



Code Combinations Task Group Meeting #1

April 1, 2025

March 2025 Compliance-based Review
Initial Straw Poll Results



CORE CODE
COMBINATIONS TASK
GROUP MEETING #1

April 1

- Recap of December 17th, 2024 Meeting
- March 2025 CBR ISP Results
 - *CORE Code Combinations (835)*
 - *CORE Error Code Combinations (277CA)*
- Next Steps

Recap of Last Meeting

March 2025 CBR ISP Results

Respondent Stakeholder Breakdown

Distribution of Responses	Total Straw Poll Responses	Percent of Total Participants
Provider/Provider Associations	3	16%
Health Plan/Health Plan Associations	6	32%
Vendor/Clearinghouses	5	26%
Government/Other	5	26%
Total Responses	19	63% of active participating organizations¹

1. 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.

March 2025 CBR ISP Results – Section 1: *CORE* *Code Combinations (835)*

March 2025 Compliance-based Review Section 1- CARCs

Line	Code	Support	Recommendation	Substantive Comments Received
1	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.	100%	DO NOT ADD	N/A
2	CARC 216 Based on the findings of a review organization or the payer's findings.	100%	DO NOT ADD	N/A

Action: DO NOT ADD 2 new CARCs to the *CORE Code Combinations*

NOTE: Since CCTG Participants agree with the recommendation to **not include** CARC 307 in the *CORE Code Combinations*, closely associated RARCs N907, N908, N909, N910, and N911 will be **NOT** be polled in the March 2025 CBR Follow-up Straw Poll.

March 2025 Compliance-based Review Section 1- RARCs

CORE-defined Business Scenario	Code Combination		Support	Recommendation	Substantive Comments Received
Business Scenario #3 – Billed Service Not Covered by Health Plan	CARC 27 Expenses incurred after coverage terminated.	RARC 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.	81%	Add	N/A
	CARC 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.		100%	Add	N/A
	CARC 299 The billing provider is not eligible to receive payment for the service billed.		88%	Add	N/A
	CARC 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.		88%	Add	N/A
	CARC 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.	RARC N906 Service is not covered when a patient is under age 45.	100%	Add	N/A
	CARC 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.		94%	Add	N/A
	CARC 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.		100%	Add	N/A
	CARC 256 Service not payable per managed care contract.		94%	Add	N/A
	CARC 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.		69%	Add	Three organizations question the use of CARC 269 with N906 as 269 applies to anesthesia with no age restrictions, but N906 has age provisions.

Action: Assent to addition of 9 new code combinations to the *CORE Code Combinations*

March 2025 Compliance-based Review Section 1- CARCs

CORE-defined Business Scenario	Code Combination		Support	Recommendation	Substantive Comments Received
Business Scenario #3 – Billed Service Not Covered by Health Plan	CARC 32 Our records indicate the patient is not an eligible dependent.	RARC 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.	60%	DO NOT ADD	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.

Action: DO NOT ADD to the *CORE Code Combinations*

March 2025 Compliance-based Review Section 1 – Write-ins

Line	Business Scenario	CARC	RARC	CAGC	Recommendation
1	Business Scenario #3 – Billed Service Not Covered by Health Plan	95 Plan procedures not followed.	N906 Service is not covered when a patient is under age 45.	CO, PI or PR	Include in April 2025 CBR Follow-up Straw Poll
2	Business Scenario #3 – Billed Service Not Covered by Health Plan	272 Coverage/program guidelines were not met.	N906 Service is not covered when a patient is under age 45.	CO, PI or PR	

Action: Include two write-in code combinations for potential addition to the *CORE Code Combinations* on the April CBR FSP to launch on April 21. CCTG Participants will have the ability to submit rationale in support/not in support of code combinations to be included in the CBR Follow-up Straw Poll. Rationale will be distributed with the CBR Follow-up Straw Poll for respondents' consideration.

March 2025 CBR ISP Results – Section 2 *CORE* *Error Code Combinations* *(277CA)*

March 2025 Compliance-based Review Section 2 Results

CORE-defined Claim Rejection Business Scenario	Error Code Combination	Support	Recommendation	Substantive Comments Received
Claim Rejection Business Scenario #2 – Claim Rejected: Missing Information	CSCC 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	CSC 805 Mammography Certification Number. Start: 07/01/2024 100%	ADD	N/A
		CSC 807 Health Risk Assessment. Start: 07/01/2024 94%	ADD	N/A
Claim Rejection Business Scenario #3 – Claim Rejected: Invalid Information	CSCC 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	CSC 805 Mammography Certification Number. Start: 07/01/2024 93%	ADD	N/A
		CSC 807 Health Risk Assessment. Start: 07/01/2024 87%	ADD	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.
Claim Rejection Business Scenario #4 – Claim Rejected: Data Relationship Error	CSCC A8 Acknowledgement/Rejected for relational field in error. Start: 10/31/2004	CSC 806 Residential county does not match the county of the service location. Start: 07/01/2024 93%	ADD	One organization is uncertain whether CSC 806 represents a true data relationship.
		CSC 808 Manifestation diagnosis code cannot be billed as a Principal Diagnosis. Start: 11/01/2024 100%	ADD	N/A

Action: Assent to addition of 6 new error code combinations to the *CORE Error Code Combinations*

March 2025 Compliance-based Review Section 2 Results

Draft Criteria	Support	Recommendation
<p>CAQH CORE Error Code Combinations Evaluation Criteria</p> <ol style="list-style-type: none"> 1. Definition of CSCC must be consistent with the associated CORE-defined Claim Rejection Business Scenario description. Note: If ambiguity arises, the appropriate CORE-defined Claim Rejection Business Scenario will be determined by Task Group Participants. 2. Each CSCC must be used with only one CORE-defined Claim Rejection Business Scenario. 3. Any CSC paired with a CSCC must be consistent with the CSCC and CORE-defined Claim Rejection Business Scenario description. 4. No CSC will be added to CORE-defined Claim Rejection Business Scenarios without a corresponding CSCC. 5. The same CSC can be used with multiple CSCCs and Business Scenarios. 6. A CSCC containing a Deactivation Date must be removed from CORE-required Error Code Combinations. 7. A CSC containing a Deactivation Date must be removed from CORE-required Error Code Combinations. 8. A CORE-required Error Code Combination containing a modified CSCC will only be retained if the modified definition is consistent with the CORE-defined Business Scenario. 9. A CORE-required Error Code Combination containing a modified CSCC paired with a CSC will only be retained if the modified definition is consistent with the associated CSCC and CORE-defined Claim Rejection Business Scenario. 10. All CORE-required Error Code Combinations must align with applicable standards and published code lists. 11. Ensure error code combination precisely and accurately reflects the reason for the health plan rejection. 12. Ensure code combination clearly defines what action, if any, is needed by the provider. 13. Ensure the code combination is unique in its message (i.e., avoid duplication within the Business Scenario). 14. An existing code combination should be removed when it is redundant or similar but less clear than a new code combination. 15. Ensure associated CSC adds additional specificity and is not redundant to CSCC 	93%	Finalize and Publish

Action: CORE Staff to finalize and publish the Error Code Combination Evaluation Criteria by June 1, 2025.

Next Steps

Next Steps

Next Step		Responsible Party
1	Launch follow-up straw poll process inclusive of rationale submission and FSP.	CORE Staff CCTG Co-chairs CCTG Participants
2	Publish <i>CORE-required Code Combinations</i> v3.9.1 by June 1, 2025.	CORE Staff
3	Publish <i>CORE-required Error Code Combinations</i> v1.0.1 by June 1, 2025.	CORE Staff
4	Publish Error Code Combination Evaluation Criteria by June 1, 2025.	CORE Staff