

CAQH Committee on Operating Rules for Information Exchange (CORE) Code Combinations Task Group
Results: *Task Group Follow-up 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 Follow-up Straw Poll Results

This document provides the results of the November 2025 CBR & MBR Follow-up Straw Poll for Potential Adjustments to the *CORE Code Combinations*. This poll presented 4 code combinations identified by the CCTG for re-polling after presenting the results for the November 2025 CBR and MBR Initial Straw Poll. A detailed breakdown of ISP results can be found [here](#), and a call summary indicating the need for repolling can be found [here](#). In advance of the FSP, CCTG Participants had the opportunity to provide rationale for or against addition of these code combinations to the *CORE Code Combinations*, the results of which can be found [here](#).

2 Respondent Breakdown

16 organizations responded to the CCTG FSP, 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
Total Number of Individual Organizational Responses	16 (64%)
Health Plan/Health Plan Association Responses	6 (38%)
Provider/Provider Association Responses	2 (13%)
Vendor/Clearinghouse Responses	3 (19%)
Government Responses (State Medicaid Agencies, etc.)	2 (13%)
Other Stakeholder Type Responses (SDO/Regional Entities, etc.)	3 (19%)

*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 / MBR Follow-up Straw Poll: Potential Market-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 FSP included 4 code combinations identified for repolling by the CCTG. All code combinations were considered for addition to CORE-defined Business Scenario #3: Billed Service Not Covered by Health Plan.

Table 2 shows support and anonymized comments received for the 4 code combinations. One combination received >65% and is recommended for addition to the *CORE Code Combinations* 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: Support for Re-Polled MBR Code Combinations 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	36% Recommendation: DO NOT ADD to CORE Code Combinations 2 abstentions	3	96 Non-covered Charges	M122 Missing/incomplete/invalid level of subluxation	CO, PI, or PR	<ul style="list-style-type: none"> An organization supported addition of the polled combinations on the basis of the descriptiveness of the RARCs. One respondent generally supported addition due to perceived alignment with BS #3. 	<ul style="list-style-type: none"> An organization stated that CARC 16 is a more appropriate CARC for this scenario. One organization stated that none of the polled combinations are appropriate for BS #3 – BS #2 may be more appropriate because they are billing errors.
2	50% Recommendation: DO NOT ADD to CORE Code Combinations 2 abstentions	3	272 Coverage/program guidelines not met	N521 Mismatch between the submitted provider information and the provider information stored in our system	CO, PI, or PR	<ul style="list-style-type: none"> An organization supported addition of the polled combinations on the basis of the descriptiveness of the RARCs. One respondent generally supported addition due to perceived alignment with BS #3. 	<ul style="list-style-type: none"> One organization stated that none of the polled combinations are appropriate for BS #3 – BS #2 may be more appropriate because they are billing errors. One organization did not agree to the inclusion of PR for this scenario, questioning a how a member could be held responsible.
3	71% Recommendation: ADD to CORE Code Combinations 3 abstentions	3	272 Coverage/program guidelines not met	N819 Patient not enrolled in Electronic Visit Verification system	CO, PI, or PR	<ul style="list-style-type: none"> One organization supported this pairing due to its identification that regulatory/legislative requirements are not met. The descriptiveness lends specific guidance to what was not met. An organization supported addition of the polled combinations on the basis of the descriptiveness of the RARCs. One respondent generally supported addition due to perceived alignment with BS #3. 	<ul style="list-style-type: none"> One organization stated that none of the polled combinations are appropriate for BS #3 – BS #2 may be more appropriate because they are billing errors.
4	64% Recommendation: DO NOT ADD to CORE Code Combinations 4 abstentions	3	272 Coverage/program guidelines not met	N820 Electronic Visit Verification System units do not meet requirement of visit	CO, PI, or PR	<ul style="list-style-type: none"> One organization supported this pairing due to its identification that regulatory/legislative requirements are not met. The descriptiveness lends specific guidance to what was not met. An organization supported addition of the polled combinations on the basis of the descriptiveness of the RARCs. One respondent generally supported addition due to perceived alignment with BS #3. 	<ul style="list-style-type: none"> One organization stated that none of the polled combinations are appropriate for BS #3 – BS #2 may be more appropriate because they are billing errors.

4 Next Steps

- Approved Compliance and Market-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.

5 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 96 / RARC M122	36%	67%	50%	0%	0%	0%
CARC 272 / RARC N521	50%	67%	100%	0%	50%	0%
CARC 272 / RARC N819	71%	83%	100%	33%	100%	0%
CARC 272 / RARC N820	64%	83%	100%	0%	100%	0%