

ANSI ASC X12 Change Process

Document Purpose:

The Health Care Service: Data Reporting guide uses the ANSI ASC X12 837 Health Care Claim standard. The data content, though principally based on the UB-92 data specifications, is derived from many sources. This document will provide a roadmap to help efficiently navigate the standards change process by using potential data maintenance examples.

The state of California has legislation requiring two new data elements be added to their state discharge system. The first data element is the Do Not Resuscitate Indicator and the second element is Primary Language Spoken.

Many states have a requirement to collect Place of Injury codes along with External Cause of Injury Codes where appropriate.

We will explore the processes necessary to have each of these data elements supported in the standard and in the Health Care Service: Data Reporting implementation guide.

Example 1 – Do Not Resuscitate Indicator

Question 1: Does the current ANSI ASC X12 standard potentially support the Do Not Resuscitate Indicator?

In this case there is an external code list that could support this data element, since this represents a condition existing on admission or not.

Question 2: How do you know if a code is external or internal?

Since it has been decided that a condition code would satisfy this request, the answer to the question can be found on page 206 and 207 of the Health Care Service: Data Reporting Guide.

REQUIRED HI01 C022 HEALTH CARE CODE INFORMATION M 1
To send health care codes and their associated dates, amounts and quantities
od: 837A1_2300_HI01_C022

REQUIRED HI01 - 1 1270 Code List Qualifier Code M ID 1/3
Code identifying a specific industry code list
od: 837A1_2300_HI01_C02201_CodeListQualifierCode

CODE DEFINITION
BG Condition

CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
CODE SOURCE 641: Condition Code List

REQUIRED HI01 - 2 1271 Industry Code M AN 1/30
Code indicating a code from a specific industry code list
od: 837A1_2300_HI01_C02202_ConditionCode

INDUSTRY: Condition Code

Note: The **blue highlighted** text above tells the reader that the list of valid condition codes is maintained externally by the National Uniform Billing Committee. The maintenance to support a condition code to represent DNR would be the responsibility of the National Uniform Billing Committee.

Question 3: How long would a change like this typically take?

Typically 6 to 12 months.

Question 4: If the National Uniform Billing Committee approves a UB condition code for DNR, would that mean the Health Care Service: Data Reporting Guide would support that data element.

YES and the effective date would coincide with the effective date assigned by the NUBC. In this case no change would need to be made to the Health Care Service: Data Reporting Guide since UB condition codes are already fully supported by that implementation guide.

Example 2 – Primary Language Spoken

Question 1: Does the current standard potentially support the Primary Language Spoken?

There is a segment that supports reporting of the Primary Language Spoken. That segment points to a data element that uses an ISO code list. The text below is extracted from the ANSI ASC X12 standard.

DMA Additional Demographic Information

To supply additional demographic identification

TRANSACTION SETS USED IN:

[135](#) [186](#) [187](#) [191](#) [252](#) [255](#) [267](#) [273](#) [284](#) [285](#) [309](#) [358](#)

REF	ELE ID	NAME	RPT ATTRIBUTES
01	127	Reference Identification	O/Z AN 1/50
02	156	State or Province Code	O/Z ID 2/2
03	127	Reference Identification	X/Z AN 1/50
04	156	State or Province Code	X/Z ID 2/2
05	1268	Applicant Type Code	O ID 1/1

06	<u>83</u>	<u>Code For Licensing, Certification, Registration, or Accreditation Agency</u>	X	ID	1/2
07	<u>26</u>	<u>Country Code</u>	X	ID	2/3
08	<u>819</u>	<u>Language Code</u>	O	ID	2/3
09	<u>546</u>	<u>Status Code</u>	O/Z	ID	2/2
10	<u>19</u>	<u>City Name</u>	O/Z	AN	2/30
11	<u>397</u>	<u>Color</u>	O/Z	AN	1/10
12	<u>397</u>	<u>Color</u>	O/Z	AN	1/10
13	<u>90</u>	<u>Measurement Unit Qualifier</u>	X	ID	1/1
14	<u>65</u>	<u>Height</u>	X/Z	R	1/8
15	<u>188</u>	<u>Weight Unit Code</u>	X	ID	1/1
16	<u>81</u>	<u>Weight</u>	X/Z	R	1/10
17	<u>352</u>	<u>Description</u>	O/Z	AN	1/80
18	<u>26</u>	<u>Country Code</u>	O/Z	ID	2/3

819 Language Code

TYPE=ID MIN=2 MAX=3

Code designating the language used in text, from a standard code list maintained by the International Standards Organization (ISO 639)

CODE SOURCES:



[102](#)

102 Languages

SIMPLE DATA ELEMENT REFERENCE:

[819](#)

SIMPLE CODE REFERENCE:

[66/LE](#)

Source

Code for the representation of names of languages (ISO 639)

Available From

American National Standards Institute
25 West 43rd Street, 4th Floor
New York, NY 10036

Note: The 837 is NOT included in the list of Transaction Sets Used In matrix accompanying the DMA segment. Data Element 819 defines an external code source (102) for the Primary Language Spoken data values.

Question 2: What would be the next step?

Since the segment that is needed is not supported by the 837 standard, a data maintenance (DM) request to the ANSI ASC X12 organization would be necessary to add the DMA segment to the 837 standard.

Question 3: How long would a change like this typically take?

Typically 18 to 24 months.

Question 4: After the change to the 837 standard is approved, will the Health Care Service: Data Reporting Guide need to change?

Yes.

Example 3 – Place of Injury Code

Question 1: Does the current ANSI ASC X12 standard potentially support reporting the Place of Injury?

Yes, for state discharge systems, no change to the health claim standard (837) would be necessary to enable reporting of the Place of Injury Code.

Question 2: What has to happen to provide support for the Place of Injury code?

The only implementation guide that currently supports reporting of a place of injury code and the external cause of injury code is the Health Care Service: Data Reporting guide. That guide would need to be used to report multiple external cause of injury codes.

Summary:

These examples highlight the questions that need to be asked when determining whether changes to the standard are needed or not.

Does the current standard support the data need?

Do the implementation guides for that standard support the data need? If so, which ones?

If the current standard does not support the data need, would a change to an external code list satisfy the need? If so, what organization controls that external code list?

If the current standard and no external code list currently support the data need, what internal changes to the standard would be necessary?