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1 Initial Straw Poll Results

This document provides the results of the CAQH CORE Code Combinations Task Group Initial Straw Poll on Potential Compliance-based Adjustments to the CORE Code Combinations v3.8.0 October 2023. More information about the potential Compliance-based Adjustments considered by the task group can be found here.

2 Respondent Breakdown

21 organizations responded to the CCTG ISP, representing 84% of the Task Group's active membership. The breakdown of respondents by stakeholder type is shown Table 1.

Table 1: Responses from Task Group Participating Entities by Number and Entity Type

Number of Active* Task Group Participating Entities	25
Total Number of Individual Organizational Responses	21 (84%)
Number of Health Plan/Health Plan Association Responses	8 (38%)
Number of Provider/Provider Association Responses	2 (10%)
Number of Vendor/Clearinghouse Responses	3 (14%)
Number of Government Responses (State Medicaid Agencies, etc.)	3 (14%)
Number of Other Stakeholder Type Responses (SDO/Regional Entities, etc.)	5 (24%)

*NOTE: Active participants attend most Task Group calls and responded to most Task Group Straw Polls for the last 5 Compliance-based Reviews

3 Overview of Results for CBR Initial Straw Poll

The November 2023 CBR Initial Straw Poll presented 9 code combinations for potential <u>addition</u> the *CORE Code Combos*. Code combinations receiving >65% support from the task group are recommended by CORE staff and the CCTG Co-chairs for adjustments to the *CORE Code Combinations*, whereas those combinations receiving <65% support are not recommended for addition.

4 Polled CBR Code Combinations

Potential Compliance-based Adjustments to the *CORE Code Combinations v3.8.0 October 2023* was based on the newly added CARC 306 and newly added RARCs N890, N891, and N892. Each polled code combination, it's support, and comments for or against addition to the *CORE Code Combos* are shown in Table 2. Code Combinations are in descending order by support received.

Detailed descriptions of the polled code combinations and full anonymized comments are included in the Appendix Table 5. Support broken down by stakeholder type is included in Appendix Table 6.

Table 2: CBR Code Combinations Polled for ADDITION to the CORE Code Combinations

Breakdowns of responses by stakeholder types and detailed CARC and RARC descriptions are in the <u>APPENDIX</u>.

Line	Support %	Business Scenario	CARC	RARC	CAGC	Comments for	Comments against
1	100% Recommendation: ADD to CORE Code Combinations	2	306 Type of bill is inconsistent with the patient status.	N/A	CO, PI	N/A	N/A
2	94% Recommendation: ADD to CORE Code Combinations	2	16 Claim/service lacks information or has submission/billing error(s).	N890 Electronic Visit Verification Data Element Requirements were not met.	CO, PI	One organization stated their belief that CARC 16 fits best with RARC N890.	N/A
3	88% Recommendation: ADD to CORE Code Combinations	1	252 An attachment/other documentation is required to adjudicate this claim/service.	N890 Electronic Visit Verification Data Element Requirements were not met.	CO, PI	N/A	One organization stated that CARC 252 refers to an attachment or documentation and corresponding RARC N890, does match the description of the CARC.
4	81% Recommendation: ADD to CORE Code Combinations	2	16 Claim/service lacks information or has submission/billing error(s).	N892 The claim does not meet the criteria for acceptable use of the Delay Reason Code.	CO, PI	An organization stated their belief that CARC 16 is a better match for RARC N892 as there are issues with the claim being billed as it is. This organization believes that it meets the CARC 16 information better.	N/A
5	80% Recommendation: ADD to CORE Code Combinations	3	95 Plan procedures not followed.	N890 Electronic Visit Verification Data Element Requirements were not met.	CO, PI, PR	N/A	One organization does not support because not following procedures has nothing to do with BS#3 Billed Service not covered by the plan.

Line	Support %	Business Scenario	CARC	RARC	CAGC(s)	Comments for	Comments against
6	80% Recommendation: ADD to CORE Code Combinations	3	29 The time limit for filing has expired.	N892 The claim does not meet the criteria for acceptable use of the Delay Reason Code.	CO, PI, PR	N/A	One organization stated that CARC 29 is related to timely filing and RARC N892 does not fit with this CARC as it does not meet the criteria for the acceptable use of the Delay Reason Code.
7	71% Recommendation: ADD to CORE Code Combinations	3	96 Non-covered charge(s).	N890 Electronic Visit Verification Data Element Requirements were not met.	CO, PI, PR	N/A	One organization noted the messages in this code combination conflict with one another as the service is either not covered or there is missing information and cannot be both.
8	59% Recommendation: Do NOT ADD to CORE Code Combinations	3	22 This care may be covered by another payer per coordination of benefits.	N891 The maximum allowable payment for this service/procedure was paid by the primary insurance. No further payment due.	CO, PI, PR	N/A	Two organizations stated that CARC 22 and RARC N891 do not match well and are confusing as the CARC indicated that it may be covered by another payer while the RARC indicates that maximum allowable payment was paid by the primary payer. One organization asserted that adjustments and denials based on a prior payer's adjudication should be paired with CARC 23.
9	47% Recommendation: Do NOT ADD to CORE Code Combinations	3	96 Non-covered charge(s).	N891 The maximum allowable payment for this service/procedure was paid by the primary insurance. No further payment due.	CO, PI, PR	One organization stated their belief that CARC 96 is the better match for RARC N891. This organization asserted that CARC 22 is for coordination of benefits and stating another payer is responsible for paying, which does not work with RARC 891 stating the other payer paid the most that will be paid for this care.	N/A

5 Overview Straw Poll Write Ins

Respondents wrote in potential code combinations for consideration of addition to the CORE-required Code Combinations. Each write-in code combination was indicated for pairing with newly added RARC N891. The write in CARCs proposed for combination with RARC N891 are shown in Table 3 with their associated business scenario and CAGCs. Note, in accordance with <u>CORE Code Combinations Evaluation Criterion #17</u> CAGCs are included consistent with the CORE-defined Business Scenario associated with the indicated CARC.

6 Write-in Code Combinations

CCTG Participants proposed 2 CARCs to be combined with the newly published RARC N891: The maximum allowable payment for this service/procedure was paid by the primary insurance. No further payment due. No additional write-in codes were provided.

Line	Business Scenario	CARC	CARC Description	ASC X12 CAGC
1	2	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.)	CO or PI
2	-	23	The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)	OA

Table 3: Write-in CARCs to be Combined with Newly Published RARC N891

Support for the proposed code combination CARC 129 / RARC N891 will be gauged in a follow-up straw poll alongside any combinations identified for re-polling during the CCTG meeting. Participants will have the opportunity to submit rationale in support of or not in support of addition of the proposed code combination.

The proposed code combination of CARC 23 / RARC N891 <u>will not</u> be included in the follow-up straw poll. CARC 23 is not included in the CORE-defined Business Scenarios, which is a requirement for it to be considered in polling by the CCTG during a CBR. CARC 23 and any related code combinations can be submitted for consideration as part of the <u>Emergency Code Combination Addition</u> process or during the next Market-based Review (MBR). Please note, neither submission pathway guarantees the inclusion of a requested code combination in the *CORE Code Combos*.

7 Next Steps

Results of the ISP will be discussed at the next CCTG on 12/05/2023. Results of the FSP, inclusive of write-in code combinations and any code combinations identified for repolling, will be discussed at the CCTG meeting on 01/16/2024. Approved modifications will be included in the next CORE Code Combinations v3.8.1 *February 2024.*

8 Appendix

Table 4: Polled CBR Submissions Broken down by CORE-defined Business Scenario

CARC #	CARC Description	RARC #	RARC Description	Type of Adjustment	% Support	# Abstentions	Key Comment Issues	Recommendation
			CORE-0	defined Business	Scenario #1			
252	An attachment/other documentation is required to adjudicate this claim/service. 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).	N890	Electronic Visit Verification Data Element Requirements were not met.	Addition	88%	4	One organization stated that CARC 252 refers to an attachment or documentation and the corresponding RARC, RARC N890, does match the description of the CARC.	Add proposed CAQH CORE Code Combination.
	1		CORE-0	defined Business	Scenario #2	T	T	
16	Claim/service lacks information or has submission/billing error(s)	N890	Electronic Visit Verification Data Element Requirements were not met.	Addition	94%	4	One organization stated that CARC 16 fits best with RARC N890.	Add proposed CAQH CORE Code Combination.
16	Claim/service lacks information or has submission/billing error(s)	N892	The claim does not meet the criteria for acceptable use of the Delay Reason Code.	Addition	81%	5	 An organization stated that CARC 16 is a better match for RARC N892 as there are issues with the claim being billed as it is. This organization stated that it meets CARC 16 information better. 	Add proposed CAQH CORE Code Combination.
306	Type of bill is inconsistent with the patient status. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N/A	N/A	Addition	100%	7	N/A	Add proposed CAQH CORE Code Combination.

CARC #	CARC Description	RARC #	RARC Description	Type of Adjustment	% Support	# Abstentions	Key Comment Issues	Recommendation		
	CORE-defined Business Scenario #3									
22	This care may be covered by another payer per coordination of benefits.	N891	The maximum allowable payment for this service/procedure was paid by the primary insurance. No further payment due.	Addition	59%	4	 Two organizations stated that CARC 22 and RARC N891 do not match well and are confusing as the CARC indicated that it may be covered by another payer while the RARC indicates that maximum allowable payment was paid by the primary payer. One organization asserted that adjustments and denials based on a prior payer's adjudication should be paired with CARC 23. Another organization submitted that RARC N891 does not contribute anything to the CARC and that it is informational in nature. 	Do not add proposed CAQH CORE Code Combination.		
29	The time limit for filing has expired.	N892	The claim does not meet the criteria for acceptable use of the Delay Reason Code.	Addition	80%	6	One organization stated that CARC 29 is for timely filing. RARC N892 does not fit with this CARC. It doesn't meet the Delay Reason Code.	Add proposed CAQH CORE Code Combination.		

CARC #	CARC Description	RARC #	RARC Description	Type of Adjustment	% Support	# Abstentions	Key Comment Issues	Recommendation
95	Plan procedures not followed	N890	Electronic Visit Verification Data Element Requirements were not met.	Addition	80%	6	 An organization stated that they do not support this combination because that not following procedures has nothing to do with the Billed Service not covered by the plan. 	Add proposed CAQH CORE Code Combination.
96	Non-covered charge(s)	N890	Electronic Visit Verification Data Element Requirements were not met.	Addition	71%	7	 An organization noted their lack of support for this code combination because the messages conflict with one another. They note that the service is either not covered or there is missing information. The organization believes that it cannot be both. 	Add proposed CAQH CORE Code Combination.
96	Non-covered charge(s)	N891	The maximum allowable payment for this service/procedure was paid by the primary insurance. No further payment due.	Addition	47%	4	 One organization stated that CARC 96 is the better match for RARC N891. This organization asserted that CARC 22 is for coordination of benefits and stating another payer is responsible for paying, which doesn't work with RARC 891 stating the other payer paid the max for this care. 	Do not add proposed CAQH CORE Code Combination.

 Table 5: Support for Proposed CBR Adjustments by Stakeholder Type

Line	Proposed Code Combo	% Support	% Health Plans	% Providers	% Other
1	CARC 306	100%	100%	100%	100%
2	CARC 16/ RARC N890	94%	100%	100%	86%
3	CARC 252/ RARC N890	88%	100%	100%	71%
4	CARC 16/ RARC N892	81%	100%	50%	67%
5	CARC 29/ RARC N892	80%	100%	50%	80%
6	CARC 95/ RARC N890	80%	100%	50%	60%
7	CARC 96/ RARC N890	71%	100%	50%	25%
8	CARC 22/ RARC N891	59%	88%	100%	14%
9	CARC 96/ RARC N891	47%	75%	50%	14%