

**ANSI ASC X12 Meeting  
San Diego, California  
June 6 – June 9  
2005**

**Overview:**

Prior to this meeting all version 5010 (October 2003) ANSI ASC X12 837-based implementation guides had been drafted and made available for public comment. Development of the Health Care (TG2) Claims Work Group (WG2) responses had been the agenda of the interim meeting held in St. Louis in April. The principal work for the Health Care Claims Work Group at this meeting was to conduct informational forums. The purpose of these informational forums was to publicly announce the responses to the public comments on each of the implementation guides. The next step will be to incorporate the public written comments as well as the oral comments from the informational forum into new drafts for each of the implementation guides. After the work group members have agreed upon a final draft of each of the implementation guides, then those final versions will be voted on by the Health Care task group (TG2) and then by the Insurance Subcommittee (N). This step is expected to occur during the next trimester meeting to be held in Atlanta the week of September 25 through 29.

**Health Care Service: Data Reporting Guide Issues:**

At the informational forum for the Health Care Service: Data Reporting Guide the following additional changes / corrections were made to the guide as a result of a comment. For these comments to be incorporated into the guide, it was necessary for the work group to approve the change. All the changes requested during the informational forum were approved by the work group.

Below are the changes to the Health Care Service: Data Reporting Guide based on comments made during the informational forum. The Health Care Claims Work Group agreed to all the suggested changes.

- A qualifier for Facility ID (1J) which was mistakenly omitted in the 5010 version of the guide in REF segment (REF01) of the Service provider secondary identifier loop (2010AA) was added to the guide.
- A qualifier for Self Pay (09) which was mistakenly omitted in the 5010 version of the guide in the SBR segment (SBR09) of the Subscriber (2000B) and Other Subscriber (2320) loops were added to the guide
- To be consistent with the institutional claim guide a loop was added to the Health Care Service: Data Reporting Guide to report National Drug Codes (NDC). Addition of the 2410 loop was approved by the work group.

The Health Care Claims Work Group agreed to incorporate all the other suggestions made during the public comment period. Most of these comments pointed out areas where the Health Care Service: Data Reporting Guide and the Institutional Claim guide

should be consistent. One of the major goals of the work group in drafting the 5010 versions of the 837-based implementation guides was to make all the guides more consistent amongst themselves. Any comments to improve that consistency were favorably received.

### **Maintenance Activities of the Health Care Claim Work Group:**

There are 2 different ways to change the ANSI ASC X12 standard.

The first is when one of the ANSI ASC X12 code lists needs to be changed.. This would require a Code Maintenance Request (CMR). In the past year, this process has been streamlined by ANSI ASC X12. During this meeting one CMR affecting the 837 Standard was approved to satisfy a need in the Dental Claim guide.

The second is when a more substantive change to an ANSI ASC X12 standard is necessary. This is called a Data Maintenance (DM). Such a change was necessary at this meeting to accommodate a proposed change by the National Uniform Billing Committee (NUBC) on the UB-04. This is to increase the size of the Bill Type from 3 characters to 4 characters. The wording on the current standard needed to be modified to be consistent.

***Public Health Note:*** It should be noted that this change will affect any public health systems that use the UB Bill Type field.

### **Other Health Care Claims Work Group Activities:**

Issue for the future is some payers want some drug claims (home infusion) billed on 837 versus on an NCPDP. That will require future data maintenance to support data needs not currently supported by X12 standards. The issue is the complication of reporting compound drugs. There were also questions about timelines when the change could be made in X12 standard and put into an approved implementation guide. There were several technical issues discussed with no resolution. The work group decided the next course of action would be to do detail analysis of the business case to determine how that business need fits with the 837 structure. After that recommended solutions would be proposed to the work group for future action. This approach was preferred to one where each technical problem was addressed independently.

The reason the discussion of this issue is of interest to the public health community is that collection of medications in the future may become a priority for the next generation of systems. For the 5010 version we are already as part of the consistency issues with institutional adding the 2410 loop to be able to support reporting of NDC codes along with J codes that would be reported in the SV202. It is our challenge to anticipate our future data needs to “get the standard ready” prior to when the data need is urgent. The reason for us to stay involved in the work of the data standards organization is to be at the table to determine if we are impacted stakeholders or not as these standards discussions occur.

One of the general discussion items worth discussing was about a work group policy that the guides do not have defaults included in the notes. There have been some comments about that, but the work group consensus is that default values should not be included in ANSI ASC X12 implementation guides.

### **NUBC / NUCC Caucus**

The final dates for the approved UB-04 were announced for this audience. Below are those specifics.

- 3/1/2007 for receivers of data
- 5/23/07 submitters of data
- Between 3/1/2007 UB-04 and UB-92 both will be received.
- Beta versions of the manual are available at cost of \$150 along with sample UB-04 forms. These are available upon request from the secretary of the NUBC. Refer to the NUBC web site for contact information ([www.nubc.org](http://www.nubc.org))
- There is also a UB-92 to UB-04 crosswalk available from the NUBC web site.

The HCFA 1500 for professional services is being changed to accommodate migration to the National Provider Identifier. The second draft is out for public comment. The final form is expected by end of the year. Once that occurs instructions will be out on National Uniform Claim Committee (NUCC) web site ([www.nucc.org](http://www.nucc.org)).

### **Insurance Subcommittee Issues:**

The major issue discussed by the Insurance Subcommittee (N) during this trimester meeting was to develop a better process to develop guides coordinated with the federal regulatory process. At issue is how to synchronize the ANSI ASC X12 comment process with the federal rule making process. The goal is to reduce unnecessary, possibly conflicting, and redundant comment cycles. The “buzz word” attached to this discussion was dovetailing. There was extended discussion about alternatives to make the process of maintaining X12 standards that would ultimately be approved as federal HIPAA requirements more efficient. There are ANSI ASC X12 documents that are available upon request to further detail the issues and possible solutions. There were no final decisions made on the dovetailing process at this meeting, though there was a great deal of discussion.

### **CMS Caucus**

The Office of HIPAA Standards is changing to The Office of E-health Standards and Services (OESS). The new director of the office will be Tony Trankel.

The following Notice for Proposed Rule Making (NPRM) or Final Rules are expected:

- Claims Attachment NPRM is expected in late September of this year
- Modifications NPRM is expected in early 2006
- Health Plan ID NPRM is still in process with no expected date as of yet
- E-prescribing Final Rule is expected by the end of August of this year

### ***National Provider Identifier Update***

- Enumeration has started with about 7,000 providers nationwide already applying for their NPI.
- A process is being developed to be implemented in the fall supporting batch enumeration.
- It should be noted that until the spring of 2006 any NPI's submitted will / should be ignored.
- It is anticipated that payers will maintain crosswalks between their proprietary numbers and the NPI.
- There was a question about what entities will have access to the National Provider System (NPS). It was suggested at the caucus that access to the NPS system will be more limited than the current UPIN system. If this is going to be problematic, then the Office of E-health Standards and Services should be contacted.

***Public Health Note:*** The NPI train has already left the station, so any systems that will need to process NPI's should start sooner rather than later to "get ready". This includes public health systems.