

X12 Meeting Summary  
June 6 – 8, 2010  
Dallas, Texas  
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## **Review of Situational Rules**

There is language in the Health Care Reform bill that is intended to further define and refine health care transactions. X12 management is assessing whether this would impact the next Health Information Portability and Accountability Act (HIPAA) version (5010) or any future versions of X12 implementation guides. Since it is a long standing belief that developing reporting mechanisms which are compatible with HIPAA mandated transactions reduces data collection burdens on the provider communities, any changes in HIPAA mandated implementation guides are closely monitored for impacts in the Health Care Service Data Reporting Guide (HCSDRG). The HCSDRG is an ANSI ASC X12 approved implementation guide designed to support some of the basic public health reporting.

Based on the review and interpretation of the Health Care Reform bill by X12 management, WG2 co-chairs were directed to review each of the situational data elements within the workgroup meeting. Co-chairs were charged with determining for each of the situational elements whether the information/value in the element can be corroborated by information from another data element in the transaction. For example, a situational flag for pregnancy could be corroborated by a procedure code for vaginal delivery or caesarean section.

With input from the workgroup, the co-chairs assigned the situational elements to one of the following categories:

- will be redefined as “required”,
- new rule need to be written,
- decision dependent on information from another information source (e.g. 835)
- should be deleted

Of note, these categories do not reflect any FINAL decision about the situational elements; but the categorization is certainly a starting point for addressing the situational rules, and open for discussion.

After the review of over 1500 situational elements in the course of two days at the X12 meeting, 840 elements were categorized. With half of the elements reviewed and categorized, X12 management determined that there was enough information to understand the scope of work required to address each and all of the situational elements.

There was some indication at the conclusion of the X12 meeting that a letter, including the findings from the review process, would be drafted and submitted in response to the mandate in the Reform bill. The letter would likely indicate that the process to review each of the situational elements will require more time than allowed for in the bill. X12 management indicated that they would like to get a NCVHS hearing about their findings from this week.

Going forward, there may be operating rules implemented that require that such data elements be required or conditioned upon other values in the fields. This will become better defined as we move into the 6020 guides. In addition, the schedule of release of guides is expected to become more regular and will likely have shorter cycles that capture fewer changes. There was also more discussion about the potential use of Attachments versus the claims transaction for capture of important clinical information.

The work that the Claims Work Group did to further define the situational rules will be reflected in the next version of the Health Care Service Data Reporting Guide.

The more that the Data Reporting Guide is used the better the input will be in creating clear and unambiguous rules in future guides.

**All errata for all 837 guides (professional, dental, institutional and reporting) were accepted, as well as 835 and 270 and 271.**