

ANSI ASC X12 Trimester Meeting
Seattle, Washington
February 5 – February 9, 2006
Prepared by: Bob Davis

Claims Work Group (WG2) Highlights:

- As part of the implementation protocols for HIPAA the Department of Health and Human Services (DHHS) created the Data Standards Maintenance Organization (DSMO). The six named advisory organizations in the original HIPAA Notice for Proposed Rule Making (NPRM) now constitute the DSMO. Included are ASC X12, Health Level 7, National Council of Prescription Drug Programs (NCPDP), the National Uniform Billing Committee (NUBC), the National Uniform Claims Committee (NUCC), and the Dental Content Committee (DeCC). The purpose of the DSMO process is to provide a process to maintain HIPAA standards consistent with a representative cross section of industry needs. Since the HIPAA transactions were finalized there has been a noticeable decrease in the number of Data Maintenance Requests (DM) being submitted to ASC X12. This could be interpreted as a sign that the standards are stabilizing or just the calm before the next storm. I believe a little of both is the case. The standards for doing business as we do it today have become more stable as evidenced by the increasing install base for the Claim / Reporting 837 format. I believe the next storm is already gathering off shore strength. With the comment period being concluded for the Claims Attachments NPRM the issue of how best to report more clinical data is open for debate. Some possibilities are that the claim standards would be changed to accommodate this industry need. There certainly is precedent for this with the addition of diagnosis and procedure codes to the claim in the 80's to support DRG reimbursement. A comparable driver now might be the pay-for-performance initiatives being debated. Stay tuned. Until then the nature of the data maintenance being addressed by ASC X12 is generally intended to align the messaging standard (e.g. ASC X12 837) with the data content (e.g. UB-04). Below is the data maintenance submitted during this trimester meeting.
 - There was a DM to correct the UB code source referring to frequency code. A change in the UB-04 will increase the type of bill to 4 characters. This DM corrects the ASC X12 standard to properly refer to the positions of the frequency code in the UB code source. The language in this DM is more generic than what is currently in the standard in the eventuality that the NUBC might need to make a change in the future.
 - There was a DM to use an external code list to identify attachment types in the ASC X12 837 transaction. Currently, there is an X12 list of attachment types in the PWK segment. This segment supports unsolicited requests for additional information. For each new attachment type added

maintenance to the X12 list would be necessary. The intent of this DM is to use LOINC (Logical Observations Identifiers and Names Codes) to identify the attachment type in PWK01 rather than internal code list. The reason why LOINC codes were selected is that the claims attachment NPRM names those codes for use in claims attachment. The questions asking for additional information are LOINC coded, therefore a subset of LOINC codes are a logical external list for use in the PWK segment. Another advantage of this request is the unsolicited and solicited options would now use the same code list to define attachment types. The work group approved this DSMO request for data maintenance. There are still some technical issues to be resolved before the DM is submitted for ASC X12 approvals. (**Public Health Note: Since public health reporting systems are most likely to receive additional clinical information with an unsolicited request, this DM better supports those needs for more responsive state reporting needs.**)

- **MAJOR NEWS** – At this meeting the final approvals on the data content the 5010 (October 2003) version of the institutional, professional, dental, and reporting guides was approved by the claims work group, the health care task group, and the insurance subcommittee. These approvals at this meeting finalized the content of the 837-based 5010 implementation guides. The only step before the 5010 837-based implementation guides become standards is approval by the Technical Assessment Subcommittee (TAS). This last approval is to validate the technical correctness of the guides before final publication. TAS approval is expected in April. (**Public Health Note: The 5010 version of the Health Care Service: Data Reporting Guide has been developed to be very closely aligned with the three claim guides**)
- The claims work group in conjunction with work being done at the Workgroup for Electronic Data Interchange (WEDI) is developing a business case for the Return on Investment for implementing the 5010 versions of the HIPAA claims implementation guides. The ROI document will highlight the changes to the 5010 implementation guides that have financial implications on implementers. (**Public Health Note: Though the same ROI analysis is not being done specifically for the Health Care Service: Data Reporting Guide much will apply because of the very close alignment with the institutional claim guide in this version**)
- There was a discussion item in the work group about next steps with the 837-based implementation guides. There was discussion as to whether a 2 or 3 year maintenance schedule should be adopted for new implementation guide version to be created. There was no consensus on this issue at this time. There will be more discussion of this after the anticipated final approval of the 5010 guides this spring. This will be an agenda topic during both the June and September trimester meetings. (**Public Health Note: If public health has an opinion about how often new implementation guide versions should be developed, now is a good time to voice those opinions.**)

Other Meeting Highlights:

- National Uniform Billing Committee (NUBC) Caucus –

Note: Because the UB data set defines a large share of the data content in the Institutional and Reporting implementation guides, the NUBC always meets with the claims work group at ANSI ASC X12 trimester meetings to discuss areas of common interest. Below are the areas discussed at this meeting.

- The NUBC approved final guidelines for the Present on Admission variable. There are some small discrepancies between the UB guidelines and the ASC X12 semantic notes. It will require some data X12 standards to make the corrections. The DM to do this will be submitted at the June trimester meeting. This variable is of increasing interest because of the issues surrounding hospital acquired infections. (**Public Health Note: the 5010 version of the institutional and reporting guides will both follow these guidelines.**)
 - The implementation dates for the UB-04 are March 1, 2007 for receivers of the data and May 23, 2007 for senders of the data. There has been no change in these dates.
 - There is concern about the issues being encountered in the build up to implementation of the National Provider Identifier in the Spring of 2007. Of particular concern has been the lack of guidance on how organizational entities will define and enumerate subparts and what impact different payer requirements will have on the providers. The NUBC is drafting a letter to DHHS to voice their concerns about this issue. (**Public Health Note: The NPI, both individual and organizational entities, will impact state reporting systems. These organizational entity enumeration problems will impact state reporting systems. It is important to analyze the exact impact sooner rather than later.**)
- Attachment Issues
 - There is a project proposal to work jointly with the Attachment Special Interest Group (ASIG) at Health Level 7 and interested work groups with ANSI ASC X12 to develop criteria for future decisions on whether data elements are best supported in the claim or an attachment. At this ASC X12 meeting there was agreement to develop the project plan. This will be an agenda item at the next ANSI ASC X12 trimester meeting. In the meantime a work group will be formed to begin discussions on this issue via conference call. (**Public Health Note: Anyone with ideas about the criteria should contact Bob Davis at rdavis@nahdo.org**)

- The industry is also looking for guidance on uniform reporting of data elements that are currently redundant between the claim and the attachment. This task will also be included in the work group described in the above bullet. There were multiple comments during the meeting expressing a general industry need to receive guidance from DHHS and HL7 / X12 on claims and attachment issues. As developers of the standard both HL7 and X12 intend to provide education and direction to implement these standards. This could potentially include tutorials on the correct use of LOINC codes for this purpose amongst other things. ***(Public Health Note: Ideas for necessary education and guidance should be directed to Bob Davis at rdavis@nahdo.org)***
- FYI. The following new attachment types are under development
 - Children's Preventive Health Services
 - Patient Information Unspecified Contact
 - Home health (claims and prior authorization)
 - Periodontal charting
 - Consent forms
 - DME (22 types)
 - ePrescribing Pharmacy for Prior Auth
 - Employee Assistance Program (EAP)
- Other Issues
 - Health Level 7 and ASC X12 are going to begin discussions on how to harmonize shared vocabularies between the two standards. Both organizations are working on internal processes to provide an outline for success. This collaborative initiative has the potential to greatly benefit the industry. ***(Public Health Note: Once this process begins, public health input on harmonization discussions will be very valuable.)***
 - There were discussions at X12 on what level of modeling is necessary to improve the X12 standards without causing a negative impact on the current install base. It should be noted that the development of all four (4) 837-based (institutional, professional, dental, and reporting) guides uses a new database approach that is making it easier to provide inter-guide consistency. The claims work group is piloting this process for all of ASC X12N to be used on all health care implementation guides in the future. The experience of the claims work group is that this process will make development of future implementation guides easier and more consistent within and across guides. ***(Public Health Note: The development of the 5010 version of the Health Care Service: Data Reporting Guide was included in this pilot.)***

Next Meetings:

- June 4 – 9 Chicago, Illinois
- September 24-29 Boston, Massachusetts