

CAQH Committee on Operating Rules for Information Exchange (CORE)
Code Combinations Task Group
Impact Analysis: Potential Compliance-based and Market-based Adjustments to the *CORE Code Combinations v3.9.2 October 2025*
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 (CORE Code Combinations)* must be maintained to ensure alignment with the current, published [CARC](#) and [RARC](#) lists maintained by the respective Code Maintenance Committees¹. 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 lists²; 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 once a year per the *CORE Code Combinations Maintenance Process*.

With the publication of an updated CARC list on 11/01/25, the Task Group must complete a compliance-based review (CBR). This impact analysis outlines the CBR of the *CORE Code Combinations v3.9.2 October 2025* and includes recommendations for compliance-based adjustments to the *CORE Code Combinations* for consideration by the Task Group. This impact analysis was created by CORE staff and consultants and approved by the Task Group co-chairs based on the most recently published codes and provides context on potential new adjustments. Please review this document carefully when considering your support/non-support of these adjustments.

The Task Group must also address potential Market-based Adjustments to the *CORE Code Combinations* that were received during the 2025 CAQH CORE Public Market-based Adjustments Submission Period. CAQH CORE initiated a public 60-day period during which industry entities could submit potential Market-based Adjustments (e.g., additions, removals, and relocations) to the *CORE Code Combinations* in the *existing* CORE-defined Business Scenarios. One potential adjustment was submitted via the CAQH CORE 2025 Market-based Adjustments Form for Task Group consideration.

If changes result from the November 2025 CBR and MBR, they will be published on 02/01/2026 as the *CORE Code Combinations v3.10.0 February 2026* and will supersede all previous versions of the *CORE Code Combinations*.

¹ Claim Adjustment Status Code Maintenance Committee and Remittance Advice Remark Code Committee (<http://www.wpc-edi.com/reference/>).

² "Published code list" refers to the master CARC or RARC list as published.

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2 Scope of Potential Compliance-Based Adjustments to CORE Code Combinations v3.9.2 October 2025

Three types of CARC and RARC list updates can impact the *CORE Code Combinations*: deactivations, modifications, and additions. Table 1 summarizes the 11/01/2025 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 v3.9.2 October 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 November 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 November 2025	<ul style="list-style-type: none">• 0 CARC description modified• 0 RARC descriptions modified	<ul style="list-style-type: none">• N/A• N/A
Code List Additions in November 2025	<ul style="list-style-type: none">• 1 CARC added• 0 RARCs added	<ul style="list-style-type: none">• The new CARC meets the CORE Code Combinations Evaluation Criteria and can be considered for addition.

3 November 2025 CBR Initial Straw Poll

3.1. CARC Additions

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

Table 2. CARC Added in November 2025 Update

CARC #	CARC Description
308	Payment is adjusted due to contracted funding agreement between the payer and provider.

3.1.1. CARC 308

New CARC 308 meets the [CORE Code Combinations Evaluation Criteria](#) and can be considered for addition to the *CORE Code Combinations*.

3.1.2. CARC 308 Recommendations: Include CARC 308

The CORE Staff and Task Group Co-chairs recommend the CARC be added to CORE-defined Scenario #3: Billed Service Not Covered by Health Plan.

CORE Staff and Task Group Co-chairs do not recommend any RARCS for inclusion with the CARC in the *CORE Code Combinations*.

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NOTE: The request that resulted in the creation of CARC 308 listed as justification “Use when payer pays claim to provider who funds the payer so that there doesn’t need to be any transfer of funds.” RARC N828 “Alert: Payment is suppressed due to a contracted funding” would provide clarification of the reason for the adjustment, but as an “Alert” RARC is not eligible for inclusion in the CORE Code Combinations.

The Task Group November 2025 CBR Initial Straw Poll will also ask Task Group members to submit any non-Alert RARC(s) which add additional specificity consistent with the definition of the CARC and the associated CORE-defined Business Scenario description. Any RARCs submitted will be included in the Follow-up Straw Poll for consideration by the Task Group.

4 Scope of Potential Market-Based Adjustments to CORE Code Combinations 3.9.2 October 2025

4.1. Summary of Respondents

Three entities that create, use, or transmit the HIPAA-mandated transactions in their daily business submitted responses for the 2025 CAQH CORE Market-based Review of the *CORE Code Combinations*.

Additional information about the respondents is provided in **Tables 3 and 4** below:

Table 3: Number/Percent of Respondents by CORE Participation, HIPAA Covered Entity, & HIPAA Transaction Usage

Categorization	Yes # (%)	No # (%)
CORE Participating Organization	3 (100%)	0 (0%)
HIPAA Covered Entity	3 (100%)	0 (0%)
Entity Creates, Uses, Transmits HIPAA Mandated Transactions	(100%)	0 (0%)

Table 4: Breakdown of Responses to 2025 MBR by Entity Type

Entity Type	# (%)
Total Number of Individual Organizational Responses	3
Number of Health Plan Responses	2 (67%)
Number of Provider Responses	0 (0%)
Number of SDO/Association Responses	0 (0%)
Number of Government Health Plan Responses	1 (33%)
Number of Vendor/Clearinghouse Responses	0 (0%)
Number of “Other” Responses	0 (0%)

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4.2. Summary of Code Combination Adjustment Submissions

97 unique recommendations for **addition** to an existing CORE-defined Business Scenario in *CORE Code Combinations* were submitted during the 2025 Market-based Review submission period. **Table 5** summarizes the unique, valid code adjustment submissions per CORE-defined Business Scenario by adjustment category.

Table 5: Number/Percent of Unique Submissions per CORE-defined Business Scenario Adjustment Category

Adjustment Category	Business Scenario #1: Missing/Invalid/Incomplete Documentation	Business Scenario #2: Missing/Invalid/Incomplete Data from Submitted Claim	Business Scenario #3: Billed Service Not Covered by Health Plan	Business Scenario #4: Benefit for Billed Service Not Separately Payable
Addition	0	30	66	1
Removal	0	0	0	0
Relocation	0	0	0	0
Total	0	30	66	1
% of Unique Submissions	0%	31%	68%	1%

4.3 2025 REJECTED CAQH CORE Market-based Adjustment Submissions

Three submissions were reviewed and determined to be invalid for inclusion in the CORE Code Combinations, these are briefly described in **Table 6** and will not be included in the November 2025 CBR / MBR Initial Straw Poll.

Table 6: Rejected Submissions from the 2025 MBR

CARC	CARC Description	RARC	RARC Description	CORE-defined Business Scenario	Rationale For Rejection
16	Claim/service lacks information of has submission/billing errors	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 responsible for payment.	CORE-defined Business Scenario #2: Additional Information Required – Missing/Invalid/Incomplete Data from Submitted Claim	The claim adjustment group code (CAGC) of Patient Responsibility (PR) is not associated with CORE-defined Business Scenario #2 and no rationale was provided for why an exception should be made to include PR in BS #2. This may be more accurately communicated using a code combination in BS #3

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129	Prior processing information appears incorrect.	N117	This service is paid only once in a patient's lifetime.	CORE-defined Business Scenario #2: Additional Information Required – Missing/Invalid/Incomplete Data from Submitted Claim	The claim adjustment group code (CAGC) of Patient Responsibility (PR) is not associated with CORE-defined Business Scenario #2 and insufficient rationale was provided for why an exception should be made to include PR in BS #2. This may be more accurately communicated using a code combination in BS #3
185	The rendering provider is not eligible to perform the service billed.	N290	Missing/incomplete/invalid rendering provider primary identifier.	CORE-defined Business Scenario #2: Additional Information Required – Missing/Invalid/Incomplete Data from Submitted Claim	CARC 185 is included in CORE-defined Business Scenario #3 and would require ALL associated CARC 185 combinations to be moved to BS #2.

4.4 2025 ACCEPTED CAQH CORE Market-based Adjustment Submissions

Three submissions were reviewed and accepted by CCTG Co-chairs and CORE Staff. These will be included in the November 2025 CCTG CBR & MBR Initial Straw Poll. Please note, to avoid misinterpretation and bias the description of business need is shown as received from the MBR form submitter with no alterations to grammar or syntax.

Adjustment #1

Stakeholder Type: Health Plan

CORE Participating Organization: Yes

Type of Adjustment: Addition: Add RARC to an Existing CARC

Table 7: Submission with RARC M122

CARC	CARC Description	RARC	RARC Description	CORE-defined Business Scenario
96	Non-covered charges	M122	Missing/incomplete/invalid level of subluxation	CORE-defined Business Scenario #3: Billed Service Not Covered by Health Plan

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Description of business need: The plan only covers chiropractic care when it is for subluxation of the spine. All other chiropractic care is not covered. This RARC has the specificity of the subluxation to assist providers understanding of why it is not covered.

Please refer to the linked Excel spreadsheet ([here](#)) for the requested additions to the CORE Code Combinations. This spreadsheet was also distributed with the CBR/MBR ISP launch email.

Adjustment #2

Stakeholder Type: Health Plan

CORE Participating Organization: Yes

Type of Adjustment: Addition: Add RARCs to an Existing CARC

Table 8: Submission of RARCs N56, N521, N819, and N820 to CARC 272

CARC	CARC Description	RARC	RARC Description	CORE-defined Business Scenario
272	Coverage/program guidelines were not met	N56	Procedure code billed is not correct/valid for the services billed or the date of service billed.	CORE-defined Business Scenario #3: Billed Service Not Covered by Health Plan
272	Coverage/program guidelines were not met	N521	Mismatch between the submitted provider information and the provider information stored in our system.	CORE-defined Business Scenario #3: Billed Service Not Covered by Health Plan
272	Coverage/program guidelines were not met	N819	Patient not enrolled in Electronic Visit Verification System.	CORE-defined Business Scenario #3: Billed Service Not Covered by Health Plan
272	Coverage/program guidelines were not met	N820	Electronic Visit Verification System units do not meet requirements of visit.	CORE-defined Business Scenario #3: Billed Service Not Covered by Health Plan

Description of business need: In accordance with guidance from a Medicaid Entity, all State Health Plans are expected to utilize their specified CARC/RARC combinations when communicating Electronic Visit Verification payment adjustments and/or denials. Despite this entity's efforts to provide clarification to both the HP and ODM—including facilitating direct discussions with CAQH leadership—the State has mandated that this entity employ CARC/RARC combinations that fall outside the scope of the CORE Uniform Use Rules. To ensure Centene's compliance with these standards, we respectfully submit the following CARC/RARC/CAGC combinations for this year's MBR consideration.

Adjustment #3

Stakeholder Type: Government Entity

CORE Participating Organization: Yes

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Type of Adjustment: Various Additions

Please refer to the linked Excel spreadsheet (here) for the requested additions to the CORE Code Combinations. This spreadsheet was also distributed with the CBR/MBR ISP launch email.

NOTE: Several submissions were valid for consideration, but were submitted without rationale. Please evaluate based on the appropriateness for inclusion in the *CORE Code Combinations*. CAGCs for each of the included code combinations would adhere to the indicated CORE-defined Business Scenario.

5 Next Steps

Listed below are the key next steps for the *CORE Code Combinations* Task Group regarding the November 2025 CBR / MBR Review:

1. Complete a Task Group Initial Straw Poll of potential Compliance-based and Market-based Adjustments to the *CORE Code Combinations v3.9.2 October 2025*
2. Task Group discussion of the Initial Straw Poll results and agreement on Adjustments to the *CORE Code Combinations v3.9.2 October 2025*.
3. [If indicated] Complete a Task Group Follow-up Straw Poll on potential Compliance-based and Market-based Adjustments to the *CORE Code Combinations v3.9.2 October 2025* identified via the Initial Straw Poll and Task Group discussion. Prior to distribution of 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 on the follow-up straw poll. Comments will be distributed with the follow-up straw poll for consideration by the respondents.
4. Review results of Follow-up Straw Poll and reach agreement on final Compliance-based and Market-based Adjustments to the *CORE Code Combinations v3.9.2 October 2025*.
5. Goal: Per CAQH CORE policy, if adjustments are made to the *CORE Code Combinations v3.9.2 October 2025*, publish the *CORE Code Combinations v3.10.0 February 2026* on the CAQH CORE website by 02/01/2026 to ensure compliance is met.