Rationale Background

At its 12/05/2023 call, the CAQH CORE Code Combinations Task Group reviewed the results of the *Task Group Initial Straw Poll on Potential Compliance- based Adjustment.* Based on the Initial Straw Poll results and Task Group consensus reached on the call, the Task Group accepted 7 potential Compliance-based adjustments to the *CORE-required Code Combinations v3.8.0 October 2023* (see the Call Summary for the 12/05/2023 Task Group call by clicking here).

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 **1 code combination** that was written-in by respondents for consideration for addition to the *CORE Code Combinations*. Task Group Participants were asked to submit any rationale **IN SUPPORT** or **NOT IN SUPPORT** of the addition of the code combination.

The *Task Group CBR Follow-up Straw Poll Rationale Submission Period* opened on 12/07/2023 and closed at 12/15/2023. A summary of respondents is included in **Table 1**.

Table 1: Summary of Respondents to December 2023 FSP Rationale Submission Period by Stakeholder Type

Stakeholder Type	# (%) of Respondents
Total # of Responses	**10 (100%)**
Number of Health Plan/Health Plan Association Responses	4 (40%)
Number of Provider/Provider Association Responses	0 (0%)
Number of Vendor/Clearinghouse Responses	2 (20%)
Number of Government Responses	2 (20%)
Number of Other Stakeholder Type Responses	2 (20%)

Code Combinations Proposed by CCTG Participants Included in the Follow-up Straw Poll

1 CARC was proposed by respondents to be paired with the newly added RARC N891 to CORE-defined Business Scenario #2. The combination is described in **Table 2**.

Table 2: Code Combinations for Inclusion in December 2023 CBR FSP

Business Scenario	CARC	RARC	ASC X12 CAGC
#2 *Additional Information Required – Missing/Invalid/Incomplete Data from Submitted Claim*	**129** *Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NDPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)*	**N891** *The maximum allowable payment for this service/procedure was paid by the primary insurance. No further payment due.*	CO or PI

Rationale IN SUPPORT OF Adding the Code Combination CARC 129/RARC N891 to CORE-defined Business Scenario #2
Responses have been edited for clarity and brevity.

Line	Rationale IN SUPPORT	Stakeholder Type
1	*A respondent stated that not having a combination that specifically tells the provider that the claim is not being paid because it has already been paid in full by the primary health plan causes confusion and abrasion and drives calls into customer service.*	*Health Plan*
2	*A respondent supports addition because the proposed code combination meets the evaluation criterion.*	*Health Plan*
3	*A respondent clarified that the proposed combination implies the reported previous/primary insurance paid amount may be incorrect but if it is correct then no further payment will be made.*	*Health Plan*

Rationale NOT IN SUPPORT OF Adding the Code Combination CARC 129/RARC N891 to CORE-defined Business Scenario #2
Responses have been edited for clarity and brevity.

Line	Rationale IN SUPPORT	Stakeholder Type
1	*A respondent stated that the RARC adds no additional information to the reason for adjustment communicated by the CARC. This does not add value for the provider. This RARC does not contribute to what 'appears incorrect' in that it does not point to the specific piece of data in question.*	*Other*
2	*A respondent noted that the only compliant CARC to report prior payer amounts is CARC 23 (The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)), which is used for informational purposes only and is not a denial code.*	*Vendor*
3	*A respondent shared their organization does not support the combination because RARC N891 does not match what either the CORE-defined Business Scenario #2 or the CARC are communicating. The respondent questioned whether CARC 45 would be more appropriate for pairing with RARC N891.* *(CARC 45 description: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)*	*Government*
4	*A respondent submitted that they did not understand the message the code combination is attempting to convey when tied to CORE-defined Business Scenario #2. The respondent restated the communication as: the prior information is incorrect but the prior payer paid the entire claim.*	*Vendor*

3 organizations abstained from providing rationale but went on record with a submission of the online form.