

## **Appendix D - Change Summary**

This Implementation Guide defines X12N 005010X225 of the Health Care Service Data Reporting Guide. It is based on the version/release/subrelease 005010 of the ASC X12 standards.

The previous X12N implementation of the Health Care Service Data Reporting Guide was 004050X156. It was based on the version/release/subrelease 004050 of the ASC X12 standards.

Implementation of 005010X225 contains significant changes and clarifications. It can only be used with other trading partners who have also implemented 005010X225. Below is a high-level description of the changes implementation of 005010X225.

### **Global Changes**

- 1) All Object Descriptors (OD) have been removed from the guide.
- 2) All Aliases have been removed from the guide.
- 3) The situational notes have been brought into conformance with the ANSI ASC X12N TG4 TR3 implementation guidelines
- 4) Changes made to support the National Provider Identifier. In instances where a provider identifier is reported, the National Provider Identifier is to be reported in the MN108 and NM109 data elements. The only valid qualifier for NM108 is now XX. Any secondary or proprietary identifier is to be reported in the secondary identifier REF segment. This change applies to the following provider loops.
  - o 2010AA Service Provider
  - o 2310A Attending Provider
  - o 2310B Operating Provider
  - o 2310C Other Operating Provider
  - o 2310D Rendering Provider
  - o 2310E Referring Provider

### **Detailed Changes**

#### ***2101BA Loop***

- 5) Usage for Patient's Marital Status (DMG04) changed from NOT USED to SITUATIONAL to provide support for those state discharge systems that collect this information. The entire X12 code list for data element 1067 will be included. That list is included below.

**A** Common Law

**B** Registered Domestic Partner

**C** Not Applicable

**D** Divorced

**I** Single

**K** Unknown

- M** Married
- R** Unreported
- S** Separated
- U** Unmarried (Single or Divorced or Widowed)
- W** Widowed
- X** Legally Separated

**2101CA Loop**

- 6) Usage for Patient's Marital Status (DMG04) changed from NOT USED to SITUATIONAL to provide support for those state discharge systems that collect this information. The entire X12 code list for data element 1067 will be included. That list is included below.

- A** Common Law
- B** Registered Domestic Partner
- C** Not Applicable
- D** Divorced
- I** Single
- K** Unknown
- M** Married
- R** Unreported
- S** Separated
- U** Unmarried (Single or Divorced or Widowed)
- W** Widowed
- X** Legally Separated

**2300 Loop**

- 7) A separate HI for Principal Diagnosis Code
- 8) A separate HI for Admitting Diagnosis and 3 "slots" for Patient's Reason for Visit
- 9) A separate HI for 12 "slots" for External Cause of Injury Codes
- 10) Remove qualifier (BO) for Common Procedure Coding System (HCPCS / CPT4) from HIxx-1 Procedure and Other Procedure Codes in HI. Note HCPCS / CPT4 procedure codes are reported when appropriate in the 2400 loop in the SV202-1 (qualifier) and SV202-2 (code)
- 11) A date / time qualifier (DT) added to the HIxx-3 for Principal and Other Procedure codes.
- 12) Qualifiers have been added to the necessary HI segments to provide support for ICD-10-CM Diagnosis Codes and ICD-10-PCS Procedure Codes. Below are the ICD-10-CM and ICD-10-PCS qualifiers that have been added.

- Principal Diagnosis Code - ABK
- Admitting Diagnosis Code - ABJ
- Patient's Reason for Visit Codes - APR
- External Cause of Injury Codes - ABN
- Other Diagnosis Codes - ABF
- Principal Procedure Code - BBR
- Other Procedure Codes - BBQ

13) The QTY segment has been deleted since there will be UB value codes defined for Covered Days and Non-covered days. This action is necessary to remain aligned with the 5010 Institutional 837 implementation guide

**Loops 2310A through 2310G**

Note: The ANSI ASC X12N Healthcare (TG2) Claims Work Group (WG2) in agreement with the National Uniform Billing Committee (NUBC) and the work being done on the development of the UB-04 has suggested eliminating any reference to Other Providers in the 2310 loops. Instead separate 2310 loops would be designated for the variety of provider types that might be possible. The Health Care Service Data Reporting Guide will mirror those changes. Below are the different provider types being recommended along with the X12 qualifier for that specific provider type:

- 14) Attending Physician - DE 98 Qualifier is 71
- 15) Operating Physician - DE 98 Qualifier is 72
- 16) Other Operating Physician - DE 98 Qualifier is ZZ
- 17) Rendering Provider - DE 98 Qualifier is 82
- 18) Referring Provider - DE 98 Qualifier is DN

**Loops 2420A and 2420B**

The X225 guide will add loops to report the Operating (2420A) and Other Operating Physician (2420B) to allow that physician information to be reported for each line level HCPCS / CPT4 code reported for outpatient visits.