Rationale Background

At its April 1 call, the CORE Code Combinations Task Group reviewed the results of the *Task Group Initial Straw Poll on Potential Compliance- based Adjustment the CORE-required Code Combinations for CORE-defined Business Scenarios v3.9.0 February 2025* and the *CORE-required Error Code Combinations v1.0.0 March 2024.* Based on the Initial Straw Poll results and Task Group consensus reached on the call, the Task Group accepted 6 Compliance-based adjustments to the *CORE-required Code Combinations v3.9.0 February 2025*, and accepted 6 Compliance-based adjustments to the *CORE-required Error Code Combinations v1.0.0 March 2024 (*see the Call Summary for the April 1 Task Group call by clicking here.)

On the call, the Task Group also agreed to conduct a Compliance-based Review (CBR) Follow-up Straw Poll (FSP) to obtain participant feedback on 2 code combinations written-in by Task Group Participants, as well as 3 code combinations that were proposed by respondents for additional consideration based on comments received on the Initial Straw Poll. Task Group Participants were asked to submit any **RATIONALE** in support or not in support of the addition of each code combination. The *Task Group CBR Follow-up Straw Poll Rationale Submission Period* opened on Thursday, April 3 and closed on Friday, April 11. CORE received rationale from 43% of active CCTG participating organizations. Active participants attend most Task Group calls and respond to most Task Group Straw Polls or are a new member of the Task Group as of 2025. A summary of respondents is included in **Table 1**.

Table 1: Summary of Respondents to March 2025 CBR FSP Rationale Submission Form by Stakeholder Type

Stakeholder Type	# (%) of Respondents
Total # of Responses	13 (100%)
Number of Health Plan/Health Plan Association Responses	2 (15%)
Number of Provider/Provider Association Responses	3 (23%)
Number of Vendor/Clearinghouse Responses	4 (31%)
Number of Government Responses	2 (15%)
Number of Other Stakeholder Type Responses	2 (15%)

Note: *Percentages may not add up to exactly 100 due to rounding.*

Code Combinations Proposed by CCTG Participants Included in the Follow-up Straw Poll

Task Group Participants proposed the March 2025 Compliance-based Review (CBR) Follow-up Straw Poll include:

- **2** code combinations written-in on the March 2025 CBR Initial Straw Poll (ISP) by a CCTG Participant.
- **3** code combinations that received high support for addition (>65%) but were recommended for follow-up polling by the CCTG during the April 1 call.

Descriptions of these code combinations are included in **Table 2** and **Table 3**, respectively. The descriptions include rationale comments submitted by Participants for and against addition to the *CORE Code Combinations*.

Code Combinations for Addition to be Included in March 2025 CCTG CBR FSP

Table 2: Write-in Code Combinations submitted for inclusion on the March 2025 CCTG CBR FSP with Participant Rationale

Line	Business Scenario	CARC	RARC	ASC X12 CAGC	Support For	Not in Support For
1	**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**	• Three organizations commented that they were in support of this combination. • Three organizations commented that this combination provides greater transparency and clearer reasoning for denials. • One organization noted that RARC M82 (Service is not covered when patient is under age 50) and RARC N906 are similar. Because RARC M82 is already associated with CARC 95 it makes logical sense to pair RARC N906 with CARC 95. • One organization commented that they support this combination with the suggested CAGC codes.	• One organization believes that CARC 272 and RARC N906 is the better code combination to communicate this message. • One organization commented that the inclusion of CAGC PI may not make sense to be included with this combination, instead favoring use of patient responsibility. • One organization believes that CARC 95 could be used in situations for patients not under 45, therefore more information may be needed for clarity on the reason for the restriction.
2	**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**	• Four organizations commented that this combination provides greater transparency and clearer reasoning for denials. • Three organizations commented that they were in support of this combination. • One organization noted that RARC M82 (Service is not covered when patient is under age 50) and RARC N906 are similar. Because RARC M82 is already associated with CARC 272 it makes logical sense to pair RARC N906 with CARC 272. • One organization commented that they support this combination with the suggested CAGC codes.	• One organization believes that CARC 272 could be used in situations for patients not under 45, therefore more information may be needed for clarity on the reason for the restriction. • One organization commented that the inclusion of CAGC PI may not make sense to be included with this combination, instead favoring the use of patient responsibility.

Note: *3 organizations submitted a reponse to be on record but did not provide rationale.*

Table 3: Code Combinations recommended for re-polling on the March 2025 CCTG CBR FSP with Participant Rationale

Line	Business Scenario	CARC	RARC	ASC X12 CAGC	Support For	Not in Support For
1	**3** Billed Service Not Covered by Health Plan	**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**	• Three organizations commented that they were in support of this combination. • Two organizations commented that this combination provides greater transparency and clearer reasoning for denials. • One organization noted that RARC M82 (Service is not covered when patient is under age 50) and RARC N906 are similar. Because RARC M82 is already associated with CARC 269 it makes logical sense to pair RARC N906 with CARC 269. • One organization commented that they support this combination with the suggested CAGC codes.	• Two organizations are not aware of any anesthesia age limits necessary to communicate in a CARC/RARC code combination. One organization cites it is more likely the procedure would have an age limit. • One organization believes that CARC 269 could be used in situations for patients not under 45, therefore more information may be needed for clarity on the reason for the restriction.
2	**3** Billed Service Not Covered by Health Plan	**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**	• Three organizations commented that they were in support of this combination. • Three organizations commented that this combination provides greater transparency and clearer reasoning for denials. • One organization noted that RARC 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.) and RARC N905 are similar. Because RARC MA47 is already associated with CARC 299 it makes logical sense to pair RARC N905 with CARC 299. • One organization commented that they support this combination with the suggested CAGC codes.	• One organization believes that CARC B7 and RARC N905 is the better code combination to communicate this message. • One organization commented that RARC N905 indicates that a patient has opted out of Medicare, not a provider. Therefore, CARCs 299 does not match RARC N905.

Line	Business Scenario	CARC	RARC	ASC X12 CAGC	Support For	Not in Support For
3	**3** Billed Service Not Covered by Health Plan	**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**	• Four organizations commented that this combination provides greater transparency and clearer reasoning for denials. • Three organizations commented that they were in support of this combination. • One organization noted that RARC 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.) and RARC N905 are similar. Because RARC MA47 is already associated with CARC B7 it makes logical sense to pair RARC N905 with CARC B7. • One organization commented that they support this combination with the suggested CAGC codes.	• One organization commented that RARC N905 indicates that a patient (not provider) has opted out of Medicare, not a provider. Therefore, CARC B7 does not match RARC N905.

Note: *3 organizations submitted a reponse to be on record but did not provide rationale.*

Next Steps

- March 2025 CCTG CBR FSP will open to CCTG Participants on April 21 and close on May 2. Please coordinate within your organization to submit only one response. Please consider the rationale submitted by Task Group Participants while formulating your reponse.
- Results of the CCTG CBR FSP will be reviewed during the next CCTG call on Tuesday, May 13 between 3:00 - 4:00 pm ET. A Zoom meeting invite and documents will be distributed to the Task Group Participants prior to that call.
- The *CORE-required Code Combinations v3.9.1 June 2025* inclusive of CCTG-approved compliance-based adjustments will be published by June 1, 2025, to ensure compliance is met.