10/01/21.

**Appendix A: Summary of Results - Codes Submitted in Response to Potential Compliance-based Adjustments**

**A.1. RARCs Submitted for Association with Straw-pollled CARCs**

The initial straw poll also asked respondents to submit any additional RARCs their organization supported associating with new CARC 303. No code combinations were submitted.

**A.2. RARCs Submitted for Association with Straw-pollled RARCs**

The initial straw poll also asked respondents to submit any additional CARCs their organization supported associating with the new RARCs. Two code combinations were submitted.

**Table A.2: CORE-required CARCs Submitted for Association with Straw-pollled RARCs**

Two CORE-required CARCs were submitted for association with the straw-pollled RARCs. As such, CARC 119 and CARC P31 will be included in the Follow-up Straw Poll.

CARC #	CARC Description	RARC #	RARC Description	# (%) Submitters	Key Submitter Comments
<b>Potential CORE-defined Business Scenario #3: Billed Service Not Covered by Health Plan</b>					
<b>119</b>	Benefit maximum for this time period or occurrence has been reached.	N853	The number of modalities performed per session exceeds our acceptable maximum.	1 (3%)	• N/A
<b>P31</b>	Payment denied for exacerbation when treatment exceeds time allowed. To be used for Property and Casualty only.	N853	The number of modalities performed per session exceeds our acceptable maximum.	1 (3%)	• N/A

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**Appendix B: Summary of Results – By Stakeholder Type**

**Table B.1: Support for NOT Adding New CARCs 303 by Stakeholder Type**

CARC #	CARC Description	% Total Support	% Support Health Plans	% Support Providers	% Support Other
<b>303</b>	Prior payer's (or payers') patient responsibility (deductible, coinsurance, co-payment) not covered for Qualified Medicare and Medicaid Beneficiaries. (Use only with Group Code CO)	100%	100%	100%	100%

**Table B.2: Support for Adding Code Combinations with New RARCs N852 and N853 by Stakeholder Type**

CARC #	CARC Description	RARC #	RARC Description	% Total Support	% Support Health Plans	% Support Providers	% Support Other
<b>16</b>	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	<b>N852</b>	The pay-to and rendering provider tax identification numbers (TINs) do not match	93%	100%	100%	80%



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<b>96</b>	Non-covered charge(s). 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.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	<b>N853</b>	The number of modalities performed per session exceeds our acceptable maximum.	93%	100%	100%	80%
<b>151</b>	Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.	<b>N853</b>	The number of modalities performed per session exceeds our acceptable maximum.	79%	100%	67%	60%
<b>222</b>	Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service	<b>N853</b>	The number of modalities performed per session exceeds our acceptable maximum.	79%	100%	33%	80%
<b>256</b>	Service not payable per managed care contract.	<b>N853</b>	The number of modalities performed per session exceeds our acceptable maximum.	75%	100%	67%	60%

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<b>273</b>	Coverage/program guidelines were exceeded.	<b>N853</b>	The number of modalities performed per session exceeds our acceptable maximum.	100%	100%	100%	100%
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