

NUBC/NUCC Meeting

August 9 – 11, 2011 in Baltimore MD

NUBC Meeting

Inpatient/Outpatient Designation for Type of Bill 084x (Free Standing Birth Center)

Currently, carriers use either inpatient or outpatient, and this was brought to the attention of the NUBC with a request to make a designation of either “inpatient” or “outpatient”, but not allow for both types. NUBC voted to designate Type of Bill 084x as **Outpatient**. This decision will be effective July 1, 2012.

New FL 81 Industry and Occupation Code Source for Public Health

Dr. Jennifer Taylor, Assistant Professor at Drexel University School of Public Health presented a white paper on the addition of standardized code sources to the inpatient claim for the capture of occupation and industry information about the patient. At the March in-person NUBC meeting, the Public Health Data Standards Consortium (PHDSC), with the support of the National Association of Health Data Organizations (NAHDO) and NIOSH, had proposed the addition of two external code sources (Bureau of Labor Statistics Standard Occupational Classification [SOC] codes and the North American Industry Classification System [NAICS] to the code-code field in the Uniform Bill. The “industry” code and “occupation” code would be available to states that require the collection of these characteristics of the patient. NUBC members, especially those representing hospitals, had raised a number of concerns about this request and had asked PHDSC and NAHDO to prepare a white paper to address these concerns, which principally were about the feasibility of collecting occupation and industry coding as part of the admissions process. The white paper made an excellent case for the value of the information and the advantages of designating a single standard for O&I data to be collected by States, and also described promising approaches under development by NIOSH to automate the assignment of codes based on free text. However, hospital representatives continued to express skepticism about the quality of information that could be collected at registration and the “huge financial burden” this would create. Concerns included time to collect the information at registration to costs associated with system changes to accommodate the code sets.

The decision was made by the Chair of the NUBC to table the discussion until a subsequent NUBC call. He continued to argue for pilot tests that could address feasibility and cost issues.

Observation Status

AHA has requested that NUBC consider refining the definition of outpatient observation services, citing that the current definition “often shifts on the opinion of an individual provider, payer or reviewer”. The issue was raised for discussion purposes only, and should be discussed with member constituent groups in preparation for discussion on a subsequent NUBC call.

Sub-acute Level of Care

The issue of properly coding pre-gestational stays was raised by United. The purpose of raising this coding issue is to determine if there is a need to identify different levels of care (and associated level of payment) like a pre-gestational stay. Discussion included the consideration of use of a different occurrence span code to indicate a different level of care for preterm gestational stays. The issue was not resolved and will be raised on a subsequent NUBC call to determine if other payers are having similar issues.

DSMO Change Requests

The change requests that were approved do not have direct public health impact. There are several change requests that the NUBC approved and directed the requestor to work with X12 on the technical solution. CRs 1144-1147 may have some impact on data elements typically collected in state all-payer claims data (APCD); APCDs have been used for public health research (for detail about CRs 1144-47, see NUBC agenda: www.nubc.org/public/pubagenda/aug11TENTagenda.pdf).

- #1139 pertained to new codes and or new data elements to be added to eligibility requests and responses. This CR is fundamentally out of the scope of NUBC. NUBC disapproved with comment to submit to X12.
- #1140 while pertaining to eligibility and out of scope for NUBC, it was also noted that the CR was rejected by X12 for the use of the term “mandated” in the CR.
- #1142 pertains to more efficient processing of 835 files. NUBC approved with comment to recommend that requestor work with X12 to develop technical solution.
- #1143 pertains to more efficient processing of 835 files. NUBC approved with comment to recommend that requestor work with X12 to develop technical solution.
- #1144 – 1147 pertain to payment of a healthcare claim, benefit enrollment and 837 COB loop... all of the proposed 4 Change Requests pertain to an issue that has already been raised at X12 with regards to claim and encounter reporting needs for state reporting and Medicaid and Medicare encounter reporting. NUBC approved with recommendation that requestor work with X12 to develop technical solution.

NUCC Meeting

Progress on Revising the 1500 Form

NUCC reviewed the results of the industry survey about the proposed changes to the 1500 Form. Prompted by suggestions or comments from the survey respondents, the NUCC discussed and made additional non-substantive changes to the Form. Some of the changes included clarifying titles of boxes on the form, clarifying when the box is “reserved for NUCC use”, movement of columns to evenly distribute data entry fields, elimination of a character in a box.

The Revised 1500 Form is not available for publication and distribution and still requires CMS and OMB approval. The revision process is still on track for earliest implementation in January 2013.

DSMO Process Discussion

The Chair of NUCC informed the committee that the DSMO is drafting a position statement for NCVHS (and will be reported to Congress) about the DSMO Process. Currently, requestors can submit a change request to the DSMO, the SDO (e.g. X12 or NUBC) or a work group within an SDO. In an effort to streamline and define the best practice for the business process, these processes are being reviewed as part of the drafting of the position statement. NUCC invited comment from its members about the DSMO process. Several members commented on the availability of education material about the process; X12 has published a lot of material about the DSMO process, but this is not consistent across all SDOs. A few members discussed the challenges with different business processes: what are the risks of single point of contact process?, what is DSMO function if users can request directly from the SDO?

The position statement will be delivered to NCVHS in time for the NCVHS meeting in September.