

Rule Option Category	Draft Potential Rule Options for Subgroup Consideration	CAQH CORE Staff Recommendation
Category 1: Use of Diagnosis and Procedure Codes on a Request.	Rule Option 1A: Require submission of at least one or more diagnosis codes on each Request for a specified list of procedure categories, regardless of type of Request (through Subgroup discussion, determine potential exceptions).	✓
	Rule Option 1B: Require submission of at least one or more procedure codes on each Request for a specified list of procedure categories, regardless of type of request (through Subgroup discussion, determine potential exceptions).	✓
	Rule Option 1C: Require submission of at least one diagnosis or procedure code on each Request, regardless of type of request.	Do NOT Pursue
Category 2: Patient Identification Data Received Results in Denied/Pended Request.	Rule Option 2A: Require Member ID, DOB, Last Name, First Name on all Requests.	✓
	Rule Option 2B: Adapt X12 270/271 Eligibility search/match criteria to X12 278 Request.	✓
	Rule Option 2C: Require receiver of Request to normalize Last Name when the Last Name is used in the receiver's search/match criteria.	✓
Category 3: Use of AAA Error Codes on Response.	Rule Option 3A: Address consistent use of all AAA Error Codes and corresponding Action Codes.	✓
	Rule Option 3B: Address consistent use of a subset of AAA Error Codes related to provider identification.	Do NOT Pursue
	Rule Option 3C: Require provider-facing vendors to detect all combinations of AAA Error Codes and display text uniquely describing AAA Error Code.	✓
Category 4: Use of Health Care Service Decision Reason Codes on Response.	[IN DEVELOPMENT] <i>Potential rule option related to developing business scenarios and corresponding specified list of Health Care Service review Decision Reason Codes (HCRDRCs).</i>	Conduct Additional Analysis
	Rule Option 4B: Require provider-facing vendors to detect all combinations of HCRDRCs and display text uniquely describing code.	✓
Category 5: Use of Logical Observation Identifiers Names and Codes (LOINC)s on Responses Pended for Additional Documentation.	Rule Option 5A: Require responders to use LOINC to identify what additional documentation is required when request is pended.	✓
	Rule Option 5B: Request health plans to support HL7 CDA Implementation Guide for Attachments and comply with Sec. 7 in its entirety.	✓
	Rule Option 5C: Require provider-facing vendors to display to the end user text that uniquely and correctly describes all LOINCs and corresponding definitions.	✓
Category 6: Identification of Provider on Request.	[IN DEVELOPMENT] <i>Potential rule option related to addressing inclusion of both individual NPI and facility NPI in addition to TIN and DUNS.</i>	Conduct Additional Analysis