This document is provided for informational purposes only to assist entities in preparing their response to the CAQH CORE 2014 Market-based Adjustments Form. It cannot be used to submit recommended adjustments for the 2014 Market-based Review of the CORE Code Combinations.
Overview: Sample CAQH CORE 2014 Market-based Adjustments Form

What is the Sample CAQH CORE 2014 Market-based Adjustments Form?

The Online CAQH CORE 2014 Market-based Adjustments Form is organized into three parts:

Part I. General Overview & Submitter Information
Part II. Adjustments to Existing CORE-defined Business Scenarios
Part III. Adjustments for Potential New CORE-defined Business Scenarios

The Sample Form provides an example of a complete CAQH CORE 2014 Market-based Adjustments Form including all of Part I and:

In Part II: One example each for:
- One type of addition (Addition Type #1. Add CARC and RARC along with a CAGC(s))
- One type of deletion (Removal Type #1. Remove CARC and all associated RARCs and CAGC(s))
- One type of relocation to an existing Business Scenario (Relocation Type #1. Remove CARC and all associated RARCs from this existing CORE-defined Business Scenario and add to another existing CORE-defined Business Scenario with associated CAGC(s))

In Part III: One example each for:
- An entry for a potential New CORE-defined Business Scenario
- One type of addition to a requested New Business Scenario (Addition Type #1. Add new CARC and RARC along with a CAGC(s))
- One type of relocation to a requested New Business Scenario (Relocation Type #1. Remove CARC and all associated RARCs from an existing CORE-defined Business Scenario and add to the requested New Business Scenario with associated CAGC(s))

NOTE: There are 5 types of additions, 4 types of removals, and 2 types of relocation adjustments that can be made to the existing CORE-defined Business Scenarios and 2 types of additions and relocations that can be made to requested potential new CORE-defined Business Scenarios. See the Appendix for a detailed list of each type of adjustment that can be requested via the CAQH CORE 2014 Market-based Adjustments Form.

How to Use the Sample CAQH CORE 2014 Market-based Adjustments Form

The Sample Form is to be used as a guide for entities to consider their submission to the CAQH CORE 2014 Market-based Adjustments Form. The CAQH CORE Code Combinations Task Group (CCTG) developed the CAQH CORE 2014 Market-based Adjustments Form to ensure that submitters consider the CORE Code Combination Evaluation Criteria, define a business case, and provide discretionary Real World Usage Data for each entry to help inform the CCTG review and consideration of each submission.

What the Sample CAQH CORE 2014 Market-based Adjustments Form Cannot Be Used For

The Sample Form cannot be used to submit recommendations for Market-based adjustments to the CORE-required Code Combinations for the CORE-defined Business Scenarios for consideration by the CCTG. The only recommendations that can be accepted are those submitted using the online CAQH CORE 2014 Market-based Adjustments Form.

Additional Resources
This document is provided for informational purposes only to assist entities in preparing their response to the CAQH CORE 2014 Market-based Adjustments Form. It cannot be used to submit recommended adjustments for the 2014 Market-based Review of the CORE Code Combinations.
Part I. General Overview & Submitter Information

Section 1: Background, Scope, Format, and Instructions

Background: CAQH CORE 360 Rule

The goal of the CAQH CORE 360: Uniform Use of CARCs and RARCs (835) Rule is to ensure consistent use of the Claim Adjustment Reason Codes (CARCs), Remittance Advice Remark Codes (RARCs) and the Claim Adjustment Group Codes (CAGCs) across the industry. To meet this goal, the CAQH CORE 360 Rule specifies a minimum set of CORE-defined Business Scenarios with an applicable maximum set of CORE-required CARC, RARC, CAGC, and NCPDP Reject Code Combinations. As of 01/01/2014, all HIPAA covered entities must comply with the ACA-mandated CAQH CORE EFT & ERA Operating Rules when using the HIPAA-mandated EFT and ERA transaction standards. This set of CORE Code Combinations must be maintained to align with the current published CARC and RARC lists that are maintained by the respective Code Committees via the CAQH CORE Code Combinations Maintenance Process.

Per the CAQH CORE Code Combinations Maintenance Process, the CAQH CORE Code Combinations Task Group (CCTG) conducts two types of review and adjustment to the CORE Code Combinations: Compliance-based Reviews and Market-based Reviews. Market-based Reviews occur once a year and for 2014 will consider industry submissions addressing additions, removals, and relocations to the existing CORE Code Combinations in existing CORE-defined Business Scenarios as well as the addition of new CORE-defined Business Scenarios and associated code combinations.

The CCTG will review and update the CORE Code Combinations based on a review of the submissions. Individuals from any CORE Participating Organization, particularly those with knowledge of the business process of the usage of CARCs and RARCs, are encouraged to join the CCTG by emailing core@caqh.org. Any entity can join CAQH CORE.

Scope of 2014 Market-based Review

The 2014 Market-based Review will consider adjustments to CORE Code Combinations in the existing four CORE-defined Business Scenarios and the potential addition of new CORE-defined Business Scenarios with associated code combinations. The purpose of this 2014 Market-based Adjustments Form is to enable entities to submit requests for:

- Code additions, removals, and relocations to the existing CORE-defined Business Scenarios
- Potential new CORE-defined Business Scenarios, and
- Code combinations to associate with the requested new CORE-defined Business Scenarios.

As shown in Table 1 below, potential code combination adjustments for the existing CORE-defined Business Scenarios may include:

- Addition or removal of existing CORE Code Combinations
- Relocation of a CORE Code Combination from an existing CORE-defined Business Scenario to another existing CORE-defined Business Scenario
For each requested potential new CORE-defined Business Scenario, respondents submit code combinations for association with the requested scenario. As shown in Table 2 below, potential code combination adjustments for requested new CORE-defined Business Scenarios may include:

- **Addition** of new code combinations where the CARC is NOT currently in the existing CORE Code Combinations
- **Relocation** of a CORE Code Combination from an existing CORE-defined Business Scenario to the requested new Business Scenario

The current list of CORE Code Combinations can be found [HERE](#).
SAMPLE CAQH CORE 2014 MARKET-BASED ADJUSTMENTS FORM

Section 1: Background, Scope, Format, and Instructions

Format

The CAQH CORE 2014 Market-based Adjustments Form is organized into three parts as follows:

Part I. General Overview & Submitter Information
- Section 1. Background, Scope, Format, and Instructions
- Section 2. Submitter Information

Part II. Adjustments to Existing CORE-defined Business Scenarios (You will be able to submit as many adjustments for each CORE-defined Business Scenario as needed.)
- Section 3. Additions to Business Scenario
- Section 4. Removals to Business Scenario
- Section 5. Relocations to Existing Business Scenario

Part III. Adjustments for Potential New CORE-defined Business Scenarios (You will be able to submit as many potential new CORE-defined Business Scenarios, and associated code combinations, as needed.)
- Section 6. Potential New Business Scenario
- Section 7. Addition of New Code Combinations to Potential New Business Scenario
- Section 8. Relocation of Existing Code Combinations to Potential New Business Scenario

To assist in this review, this form requires submitters to determine whether the requested code combination adjustment or potential new Business Scenario, and associated code combinations, meets specified Evaluation Criteria, to provide a Strong Business Case for the code combination adjustment or potential new Business Scenario, and associated code combinations, and, at its discretion, to include a summary of Real World Usage Data to support the Business Case for each requested code combination adjustment. Submitters can exercise discretion whether or not to include Real World Usage Data, recognizing that providing such an analysis can strengthen a Business Case for the requested code combination adjustment.

Additional Resources

A sample version of the CAQH CORE 2014 Market-based Adjustments Form can be downloaded HERE. This document is intended to assist submitters in preparing their response to the CAQH CORE 2014 Market-based Adjustments Form. It cannot be submitted as the response to the 2014 Market-based Review. Only responses submitted via the online form will be considered.

NOTE: In accordance with CAQH CORE policy, all submissions will be kept strictly confidential and only identified by stakeholder category. If your organization chooses not to submit an online Market-based Adjustments Form, CAQH CORE will not be able to capture your organization’s feedback on potential adjustments for the 2014 Market-based Review.
SAMPLE CAQH CORE 2014 MARKET-BASED ADJUSTMENTS FORM

Section 1: Background, Scope, Format, and Instructions

Instructions

The table below provides guidance for each section of the Form. Each section is listed with the completion instructions and any additional details for completion of the Form.

<table>
<thead>
<tr>
<th>Part &amp; Section Titles</th>
<th>Completion Instructions: Required/Discretionary</th>
<th>Additional Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part I: General Overview &amp; Submitter Information</td>
<td>N/A</td>
<td>Informational</td>
</tr>
<tr>
<td>Section 2: Submitter Information</td>
<td>Required</td>
<td>Please complete all fields</td>
</tr>
<tr>
<td>Part II: Adjustments to Existing CORE-defined Business Scenarios</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section 3: Additions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section 3A: Specific Codes for Addition</td>
<td>If applicable to submitter</td>
<td>If no codes to submit for addition, the rest of the section will not appear</td>
</tr>
<tr>
<td>Section 3B: CORE Code Combination Evaluation Criteria for Additions</td>
<td>Required</td>
<td>Check all criteria that apply</td>
</tr>
<tr>
<td>Section 3C: Business Case for Addition</td>
<td>Required</td>
<td>Complete all questions in this section</td>
</tr>
<tr>
<td>Section 3D: Discretionary Reporting of Supporting Real World Usage Data for Additions</td>
<td>Discretionary</td>
<td>Not required to be complete but encouraged to provide usage analysis data</td>
</tr>
<tr>
<td>Section 4: Removals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section 4A: Code for Removal</td>
<td>If applicable to submitter</td>
<td>If no codes to submit for removal, the rest of the section will not appear</td>
</tr>
<tr>
<td>Section 4B: CORE Code Combination Evaluation Criteria for Removals</td>
<td>Required</td>
<td>Check all criteria that apply</td>
</tr>
<tr>
<td>Section 4C: Business Case for Removal</td>
<td>Required</td>
<td>Entities will have the option to say “N/A” if they have determined the Evaluation Criteria from Section 4B are a sufficient Business Case for removal. If N/A is indicated, the online form will jump to Section 4D, skipping questions #2 and #3 under Business Case for Removals.</td>
</tr>
<tr>
<td>Section 4D: Discretionary Reporting of Supporting Real World Usage Data for Removals</td>
<td>Discretionary</td>
<td>Not required to be complete but encouraged to provide usage analysis data</td>
</tr>
<tr>
<td>Section 5: Relocations to Existing Business Scenario</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section 5A: Code for Relocation</td>
<td>If applicable to submitter</td>
<td>If no codes to submit for relocation, the rest of the section will not appear</td>
</tr>
<tr>
<td>Section 5B: CORE Code Combination Evaluation Criteria for Relocations</td>
<td>Required</td>
<td>Check all criteria that apply</td>
</tr>
<tr>
<td>Section 5C: Business Case for Relocation</td>
<td>Required</td>
<td>Entities will have the option to say “N/A” if they have determined the Evaluation Criteria from Section 5B are a sufficient Business Case for relocation. If N/A is indicated, the online form will jump to Section 5D, skipping questions #2 and #3 under Business Case for Relocation.</td>
</tr>
<tr>
<td>Section 5D: Discretionary Reporting of Supporting Real World Usage Data for Relocations</td>
<td>Discretionary</td>
<td>Not required to be complete but encouraged to provide usage analysis data</td>
</tr>
<tr>
<td>Part III: Adjustments for Potential New CORE-defined Business Scenarios</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section 6: Potential New Business Scenario</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section 6A: Description of New Business Scenario</td>
<td>Required</td>
<td>Complete all text boxes</td>
</tr>
<tr>
<td>Section 6B: New Business Scenario Evaluation Criteria</td>
<td>Required</td>
<td>Check all applicable criteria</td>
</tr>
<tr>
<td>Section 6C: Business Case</td>
<td>Required</td>
<td>Complete all text boxes</td>
</tr>
<tr>
<td>Section 7: Addition of New Code Combinations to Potential New Business Scenario</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section 7A: Specific Codes for Addition</td>
<td>If applicable to submitter</td>
<td>If no codes to submit for addition, the rest of the section will not appear</td>
</tr>
<tr>
<td>Section 7B: CORE Code Combination Evaluation Criteria for Additions</td>
<td>Required</td>
<td>Check all criteria that apply</td>
</tr>
<tr>
<td>Section 7C: Business Case for Addition</td>
<td>Required</td>
<td>Complete all questions in this section</td>
</tr>
<tr>
<td>Section 7D: Discretionary Reporting of Supporting Real World Usage Data for Additions</td>
<td>Discretionary</td>
<td>Not required to be complete but encouraged to provide usage analysis data</td>
</tr>
<tr>
<td>Section 8: Relocation of Existing Code Combinations to Potential New Business Scenario</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section 8A: Code Combination for Relocation</td>
<td>If applicable to submitter</td>
<td>If no codes to submit for relocation, the rest of the section will not appear</td>
</tr>
<tr>
<td>Section 8B: CORE Code Combination Evaluation Criteria for Relocations</td>
<td>Required</td>
<td>Check all criteria that apply</td>
</tr>
<tr>
<td>Section 8C: Business Case for Relocation</td>
<td>Required</td>
<td>Entities will have the option to say “N/A” if they have determined the Evaluation Criteria from Section 8B are a sufficient Business Case for relocation. If N/A is indicated, the online form will jump to Section 8D, skipping questions #2 and #3 under Business Case for Relocation.</td>
</tr>
<tr>
<td>Section 8D: Discretionary Reporting of Supporting Real World Usage Data for Relocations</td>
<td>Discretionary</td>
<td>Not required to be complete but encouraged to provide usage analysis data</td>
</tr>
</tbody>
</table>

NOTE: Evaluation Criteria, Business Case and discretionary submission of Usage Data analysis will be asked for each code combination adjustment or new Business Scenario, and associated code combinations, that is submitted.

Eligible Submitters: All CORE Participants, plus non-CORE Participants that create, use, or transmit the HIPAA mandated transactions, are eligible to submit a request. Each entity is limited to one response per organization;

This document is provided for informational purposes only to assist entities in preparing their response to the CAQH CORE 2014 Market-based Adjustments Form. It cannot be used to submit recommended adjustments for the 2014 Market-based Review of the CORE Code Combinations.
Please coordinate with your colleagues.

**Deadline:** Submitters will have 60 days to complete their submissions; submissions will not be accepted after the closing date. The due date for submissions is 01/26/2015. REMINDER: All requests must be submitted using the online web-based form in order to be considered.

**Questions:** Contact core@caqh.org with questions related to the 2014 Market-based Review process and/or the CAQH CORE Code Combination Maintenance Process. Submitters will be notified via email when the updated version of the CORE Code Combinations is published.
Section 2: Submitter Information

Date (MM/DD/YYYY): ______________________
Entity Name: ____________________________
Contact First Name: ______________________
Contact Last Name: _______________________
Title: _________________________________
Phone (NNN-NNN-NNNN) + ext: ___________
E-mail Address: __________________________

This CAQH CORE Market-based Adjustments form has been designed so you can suspend entering data into the form and then resume entering data up to the final due date for submission. You will not be able to resume entering data and submit the form after the final due date for submission.

In order to enable this functionality, please reenter below the email address you entered above.

Confirm Email Address: __________________________

When you have completed this section of the survey a confirmation email will be sent to you which will include a unique URL (link) you must use to access the online survey form to enter your submissions. You may start, stop, and resume entering your submission multiple times throughout the 60 days the form will be available via your unique URL. You will also receive an email confirmation at the email address entered above for each entry submitted in Parts 2 and 3 of the form.

In addition to your unique URL, your confirmation email will also include all of your submitter information for reference as you enter your submissions.

Be sure to retain this email. If you have any questions, please send an email to CORE@caqh.org.

Entity Type (select one):
- Health Plan
- Provider
- Government Health Plan
- Government Provider
- Clearinghouse
- Vendor
- Other Business Associate
- SDO/Association
- Other: ___________________________

Entity is a CORE Participant?
- Yes
- No

This document is provided for informational purposes only to assist entities in preparing their response to the CAQH CORE 2014 Market-based Adjustments Form. It cannot be used to submit recommended adjustments for the 2014 Market-based Review of the CORE Code Combinations.
Entity Creates, Uses, or Transmits the HIPAA Mandated Transactions in its daily business (HIPAA covered entity or Business Associate)?

☐ Yes
☐ No

Targeted education sessions are offered via webinar by CAQH CORE on the CAQH CORE 360 Rule and the Market-based Review process. It is highly recommended that anyone involved in preparing or approving the submission of this Market-based Review Form attend this training. Please indicate attendance at a CAQH CORE education session specific to this Market-based Review.

☐ We have attended a 2014 Market-based Review training
☐ We plan to attend a 2014 Market-based Review training before completing Parts 2 and 3 of the form.
☐ We do not plan to attend 2014 Market-based Review training. Please explain why in the space below:

This document is provided for informational purposes only to assist entities in preparing their response to the CAQH CORE 2014 Market-based Adjustments Form. It cannot be used to submit recommended adjustments for the 2014 Market-based Review of the CORE Code Combinations.
This document is provided for informational purposes only to assist entities in preparing their response to the CAQH CORE 2014 Market-based Adjustments Form. It cannot be used to submit recommended adjustments for the 2014 Market-based Review of the CORE Code Combinations.
SAMPLE CAQH CORE 2014 MARKET-BASED ADJUSTMENTS FORM

Part II. Adjustments to Existing CORE-defined Business Scenarios

CORE-defined BS #1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Submission for Code Adjustments for Business Scenario #1

Please select the action you wish to perform for this CORE-defined Business Scenario.

- Addition Types
  - Addition Type #1. Add CARC and RARC along with a CAGC(s)
  - Addition Type #2. Add CARC along with a CAGC(s)
  - Addition Type #3. Add RARC to an existing CARC along with a CAGC(s)
  - Addition Type #4. Add CAGC(s) to an existing CARC
  - Addition Type #5. Add CAGC(s) to an existing CARC and its associated RARC

- Removal Types
  - Removal Type #1. Remove CARC and all associated RARCs and CAGC(s)
  - Removal Type #2. Remove RARC and associated CAGC(s) from existing CARC
  - Removal Type #3. Remove CAGC(s) from existing CARC
  - Removal Type #4. Remove CAGC(s) from existing RARC and associated CARC

- Relocation Types
  - Relocation Type #1. Remove CARC and all associated RARCs from this CORE-defined Business Scenario and add to another existing CORE-defined Business Scenario with associated CAGC(s)
  - Relocation Type #2. Remove CARC and all associated RARCs from this CORE-defined Business Scenario and add CARC and some or no associated RARCs to another existing CORE-defined Business Scenario with associated CAGC(s)
**SAMPLE CAQH CORE 2014 MARKET-BASED ADJUSTMENTS FORM**

**CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation**

**Section 3: Codes for Addition**

---

**Section 3A: Specific Codes for Addition**

*(Addition Type #1. Add CARC and RARC along with a CAGC(s))*

Please specify the code(s) you are requesting for this CORE-defined Business Scenario.

Add CARC  

and RARC  

Along with the following CAGCs:

Mark all Claim Adjustment Group Code(s) that apply:

- CO
- OA
- PI
- PR
SAMPLE CAQH CORE 2014 MARKET-BASED ADJUSTMENTS FORM

CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 3: Codes for Addition

Section 3B: CORE Code Combination Evaluation Criteria for Additions

(Addition Type #1. Add CARC and RARC along with a CAGC(s))

Reason for Addition

1. Please evaluate if your submission is a candidate for addition to the CORE-defined Business Scenario using the following CORE Code Combination Evaluation Criteria. Select all criteria that apply to this specific code(s) submission:

- Definition of CARC is consistent with the CORE-defined Business Scenario description
- Each CARC must only be used with one CORE-defined Business Scenario
- Code combination more clearly conveys the reason and actions as existing code combination(s) in the CORE-defined Business Scenario, a request has been submitted to remove those existing code combination(s)
- CARC definition requires a RARC, one has been included in this request for addition
- CARC is not marked as Deactivated in the Published CARC List
- CAGC(s) to be used are consistent with the CORE-defined Business Scenario description
- Code combination precisely and accurately reflects the reason that the health plan made the adjustment
- Code combination clearly defines what action, if any, is needed by the provider
- Code combination is unique in its message, and does not duplicate existing Code Combinations

2. If a RARC is included in the request:

- Definition of RARC is consistent with the definition of the CARC and associated CORE-defined Business Scenario description
- RARC is not marked as Deactivated in the Published RARC List
- RARC is not an ALERT RARC
- RARC definition adds additional specificity to the CARC

3. Criteria for Assessing the Addition: Describe how the submitted code(s) complements the Evaluation Criteria you selected above, e.g. RARC definition adds additional specificity to the CARC.
SAMPLE CAQH CORE 2014 MARKET-BASED ADJUSTMENTS FORM

CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 3: Codes for Addition

Section 3C: Business Case for Addition
(Addition Type #1. Add CARC and RARC along with a CAGC(s))

Reason for Addition

Submitters must provide a Business Case based on the Evaluation Criteria, scope of applicability, expected outcome, and business need to support the code(s) addition.

1. Is the Business Case applicable to:
   - Only to your organization
   - The larger overall healthcare system

2. Expected Outcome of Change: Please indicate how administrative procedures would be simplified or improved by the addition of this code(s). Check all that apply.
   - Reduction in unnecessary manual provider follow-up
   - Improved electronic secondary billing
   - Less write-offs of billable charges
   - More accurate billing of patients for co-pays and deductibles
   - Quicker posting
   - Less staff time spent on phone calls and/or websites
   - Fewer resources needed to conduct targeted follow-up with health plans and/or patients
   - Reduced provider calls for additional information or clarification
   - More accurate and efficient payment of claims
   - More accurate and clear 835 claim denial/adjustment messages
   - Other cost savings/efficiencies ____________________

3. Business Need for Addition: Please describe why none of the existing CORE-required Code Combinations in the CORE-defined Business Scenario precisely and accurately reflect your business need.

   For example: “Shoe size is needed to adjudicate claims under this plan. There is no code combination in the Business Scenario that allows us to report that an adjustment was made because shoe size is needed, has not been received, and should be submitted by the provider if they wish the adjustment to be reconsidered.”
CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 3: Codes for Addition

Section 3D: Discretionary Reporting of Supporting Real World Usage Data for Additions
(Addition Type #1. Add CARC and RARC along with a CAGC(s))

Real World Usage Data analysis can serve as a tool to strengthen your Business Case. If your entity analyzed Usage Data, you are encouraged to provide a summary of this analysis to support your submission for addition. Submitters may, at their discretion, elect not to complete a Usage Data analysis or not to provide a summary of such analysis. If your entity elects not to submit a summary of Usage Data analysis, you will be asked to complete Subsection II.

1. Completion of Real World Usage Data Analysis: Please indicate if your organization conducted an analysis of Usage Data related to the submitted code combination.

☐ Yes. Please complete Subsection I.
☐ No. Please complete Subsection II.
SAMPLE CAQH CORE 2014 MARKET-BASED ADJUSTMENTS FORM

CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 3: Codes for Addition

Section 3D: Discretionary Reporting of Supporting Real World Usage Data for Additions

(Addition Type #1. Add CARC and RARC along with a CAGC(s))

Subsection I

Please answer the following questions about your Usage Data analysis for the submitted code(s). NOTE: This Subsection must be completed as you selected Yes on the previous page.

1. **Timeframe of Analysis**: Please indicate the timeframe of your Usage Data analysis using the options below.
   - Timeframe of Data Reviewed.
     - Less than one week of data
     - 1 week to 1 month of data
     - More than 1 month of data

2. **Scope of Analysis**: Please indicate below the Estimated Percentage of Remittance Data OR the Estimated Percentage of Claims Data your entity reviewed in your Usage Data analysis. NOTE: If you would like to expand on the volume of Usage Data your entity reviewed, please do so in the next question (Summary of Analysis).
   - Remittance Data - All remittances sent/received/transmitted by entity were reviewed
     - Remittance Data - 50 - 99%
     - Remittance Data - 20 - 50%
     - Remittance Data - Less than 20%
   - OR
     - Claim Data - All claims sent/received/transmitted by entity were reviewed
     - Claim Data - 50 - 99%
     - Claim Data - 20 - 50%
     - Claim Data - Less than 20%

3. **Summary of Analysis**: Please provide a summary of your Usage Data analysis related to the submitted code(s).
   Your summary should indicate the number and/or percentage of times the code(s) was present in the data and if the usage was found to be specific to a particular type of coverage. ERA recipients should indicate the number of health plans whose remittances are included in the data, and if the usage frequency varies significantly by health plan. Please indicate the number of payment cycles included in their data.

   For example: “In 20 payment cycles (prior to 1/1/2014) we used this code combination 1000 times in ERAs from our managed Medicaid business, No code combination currently in the scenario can convey the information needed by the provider.”
SAMPLE CAQH CORE 2014 MARKET-BASED ADJUSTMENTS FORM

CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 3: Codes for Addition

Section 3D: Discretionary Reporting of Supporting Real World Usage Data for Additions
(Addition Type #1. Add CARC and RARC along with a CAGC(s))

Subsection II
If your entity has determined that Usage Data will not strengthen your Business Case, please explain why. NOTE: This Subsection must be completed as you selected No on the previous page.

1. **Rationale for Not Providing Usage Data Analysis**: Please indicate which of the following apply as to why you elected not to provide a summary of Usage Data analysis related to the submitted code(s).
   - Codes are known not to be used (e.g. Payer does not use code combination in existing ERA generation logic so no data available)
   - New product - situation requiring codes not yet in use but will be in the near future
   - Don’t have access to data (e.g. CORE participating association unable to obtain data from membership)
   - Codes address a rare situation thus Usage Data does not strengthen the Business Case
   - Codes address a common situation but are used incorrectly thus Usage Data does not strengthen the Business Case
   - Limited time and/or resources to conduct Usage Data analysis
   - Codes do not exist to address current business condition
   - Other? Please explain: ____________________
SAMPLE CAQH CORE 2014 MARKET-BASED ADJUSTMENTS FORM

CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 4: Codes for Removal

Section 4A: Specific Codes for Removal

(Removal Type #1. Remove CARC and all associated RARCs and CAGC(s))

Please specify the code(s) you are requesting for this CORE-defined Business Scenario.

Remove CARC

(Note: All RARCs and CAGCs associated with this CARC will automatically be removed as well)
Section 4: Codes for Removal

Section 4B: CORE Code Combination Evaluation Criteria for Removals

(Removal Type #1. Remove CARC and all associated RARCs and CAGC(s))

Reason for Removal

1. Please evaluate if your submission is a candidate for removal from the CORE-defined Business Scenario using the following CORE Code Combination Evaluation Criteria. Select all criteria that apply to this specific code(s) submission:

☐ Definition of CARC is not consistent with the CORE-defined Business Scenario description
☐ A code combination requested to be added to the CORE-defined Business Scenario more clearly conveys the same reason and actions as this code combination.
☐ Definition of RARC is not consistent with the definition of the CARC and associated CORE-defined Business Scenario description
☐ CAGC(s) is/are not consistent with the CORE-defined Business Scenario description
☐ Code combination does not precisely and accurately reflect the reason that the health plan made the adjustment
☐ Code combination does not clearly define what action, if any, is needed by the provider
☐ Code Combination is not unique in its message and is duplicative of existing Code Combinations
☐ RARC definition does not add additional specificity to the CARC

2. Criteria for Assessing the Removal: Describe how the submitted code(s) for removal complements the Evaluation Criteria you selected above. E.g. RARC definition does not add additional specificity to the CARC.
SAMPLE CAQH CORE 2014 MARKET-BASED ADJUSTMENTS FORM

CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 4: Codes for Removal

Section 4C: Strong Business Case for Removals
(Removal Type #1. Remove CARC and all associated RARCs and CAGC(s))

Reason for Removal

Submitter must provide a Business Case based on the Evaluation Criteria, scope of applicability, expected outcome, and business need to support the code(s) removal. NOTE: Provision of business need is discretionary for removals.

1. Is the Business Case applicable to:
   - Only to your organization
   - The larger overall healthcare system

2. Expected Outcome of Change: Please indicate how administrative procedures would be simplified or improved by the removal of this code(s). Check all that apply.
   - Reduction in unnecessary manual provider follow-up
   - Improved electronic secondary billing
   - Less write-offs of billable charges
   - More accurate billing of patients for co-pays and deductibles
   - Quicker posting
   - Less staff time spent on phone calls and websites
   - Fewer resources needed to conduct targeted follow-up with health plans and/or patients
   - Reduced provider calls for additional information or clarification
   - More accurate and efficient payment of claims
   - More accurate and clear 835 claim denial/adjustment messages
   - Other cost savings/efficiencies ____________________

3. Business Need for Removal: If your responses to the questions above related to Business Case do not fully address why the code(s) submitted for removal, e.g. the combination does not precisely and accurately reflect your business needs, please describe. NOTE: Entities may, at their discretion, elect not to provide a Business Need for Removal recognizing that provision of a Business Need may strengthen your Business Case.

For example: “As a provider, we receive this code combination in CORE-defined Business Scenario #1 from multiple health plans. However, Health Plan “A” uses it to convey one message/action while Health Plan “B” uses it to convey a different message/action. Both messages/actions could be accurately conveyed by using other code combinations already in the scenario.”
CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 4: Codes for Removal

Section 4D: Discretionary Reporting of Supporting Real World Usage Data for Removals

(Removal Type #1. Remove CARC and all associated RARCs and CAGC(s))

Real World Usage Data analysis can serve as a tool to strengthen your Business Case. If your entity analyzed Usage Data, you are encouraged to provide a summary of this analysis to support your submission for removal. Submitters may, at their discretion, elect not to complete a Usage Data analysis or not to provide a summary of such analysis. If your entity elects not to submit a summary of Usage Data analysis, you will be asked to complete Subsection II.

Completion of Real World Usage Data Analysis: Please indicate if your organization conducted an analysis of Usage Data related to the submitted code combination.

☐ Yes. Please complete Subsection I.
☐ No. Please complete Subsection II.
CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 4: Codes for Removal

Section 4D: Discretionary Reporting of Supporting Real World Usage Data for Removals

(Removal Type #1. Remove CARC and all associated RARCs and CAGC(s))

Subsection I

Please answer the following questions about your Usage Data analysis for the submitted code(s). NOTE: This Subsection must be completed as you selected Yes on the previous page.

1. Timeframe of Analysis: Please indicate the timeframe of your Usage Data analysis using the options below.

   Timeframe of Data Reviewed.
   - Less than one week of data
   - 1 week to 1 month of data
   - More than 1 month of data

2. Scope of Analysis: Please indicate below the Estimated Percentage of Remittance Data OR the Estimated Percentage of Claims Data your entity reviewed in your Usage Data analysis. NOTE: If you would like to expand on the volume of Usage Data your entity reviewed, please do so in the next question (Summary of Analysis).

   OR
   - Remittance Data - All remittances sent/received/transmitted by entity were reviewed
   - Remittance Data - 50 - 99%
   - Remittance Data - 20 - 50%
   - Remittance Data - Less than 20%

   OR
   - Claim Data - All claims sent/received/transmitted by entity were reviewed
   - Claim Data - 50 - 99%
   - Claim Data - 20 - 50%
   - Claim Data - Less than 20%

3. Summary of Analysis: Please provide a summary of your Usage Data analysis related to the submitted code(s). Your summary should indicate the number and/or percentage of times the code(s) was present in the data and if the usage was found to be specific to a particular type of type of coverage. ERA recipients should indicate the number of health plans whose remittances are included in the data, and if the usage frequency varies significantly by health plan. Senders should indicate the number of payment cycles included in their data.

   For example: “In a recent month we received this code combination 100 times from ten payers. In 75% of those situations, the payers did not actually require additional or corrected information.”

This document is provided for informational purposes only to assist entities in preparing their response to the CAQH CORE 2014 Market-based Adjustments Form. It cannot be used to submit recommended adjustments for the 2014 Market-based Review of the CORE Code Combinations.
SAMPLE CAQH CORE 2014 MARKET-BASED ADJUSTMENTS FORM

CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 4: Codes for Removal

Section 4D: Discretionary Reporting of Supporting Real World Usage Data for Removals
(Removal Type #1. Remove CARC and all associated RARCs and CAGC(s))

Subsection II

If your entity has determined that Usage Data will not strengthen your Business Case, please explain why. NOTE: This Subsection must be completed as you selected No on the previous page.

1. Rationale for Not Providing Usage Data Analysis: Please indicate which of the following apply as to why you elected not to provide a summary of Usage Data analysis related to the submitted code(s).

   - Codes are known not to be used (e.g. Payer does not use code combination in existing ERA generation logic so no data available)
   - New product - situation requiring codes not yet in use but will be in the near future
   - Don't have access to data (e.g. CORE participating association unable to obtain data from membership)
   - Codes address a rare situation thus Usage Data does not strengthen the Business Case
   - Codes address a common situation but are used incorrectly thus Usage Data does not strengthen the Business Case
   - Limited time and/or resources to conduct Usage Data analysis
   - Codes do not exist to address current business condition
   - Other? Please explain: ____________________
CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 5: Codes for Relocation to an Existing Business Scenario

Section 5A: Specific Codes for Relocation
(Relocation Type #1. Remove CARC and all associated RARCs from this existing CORE-defined Business Scenario and add to another existing CORE-defined Business Scenario with associated CAGC(s))

Please specify the code(s) you are requesting be moved from this CORE-defined Business Scenario.

Move CARC

To CORE-defined Business Scenario #

Choose an item.

(Note: All RARCs associated with this CARC will automatically be removed as well)

Along with the following CAGCs:

Mark all Claim Adjustment Group Code(s) that apply:

☐ CO
☐ OA
☐ PI
☐ PR
SAMPLE CAQH CORE 2014 MARKET-BASED ADJUSTMENTS FORM

CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 5: Codes for Relocation to an Existing Business Scenario

Section 5B: CORE Code Combination Evaluation Criteria for Relocation

(Relocation Type #1. Remove CARC and all associated RARCs from this existing CORE-defined Business Scenario and add to another existing CORE-defined Business Scenario with associated CAGC(s))

Reason for Relocation

1. Please evaluate if your submission is a candidate for relocation from the CORE-defined Business Scenario using the following CORE Code Combination Evaluation Criteria. Select all criteria that apply to this specific code(s) submission:

- Code combination(s) is not consistent with the current CORE-defined Business Scenario description but is consistent with the description of the CORE-defined Business Scenario to which relocation is requested
- CAGC(s) to be used are consistent with the description of the CORE-defined Business Scenario to which relocation is requested
- Code combination in the CORE-defined Business Scenario to which relocation is requested precisely and accurately reflects the reason that the health plan made the adjustment
- Code combination is unique in its message, and does not duplicate existing Code Combinations in the CORE-defined Business Scenario to which relocation is requested

2. Criteria for Assessing the Relocation: Describe how the submitted code(s) for relocation complements the Evaluation Criteria you selected above, e.g. This CARC is used in situations similar to (but has a distinct message from) a CARC that is already included in the CORE-defined Business Scenario to which relocation is requested. These situations are not consistent with the CORE-defined Business Scenario in which this CARC is currently included.
SAMPLE CAQH CORE 2014 MARKET-BASED ADJUSTMENTS FORM

CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 5: Codes for Relocation to an Existing Business Scenario

Section 5C: Business Case for Relocation

(Relocation Type #1. Remove CARC and all associated RARCs from this existing CORE-defined Business Scenario and add to another existing CORE-defined Business Scenario with associated CAGC(s))

Reason for Relocation

Submitter must provide a Business Case based on the Evaluation Criteria, scope of applicability, expected outcome, and business need to support the code(s) relocation.

1. Is the Business Case applicable to:
   ○ Only to your organization
   ○ The larger overall healthcare system

2. Expected Outcome of Change: Please indicate how administrative procedures would be simplified or improved by the relocation of this code(s). Check all that apply.
   - Reduction in unnecessary manual provider follow-up
   - Improved electronic secondary billing
   - Less write-offs of billable charges
   - More accurate billing of patients for co-pays and deductibles
   - Quicker posting
   - Less staff time spent on phone calls and websites
   - Fewer resources needed to conduct targeted follow-up with health plans and/or patients
   - Reduced provider calls for additional information or clarification
   - More accurate and efficient payment of claims
   - More accurate and clear 835 claim denial/adjustment messages
   - Other cost savings/efficiencies ____________________

3. Business Need for Relocation: Please describe the business need for relocation of the code(s) submitted, e.g. in the current CORE-defined Business Scenario, the combination does not precisely and accurately reflect your business needs. However, it does precisely and accurately reflect your business needs for the CORE-defined Business Scenario to which relocation is requested.

This document is provided for informational purposes only to assist entities in preparing their response to the CAQH CORE 2014 Market-based Adjustments Form. It cannot be used to submit recommended adjustments for the 2014 Market-based Review of the CORE Code Combinations.
SAMPLE CAQH CORE 2014 MARKET-BASED ADJUSTMENTS FORM

CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 5: Codes for Relocation to an Existing Business Scenario

Section 5D: Discretionary Reporting of Supporting Real World Usage Data for Relocations

(Relocation Type #1. Remove CARC and all associated RARCs from this existing CORE-defined Business Scenario and add to another existing CORE-defined Business Scenario with associated CAGC(s))

Real World Usage Data analysis can serve as a tool to strengthen your Business Case. If your entity analyzed Usage Data, you are encouraged to provide a summary of this analysis to support your submission for relocation. Submitters may, at their discretion, elect not to complete a Usage Data analysis or not to provide a summary of such analysis. If your entity elects not to submit a summary of Usage Data analysis, you will be asked to complete Subsection II.

Completion of Real World Usage Data Analysis: Please indicate if your organization conducted an analysis of Usage Data related to the submitted code combination.

☐ Yes. Please complete Subsection I.
☐ No. Please complete Subsection II.
CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 5: Codes for Relocation to an Existing Business Scenario

Section 5D: Discretionary Reporting of Supporting Real World Usage Data for Relocations
(Relocation Type #1. Remove CARC and all associated RARCs from this existing CORE-defined Business Scenario and add to another existing CORE-defined Business Scenario with associated CAGC(s))

Subsection I

Please answer the following questions about your Usage Data analysis for the submitted code(s). NOTE: This Subsection must be completed as you selected Yes on the previous page.

1. Timeframe of Analysis: Please indicate the timeframe of your Usage Data analysis using the options below.
   Timeframe of Data Reviewed.
   - Less than one week of data
   - 1 week to 1 month of data
   - More than 1 month of data

2. Scope of Analysis: Please indicate below the Estimated Percentage of Remittance Data OR the Estimated Percentage of Claims Data your entity reviewed in your Usage Data analysis. NOTE: If you would like to expand on the volume of Usage Data your entity reviewed, please do so in the next question (Summary of Analysis).
   - Remittance Data - All remittances sent/received/transmitted by entity were reviewed
   - Remittance Data - 50 - 99%
   - Remittance Data - 20 - 50%
   - Remittance Data - Less than 20%

   OR

   - Claim Data - All claims sent/received/transmitted by entity were reviewed
   - Claim Data - 50 - 99%
   - Claim Data - 20 - 50%
   - Claim Data - Less than 20%

3. Summary of Analysis: Please provide a summary of your Usage Data analysis related to the submitted code(s). Your summary should indicate the number and/or percentage of times the code(s) was present in the data and if the usage was found to be specific to a particular type of type of coverage. ERA recipients should indicate the number of health plans whose remittances are included in the data, and if the usage frequency varies significantly by health plan. Senders should indicate the number of payment cycles included in their data.
CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 5: Codes for Relocation to an Existing Business Scenario

Section 5D: Discretionary Reporting of Supporting Real World Usage Data for Relocations
(Relocation Type #1. Remove CARC and all associated RARCs from this existing CORE-defined Business Scenario and add to another existing CORE-defined Business Scenario with associated CAGC(s))

Subsection II

If your entity has determined that Usage Data will not strengthen your Business Case, please explain why. NOTE: This Subsection must be completed as you selected No on the previous page.

1. Rationale for Not Providing Usage Data Analysis: Please indicate which of the following apply as to why you elected not to provide a summary of Usage Data analysis related to the submitted code(s).

- Codes are known not to be used (e.g. Payer does not use code combination in existing ERA generation logic so no data available)
- New product - situation requiring codes not yet in use but will be in the near future
- Don’t have access to data (e.g. CORE participating association unable to obtain data from membership)
- Codes address a rare situation thus Usage Data does not strengthen the Business Case
- Codes address a common situation but are used incorrectly thus Usage Data does not strengthen the Business Case
- Limited time and/or resources to conduct Usage Data analysis
- Codes do not exist to address current business condition
- Other? Please explain: ___________________
SAMPLE CAQH CORE 2014 MARKET-BASED ADJUSTMENTS FORM

Potential New Business Scenario

Part III. Adjustments for Potential New CORE-defined Business Scenarios

Section 6: Potential New Business Scenario

Section 6A: Name and Description of Potential New Business Scenario

Potential New Business Scenario Name: _______________________________________

Potential New Business Scenario Description: ________________________________

The existing CORE-defined Business Scenarios are provided as examples of the format and level of detail expected in the submissions for Potential New Business Scenarios:

<table>
<thead>
<tr>
<th>CORE-defined Claim Adjustment/Denial Business Scenario Name</th>
<th>CORE Business Scenario Description (Scenario refers to situations where the following applies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 Additional Information Required - Missing/Invalid/Incomplete Documentation</td>
<td>Additional documentation is needed from the billing provider or an ERA from a prior payer</td>
</tr>
<tr>
<td>#2 Additional Information Required - Missing/Invalid/Incomplete Data from Submitted Claim</td>
<td>Additional data are needed from the billing provider for missing or invalid data on the submitted claim, e.g., an 837 or D.0</td>
</tr>
<tr>
<td>#3 Billed Service Not Covered by Health Plan</td>
<td>The billed service is not covered by the health plan</td>
</tr>
<tr>
<td>#4 Benefit for Billed Service Not Separately Payable</td>
<td>The billed service or benefit is not separately payable by the health plan</td>
</tr>
</tbody>
</table>
SAMPLE CAQH CORE 2014 MARKET-BASED ADJUSTMENTS FORM

Potential New Business Scenario

Section 6: Potential New Business Scenario

Section 6B: Evaluation Criteria for Potential New Business Scenario

To be considered as a candidate for addition, please confirm your potential New Business Scenario meets the following CORE New Business Scenario Evaluation Criteria. Select all that apply:

- Business Scenario provides a complete description of a business issue such that requirements can be reviewed in relation to one another in the context of the overall problem related to the denial or payment adjustment of a health care claim
- Business Scenario is unique, i.e., it does not overlap an existing CORE-defined Business Scenario
- There is at least one example of a CARC meeting the definition of this Business Scenario
- Various combinations of CARC/RARC/CAGC or CARC/NCPDP Reject Code/CAGC can be applicable to the Business Scenario
SAMPLE CAQH CORE 2014 MARKET-BASED ADJUSTMENTS FORM

Potential New Business Scenario

Section 6: Potential New Business Scenario

Section 6C: Business Case for Potential New Business Scenario

Provision of a simple Business Case will allow submitters to provide more detailed insight as to why the entity is suggesting a potential New Business Scenario without any additional supporting information which was not collected as part of the Evaluation Criteria.

Submitters are asked to expand upon the selected Evaluation Criteria, include their rationale for requesting the potential New Business Scenario and comment on the applicability of the potential New Business Scenario (e.g. only applies to their entity, one sector of the industry, or the entire industry) in the comment box below. Please provide all relevant details to support your Business Case.
SAMPLE CAQH CORE 2014 MARKET-BASED ADJUSTMENTS FORM

Code Combinations for Potential New CORE-defined Business Scenarios

Part III. Adjustments for Potential New CORE-defined Business Scenarios

Instructions for Submission of Code Combinations for Potential New Business Scenarios

For each potential New CORE-defined Business Scenario requested, submitters must provide code combinations for association with the requested new scenario. **NOTE: Potential New Core-defined Business Scenarios submitted without any associated code combinations will not be considered by the CORE Code Combinations Task Group.**

This page serves as the main point of navigation to submit code combinations for association with each requested potential new CORE-defined Business Scenario. On this page you may select the requested new Business Scenario for which you wish to enter a code addition or relocation. After you select the new Business Scenario below and click on NEXT, you will be taken to the next section of the form where you can select to submit either a code combination addition or relocation to the requested new Business Scenario. After each addition or relocation you will be returned to the Navigation Page for 2014 Market-based Adjustments Submissions.

Using the drop-down list below, please select the requested potential New CORE-defined Business Scenario for which you want to submit code combinations:

Requested Potential New CORE-defined Business Scenario: Choose an item.
This document is provided for informational purposes only to assist entities in preparing their response to the CAQH CORE 2014 Market-based Adjustments Form. It cannot be used to submit recommended adjustments for the 2014 Market-based Review of the CORE Code Combinations.
SAMPLE CAQH CORE 2014 MARKET-BASED ADJUSTMENTS FORM

Code Combinations for Potential New CORE-defined Business Scenarios

Section 7: Codes for Addition

Section 7A: Specific Codes for Addition

(Addition Type #1. Add new CARC and RARC along with a CAGC(s))

Please specify the code(s) you are requesting for this requested New Business Scenario.

Add CARC

and RARC

Along with the following CAGCs:

Mark all Claim Adjustment Group Code(s) that apply:

☐ CO

☐ OA

☐ PI

☐ PR
SAMPLE CAQH CORE 2014 MARKET-BASED ADJUSTMENTS FORM

Code Combinations for Potential New CORE-defined Business Scenarios

Section 7: Codes for Addition

Section 7B: CORE Code Combination Evaluation Criteria for Additions
(Addition Type #1. Add new CARC and RARC along with a CAGC(s))

Reason for Addition

1. Please evaluate if your submission is a candidate for addition to the requested New Business Scenario using the following CORE Code Combination Evaluation Criteria. Select all criteria that apply to this specific code(s) submission:

- Definition of CARC is consistent with the description of the requested New Business Scenario
- Each CARC must only be used with one CORE-defined Business Scenario
- CARC definition requires a RARC, one has been included in this request for addition
- CARC is not marked as Deactivated in the Published CARC List
- CAGC(s) to be used are consistent with the description of the requested New Business Scenario
- Code combination precisely and accurately reflects the reason that the health plan made the adjustment
- Code combination clearly defines what action, if any, is needed by the provider
- Code combination is unique in its message, and does not duplicate existing Code Combinations

2. If a RARC is included in the request:

- Definition of RARC is consistent with the definition of the CARC and associated description of the requested New Business Scenario
- RARC is not marked as Deactivated in the Published RARC List
- RARC is not an ALERT RARC
- RARC definition adds additional specificity to the CARC

3. Criteria for Assessing the Addition: Describe how the submitted code(s) complements the Evaluation Criteria you selected above, e.g. RARC definition adds additional specificity to the CARC.
SAMPLE CAQH CORE 2014 MARKET-BASED ADJUSTMENTS FORM

Code Combinations for Potential New CORE-defined Business Scenarios

Section 7: Codes for Addition

Section 7C: Business Case for Addition
(Addition Type #1. Add new CARC and RARC along with a CAGC(s))

Reason for Addition

Submitters must provide a Business Case based on the Evaluation Criteria, scope of applicability, expected outcome, and business need to support the code(s) addition.

1. Is the Business Case applicable to:
   ☐ Only to your organization
   ☐ The larger overall healthcare system

2. Expected Outcome of Change: Please indicate how administrative procedures would be simplified or improved by the addition of this code(s). Check all that apply.
   ☐ Reduction in unnecessary manual provider follow-up
   ☐ Improved electronic secondary billing
   ☐ Less write-offs of billable charges
   ☐ More accurate billing of patients for co-pays and deductibles
   ☐ Quicker posting
   ☐ Less staff time spent on phone calls and/or websites
   ☐ Fewer resources needed to conduct targeted follow-up with health plans and/or patients
   ☐ Reduced provider calls for additional information or clarification
   ☐ More accurate and efficient payment of claims
   ☐ More accurate and clear 835 claim denial/adjustment messages
   ☐ Other cost savings/efficiencies __________________________

3. Business Need for Addition: Please describe why the requested code combination precisely and accurately reflect your business need.

This document is provided for informational purposes only to assist entities in preparing their response to the CAQH CORE 2014 Market-based Adjustments Form. It cannot be used to submit recommended adjustments for the 2014 Market-based Review of the CORE Code Combinations.
SAMPLE CAQH CORE 2014 MARKET-BASED ADJUSTMENTS FORM

Code Combinations for Potential New CORE-defined Business Scenarios

Section 7: Codes for Addition

Section 7D: Discretionary Reporting of Supporting Real World Usage Data for Additions
(Addition Type #1. Add new CARC and RARC along with a CAGC(s))

Real World Usage Data analysis can serve as a tool to strengthen your Business Case. If your entity analyzed Usage Data, you are encouraged to provide a summary of this analysis to support your submission for addition. Submitters may, at their discretion, elect not to complete a Usage Data analysis or not to provide a summary of such analysis. If your entity elects not to submit a summary of Usage Data analysis, you will be asked to complete Subsection II.

1. Completion of Real World Usage Data Analysis: Please indicate if your organization conducted an analysis of Usage Data related to the submitted code combination.

   ☑ Yes. Please complete Subsection I.
   ☑ No. Please complete Subsection II.
Section 7: Codes for Addition

Section 7D: Discretionary Reporting of Supporting Real World Usage Data for Additions
(Addition Type #1. Add new CARC and RARC along with a CAGC(s))

Subsection I

Please answer the following questions about your Usage Data analysis for the submitted code(s). NOTE: This Subsection must be completed as you selected Yes on the previous page.

1. **Timeframe of Analysis:** Please indicate the timeframe of your Usage Data analysis using the options below.
   - Timeframe of Data Reviewed.
     - Less than one week of data
     - 1 week to 1 month of data
     - More than 1 month of data

2. **Scope of Analysis:** Please indicate below the Estimated Percentage of Remittance Data OR the Estimated Percentage of Claims Data your entity reviewed in your Usage Data analysis. NOTE: If you would like to expand on the volume of Usage Data your entity reviewed, please do so in the next question (Summary of Analysis).
   - Remittance Data - All remittances sent/received/transmitted by entity were reviewed
   - Remittance Data - 50 - 99%
   - Remittance Data - 20 - 50%
   - Remittance Data - Less than 20%
   - OR
     - Claim Data - All claims sent/received/transmitted by entity were reviewed
     - Claim Data - 50 - 99%
     - Claim Data - 20 - 50%
     - Claim Data - Less than 20%

3. **Summary of Analysis:** Please provide a summary of your Usage Data analysis related to the submitted code(s). Your summary should indicate the number and/or percentage of times the code(s) was present in the data and if the usage was found to be specific to a particular type of coverage. ERA recipients should indicate the number of health plans whose remittances are included in the data, and if the usage frequency varies significantly by health plan. Please indicate the number of payment cycles included in their data.
Section 7: Codes for Addition

Section 7D: Discretionary Reporting of Supporting Real World Usage Data for Additions
(Addition Type #1. Add new CARC and RARC along with a CAGC(s))

Subsection II

If your entity has determined that Usage Data will not strengthen your Business Case, please explain why. NOTE: This Subsection must be completed as you selected No on the previous page.

1. Rationale for Not Providing Usage Data Analysis: Please indicate which of the following apply as to why you elected not to provide a summary of Usage Data analysis related to the submitted code(s).

- Codes are known not to be used (e.g. Payer does not use code combination in existing ERA generation logic so no data available)
- New product - situation requiring codes not yet in use but will be in the near future
- Don’t have access to data (e.g. CORE participating association unable to obtain data from membership)
- Codes address a rare situation thus Usage Data does not strengthen the Business Case
- Codes address a common situation but are used incorrectly thus Usage Data does not strengthen the Business Case
- Limited time and/or resources to conduct Usage Data analysis
- Codes do not exist to address current business condition
- Other? Please explain: ____________________
SAMPLE CAQH CORE 2014 MARKET-BASED ADJUSTMENTS FORM

Code Combinations for Potential New CORE-defined Business Scenarios

Section 8: Codes for Relocation to New Business Scenario

Section 8A: Specific Codes for Relocation

(Relocation Type #1. Remove CARC and all associated RARCs from an existing CORE-defined Business Scenario and add to the requested new Business Scenario with associated CAGC(s))

Please specify the code(s) you are requesting be moved to this requested New Business Scenario.

Move CARC

From CORE-defined Business Scenario: Choose an item.

(Note: All RARCs associated with this CARC will automatically be removed as well)

Along with the following CAGCs:

Mark all Claim Adjustment Group Code(s) that apply:

☐ CO  ☐ PI

☐ OA  ☐ PR

This document is provided for informational purposes only to assist entities in preparing their response to the CAQH CORE 2014 Market-based Adjustments Form. It cannot be used to submit recommended adjustments for the 2014 Market-based Review of the CORE Code Combinations.
SAMPLE CAQH CORE 2014 MARKET-BASED ADJUSTMENTS FORM

Code Combinations for Potential New CORE-defined Business Scenarios

Section 8: Codes for Relocation to New Business Scenario

Section 8B: CORE Code Combination Evaluation Criteria for Relocation

(Relocation Type #1. Remove CARC and all associated RARCs from an existing CORE-defined Business Scenario and add to the requested new Business Scenario with associated CAGC(s))

Reason for Relocation

1. Please evaluate if your submission is a candidate for relocation to the requested New Business Scenario using the following CORE Code Combination Evaluation Criteria. Select all criteria that apply to this specific code(s) submission:

   - Code combination(s) is not consistent with the CORE-defined Business Scenario description but is consistent with the description of the requested New Business Scenario
   - CAGC(s) to be used are consistent with the description of the requested New Business Scenario
   - Code combination in the requested New Business Scenario precisely and accurately reflects the reason that the health plan made the adjustment
   - Code combination is unique in its message, and will not duplicate other Code Combinations requested to be added to the New Business Scenario

2. Criteria for Assessing the Relocation: Describe how the submitted code(s) for relocation complements the Evaluation Criteria you selected above, e.g. This CARC is used in situations which are included in the Business Scenario we are requesting be added. These situations are not consistent with the scenario in which this CARC is currently included.
SAMPLE CAQH CORE 2014 MARKET-BASED ADJUSTMENTS FORM

**Code Combinations for Potential New CORE-defined Business Scenarios**

**Section 8: Codes for Relocation to New Business Scenario**

**Section 8C: Business Case for Relocation**

(Relocation Type #1. Remove CARC and all associated RARCs from an existing CORE-defined Business Scenario and add to the requested new Business Scenario with associated CAGC(s))

**Reason for Relocation**

Submitter must provide a Business Case based on the Evaluation Criteria, scope of applicability, expected outcome, and business need to support the code(s) relocation.

1. Is the Business Case applicable to:
   - Only to your organization
   - The larger overall healthcare system

2. **Expected Outcome of Change**: Please indicate how administrative procedures would be simplified or improved by the relocation of this code(s). Check all that apply.
   - Reduction in unnecessary manual provider follow-up
   - Improved electronic secondary billing
   - Less write-offs of billable charges
   - More accurate billing of patients for co-pays and deductibles
   - Quicker posting
   - Less staff time spent on phone calls and websites
   - Fewer resources needed to conduct targeted follow-up with health plans and/or patients
   - Reduced provider calls for additional information or clarification
   - More accurate and efficient payment of claims
   - More accurate and clear 835 claim denial/adjustment messages
   - Other cost savings/efficiencies __________________

3. **Business Need for Relocation**: Please describe the business need for relocation of the code(s) submitted, e.g. in the current CORE-defined Business Scenario, the combination does not precisely and accurately reflect your business needs. However, it does precisely and accurately reflect your business needs for the requested New Business Scenario.

---

*This document is provided for informational purposes only to assist entities in preparing their response to the CAQH CORE 2014 Market-based Adjustments Form. It cannot be used to submit recommended adjustments for the 2014 Market-based Review of the CORE Code Combinations.*
Section 8D: Discretionary Reporting of Supporting Real World Usage Data for Relocations

(Relocation Type #1. Remove CARC and all associated RARCs from an existing CORE-defined Business Scenario and add to the requested new Business Scenario with associated CAGC(s))

Real World Usage Data analysis can serve as a tool to strengthen your Business Case. If your entity analyzed Usage Data, you are encouraged to provide a summary of this analysis to support your submission for relocation. Submitters may, at their discretion, elect not to complete a Usage Data analysis or not to provide a summary of such analysis. If your entity elects not to submit a summary of Usage Data analysis, you will be asked to complete Subsection II.

Completion of Real World Usage Data Analysis: Please indicate if your organization conducted an analysis of Usage Data related to the submitted code combination.

- Yes. Please complete Subsection I.
- No. Please complete Subsection II.
Sample CAQH CORE 2014 Market-Based Adjustments Form

Code Combinations for Potential New CORE-defined Business Scenarios

Section 8: Codes for Relocation to New Business Scenario

Section 8D: Discretionary Reporting of Supporting Real World Usage Data for Relocations (Relocation Type #1. Remove CARC and all associated RARCs from an existing CORE-defined Business Scenario and add to the requested new Business Scenario with associated CAGC(s))

Subsection I

Please answer the following questions about your Usage Data analysis for the submitted code(s). NOTE: This Subsection must be completed as you selected Yes on the previous page.

1. Timeframe of Analysis: Please indicate the timeframe of your Usage Data analysis using the options below.
   Timeframe of Data Reviewed.
   - Less than one week of data
   - 1 week to 1 month of data
   - More than 1 month of data

2. Scope of Analysis: Please indicate below the Estimated Percentage of Remittance Data OR the Estimated Percentage of Claims Data your entity reviewed in your Usage Data analysis. NOTE: If you would like to expand on the volume of Usage Data your entity reviewed, please do so in the next question (Summary of Analysis).
   - Remittance Data - All remittances sent/received/transmitted by entity were reviewed
   - Remittance Data - 50 - 99%
   - Remittance Data - 20 - 50%
   - Remittance Data - Less than 20%
   - Claim Data - All claims sent/received/transmitted by entity were reviewed
   - Claim Data - 50 - 99%
   - Claim Data - 20 - 50%
   - Claim Data - Less than 20%

OR

3. Summary of Analysis: Please provide a summary of your Usage Data analysis related to the submitted code(s). Your summary should indicate the number and/or percentage of times the code(s) was present in the data and if the usage was found to be specific to a particular type of type of coverage. ERA recipients should indicate the number of health plans whose remittances are included in the data, and if the usage frequency varies significantly by health plan. Senders should indicate the number of payment cycles included in their data.
SAMPLE CAQH CORE 2014 MARKET-BASED ADJUSTMENTS FORM

Code Combinations for Potential New CORE-defined Business Scenarios

Section 8: Codes for Relocation to New Business Scenario

Section 8D: Discretionary Reporting of Supporting Real World Usage Data for Relocations

(Relocation Type #1. Remove CARC and all associated RARCs from an existing CORE-defined Business Scenario and add to the requested new Business Scenario with associated CAGC(s))

Subsection II

If your entity has determined that Usage Data will not strengthen your Business Case, please explain why. NOTE: This Subsection must be completed as you selected No on the previous page.

1. Rationale for Not Providing Usage Data Analysis: Please indicate which of the following apply as to why you elected not to provide a summary of Usage Data analysis related to the submitted code(s).
   - Codes are known not to be used (e.g. Payer does not use code combination in existing ERA generation logic so no data available)
   - New product - situation requiring codes not yet in use but will be in the near future
   - Don’t have access to data (e.g. CORE participating association unable to obtain data from membership)
   - Codes address a rare situation thus Usage Data does not strengthen the Business Case
   - Codes address a common situation but are used incorrectly thus Usage Data does not strengthen the Business Case
   - Limited time and/or resources to conduct Usage Data analysis
   - Codes do not exist to address current business condition
   - Other? Please explain: ____________________
Delete a Previous Entry

To delete a previously submitted entry (a single code addition, code removal, code relocation, requested potential New Business Scenario, or code combination submitted for association with a requested New Business Scenario) you will need either the Entry ID from the email confirmation of that original entry OR the specific code(s) submitted in the entry.

NOTE: If you delete a requested potential New CORE-defined Business Scenario, any code combinations submitted for association with the deleted new Business Scenario will be deleted from the Market-based Review submissions unless you submit a second request to add a New Business Scenario with a name identical to that of the deleted scenario. If you do not submit a new request to add a business scenario with an identical name, all associated code combinations for the deleted New Business Scenario will be removed from the survey results.

After you have deleted the original entry you will be returned to the Navigation Page for 2014 Market-based Adjustments Submissions where you can continue entering code combination adjustments for the existing CORE-defined Business Scenarios, requests for Potential New Business Scenarios, code combinations for association with any requested New Business Scenarios, or choose to “Finish Survey” and submit your results to CAQH CORE.

Note: If you clicked on this response option by accident or do not wish to delete any entry, simply click Next without choosing any Entry ID.

Please select the Entry ID for the entry you wish to delete from the drop down list: Choose an item.

END OF ONLINE ADJUSTMENTS FORM
Appendix: Potential CAQH CORE 2014 Market-based Code Adjustments

This appendix includes a detailed list of each potential type of code adjustment that can be requested via the online CAQH CORE 2014 Market-based Adjustments Form. There are 5 types of additions, 4 types of removals, and 2 types of relocations that can be made to the existing CORE-defined Business Scenarios and 2 types of additions and relocations that be made to requested potential new CORE-defined Business Scenarios.

Code Adjustments for Existing CORE-defined Business Scenarios

Potential code combination adjustments for the existing CORE-defined Business Scenarios include:

- **Addition** of a new CORE Code Combination to an existing CORE-defined Business Scenario(s) including:
  - Addition Type #1. Add CARC and RARC along with a CAGC(s)
  - Addition Type #2. Add CARC along with a CAGC(s)
  - Addition Type #3. Add RARC to an existing CARC along with a CAGC(s)
  - Addition Type #4. Add CAGC(s) to an existing CARC
  - Addition Type #5. Add CAGC(s) to an existing CARC and its associated RARC

- **Removal** of an existing CORE Code Combination from the existing CORE-defined Business Scenario(s) including:
  - Removal Type #1. Remove CARC and all associated RARCs and CAGC(s)
  - Removal Type #2. Remove RARC and associated CAGC(s) from existing CARC
  - Removal Type #3. Remove CAGC(s) from existing CARC
  - Removal Type #4. Remove CAGC(s) from existing RARC and associated CARC

- **Relocation** of a CORE Code Combination from an existing CORE-defined Business Scenario to another existing CORE-defined Business Scenario including:
  - Relocation Type #1. Remove CARC and all associated RARCs from this CORE-defined Business Scenario and add to another existing CORE-defined Business Scenario with associated CAGC(s)
  - Relocation Type #2. Remove CARC and all associated RARCs from this CORE-defined Business Scenario and add CARC and some or no associated RARCs to another existing CORE-defined Business Scenario with associated CAGC(s)

Code Adjustments for Potential New CORE-defined Business Scenarios

Potential code combination adjustments for potential New CORE-defined Business Scenarios include:

- **Addition** of a new CORE Code Combination to the requested potential New Business Scenario including:
  - Addition Type #1. Add new CARC and RARC along with a CAGC(s)
  - Addition Type #2. Add new CARC along with a CAGC(s)

- **Relocation** of a CORE Code Combination from an existing CORE-defined Business Scenario to a requested potential New Business Scenario including:
  - Relocation Type #1. Remove CARC and all associated RARCs from an existing CORE-defined Business Scenario and add to the requested New Business Scenario with associated CAGC(s)
  - Relocation Type #2. Remove CARC and all associated RARCs from an existing CORE-defined Business Scenario and add CARC and some or no associated RARCs to the requested New Business Scenario with associated CAGC(s)