

CAQH Committee on Operating Rules for Information Exchange (CORE) Code Combinations Task Group
Results: Task Group Initial Straw Poll on 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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1 Initial Straw Poll Results

This document provides the results of the March 2025 CBR Initial Straw Poll for Potential Adjustments to the *CORE Code Combinations* and CORE-required Error Code Combinations. More information about the potential Compliance-based Adjustments considered by the Task Group can be found [here](#).

2 Respondent Breakdown

19 organizations responded to the CCTG ISP, representing 63% 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	30
Total Number of Individual Organizational Responses	19 (63%)
Health Plan/Health Plan Association Responses	6 (32%)
Provider/Provider Association Responses	3 (16%)
Vendor/Clearinghouse Responses	5 (26%)
Government Responses (State Medicaid Agencies, etc.)	2 (11%)
Other Stakeholder Type Responses (SDO/Regional Entities, etc.)	3 (16%)

***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 3/1/2025.

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)

3.1 Polled CARCs NOT recommended for addition in *CORE Code Combinations*

Newly added CARC 307, and modified CARC 216, were NOT recommended for addition to the *CORE Code Combinations* by CORE Staff and CCTG Co-chairs. CCTG participants were asked to indicate whether they agree with the recommendation NOT to include CARC 307 and/or CARC 216 in the *CORE Code Combinations*. **Table 1** shows support and anonymized comments received for each polled recommendation NOT to include these CARCs in the March 2025 CBR ISP. See sections 2.1.1 and 2.1.2 of the March 2025 CBR Impact Analysis for more information on this recommendation to NOT include these CARCs in the *CORE Code Combinations*.

Table 2: Polled CBR CARCs Receiving >65% Support to NOT ADD to the *CORE Code Combinations*

Line	Support %	CARC	Comments For	Comments Against
1	100% Recommendation: DO NOT INCLUDE. 4 abstentions	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.	N/A	N/A
2	100% Recommendation: DO NOT INCLUDE. 3 abstentions	216 Based on the findings of a review organization or the payer's findings.	N/A	N/A

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3.2 Polled CBR Code Combinations

The March 2025 CBR ISP polled ten new code combinations for addition to CORE-defined Business Scenario #3: Billed Service Not Covered by Health Plan. The polled code combinations presented newly added RARCs N905 for pairing with existing CARCs 27, 32, 96, 299, and B7, and N906 for pairing with existing CARCs 6, 9, 256, and 269.

Table 3 shows support and anonymized comments received for each polled code combination in the March 2025 CBR ISP. 8 polled code combinations received >65% support from the Task Group and are recommended by CORE staff and CCTG Co-chairs for **addition** into the *CORE Code Combinations*. **Table 4** shows one polled code combination received >65% support from the task group but is recommended for **discussion** for potential follow-up polling due to the comments received. **Table 5** shows one polled code combination received <65% support from the task group and is **NOT recommended** by CORE staff and CCTG Co-chairs for addition into the *CORE Code Combinations*. Additional details about each code combination's support broken out by stakeholder type are shown in the Appendix.

3.3 CBR Code Combinations Polled for ADDITION to the CORE Code Combinations

Table 3: 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	81% Recommendation: ADD to CORE <i>Code Combinations</i> 2 abstentions	3	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 a result, we cannot pay this claim. The patient is not responsible for payment.	CO or PI	N/A	N/A
2	100% Recommendation: ADD to CORE <i>Code Combinations</i> 2 abstentions	3	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.	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.	CO or PI	N/A	N/A

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Line	Support %	Business Scenario	CARC	RARC	CAGC	Comments For	Comments Against
3	88% Recommendation: ADD to CORE <i>Code Combinations</i> <i>2 abstentions</i>	3	299 The billing provider is not eligible to receive payment for the service billed.	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.	CO or PI	N/A	N/A
4	88% Recommendation: ADD to CORE <i>Code Combinations</i> <i>2 abstentions</i>	3	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.	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.	CO or PI	N/A	N/A
5	100% Recommendation: ADD to CORE <i>Code Combinations</i> <i>2 abstentions</i>	3	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	N/A	N/A
6	94% Recommendation: ADD to CORE <i>Code Combinations</i> <i>2 abstentions</i>	3	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.	N906 Service is not covered when a patient is under age 45.	CO, PI or PR	N/A	N/A

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Line	Support %	Business Scenario	CARC	RARC	CAGC	Comments For	Comments Against
7	100% Recommendation: ADD to CORE Code Combinations <i>2 abstentions</i>	3	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.	N906 Service is not covered when a patient is under age 45.	CO, PI or PR	N/A	N/A
8	94% Recommendation: ADD to CORE Code Combinations <i>2 abstentions</i>	3	256 Service not payable per managed care contract.	N906 Service is not covered when a patient is under age 45.	CO, PI or PR	N/A	N/A
9	69% Recommendation: ADD to CORE Code Combinations. <i>3 abstentions</i>	3	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.	N906 Service is not covered when a patient is under age 45.	CO, PI or PR	N/A	Four organizations question the use of CARC 269 with N906 as 269 applies to anesthesia with no age restrictions, but N906 has age provisions.

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3.4 CBR Code Combinations Polled recommended NOT FOR ADDITION to the CORE Code Combinations

Table 4: Polled CBR Code Combinations Receiving <65% Support for addition to the CORE Code Combinations

Proposed NOT to be recommended 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	60% Recommendation: NOT ADD to CORE Code Combinations <i>3 abstentions</i>	3	32 Our records indicate the patient is not an eligible dependent.	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.	CO or PI	N/A	Four organizations expressed concerns about CARC 32's inclusion of dependent care, as Medicare doesn't cover dependents. They noted that CARC 27 and 32 address member eligibility, not provider enrollment, and pairing them with N905 could confuse providers.

3.5 Overview of Straw Poll Write-Ins

One respondent wrote in two potential Code Combinations to be considered for addition to the *CORE Code Combinations*. The proposal pairs newly added RARC N906 with existing CARCs 95 and 272 in CORE-defined Business Scenario #3: Billed Service Not Covered by Health Plan. The write-in code combinations are briefly described **Table 5**. In accordance with [CORE Code Combinations Evaluation Criterion #17](#), CAGCs align with the indicated CARC in the associated CORE-defined Business Scenario.

3.6 Write-in Code Combinations

Table 5 details the written-in proposals to pair newly added RARC N906 with existing CARCs 95 and 272 into CORE-defined Business Scenario #3.

Table 5: Write-in CARCs to be Combined with Newly Published RARC N906

Line	Business Scenario #	CARC	RARC	
1	3	95 Plan procedures not followed.	N906 Service is not covered when a patient is under age 45.	CO, PI or PR
2	3	272 Coverage/program guidelines were not met.	N906 Service is not covered when a patient is under age 45.	CO, PI or PR

CCTG Participants will have the opportunity to submit a rationale in support of or not in support of the addition of this proposed code combinations. Support will be polled in the CCTG April 2025 CBR Follow-up Straw Poll (FSP). Timelines and instructions can be found in the [CCTG March 2025 Timeline](#).

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Table 6: General Comments Received with Responses to CBR Code Combinations

Line	Point of Clarification	Co-chair and CORE Response
1	One organization commented that the responsibility for code combination maintenance lies with the X12 RSC, not CORE.	Maintenance of the HIPAA mandated CAQH CORE Payment & Remittance (835) Uniform Use of CARCs and RARCs Rule for the electronic reporting of claims adjustment and denials by CORE Participating Organizations helps to mitigate industry confusion regarding the use of the claim denial/adjustment codes. CORE Participating Organizations are required to maintain the CORE Code Combinations and work within the published X12 CARC and RARC lists to achieve a consistent and uniform approach to code combination usage by industry.

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Table 7 shows support and anonymized comments received for each polled error code combination in the March 2025 CBR ISP. Six polled error code combinations received >65% support from the Task Group and are recommended by CORE staff and CCTG Co-chairs for **addition** into the *CORE Error Code Combinations*. Additional details about each code combination's support broken out by stakeholder type is shown in the Appendix.

4.1 Polled CBR Error Code Combinations

The March 2025 CBR ISP polled two error code combinations for addition to CORE-defined Claim Rejection Business Scenario #2: Claim Rejected: Missing Information. The polled error code combinations presented newly added CSC 805 for pairing with existing CSCC A6, and newly added CSC 807 for pairing with existing CSCC A6.

Additionally, two error code combinations were polled for addition to CORE-defined Claim Rejection Business Scenario #3: Claim Rejected: Invalid Information. The polled error code combinations presented newly added CSC 805 for pairing with existing CSCC A7, and newly added CSC 807 for pairing with existing CSCC A7.

Lastly, two error code combinations were polled for addition to CORE-defined Claim Rejection Business Scenario #4: Claim Rejected: Data Relationship Error. The polled error code combinations presented newly added CSC 806 for pairing with existing CSCC A8, and newly added CSC 808 for pairing with existing CSCC A8.

4.2 CBR Error Code Combinations Polled for ADDITION to the CORE Error Code Combinations

Table 7: Polled CBR Code Combinations Receiving >65% Support for ADDITION to the CORE Error Code Combinations

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

Line	Support %	Business Scenario	CSCC	CSC	Comments For	Comments Against
1	100% Recommendation: ADD to <i>CORE Error Code Combinations</i> 6 abstentions	2	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	N/A	N/A

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Line	Support %	Business Scenario	CSCC	CSC	Comments For	Comments Against
2	93% Recommendation: ADD to <i>CORE Error Code Combinations</i> 6 abstentions	2	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	One organization emphasized support of CSC 807 with CSCC A6 to improve rejected claim resubmission time.	One organization questioned whether Health Risk Assessment is a field in the 837 file, suggesting if so, CSC 807 should be used for documentation requests, not rejections.
3	93% Recommendation: ADD to <i>CORE Error Code Combinations</i> 5 abstentions	3	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	N/A	N/A
4	86% Recommendation: ADD to <i>CORE Error Code Combinations</i> 5 abstentions	3	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	N/A	One organization questioned whether Health Risk Assessment is a field in the 837 file, suggesting if so, CSC 807 should be used for documentation requests, not rejections.
5	92% Recommendation: ADD to <i>CORE Error Code Combinations</i> 7 abstentions	4	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	N/A	One organization is uncertain whether CSC 806 represents a true data relationship.

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Line	Support %	Business Scenario	CSCC	CSC	Comments For	Comments Against
6	100% Recommendation: ADD to <i>CORE Error Code Combinations</i> 6 abstentions	4	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	N/A	N/A

Table 8: General Comments Received with Responses to CBR Error Code Combinations

Line	Point of Clarification	Co-chair and CORE Response
1	One organization commented that they are concerned that the 277CA is not a mandated transaction, therefore error code combination maintenance is outside of CORE's scope of work.	CORE Participating Organizations and the CORE Board align industry through consensus driven processes to tackle pain points throughout the revenue cycle and data exchange between providers and health plan regardless of federal mandate. Non-mandated CORE Operating Rules are available to industry for voluntary industry adoption.

4.3 CBR Error Code Combination Evaluation Criteria

The March 2025 CBR ISP polled CCTG participants on their support of DRAFT [Error Code Combination Evaluation Criteria](#) to be used to assess applicable CSCC and CSC combinations for consideration into the *CORE Error Code Combinations*. Task Group participants supported this draft language with 93% support. As a next step, CORE staff and CCTG Co-chairs will finalize this Error Code Combination Evaluation Criteria as written.

5 Next Steps

- Results of the ISP will be discussed during the CCTG meeting on Tuesday, August 6 at 3:00 pm ET.
- A rationale submission period for CCTG to express support or non-support of written-in Code Combinations will be distributed to the CCTG on April 3, 2025 and remain open until April 11, 2025.
- The CCTG April 2025 CBR FSP will be distributed to participants on April 21, 2025 and remain open until May 2, 2025. The next CCTG meeting will be held on May 13, 2025 at 3:00 pm ET.
- Approved adjustments to the *CORE Code Combinations* will be included in *CORE Code Combinations v3.9.1 June 2025*, which will be published by June 1, 2025.
- Approved adjustment to the *CORE Error Code Combinations* will be included in the *CORE Error Code Combinations v1.0.1 June 2025*, which, consistently with the *CORE Code Combinations*, will be published by June 1, 2025.

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Table 9: 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 27 / RARC N905	81%	80%	67%	75%	100%	100%
CARC 32 / RARC N905	60%	100%	67%	75%	0%	0%
CARC 96 / RARC N905	100%	100%	100%	100%	100%	100%
CARC 299 / RARC N905	88%	100%	100%	75%	100%	50%
CARC B7 / RARC N905	88%	100%	100%	100%	100%	50%
CARC 6 / RARC N906	100%	100%	100%	100%	100%	100%
CARC 9 / RARC N906	94%	100%	100%	80%	100%	100%
CARC 96 / RARC N906	100%	100%	100%	100%	100%	100%
CARC 256 / RARC N906	94%	100%	67%	100%	100%	100%
CARC 269 / RARC N906	69%	67%	67%	100%	50%	50%
Potential Compliance-based Adjustments to the Published List of CORE-required Error Code Combinations for CORE-defined Claim Rejection Business Scenarios (CSCCs and CSCs)						
CSCC A6/ CSC 805	100%	100%	100%	100%	100%	100%
CSCC A7 / CSC 805	93%	100%	100%	80%	100%	100%
CSCC A8 / CSC 806	92%	100%	100%	80%	100%	100%
CSCC A6 / CSC 807	93%	100%	100%	80%	100%	100%
CSCC A7 / CSC 807	86%	100%	100%	60%	100%	100%
CSCC A8 / CSC 808	100%	100%	100%	100%	100%	100%