Health Care Service Data Reporting Guide Tutorial

ANSI ASC X12 General Questions

Question: ***What is ANSI ASC X12?***

Answer: *ANSI ASC X12 stands for American National Standards Institute (ANSI) Accredited Standard Committee (ASC). X12 is the part of the ANSI ASC organization responsible for developing electronic industry standards. ANSI provides process rules for what constitutes a national standard based on industry consensus. It should be noted that one of the standards cited in the HIPAA legislation are ANSI ASC X12 transaction sets. More information can be found at their web site: www.ansi.org.*

Question: ***Where do I direct questions or comments about ANSI ASC X12?***

Answer: *Send e-mails to rdavis@nahdo.org.*

Question: ***How are ANSI ASC X12 implementation Guides developed and approved as a standard?***

Answer: *ANSI is a consensus based organization. For any document or specification be approved as an ANSI standard it is necessary to follow the following process to get industry consensus on that document of specification, and implementation guide including the Health Care Service Data Reporting Guide:*

- *The development work begins in a work group, in the case of all 837 guides this is the Claims Work Group (WG2)*
- *The guide developed by work group must then be approved by the Health Care Task Group (TG2)*
- *The guide approved by TG2 must then be approved by the Insurance Subcommittee (N).*
- *Then there is a public comment period on the guide.*
- *The public comments are reconciled and a new version of the implementation guide is then developed by the work group.*
- *The reconciled document must then be approved by TG2.*
- *The document approved by TG2 must then be approved by N*
- *The document approved by N must finally be approved by the ANSI X12 Technical Assessment Subcommittee (X12J).*
- *Once all these steps are successfully accomplished the publisher, Washington Publishing Company (WPC), makes available a final approved document with the seal of an ANSI standard.*

Question: ***Are all ANSI ASC X12 transactions mandated by HIPAA?***

Answer: *NO. In particular, the Health Care Service Data Reporting Guide is not named in the HIPAA legislation and not expected to be in the future. This implementation guide is based on the 837 claim standard. A separate*

implementation guide was developed because the HIPAA mandated 837-based implementation guides do not fully support the variety of state requirements that are supported in the 837 standard. For that reason, a separate project proposal was approved by ANSI ASC X12 and subsequently an implementation guide was approved as an ANSI ASC X12 standard.

Question: ***How often are ANSI ASC X12 standards changed and when are ANSI ASC X12 implementation guides updated?***

Answer: *There are three (3) ANSI ASC X12 meetings a year – February, June, and September/October. Changes to the standard may occur at any of these meetings. Implementation guides are subsets of the ANSI ASC X12 standards with specific business rules applied. It is the intent of ANSI ASC X12 to update their implementation guides based on industry needs. Currently the ANSI ASC X12 health care transactions are being updated to the October 2003 version of the ANSI ASC X12 standards (5010). Approval of these standards is anticipated this year. Then ANSI ASC X12 work groups will each assess the industry needs related to the transaction set they are responsible for maintaining before making a decision about the upcoming schedule for the next implementation guide version.*

Question: ***How does X12 keep track of the changes made to the standard?***

Answer: *Each X12 trimester meeting is assigned a version number. The October trimester meeting will be the xxx0 version. The February trimester meeting will be the xxx1 version. The June trimester meeting will be the xxx2 version. The xxx is assigned for each year.*

The xxx is assigned for each year. For example the 501 is October 2003 through June 2004, 502 is October 2004 through June 2004. 505 will be October 2007 through June 2008. Therefore the 5010 version represents the October 2003 version of the X12 standard. The next set of implementation guides to be developed will be 5050, which will be the October 2007 version of the X12 standard

For example the 5010 is the October 2003 version, 5021 is the February 2005 version, and 5052 will be June 2008 version. The next set of implementation guides to be developed by X12 will be 5050, which will be the October 2007 version of the X12 standard.

Question: ***What is the relationship between the 837 and the UB?***

Answer: *There are four (4) 837 standard-based implementation guides: institutional, professional, dental, and reporting. The institutional and reporting implementation guides both use predominantly UB data content. The consequence of this is that changes to the UB also would be extended to those two implementation guides. In particular, the UB data content includes Condition, Occurrence, Occurrence Span, Value, and Revenue*

codes. The code lists for certain data elements are maintained by the National Uniform Billing Committee (NUBC). The 837 references all these code lists as external code lists. This means that when the NUBC makes any changes to these external code lists, those changes would simultaneously be incorporated into the X12 standard without additional maintenance of the X12 standard.

Question: ***Where can I obtain copies of ANSI ASC X12 implementation guide?***

Answer: *The Washington Publishing Company is the official publisher for these guides. They can be downloaded from www.wpc-edi.com. There is a charge for any non-HIPAA guide.*

Specific Reporting Guide Questions

Question: ***What is the current version of the Health Care Service Data Reporting Guide?***

Answer: *As of April 2006, ANSI ASC X12 approved the 5010 (October 2003 view of X12 standard) implementation guide, which can be purchased from Washington Publishing Company. This enhances the 4050 (October 2001 view of X12 standard) implementation guide.*

Question: ***How closely aligned to the HIPAA Institutional Claim 837 implementation guide is the Health Care Service Data Reporting Guide?***

Answer: *Very close, especially the 5010 Versions of each guide. For the most part the Health Care Service Data Reporting Guide is a subset of the HIPAA Institutional implementation guide. The notable exception is the collection of some additional demographic data, such as the patient marital status, race and ethnicity. It should also be noted that there is no business case for the collection of any coordination of benefits information in the Health Care Service Data Reporting guide, so that information is not supported in that guide.*

Question: ***What is the purpose of having a separate Health Care Service Data Reporting guide since it is so closely aligned with the Institutional Claim Guide?***

Answer: *Though the institutional guide does support MOST of the state reporting data needs, it does not accommodate all of them. In addition, there are many data elements supported in the institutional guide that are NOT needed for state reporting purposes. The X12 project proposal to develop the Health Care Service Data Reporting Guide was approved on the premise that an 837 guide was needed to EXACTLY fit the business case for state reporting.*

Question: ***What are the notable data elements supported only by the Health Care Service Data Reporting Guide?***

Answer: ***See Below***

- *Race and Ethnicity with the capability of reporting each multiple times for each patient*
- *Patient Marital Status*
- *In the reporting guide the service provider information is reported at the highest hierarchical level. In the institutional guide the billing provider information is reported on the highest hierarchical level.*
- *Mother's Medical Record Number for newborn discharges.*

Question: ***What are the highlights of the enhancements in this version (5010) of the Health Care Service Data Reporting Guide?***

Answer: ***See Below***

- *Reporting of ICD-10-CM and ICD-10-PCS*
- *National Provider Identifier – 10 character identifier (9 plus a check digit)*
- *3 "slots" allocated to report Patient's Reason for Visit.*
- *Separate "slot" for reporting Admitting Diagnosis*
- *12 "slots" allocated to report external cause of injury code*
- *The following physician/provider types are now supported (before the choices where attending, operating, and other)*
  - *Attending Physician*
  - *Operating Physician*
  - *Other Operating Physician – replaces Other Provider Loop in current versions*
  - *Rendering Provider – replaces Other Provider Loop in current versions*
  - *Referring Provider – replaces Other Provider Loop in current versions*
  - *NOTE: After the NPI is implemented, these ID's will also be reported using the 10 character national identifier.*
- *Patient Marital Status – NOTE: there has also been a change in how this is supported on the proposed UB-04.*
- *Aligning reporting of procedure coding with HIPAA legislation*
- *Support for reporting of Race and Ethnicity using OMB standards, which is now called the Standards for Classification of Federal Data on Race and Ethnicity and maintained by Centers for Disease Control and Prevention*
- *Present on Admission Indicator for secondary diagnosis*
  - *Note: This data element will now also be supported in the 5010 Version of the Institutional Claim Implementation Guide*
  - *This element is also being included on the UB-04*
  - *Guidelines for reporting this are being developed by an NUBC work group co-chaired by staff of NCHS and AHIMA.*

- *Inpatient ICD-9-CM procedure code reporting are ONLY on the claim level in HI segments*
- *Outpatient HCPCS/CPT4 procedure code reporting are ONLY on service line in the SV2 segments*
- *Support added for reporting time of procedure for ICD-9-CM procedure codes*
- *Loops added to report Operating and Other Operating Physicians for each HCPCS / CPT4 code reported (Line level versus Claim Level Support)*
- *Closer alignment of with notes and examples with the HIPAA claims 837 implementation guides*
- *It should be noted that a new condition code for DNR was added to the UB specifications and could be reported using either the institutional implementation guide or Health Care Service Data Reporting Guide.*

Question: ***When should a state implement the Health Care Service Data Reporting Guide?***

Answer: *States that use the UB as the basis for their state reporting systems, (which are most of them), have some state specific requirements that vary from the HIPAA institutional guide (which are most of them), and transmit the data electronically (which are most of them) should be implementing the Health Care Service Data Reporting guide. The guide is designed to simplify the reporting of this data to the states from institutional providers of health care that meet the above criteria. The final 5010 version of the Health Care Service Data Reporting Guide will be available from the publisher, Washington Publishing Company, by the end of June 2006. States may implement the reporting guide any time after that.*

Question: ***How can I provide input into future enhancements of the Health Care Service Data Reporting Guide?***

Answer: *Volunteer to be active in the Public Health Data Standards Consortium activities related to the content of the Health Care Service Data Reporting Guide. More information may be obtained from the Consortium web site: www.phdatastandards.info.*