

CAQH Committee on Operating Rules for Information Exchange (CORE)
Emergency Additions to the CORE-required Code Combinations and CORE-defined Business Scenarios
Updated November 2023

Background: CORE Code Combinations Maintenance Process

Two types of adjustments¹ to the *CORE-required Code Combinations for the CORE-defined Business Scenarios* (henceforth *CORE Code Combinations*) are conducted by the CORE Code Combinations Task Group via the [CORE Code Combinations Maintenance Process](#):

1. **Compliance-based Adjustments:** Per the CORE 360 Rule, published updates to the CARCs and RARCs lists by the code authors must be reviewed to ensure alignment between the *CORE Code Combinations* and the updated code lists². Compliance-based Reviews occur *three times per year* and only consider additions³, deactivations, or modifications to the published code lists since the last published version of the *CORE Code Combinations*. CARC and RARC additions to the published code lists are considered as candidates for inclusion in the *CORE Code Combinations*. Compliance-based Adjustments are recognized once the updated version of the *CORE Code Combinations* is published.
2. **Market-based Adjustments**⁴: The industry may identify new business needs for additional *CORE Code Combinations* and/or a need for new CORE-defined Business Scenarios. Market-based Reviews occur *once per year* and only consider industry submissions addressing:
 - a. Adjustments to the existing *CORE Code Combinations* based on real world usage data and a strong business case. Real world data is submitted by the industry, as there is currently no aggregated industry data regarding CARC and RARC code usage or combination usage.
 - b. Addition of new CORE-defined Business Scenarios, and associated code combinations, based on real world usage data and a strong business case. As the CORE-defined Business Scenarios are described within the CORE 360 Rule (unlike the *CORE Code Combinations*), any addition to the CORE-defined Business Scenarios constitutes an adjustment to the CORE Rule and thus must be approved by the CORE Participants

Emergency Code Combination Additions

Overview

Given the roll-out of the ACA and the significant evolution occurring in health care, market forces require CORE to have an emergency process to add new code combinations using *existing* codes (i.e., codes included in the current published CARC and RARC lists) to the *existing* CORE-defined Business Scenarios. Such an emergency addition would mean the codes are not included in the most current version of the *CORE Code Combinations*, and the entity cannot wait until the next Market-based Review given new legislation, regulation, or a brand new product.

A set of procedures has been developed to enable CORE to address requests for the addition of new *CORE Code Combinations* on an emergency basis. This emergency addition process does not replace or substitute for the Compliance-based or Market-based Adjustments described above. Rather, for this process to be enacted, the request addition must constitute a true emergency. The regular processes to update the code combinations will remain CORE's focus, and thus ensure that CORE remains focused on its CARC/RARC goals per the CORE 360 Rule. Such goals include:

- Reducing code confusion by aligning industry usage of CARCs/RARCs with business needs
- Ensuring industry decisions regarding the code combinations and Business Scenarios are based on actual code usage
- Adhering to published codes given need for improved adherence, as demonstrated by CORE national analysis (first such analysis conducted)

Definition

An Emergency Code Combination Addition (ECCA) is defined to be a request submitted to CORE for the addition of new code combinations using existing codes. The submitter of a request is *not required to be a CORE Participant*. A request could be in response to newly enacted federal or state legislative or regulatory action or to support new product lines offered to the market by

¹ For the purposes of this document, the term "adjustment" will be used to describe any changes to the *CORE Code Combinations*, and the term "update" will be used to describe any changes to the published code lists.

² Compliance-based Reviews of the *CORE Code Combinations* typically occur within one month of the publication of the updated code lists, currently occurring three times per year. "Published Code List" refers to the master CARC or RARC list as approved by the appropriate Code Committees.

³ Includes only *new* CARC or RARC added to the published code list since the publication of the last version of the *CORE Code Combinations*; does not include a CARC or a RARC that existed in the published list at the time of the last Market-based adjustment to the *CORE Code Combinations*.

⁴ Market-based Adjustments can be submitted by any interested party; submitters are not required to be a CORE Participant. Must be submitted via the CORE designated Market-based Adjustment Survey Tool during the industry-wide submission period.

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public (e.g., Medicare, Medicaid) or commercial health plan issuers. Such scenarios involve meeting business needs that have not been part of their business previously. **NOTE:** The emergency process will not be enacted to revisit adding code combinations not previously supported through a Market-based Review.

Criteria for Evaluating an Emergency Code Combination Addition Request

- Criterion 1.** Code Combination(s) requested are generated due to a new federal or state legislative or regulatory requirement with urgent timing and compliance restraints and the legislative and/or regulatory requirements can be independently verified.
- Criterion 2.** Code Combination(s) requested are generated to support a completely new product line(s) introduced to the market and the request is accompanied by appropriate attestation from the health plan issuer or the Accountable Care Organization (ACO).
- Criterion 3.** Code Combination(s) requested are not in conflict with the [evaluation criteria](#) used during CORE 360 Rule development and Compliance-based Reviews.
- Criterion 4.** Code Combination(s) requested do not require a new CORE-defined Business Scenario (**REMINDER:** Code combinations for a business scenarios other than the CORE-defined Business Scenarios can be used at any time).
- Criterion 5.** Code Combination(s) requested represent adjustments that cannot wait to be proposed during the normal CORE Compliance-based and/or Market-based Review cycles due to meeting one or more of the above criteria.

Process for Review and Approval of Emergency Code Combination Addition Requests

An [ECCA Request Form](#)⁵ is available to request emergency additions to the *CORE Code Combinations*. The request form requires a statement of justification describing the need for the emergency addition with references to specific legislative and/or regulatory requirements and/or descriptions and timing for new product line(s) introduced to the market. The form and process will be adjusted by the CORE Code Combinations Task Group as needed to ensure adherence to the term “emergency” and to ensure the ECCA process remains nimble and time sensitive.

Emergency Code Combination Addition Request Review and Approval Process		
Task #	Description	Potential Elapsed Time for Completion
1	CORE staff receives and logs Emergency Code Combination Addition Request.	Process Starts
2	CORE staff reviews Emergency Code Combination Addition Request and creates checklist to review if the request meets the Emergency Code Combination Addition Criteria . <ul style="list-style-type: none"> • If request meets criteria, see Task #3A. • If request does not meet criteria, see Task #3B 	3 Business Days
3A	Request meets ECCA Criteria: <ul style="list-style-type: none"> • CORE staff prepares Summary of Addition and sends CORE summary to the CORE Code Combinations Task Group Co-chairs for their review. • CORE staff make a recommendation on timeframe for publication of the emergency addition (immediate or next regularly scheduled publication based on requester need). 	2 Business Days
3B	Request does not meet ECCA Criteria: Staff summarizes why request does not meet criteria using the checklist and sends to Co-chairs.	2 Business Days
4	Summary and/or check-list on criteria is sent to the CORE Code Combinations Task Group Co-chairs for review and assessment as outlined below: <p><i>Assessment 1.</i> Approve Summary of Emergency Code Combination Addition. (<i>Applies to requests that checklist shows met ECCA criteria and Co-chairs agree with checklist.</i>)</p> <ul style="list-style-type: none"> • Staff completes Task #5A or Task #5B per Co-chair agreement. <p><i>Assessment 2.</i> Agree that ECCA criteria are not met (<i>Applies to requests that checklist shows do not meet ECCA criteria or when Co-chairs decide staff checklist needs to be changed to show criteria not met.</i>)</p> <ul style="list-style-type: none"> • If Co-chairs agree that criteria not met, entity is informed of request status and offered the opportunity to resubmit during the next Market-based Review. <i>Task #5 is not completed.</i> 	3 Business Days

⁵ Must be submitted using CORE designated [Emergency Code Combination Addition Request Form](#).

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Task #	Description	Potential Elapsed Time for Completion
	<p><i>Assessment 3.</i> Ask that check list indicating request did not meet ECCA Criteria be changed to show criteria have been met, and why. (<i>Applies to request that staff checklist shows criteria not met but Co-chair review shows criteria met.</i>)</p> <ul style="list-style-type: none"> • If Co-chairs ask that criteria checklist be changed to show that request did meet criteria, CORE staff changes checklist for why request met criteria and goes back to Task #3A in order to create Summary of Additions for Co-chair review. • Task #4 is then repeated so Co-chairs can review Summary of Addition. 	
5A	<p><i>Next Regularly Scheduled Publication:</i></p> <ul style="list-style-type: none"> • CORE staff logs the emergency addition for inclusion in the next regularly scheduled publication of the <i>CORE Code Combinations</i>. 	Up to 4 months Depending On Next Scheduled Publication Date
5B	<p><i>Immediate Publication:</i></p> <ul style="list-style-type: none"> • CORE staff prepares and publishes to the CORE website updated version of <i>CORE Code Combinations</i> based on Co-chair review of Summary of Addition. • Notice is sent to the Task Group, the Task Group affiliates (wide range of entities who get updated after each Compliance-based Review), and the entity requesting emergency addition. Notice is also placed on the CORE website. 	<p>3 Business Days</p> <p>(Total Elapsed Time From Receipt To Publication: 11 Business Days)</p>

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APPENDIX: Emergency Code Combination Addition Request Tracking Log

The log below lists the status of all ECCA submissions received by CORE since the process was established.

ECCA Request #	ECCA Request Summary	Co-chair Review Completed	Date of Decision Notification to Requester	External Notification of Emergency Addition and Updating of CORE Code Combinations	Org Type	Final Status	Rationale (email core@org to see detail)
0001	Add RARC N59 to the existing CARC 29 along with the following CAGC(s) CO to Business Scenario #3	10/06/13	10/07/13	N/A	Health Plan	Disapproved	Evaluation criteria not met. The current version of the <i>CORE Code Combinations</i> contains a code combination the Requester can use to meet its business need. Requester is also encouraged to submit request during the next Market-based Review.
0002	Add CAGC(s) OA to existing CARC 258 and its associated RARC N103	04/04/14	04/07/14	Include in <i>June 2014 CORE Code Combinations</i>	Govt Health Plan	Approved	Evaluation criteria met. Use of CAGC OA with CARC 258 and RARC N103 accurately addresses the situation where the patient is in custody/incarcerated and the patient is not obligated to pay for his or her care nor is the patient's health plan under any contractual obligations to pay for the patient's care per 42 CFR 411.4 .
0003	Add CARC 246 along with the following CAGC(s) CO	04/04/14	04/07/14	N/A	Govt Health Plan	Disapproved	Evaluation criteria not met - The current version of the <i>CORE Code Combinations</i> already includes CARC 246 with CAGC CO in CORE-defined Business Scenario #3.
0004	Add RARC N83 to the existing CARC 197 along with the following CAGCs CO OA	04/14/14	04/17/14	Include in <i>June 2014 CORE Code Combinations</i>	Govt Health Plan	Approved	Evaluation criteria met - The request to add RARC N83 to the existing CARC 197 along with the following CAGC(s) CO OA is generated due to recent regulation and a new model test under the new test model per the 2013 Center for Medicare & Medicaid Innovation Model Test Strategy, and the 2013 CMS Program Integrity Strategy.
0005	Add RARC N572 to the existing CARC 16 along with the following CAGC(s) CO	04/24/14	04/25/14	Include in <i>June 2014 CORE Code Combinations</i>	Govt Health Plan	Approved	Evaluation criteria met. The request to add RARC N83 with CARC 16 and CAGC CO accurately address the situation where the provider has not submitted the appropriate codes and/or modifiers for Medicare outpatient therapy services as required by 42 CFR § 410.59 (a)(4), § 410.60 (a)(4), and § 410.62 (a)(4).
0006	Add RARC N523 to the existing CARC B5 along with the following CAGC(s) CO	05/05/14	05/07/14	Include in <i>June 2014 CORE Code Combinations</i>	Govt Health Plan	Approved	Evaluation criteria met. The request to add RARC N523 with CARC B5 and CAGC CO in CORE-defined Business Scenario #3 accurately addresses the situation when a home health agency provider has exceeded the 10% capitation on outlier payments and therefore payment will be withheld due to ACA Section 3131 requirements which are in effect.
0007	Add RARC N69 to the existing CARC 150 along	09/17/14	10/16/14				

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	with the following CAGC(s) <u>CO</u> in BS#3						
0008	Add <u>all CACGCs</u> to existing CARC with the following CAGC(s) <u>PR</u>	09/30/14	10/22/14	N/A	Health Plan/Payer	Disapproved	<p>Per the submitter, UnitedHealthcare (UHC) requires the requested code combinations to address the following situation:</p> <ul style="list-style-type: none"> • UHC has a business need to notify non-participating providers that a patient/member has not submitted information required by UHC to reimburse a non-participating provider. As such, claim payment has been denied and the member/patient is responsible for reimbursing the provider. <p>The situation described does not fit within the current four CORE-defined Business Scenarios. The CORE-defined Business Scenarios address situations in which a claim payment is denied/adjusted due to:</p> <ul style="list-style-type: none"> • Missing, incomplete, or invalid information or documentation in the claim submitted by the provider (Business Scenarios #1 and #2) • Contractual issues such that the billed service or benefit is not covered by the health plan or not separately payable by the health plan (Business Scenarios #3 and #4) <p>As described in the CORE 360 Rule, the CORE-defined Business Scenarios address claim payment adjustments/denials due to provider-based actions that require follow-up/remediation by the provider. UHC's business need addresses a new business scenario in which a claim payment has been denied due to patient inaction and follow-up/remediation is required by the patient.</p> <p>Given it addresses a non CORE-defined Business Scenario, the code combination addition requested by UHC does not meet the definition of an Emergency Code Addition to the CORE Code Combinations. NOTE: Per the CORE 360 Rule, a health plan, or its PBM agent, may develop additional business scenarios, and associated code combinations, when the CORE-defined Business Scenarios do not meet its business needs.</p>

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0009	Add RARC <u>N587</u> to the existing CARC <u>197</u> along with the following CAGC(s) <u>CO, PI, PR</u>	10/25/22			Health Plan/ Payer	Disapproved	CORE requested that Humana resubmit their request with additional information.
0010	Add RARC <u>N24</u> to existing CARC <u>299</u> with the following CAGC(s) <u>CO, PI</u>	09/20/23			Federal/H ealth Plan	Disapproved	1.The request did not cite a new regulation or state legislation. 2.The request did not meet the stated purpose of Business Scenario #3. 3.The request does not match any CORE-defined Business Scenario but can be used in a health plan's own defined business scenario.