

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 v3.7.2 October 2022*

Background

At its 12/06/22 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 v3.7.2 October 2022*. Based on the Initial Straw Poll results and Task Group consensus reached on the call, the Task Group rejected a potential Compliance-based to the *CORE-required Code Combinations v3.7.2 October 2022* (see the Call Summary for the 12/06/22 Task Group call, attached to the Follow-up Straw Poll email).

On the call, the Task Group also agreed to conduct a Compliance-based Review (CBR) Follow-up Straw Poll (FSP) to obtain participant feedback on **2 code combinations** that were proposed by respondents for consideration in the Initial Straw Poll. 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 2022 CBR Follow-up Straw Poll Rationale Submission Period* opened on Wednesday, 12/07/22 and closed at the end of the day on Friday, 12/16/22. A summary of respondents is included in **Table 1**.

Table 1: Summary of Respondents to November 2022 CBR FSP Rationale Submission Period by Stakeholder Type

Stakeholder Type	# (%) of Respondents
Total # of Responses	2 (100%)
Number of Health Plan/Health Plan Association Responses	0 (0%)
Number of Provider/Provider Association Responses	0 (0%)
Number of Vendor/Clearinghouse Responses	1 (50%)
Number of Government Responses	1 (50%)
Number of Other Stakeholder Type Responses	0 (0%)

Code Combinations on the November 2022 FSP

2 additional code combinations were recommended by respondents for addition to Business Scenario #2. Each combination is described in **Table 2**. The descriptions include rationale comments against addition. There were no rationale comment submissions that supported addition.

Table 2: Code Combinations for Inclusion in November 2022 CBR FSP

CARC #	CARC Description	RARC #	RARC Description	ASC X12 CAGC	Rationale Comments- Support	Rationale Comments- Not in Support
16	Claims/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 RARC Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N880	Original claim closed due to changes in submitted data. Adjustment claim will be processed under a new claim number.	CO or PI	N/A	A respondent stated their belief that this combination doesn't fall into any of the 4 CORE business scenarios. This code is not a denial, not covered by the plan, lack of information or a request to provide additional information. It seems to be a change initiated either by the submitter or the receiver.
129	Prior processing information appears incorrect. 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).	N880	Original claim closed due to changes in submitted data. Adjustment claim will be processed under a new claim number.	CO or PI	N/A	One respondent asserted that this code is not intended to tell a provider a charge isn't covered. Instead, it is to let the provider know that the charges are the patient's responsibility. There are other appropriate ways to tell the provider.