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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 and Market-based Adjustments to the CORE Code Combinations v3.6.5 October 2021*. The Straw Poll addressed potential Compliance-based Adjustments to the *CORE Code Combinations v3.6.5 October 2021* to ensure alignment with the publication of updates to the CARC and RARC lists on 11/01/21.

The Task Group Initial Straw Poll was sent to Task Group Participants on Friday, 11/12/21 with a completion deadline of 5 pm ET on Wednesday, 11/24/21. *Doc #1: Draft Impact Analysis: Potential Compliance-based Adjustments to the CORE Code Combinations v3.6.5 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 Tuesday, 02/01/22 as the *CORE-required Code Combinations v3.7.0 February 2022* 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 and Market-based Adjustments to the CORE Code Combinations v3.6.5 October 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: *Potential Market-based Adjustments*

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 v3.6.5 October 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>
Code List Deactivations in November 2021	<ul style="list-style-type: none"> • 0 CARCs deactivated • 0 RARCs deactivated 	<ul style="list-style-type: none"> • N/A • N/A
Code List Description Modifications in November 2021	<ul style="list-style-type: none"> • 0 CARC description modified • 0 RARC descriptions modified 	<ul style="list-style-type: none"> • N/A • N/A
Code List Additions in November 2021	<ul style="list-style-type: none"> • 0 CARCs added • 4 RARCs added 	<ul style="list-style-type: none"> • N/A • One of the new RARCs potentially meets the CORE Code Combinations Evaluation Criteria and can be considered for addition.

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	21
Total Number of Individual Organizational Responses	19 (91%)
Number of Health Plan/Health Plan Association Responses	7 (33% of respondents)
Number of Provider/Provider Association Responses	3 (17% of respondents)
Number of Vendor/Clearinghouse Responses	2 (6% of respondents)
Number of Government Responses (Medicaids, etc.)	2 (11% of respondents)
Number of Other Stakeholder Type Responses (SDO/Regional Entities, etc.)	5 (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 RARCs Added to the Published List

New RARC N857

The initial straw poll asked respondents to indicate their organization’s support for adding 1 code combinations using new RARC N857 to CORE-defined Business Scenario #3 (Billed Service Not Covered by Health Plan). As seen in Table 3 below, the code combination 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, PI, or PR with the CARC 96/RARC N857, no such comments were submitted.

CAQH CORE Staff and Task Group Co-chairs recommend the following code combination using the new RARC 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 3: Support for Adding Code Combinations with New RARC N857

CARC #	CARC Description	RARC #	RARC Description	ASC X12 CAGC
CORE-defined Business Scenario #3: Billed Service Not Covered by Health Plan				

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CARC #	CARC Description	RARC #	RARC Description	ASC X12 CAGC
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

Table 4: Support for Adding RARC N857

RARC #	RARC Description	% Support	# Abstains	Key Comment Issues (Based on Submitted Comments/Analysis)	Co-Chair & CAQH CORE Staff Recommendation	Task Group Decision
N857	This claim has been adjusted/reversed. Refund any collected copayment to the member.	67%	4	<ul style="list-style-type: none"> N/A 	ADD to the CORE Code Combinations	DO NOT ADD to CORE Code Combinations

5 Summary of Results -- Potential Market-based Adjustments

Section 2 of the initial straw poll covered requests received during the 2021 CAQH CORE public submission period for potential code combination adjustments to the existing four CORE-defined Business Scenarios in the CORE Code Combinations. The online CAQH CORE 2021 Market-based Adjustments Form allowed industry entities to submit three categories of potential adjustments to the code combinations in the four CORE-defined Business Scenarios:

- Addition of new CORE Code Combinations
- Removal of existing CORE Code Combinations
- Relocation of an existing CORE Code Combination from a CORE-defined Business Scenario to another CORE-defined Business Scenario

The initial straw poll presented the ten requested adjustments received during the submission period for Task Group consideration. All submissions were found to be unique and valid.

CARC #	CARC Description	RARC #	RARC Description
CORE-defined Business Scenario #3: Billed Service Not Covered by Health Plan			
8	The procedure code is inconsistent with the provider type/specialty (taxonomy). Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N823	Incomplete/Invalid Procedure modifier(s).
8	The procedure code is inconsistent with the provider type/specialty (taxonomy). Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service	N822	Missing procedure modifier(s).

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CARC #	CARC Description	RARC #	RARC Description
	Payment Information REF), if present.		
177	Patient has not met the required eligibility requirements.	N503	Missing Work Status Report.
151	Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.	N640	Exceeds number/frequency approved/allowed within period.
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.
242	Services not provided by network/primary care providers.	N655	Payment based on provider's geographic region.
CORE-defined Business Scenario #2: Additional Information Required - Missing/Invalid/Incomplete Data from Submitted Claim			
299	The billing provider is not eligible to receive payment for the service billed.	N34	Incorrect claim form/format for this service.
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.	N93	A separate claim must be submitted for each place of service. Services furnished at multiple sites may not be billed in the same claim.
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.	N163	Medical record does not support code billed per the definition.
CORE-defined Business Scenario #1: Additional Information Required - Missing/Invalid/Incomplete Documentation			
250	The attachment/other documentation that was received was the incorrect attachment/document. The expected attachment/document is still missing. 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).	N163	Medical record does not support code billed per the definition.

Section 2 of the initial straw poll asked respondents to indicate their organization's support for adding the follow code combinations submitted during the 2021 CAQH CORE public submission period. As seen in Table 5 below, all ten code combinations received high support (≥ 65%) as such CAQH CORE co-chairs and staff recommend the ten code combinations be added to the CORE Code Combinations.

Table 5: Support for Adding Code Combinations

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CARC #	RARC #	% Support	# Abstains	Key Comment Issues (Based on Submitted Comments/Analysis)	Co-Chair & CAQH CORE Staff Recommendation	Task Group Decision
8	N823	80%	4		ADD to the <i>CORE Code Combinations</i>	ADD to the <i>CORE Code Combinations</i>
8	N822	80%	4		ADD to the <i>CORE Code Combinations</i>	ADD to the <i>CORE Code Combinations</i>
177	N503	100%	7		ADD to the <i>CORE Code Combinations</i>	ADD to the <i>CORE Code Combinations</i>
151	N640	100%	5		ADD to the <i>CORE Code Combinations</i>	ADD to the <i>CORE Code Combinations</i>
242	N600	67%	4	One organization not in support commented that out-of-network providers would not have a fee schedule to follow	ADD to the <i>CORE Code Combinations</i>	DO NOT ADD to the <i>CORE Code Combinations</i>
242	N655	79%	5		ADD to the <i>CORE Code Combinations</i>	ADD to the <i>CORE Code Combinations</i>
299	N34	71%	5	One organization not in support commented that this combination would not make sense for a problem with tax ID	ADD to the <i>CORE Code Combinations</i>	ADD to the <i>CORE Code Combinations</i>
16	N93	100%	5		ADD to the <i>CORE Code Combinations</i>	ADD to the <i>CORE Code Combinations</i>
16	N163	86%	5		ADD to the <i>CORE Code Combinations</i>	ADD to the <i>CORE Code Combinations</i>
250	N163	86%	5		ADD to the <i>CORE Code Combinations</i>	ADD to the <i>CORE Code Combinations</i>

6 Next Steps

A follow-up straw poll for the November 2021 Compliance-based and Market-based Review will be distributed to the Task Group on Wednesday, 12/15/21. 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, 12/08/21** to be distributed with the follow-up straw poll. CAQH CORE will

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distribute a template form on Thursday, 12/02/21 that participants can use to submit rationale.

The CAQH CORE Code Combinations Task Group will meet on Tuesday, 01/18/22 to review the results of the follow-up straw poll and reach agreement on the final Compliance-based Adjustments to the *CORE Code Combinations v3.6.5 October 2021*. The updated *CORE Code Combinations v3.7.0 February 2022*, reflecting Task Group-approved adjustments, will be published to the CAQH CORE website by Tuesday, 02/01/22.

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

Table A.1: CORE-required CARCs Submitted for Association with Straw-pollled RARC

No CORE-required CARCs were submitted for association with the straw-pollled RARC.

Appendix B: Summary of Results – By Stakeholder Type

Table B.1: Support for Adding the New RARC N857 by Stakeholder Type

CARC #	CARC Description	RARC #	RARC Description	% Total Support	% Support Health Plans	% Support Providers	% Support Other
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.	67%	67%	67%	67%

Table B.2: Support for Adding Code Combinations by Stakeholder Type

CARC #	CARC Description	RARC #	RARC Description	% Total Support	% Support Health Plans	% Support Providers	% Support Other
8	The procedure code is inconsistent with the provider type/specialty (taxonomy). Usage: Refer to the 835	N823	Incomplete/Invalid Procedure modifier(s).	80%	86%	33%	100%

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	Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.						
8	The procedure code is inconsistent with the provider type/specialty (taxonomy). Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N822	Missing procedure modifier(s).	80%	86%	33%	100%
177	Patient has not met the required eligibility requirements.	N503	Missing Work Status Report.	100%	100%	100%	100%
151	Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.	N640	Exceeds number/frequency approved/allowed within time period.	100%	100%	100%	100%
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.	67%	86%	33%	60%
242	Services not provided by network/primary care providers.	N655	Payment based on provider's geographic region.	79%	86%	33%	100%
299	The billing provider is not eligible to receive payment for the service billed.	N34	Incorrect claim form/format for this service.	71%	86%	33%	85%
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.)	N93	A separate claim must be submitted for each place of service. Services furnished at multiple sites may not be billed in the same claim.	100%	100%	100%	100%

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	Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.						
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.	N163	Medical record does not support code billed per the code definition.	86%	86%	67%	100%
250	The attachment/other documentation that was received was the incorrect attachment/document. The expected attachment/document is still missing. 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).	N163	Medical record does not support code billed per the code definition.	86%	100%	33%	100%