CAQH Committee on Operating Rules for Information Exchange (CORE)

Code Combinations Task Group

Task Group Rationale: ***Task Group Follow-up Straw Poll on Potential Compliance-based Adjustments to the CORE Code Combinations v3.6.5 November 2021***

Table of Contents

CAQH Committee on Operating Rules for Information Exchange (CORE)

Code Combinations Task Group

Task Group Rationale: *Task Group Follow-up Straw Poll on Potential Compliance-based Adjustments to the CORE Code Combinations v3.6.5 November 2021*

1 Background

On its 11/30/21 call, the CAQH CORE Code Combinations Task Group reviewed the results of the *Task Group Initial Straw Poll on Potential Compliance-based and Market-based Adjustments to the CORE-required Code Combinations for CORE-defined Business Scenarios v3.6.5 October 2021*. 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 and Market-based Adjustments to the *CORE-required Code Combinations v3.6.5 October 2021* (see the Decisions Document for the 11/30/21 Task Group call, attached to the Follow-up Straw Poll email). 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) and Market-based Review (MBR)Follow-up Straw Poll to obtain participant feedback on:

- **2** code combinations that received high support (≥65%) on the CBR/MBR Initial Straw Poll for

In accordance with the Revised Task Group Adjudication Process, Task Group Participants were asked to submit any rationale IN SUPPORT or NOT IN SUPPORT of the addition of each code combination. The *Task Group November 2021 CBR/MBR Follow-up Straw Poll Rationale Submission Period* opened on Thursday, 12/02/21 and closed at end of day on Wednesday, 12/08/21.

This document identifies the comments received regarding the Task Group CBR Follow-up Straw Poll code combinations in response to the rationale submission period. Rationale submissions were received from **8** Task Group Participating Organizations representing **5** stakeholder types; Table 1 provides a summary of the respondents.

Table 1: Summary of Respondents to November 2021 CBR/MBR Follow-up Straw Poll Rationale Submission Period by Stakeholder Type

Stakeholder Type	# (%) of Respondents
Total # of Responses	**8 (100%)**
Number of Health Plan/Health Plan Association Responses	**4 (50%)**
Number of Provider/Provider Association Responses	**1 (13%)**
Number of Vendor/Clearinghouse Responses	**1 (13%)**
Number of Government Responses (Medicaids, etc.)	**1 (13%)**
Number of Other Stakeholder Type Responses (SDO/Regional Entities, etc.)	**1 (13%)**

2 Code Combinations on the November 2021 Follow-up Straw Poll

The Task Group November 2021 CBR/MBR Initial Straw Poll asked respondents to indicate their organization's support for adding two code combinations to CORE-defined Business Scenarios #3 in the *CORE Code Combinations.* Code Combinations CARC 96/RARC N857 and CARC 242/RARC N600 both received high support (≥65%) for addition on the Initial Straw Poll; however, there was strong opposition from some Task Group Participants on the 11/30/21 Task Group call.

CARC #	CARC Description	RARC #	RARC Description	ASC X12 CAGC
CORE-defined Business Scenario #3: Billed Service Not Covered by Health Plan				
96	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.	N857	This claim has been adjusted/reversed. Refund any collected copayment to the member.	CO, PI or PR
242	Services not provided by network/primary care providers.	N600	Adjusted based on the applicable fee schedule for the region in which the service was rendered.	CO, PI or PR

Table 3 identifies the comments received from Task Group Participants in support/not in support of adding each code combination to the *CORE Code Combinations* in response to the November 2021 Follow-up Straw Poll Rationale Submission Period.

Table 3: Comments Submitted on Rationale Submission Form

CARC #	RARC #	Comments/Rationale IN SUPPORT OF ADDITION	Comments/Rationale NOT IN SUPPORT OF ADDITION
Potential CORE-defined Business Scenario #3: Billed Service Not Covered by Health Plan			
96	**N857**	• Two organizations noted their support without additional comment.	• One organization noted their stance that this is not a valid combination. • One organization noted that RARC N857 does not explicitly explain why the services are not covered and shared their belief that this RARC appears to be an alert code. • Two organizations noted that this code combination should not be allowed as it does not meet the CORE business scenarios. The

CARC #	RARC #	Comments/Rationale IN SUPPORT OF ADDITION	Comments/Rationale NOT IN SUPPORT OF ADDITION
			organization commented that this combination provides no detail to what the provider needs and will cause confusion with the providers who receive it and then call the payer. If this combination is used based on a void 837 receipt. The expectation is the void 837 with a frequency code of 8 should not generate a remit and the original claim that is adjusted would only send a reversal with RARC code N694: Alert: This reversal is due to a resubmission/change to the claim by the provider. • One organization also noted that this combination provides no actionable information to providers and that CARC 96/RARC N857 are inconsistent and do not fit BS #3.
242	**N600**	• Two organizations noted their support without additional comment. • One organization noted that N600 is for a regional fee schedule and to their understanding this is the prevailing/U&C rate for the region and could be used to pay a non-par provider	• One organization noted their stance that this is not a valid combination. • Two organization noted that this combination does not meet the condition of not covered. The RARC states it has been adjusted based on the applicable fee schedule for the region, which implies that there is one. They expect this combination to be used on a line /claim that is approved not denied. They ultimately noted that the 2 codes appear to contradict one another. • One organization noted that the meaning of this combination is unclear and its position in BS #3 is questionable: an adjusted claim based on a fee schedule does not suggest a non-covered service.

CAQH Committee on Operating Rules for Information Exchange (CORE)

Code Combinations Task Group

Task Group Rationale: ***Task Group Follow-up Straw Poll on Potential Compliance-based Adjustments to the CORE Code Combinations v3.6.5 November 2021***