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## 1 Follow-up Straw Poll Results

This document provides the results of the *CAQH CORE Code Combinations Task Group Follow-up Straw Poll (FSP) on Potential Compliance-based Adjustments to the CORE Code Combinations v3.8.0 October 2023*. The FSP gauged support for **one** code combination written in for consideration by CCTG Participants on the *November 2023 Initial Straw Poll*. Results of the ISP, including the written-in code combinations, can be found [here](#). Rationale submitted by CCTG Participants for and against addition of the written-in code combination can be found [here](#).

## 2 Respondent Breakdown

14 organizations responded to the CCTG FSP, representing 56% 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
<b>Total Number of Individual Organizational Responses</b>	<b>14 (56%)</b>
Number of Health Plan/Health Plan Association Responses	<b>6 (43%)</b>
Number of Provider/Provider Association Responses	<b>1 (7%)</b>
Number of Vendor/Clearinghouse Responses	<b>2 (14%)</b>
Number of Government Responses (State Medicaid Agencies, etc.)	<b>1 (7%)</b>
Number of Other Stakeholder Type Responses (SDO/Regional Entities, etc.)	<b>4 (29%)</b>

\*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 Follow-up Straw Poll

The CBR Follow-up Straw Poll included one code combination written-in by CCTG Participants on the November 2023 ISP. The code combination was presented for addition to the CORE-defined Business Scenario #2 and paired newly added RARC N891 with CARC 29. Detailed descriptions of the CARC and RARC, and comments received from CCTG Participants against addition to CORE-defined Business Scenario #2 are shown in **Table 2**.

To be recommended for addition to a CORE-defined Business Scenario, a code combination must receive >65% support from CCTG Participants. The CARC 29 / RARC N891 code combination **did not** meet this threshold and is **not recommended for addition** to CORE-defined Business Scenario #2 by the CCTG Co-chairs and CORE Staff.

**Table 2: Code Combination Write-Ins included on the December 2023 Follow-up Straw Poll: Addition of CARC 129 to RARC N891**

Breakdowns of responses by stakeholder types are in the [APPENDIX](#).

Support	Business Scenario	CARC	RARC	CAGC	Comments for	Comments against	CCTG Co-chair and CORE Staff Recommendation
36%	#2 Additional information required – Missing/Invalid/Incomplete Data from Submitted claim	<b>129</b> 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.)	<b>N891</b> The maximum allowable payment for this service/procedure was paid by the primary insurance. No further payment due.	CO or PI	N/A	<p>Three organizations noted that primary insurance information is only reported through CARC 23 and that RARC N891 does not denote a billing error and does not meaningfully contribute to the combination. Because of this, the organizations believe that RARC N891 does not belong to any of the four CORE Business Scenarios.</p> <p>One organization stated that there is not an existing RARC that defines when a maximum allowable payment from a previous payer is missing/invalid/incomplete. They recommended that the submitter request a new RARC for “missing/invalid/incomplete other payer paid amount” and have the new RARC paired with CARC 129.</p>	Do <b>NOT</b> Add to the CORE Code Combinations

**4 Next Steps**

Once the CORE Code Combination Task Group agrees to Compliance Adjustments to the CORE Code Combinations v3.8.0 October 2023, the updated CORE Code Combinations v3.8.1 February 2024, will be published to the CAQH CORE website on February 1<sup>st</sup>, 2024, for industry implementation.

5 Appendix

**Table 3: Support for Proposed CBR Adjustments by Stakeholder Type**

Proposed Code Combo	% Support	% Health Plans	% Providers	% Other
CARC 129 / RARC N891	36%	67%	0%	0%