

CAQH Committee on Operating Rules for Information Exchange (CORE) Code Combinations Task Group  
Results: *Task Group Initial Straw Poll on Potential Compliance-based and Market-based Adjustments to the CORE Code Combinations v3.9.2 October 2025*  
For Discussion Only

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## 1 Initial Straw Poll Results

This document provides the results of the November 2025 CBR & MBR Initial Straw Poll for Potential Adjustments to the *CORE Code Combinations*. No adjustments to the *CORE Error Code Combinations* were considered during this poll and are included in the results. More information about the potential Compliance and Market-based Adjustments considered by the Task Group can be found [here](#).

## 2 Respondent Breakdown

16 organizations responded to the CCTG ISP, representing 64% of the Task Group's active membership. The breakdown of respondents by stakeholder type is shown in **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>16 (64%)</b>
Health Plan/Health Plan Association Responses	6 (38%)
Provider/Provider Association Responses	3 (19%)
Vendor/Clearinghouse Responses	4 (25%)
Government Responses (State Medicaid Agencies, etc.)	1 (6%)
Other Stakeholder Type Responses (SDO/Regional Entities, etc.)	2 (13%)

**\*NOTE:** Active participants attend most Task Group calls and responded to most Task Group Straw Polls for the last 5 Compliance-based Reviews or are new to the group as of 11/1/2025.

## 3 Overview of Results for CBR Initial Straw Poll Section 1: Potential Compliance-based Adjustments to the Published List of CORE-required Code Combinations for CORE-defined Business Scenarios (CARCs and RARCs)

### Polled CBR Code Combinations

The November 2025 CBR / MBR ISP polled new CARC 308: *Payment is adjusted due to contracted funding agreement between the payer and provider* for compliance-based addition to CORE-defined Business Scenario #3: Billed Service Not Covered by Health Plan.

**Table 2** shows support and anonymized comments received for the compliance-based addition of CARC 308. The CARC received <65% support and therefore is **NOT RECOMMENDED** for addition by CORE Staff and the CCTG Co-chairs. Additional details about each code combination's support broken out by stakeholder type are shown in the Appendix.

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**Table 2: Polled CBR Code Combinations Receiving <65% Support for ADDITION to the CORE Code Combinations**

*Proposed for ADDITION to the CORE Code Combinations. Breakdowns of responses by stakeholder types are in the APPENDIX.*

Line	Support %	Business Scenario	CARC	RARC	CAGC	Comments For	Comments Against
1	63% Recommendation: <b>DO NOT ADD to CORE Code Combinations</b> 1 abstention	3	<b>308</b> Payment is adjusted due to contracted funding agreement between the payer and provider..	N/A	CO, PI, or PR	<ul style="list-style-type: none"> <li>1 respondent identified the alignment with CARC 139 which is already included in BS #3.</li> <li>1 respondent supported, but acknowledged that they would not implement its use at this time.</li> </ul>	<ul style="list-style-type: none"> <li>4 respondents highlighted the usefulness of the CARC, but that it was inappropriate for inclusion in BS #3 because the service is covered, but there is no money changing hands.</li> <li>4 respondents highlighted its inappropriateness for any current business scenario and that it goes against the intent of the original request creating the CARC.</li> </ul>

**4 MBR Code Combinations Polled for Addition**

Three entities submitted a total of 94 valid code combinations for consideration to be added to the *CORE-required Code Combinations*. Results for Adjustments 1 and 2 are broken out below in **Tables 3 and 4**. Adjustment 3 results are included in the linked spreadsheet ([here](#)).

**Table 3: Adjustment #1: Polled MBR Code Combinations Submitted by Health Plan**

Line	Support %	Business Scenario	CARC	RARC	CAGC	Comments For	Comments Against
1	75% Recommendation: <b>ADD to CORE Code Combinations</b> 2 abstentions	3	<b>96</b> Non-covered charges (truncated description)	<b>M122</b> Missing/incomplete/invalid level of subluxation	CO, PI, or PR	<ul style="list-style-type: none"> <li>Two organizations supported the code combination for the greater specificity. One of these organizations encouraged greater alignment with WEDI/X12 stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>2 organizations highlighted a mismatch between the CARC and the RARC, stating that missing information</li> <li>1 organization stated CARC 16 is a better choice.</li> </ul>

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**Table 4: Adjustment #2: Polled MBR Code Combinations Submitted by Health Plan**

Line	Support %	Business Scenario	CARC	RARC	CAGC	Comments For	Comments Against
1	100% Recommendation: <b>ADD to CORE Code Combinations</b> 2 abstentions	3	<b>272</b> Coverage/program guidelines were not met	<b>N56</b> Procedure code is not correct/valid for the services billed or the date of service bulled.	CO, PI, or PR	N/A	N/A
2	75% Recommendation: <b>DO NOT ADD to CORE Code Combinations</b> 3 abstentions	3	<b>272</b> Coverage/program guidelines were not met	<b>N521</b> Mismatch between the submitted provider information and the provider information stored in our system	CO, PI, or PR	N/A	<ul style="list-style-type: none"> <li>Two organizations stated that N521 refers to provider enrollment, not coverage/program guidelines and is inappropriate for BS #3.</li> </ul>
3	88% Recommendation: <b>ADD to CORE Code Combinations</b> 2 abstentions	3	<b>272</b> Coverage/program guidelines were not met	<b>N819</b> Patient not enrolled in Electronic Visit Verification System	CO, PI, or PR	N/A	N/A
4	88% Recommendation: <b>ADD to CORE Code Combinations</b> 2 abstentions	3	<b>272</b> Coverage/program guidelines were not met	<b>N820</b> Electronic Visit Verification System units do not meet requirement of visit.	CO, PI, or PR	N/A	N/A

**Adjustment #3: Polled MBR Code Combinations Submitted by Government Entity**

Please refer to the [linked spreadsheet](#) for a detailed breakdown of code combinations recommended and not recommended for addition by CORE Staff and CCTG Co-chairs. Of these submissions, **53 were recommended for addition**. For ease of reference comments in support or against are also included in the spreadsheet.

**5 Next Steps**

- Results of the ISP will be discussed during the CCTG meeting on Tuesday, December 9 at 3:00 pm ET.
- Depending on discussion during the CCTG meeting, a follow-up straw poll may be indicated. If so:
  - A rationale submission period will open between December 11-18, 2025.
  - A follow-up straw poll will launch and remain open between December 23, 2025 – January 9, 2026
  - Results of the follow-up straw poll would be reviewed on January 20, 2026 at 3pm ET
- Approved compliance-based adjustments to the *CORE Code Combinations* will be included in *CORE Code Combinations v3.10.0 February 2026*, which will be published by February 1, 2026.

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## 6 Appendix

**Table 5: Support for Proposed CBR Adjustments by Stakeholder Type**

Proposed Code Combination	% Support	% Health Plans	% Providers	% Vendors or Clearinghouses	% Government	% Other (Includes Standards Orgs)
Potential Compliance-based Adjustments to the Published List of CORE-required Code Combinations for CORE-defined Business Scenarios (CARCs and RARCs)						
CARC 308	63%	100%	67%	0%	0%	50%