

**CAQH Committee on Operating Rules for Information Exchange (CORE)
Code Combinations Task Group
Impact Analysis: Potential Compliance-based Adjustments to the CORE Code Combinations v3.9.0 February 2025
and the CORE-required Error Code Combinations v1.0.0 March 2024
For Discussion Only**

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Code Combinations Task Group Compliance-based Review Impact Analysis

1 Background

Per the [CAQH CORE Code Combinations Maintenance Process](#), the *CORE-required Code Combinations for CORE-defined Business Scenarios* must be maintained to ensure alignment with the current, published [CARC](#) and [RARC](#) lists maintained by the respective Code Maintenance Committees.¹ Two types of adjustments are conducted:

- **Compliance-based Adjustments:** Published updates, including deactivations, modifications, and additions to the CARC and RARC lists by the code authors, must be reviewed to ensure ongoing alignment between the *CORE Code Combinations* and the published code lists;² compliance-based reviews (CBRs) occur three times per year per the *CORE Code Combinations Maintenance Process*.
- **Market-based Adjustments:** Refinement of existing *CORE Code Combinations* and/or industry identification of the need for additional CORE-defined Business Scenarios and associated code combinations; Market-based Reviews (MBRs) occur annually per the *CORE Code Combinations Maintenance Process*.

With the publication of an updated CARC and RARC lists on 03/01/2025, the CORE Code Combinations Task Group (CCTG) must complete a compliance-based review (CBR). This impact analysis outlines the newly added CARCs and RARCs and includes recommendations for compliance-based adjustments to the *CORE Code Combinations v3.9.0 February 2025*. If changes result from this March 2025 CBR, they will be published on 06/01/2025, and the *CORE Code Combinations v3.9.1 May 2025* will supersede all previous versions of the *CORE Code Combinations*.

1.1 Scope of Potential Compliance-Based Adjustments to CORE Code Combinations v3.9.0 February 2025

Three types of CARC and RARC list updates can impact the *CORE Code Combinations*: deactivations, modifications, and additions. Table 1 summarizes the 03/01/2025 adjustments to the published CARC and RARC lists to be considered by the Task Group.

Table 1. Summary of Qualifying Compliance-based Adjustments to *CORE Code Combinations v3.9.0 February 2025* by Type of Code List Adjustment

Type of Code List Adjustments	Total Published Code List Adjustments	Recommended Potential Impact on <i>CAQH CORE Code Combinations</i>
Code List Deactivations in March 2025	<ul style="list-style-type: none"> • 0 CARCs deactivated • 0 RARCs deactivated 	<ul style="list-style-type: none"> • N/A • N/A
Code List Description Modifications in March 2025	<ul style="list-style-type: none"> • 1 CARC description modified • 0 RARC descriptions modified 	<ul style="list-style-type: none"> • The modified CARC is not in the existing <i>CORE Code Combinations</i> and is not recommended for inclusion by CORE Staff and CCTG Co-chairs. • N/A

¹ (<https://x12.org/reference/>).

² "Published code list" refers to the master [CARC](#), or [RARC](#) list as published.

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Type of Code List Adjustments	Total Published Code List Adjustments	Recommended Potential Impact on <i>CAQH CORE Code Combinations</i>
Code List Additions in March 2025	<ul style="list-style-type: none"> 1 CARC added 7 RARCs added 	<ul style="list-style-type: none"> One CARC was added that is not recommended for addition by CORE Staff and CCTG Co-chairs Two of the new RARCs meet the CORE Code Combinations Evaluation Criteria and can be considered for addition. Five new RARCs are pending evaluation for inclusion in the <i>CORE Code Combinations</i>.

2 March 2025 CBR Initial Straw Poll (ISP)

2.1 Potential Compliance-Based Adjustments to CORE Code Combinations v3.9.0 February 2025 (X12 835)

2.1.1. CARC 307 Recommendation: Do not add CARC 307 to the CORE-defined Business Scenarios; CCTG Evaluate Recommendation

CORE Staff and CCTG Co-chairs do not recommend including CARC 307 in the *CORE Code Combinations*, as its description pertains solely to refund amounts associated with the Medicare Drug Price Negotiation Program. At present, the CORE-defined Business Scenarios do not include situations where a payment is being made. As such, CARC 307 does not appear to meet [CORE Code Combinations Evaluation Criteria](#) which include the criteria that the “Definition of CARC must be consistent with the associated CORE-defined Business Scenario Description.”

Table 2. CARC Added in March 2025 Code List Update

CARC #	RARC Description
307	Medicare Maximum Fair Price Standard Default Refund Amount Adjustment. 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.) Usage: To be used only for the Medicare Drug Price Negotiation Program.

CORE Staff and CCTG Co-chairs recognize that the CARC description may be ambiguous as it relates to potential inclusion in the CORE-defined Business Scenarios. In such circumstances, the [CORE Code Combinations Evaluation Criteria](#) allow CCTG Participants to determine the appropriate CORE-defined Business Scenario. Consistent with this approach, CCTG Participants will be asked whether they agree with CORE Staff and CCTG Co-chairs recommendation to not include CARC 307 in the CORE-defined Business Scenarios. If CCTG Participants do not agree, they will be asked to identify what CORE-defined Business Scenario CARC 307 should be assigned to.

2.1.2 CARC 216 Recommendation: Do not add CARC 216 to the CORE-defined Business Scenarios; CCTG Evaluate Recommendation

In the latest update to the published code lists, the CARC authors modified the description of CARC 216. The change added the words “*or the payer’s findings*” to the previous description “*Based on the findings of a review organization.*”

Table 3. CARC Modified in March 2025 Code List Update

CARC #	CARC Description prior to 3/1/2025	CARC Description effective 3/1/2025
216	Based on the findings of a review organization.	Based on the findings of a review organization or the payer's findings.

CARC 216 is not currently included in the *CORE Code Combinations*. The added verbiage does not appear to change the meaning of the CARC in ways that would make it appropriate for addition to a CORE-defined Business Scenario in the *CORE Code Combinations*. However, in recognition that the modification may

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result in ambiguity, CCTG Participants are asked to evaluate whether they agree with the recommendation to not include CARC 216 in a CORE-defined Business Scenario. If CCTG Participants do not agree, they will be asked to identify what CORE-defined Business Scenario CARC 216 should be assigned.

2.2 RARC Additions

In the latest update to the published code lists, the RARC authors added the following RARCs to the published list. RARC N905 and RARC N906 will be evaluated by CCTG Participants for pairing with existing CARCs in the CORE-defined Business Scenarios. RARC N907 through RARC N911 will have their evaluation deferred pending CCTG Participant review of CARC 307. Please review the sections below for additional context and information.

Table 4. RARCs Added in March 2025 Code List Update

RARC #	RARC Description
N905	Our records show you have opted out of Medicare, agreeing with the patient not to bill Medicare for services/tests/supplies furnished. As a result, we cannot pay this claim. The patient is not responsible for payment.
N906	Service is not covered when a patient is under age 45.
N907	No refund because this claim has been identified as 340B-eligible with a ceiling price lower than the maximum fair price. <i>Notes: To be used with the Medicare Drug Price Negotiation Program only.</i>
N908	No refund because this drug has been prospectively purchased at the maximum fair price. <i>Notes: To be used with the Medicare Drug Price Negotiation Program only.</i>
N909	Refund amount has been calculated using a methodology that differs from the Standard Default Refund Amount calculation (Wholesale Acquisition Cost minus Maximum Fair Price) times Quantity). <i>Notes: To be used with the Medicare Drug Price Negotiation Program only.</i>
N910	A refund cannot be provided for this claim at this time. Contact the manufacturer directly regarding your eligibility. <i>Notes: To be used with the Medicare Drug Price Negotiation Program only.</i>
N911	This claim cannot be reimbursed by the manufacturer until the Part D plan submits corrected prescription drug event data to CMS for maximum fair price validation. <i>Notes: To be used with the Medicare Drug Price Negotiation Program only.</i>

2.2.1 RARC N905 Recommendations: Include RARC N905 with CARCs 27, 32, 96, 299 and B7

RARC N905 potentially meets the [CORE Code Combinations Evaluation Criteria](#) for addition. The RARC committee approved the request for RARC 905 with wording similar to RARC MA47 (*Our records show you have opted out of Medicare, agreeing with the patient not to bill Medicare for services/tests/supplies furnished. As a result, we cannot pay this claim. The patient is not responsible for payment.*). While RARC MA47 is included with CARCs 27, 32, 96, 299 and B7 in CORE-defined Business Scenario #3 in the *CORE Code Combinations*, the RARC Committee only suggested pairing the new RARC code with CARC codes B7 and 299.

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To ensure consistency, the CCTG Co-chairs and CORE Staff recommend pairing RARC 905 with CARCs 27, 32, 96, 299 and B7 in CORE-defined Business Scenario 3. Note that the RARC description includes “*The patient is not responsible for payment.*” As such, and discordant from CORE-defined Business Scenario 3, CAGC PR (Patient Responsibility) is not appropriate for use with this RARC.

The March 2025 CBR Initial Straw Poll will ask Task Group members if they agree with the inclusion of RARC N905 with CARCs 27, 32, 96, 299 and B7 and CAGCs CO or PI in CORE-defined Business Scenario #3 in the *CORE Code Combinations*.

Table 5. Summary of RARC N905 Recommendations for Addition to the CORE-required Code Combinations

CARC #	CARC Description	RARC #	RARC Description	ASC X12 CAGC
CORE-defined Business Scenario 3: Billed Service Not Covered by Health Plan				
27	Expenses incurred after coverage terminated.	N905	Our records show you have opted out of Medicare, agreeing with the patient not to bill Medicare for services/tests/supplies furnished. As result, we cannot pay this claim. The patient is not responsible for payment.	CO or PI
32	Our records indicate the patient is not an eligible dependent.			
96	Non-covered charge(s). 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.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.			
299	The billing provider is not eligible to receive payment for the service billed.			
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.			

2.2.2 RARC N906 Recommendations: Include RARC N906 with CARCs 6, 9, 96, 256 and 269

RARC N906 potentially meets the [CORE Code Combinations Evaluation Criteria](#) for addition. The new RARC N906 has similar wording to existing RARCs M37 (*Not covered when the patient is under age 35.*) and M82 (*Service is not covered when patient is under age 50.*) RARCs M37 and M82 are included with CARCs 6, 9, 96, 256 and 269 in CORE-defined Business Scenario #3 in the *CORE Code Combinations*.

The March 2025 CBR Initial Straw Poll will ask Task Group members if they agree with the inclusion of RARC N906 with the same CARCs 6, 9, 96, 256 and 269 and CAGCs CO, PI, or PR in CORE-defined Business Scenario #3 in the *CORE Code Combinations*.

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Table 6. Summary of RARC N906 Recommendations for Addition to the CORE-required Code Combinations

CARC #	CARC Description	RARC #	RARC Description	ASC X12 CAGC
CORE-defined Business Scenario 3: Billed Service Not Covered by Health Plan				
6	The procedure/revenue code is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N906	Service is not covered when a patient is under age 45.	CO, PI or PR
9	The diagnosis is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.			
96	Non-covered charge(s). 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.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.			
256	Service not payable per managed care contract.			
269	Anesthesia not covered for this service/procedure. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.			

2.2.3 RARCs for Use in the Medicare Drug Price Negotiation Program Recommendations: Defer Evaluation of RARCs N907, N908, N909, N910 and N911 to the March 2025 CBR FSP Pending Evaluation of CARC 307 and Write-in Code Combinations

All the requests for these new RARCs included the explanation that they are “for the Medicare Drug Price Negotiation Program to support payments to pharmacies/providers as directed by Sections 11001(c) and 11002(c) of the Inflation Reduction Act of 2022 (IRA). This RARC will provide information on health care claim remittance advice for refund payments provided to pharmacies/providers to properly post to accounts receivables for expected Maximum Fair Price (MFP) claims provided by a CMS Medicare Transaction Facilitator (MTF) or drug manufacturer.”

The requests listed newly added CARC 307 (*Medicare Maximum Fair Price Standard Default Refund Amount Adjustment. 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.) Usage: To be used only for the Medicare Drug Price Negotiation Program*) as the suggested CARC for use with the RARCs. CARC 307 is not yet included in the *CORE Code Combinations* but is being presented to CCTG Participants for evaluation (see description in section 2.1.1. of this document).

Given the specificity of these RARCs in their association with CARC 307 and the Medicare Drug Price Negotiation Program, they will not be polled for addition to the *CORE Code Combinations* in the March 2025 CBR ISP. In the event CCTG Participants support the addition of CARC 307 to the *CORE Code Combinations*, RARCs N907, N908, N909, N910, and N911 will be polled for inclusion with CARC 307 in the *CORE Code Combinations* on the March 2025 CBR FSP **assuming that/if they meet the [CORE Code Combinations Evaluation Criteria](#).**

Additionally, on the ISP, CCTG Participants will have the opportunity to write-in any CARCs included in the existing CORE-defined Business Scenarios that the RARCs should be paired with. Write-in code combinations that meet the *CORE Code Combinations* Evaluation Criteria will be included in the March 2025 CBR FSP. CCTG Participants will have the opportunity to provide rationale in support of/not in support of written-in code combinations prior to the FSP. Rationale will be distributed to CCTG Participants.

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2.3 Additional Write-in Code Combinations on the March 2025 CBR ISP

In addition to the write-in considerations listed in section 2.2.3, CCTG Participants can write in CARC(s) currently included in the *CORE Code Combinations* to which the newly added, non-alert RARCs provide additional specificity. CCTG Participants will have the opportunity to submit rationale in support/not in support of any CARCs submitted. Assuming *CORE Code Combination* Evaluation Criteria are met, written-in code combinations will be included in the Follow-up Straw Poll for consideration by the CCTG, rationale in support of/not in support of will be distributed to CCTG Participants to aid in the evaluation of the polled code combinations.

3 Potential Compliance-Based Adjustments to CORE Error Code Combinations v1.0.0 March 2024 (X12 277CA)

In March 2024, CORE published the [CORE Claim Acknowledgment \(277CA\) Data Content Rule](#) which created the *CORE-required Error Code Combinations for CORE-defined Claim Rejection Business Scenarios*. These Error Code Combinations establish the uniform use of [CSCC](#) and [CSC](#) codes returned on the 277CA for CORE-defined Claim Rejection Business Scenarios and provide a similar industry utility as the *CORE-required Code Combinations for CORE-defined Business Scenarios*. The maintenance of the *CORE Error Code Combinations* follows that of the *CORE Code Combinations* and will be included in the scope of work for the CCTG starting in March of 2025.

Two types of adjustments are conducted:

- **Compliance-based Adjustments:** Published updates, including deactivations, modifications, and additions to the CSCC and CSC lists by the code authors, must be reviewed to ensure ongoing alignment between the *CORE-required Error Code Combinations for CORE-defined Claim Rejection Business Scenarios* and the published code lists;³ compliance-based reviews (CBRs) occur three times per year.
- **Market-based Adjustments:** Refinement of existing *CORE-required Error Code Combinations for CORE-defined Claim Rejection Business Scenarios* and/or industry identification of the need for additional *CORE-defined Claim Rejection Business Scenarios* and associated error code combinations; Market-based Reviews (MBRs) occur annually.

If changes result from this March 2025 CBR, they will be published by 06/01/2025, and the *CORE-required Error Code Combinations v1.0.1 June 2025* will supersede all previous versions of the *CORE Error Code Combinations for CORE-defined Claim Rejection Business Scenarios*.

This impact analysis was created by CORE Staff and approved by the CCTG Co-chairs based on the CSC and CSCC published since March 2024. It provides helpful context on potential new adjustments. Please review this document carefully when considering your support/non-support of these adjustments.

3.1 Scope of Potential Compliance-Based Adjustments to CORE-required Error Code Combinations v1.0.0 March 2024

Three types of CSCC and CSC list updates can impact the *CORE Error Code Combinations for CORE-defined Claim Rejection Business Scenarios*: deactivations, modifications, and additions. Table 7 summarizes the adjustments to the published CSCC and CSC lists since 03/01/2024. The totals only include adjustments and additions that are within scope to be considered by the CCTG. Note, the totals do not include CSCCs and CSCs that are presently not listed in the *CORE Error Code Combinations for CORE-defined Claim Rejection Business Scenarios v1.0.0* and only had minor or non-substantive adjustments made to their description. CCTG and industry stakeholders may submit these for consideration during the annual MBR cycle.

³ "Published code list" refers to the master [CSCC](#), or [CSC](#) list as published.

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Table 7. Summary of Qualifying Compliance-based Adjustments to *CORE-required Error Code Combinations v1.0.0 March 2024* by Type of Code List Adjustment

Type of Code List Adjustments	Total Published Code List Adjustments	Recommended Potential Impact on <i>CAQH CORE Error Code Combinations</i>
Code List Deactivations since March 2024	<ul style="list-style-type: none"> 0 CSCCs deactivated 0 CSCs deactivated 	<ul style="list-style-type: none"> N/A N/A
Code List Description Modifications since March 2024	<ul style="list-style-type: none"> 0 CSCC description modified 2 CSC descriptions modified 	<ul style="list-style-type: none"> N/A 2 CSC descriptions contained non-substantive typographical edits and will be updated in the next version of the <i>CORE-required Error Code Combinations</i>.
Code List Additions since March 2024	<ul style="list-style-type: none"> 0 CSCC added 5 CSC added 	<ul style="list-style-type: none"> N/A 5 new CSCs have been added since the publishing of <i>CORE-required Error Code Combinations v1.0.0 March 2024</i> and can be considered for addition.

3.2 CSC Additions

In the latest update to the published code lists, the CSC authors added the following CSCs to the published list:

Table 8. CSCs Added since March 2024

CSC #	CSC Description
804	Exceeds inquiry limit for batch. Start: 07/01/2024
805	Mammography Certification Number. Start: 07/01/2024
806	Residential county does not match the county of the service location. Start: 07/01/2024
807	Health Risk Assessment. Start: 07/01/2024
808	Manifestation diagnosis code cannot be billed as a Principal Diagnosis. Start: 11/01/2024

3.2.1 CSCs 804, 805, 806, 807, 808

New CSCs 804, 805, 806, 807, and 808 have been added since the publishing of *CORE-required Error Code Combinations v1.0.0 March 2024* and can be considered for addition to the CORE-required Error Code Combinations. Recommendations for inclusion are below.

3.2.2 CSC 804

CORE Staff and CCTG Co-chairs do not recommend including new CSC 804 in the *CORE-required Error Code Combinations* because the CSC description does not indicate a reason for claim rejection. The CORE-defined Claim Rejection Business Scenarios do not include situations related to the status of an inquiry. As such, CSC 804 does not appear to fit the scope of the *CORE Error Code Combinations* and associated CORE-defined Claim Rejection Business Scenario descriptions.

3.2.3 CSC 805 Recommendations: Include CSC 805 with CSCC A6 and A7

CORE Staff and CCTG Co-chairs recommend including new CSC 805 in the *CORE-required Error Code Combinations* because it refers to a specific piece of information that a claim acknowledgment response can point to as missing or invalid as the reason for rejection.

The March 2025 CBR Initial Straw Poll will ask Task Group members if they agree to include CSC 805 with CSCC A6 in CORE-defined Claim Rejection Business Scenario #2 and A7 in CORE-defined Claim Rejection Business Scenario #3 in the CORE Error Code Combinations.

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Table 9. Summary of CSC 805 Recommendations for Addition to the *CORE-required Error Code Combinations*

CSCC	CSCC Description	CSC #	CSC Description
CORE-defined Claim Rejection Business Scenario 2 – Claim Rejected: Missing Information			
A6	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected. Start: 10/31/2002	805	Mammography Certification Number. Start: 07/01/2024
CORE-defined Claim Rejection Business Scenario 3 – Claim Rejected: Invalid Information			
A7	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected. Start: 10/31/2002	805	Mammography Certification Number. Start: 07/01/2024

3.2.4 CSC 806 Recommendations: Include CSC 806 with CSCC A8

CORE Staff and CCTG Co-chairs recommend including new CSC 806 in the *CORE-required Error Code Combinations* CORE-defined Claim Rejection Business Scenario #4 because it refers to a matching issue between specific pieces of information. A claim acknowledgment response indicating the claim was rejected due to the mismatch of this information pairs well with existing CSCC A8.

The March 2025 CBR Initial Straw Poll will ask Task Group members if they agree to include CSC 806 with CSCC A8 in CORE-defined Claim Rejection Business Scenario #4 in the *CORE Code Combinations*.

Table 10. Summary of CSC 806 Recommendations for Addition to the *CORE-required Error Code Combinations*

CSCC	CSCC Description	CSC #	CSC Description
CORE-defined Claim Rejection Business Scenario 4 – Claim Rejected: Data Relationship Error			
A8	Acknowledgement/Rejected for relational field in error. Start: 10/31/2004	806	Residential county does not match the county of the service location. Start: 07/01/2024

3.2.5 CSC 807 Recommendations: Include CSC 807 with CSCC A6 and A7

CORE Staff and CCTG Co-chairs recommend including the new CSC 807 in the *CORE-required Error Code Combinations*. CSC 807 refers to a specific piece of information that can be pointed to as the reason for rejection due to it missing from the claim or being present but invalid.

The March 2025 CBR Initial Straw Poll will ask Task Group members if they agree to include CSC 807 with CSCC A6 in CORE-defined Claim Rejection Business Scenario #2 and A7 in CORE-defined Claim Rejection Business Scenario #3 in the *CORE-required Error Code Combinations*.

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Table 11. Summary of CSC 807 Recommendations for Addition to the *CORE-required Error Code Combinations*

CSCC	CSCC Description	CSC #	CSC Description
CORE-defined Claim Rejection Business Scenario 2 – Claim Rejected: Missing Information			
A6	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected. Start: 10/31/2002	807	Health Risk Assessment. Start: 07/01/2024
CORE-defined Claim Rejection Business Scenario 3 – Claim Rejected: Invalid Information			
A7	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected. Start: 10/31/2002	807	Health Risk Assessment. Start: 07/01/2024

3.2.6 CSC 808 Recommendations: Include CSC 808 with CSCC A8

CORE Staff and CCTG Co-chairs recommend including new CSC 808 in the *CORE-required Error Code Combinations* CORE-defined Claim Rejection Business Scenario #4. CSC 808 refers to a matching issue between a specific piece of information and billing policy and can be pointed to as the reason for rejection, pairing well with existing CSCC A8.

The March 2025 CBR Initial Straw Poll will ask Task Group members if they agree to include CSC 808 with CSCC A8 in CORE-defined Claim Rejection Business Scenario #4 in the *CORE Code Combinations*.

Table 12. Summary of CSC 808 Recommendations for Addition to the *CORE-required Error Code Combinations*

CSCC	CSCC Description	CSC #	CSC Description
CORE-defined Claim Rejection Business Scenario 4 – Claim Rejected: Data Relationship Error			
A8	Acknowledgement/Rejected for relational field in error. Start: 10/31/2004	808	Manifestation diagnosis code cannot be billed as a Principal Diagnosis. Start: 11/01/2024

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4 Next Steps

Listed below are the key next steps for the CORE Code Combinations Task Group regarding the March 2025 CBR Review:

1. Complete a Task Group Initial Straw Poll of potential Compliance-based Adjustments to the *CORE Code Combinations v3.9.0 February 2025* and *CORE-required Error Code Combinations v1.0.0 March 2024*.
2. Attend the April 2025 Task Group discussion of the Initial Straw Poll results and agreement on Adjustments to the *CORE Code Combinations v3.9.0 February 2025* and *CORE-required Error Code Combinations v1.0.0 March 2024*.
3. If necessary, complete a Task Group Follow-up Straw Poll on potential Compliance-based Adjustments to the *CORE Code Combinations v3.9.0 February 2025* and *CORE-required Error Code Combinations v1.0.0 March 2024* identified via the Initial Straw Poll and Task Group discussion.
 - a. Prior to distributing the Follow-up Straw Poll, Task Group Participants will be asked to submit any rationale they have in support of/not in support of the code combination adjustments to be included in the Follow-up Straw Poll. Comments will be distributed with the Follow-up Straw Poll for consideration by respondents.
4. Review results of Follow-up Straw Poll and reach agreement on final Compliance-based Adjustments to the *CORE Code Combinations v3.9.0 February 2025* and *CORE-required Error Code Combinations v1.0.0 March 2024*.
5. Goal: Per CORE policy, if adjustments are made to the *CORE Code Combinations v3.9.0 February 2025*, publish the *CORE Code Combinations v3.9.1 June 2025* on the CORE website by 06/01/2025 to ensure compliance is met. Consistently, publish the *CORE-required Error Code Combinations v1.0.1 June 2025* on the CORE website by 06/01/2025.