

X12 Standing Meeting, June 2012

Trip Report for PHDSC

Approval of Proposed Changes for the ASC X12 Reporting Guides!

Representatives from PHDSC were involved in the X12 June meeting that resulted in the approval of the next version of the Healthcare Service Reporting Guide (6020), as well as final revisions and approval of the first versions of the Professional, Institutional and Dental Post-Adjudicated Claims Data Reporting Guides.

Revision of Healthcare Service Reporting Guide

As in the previous trip report, a summary of the major changes from 5010 to 6020 versions of the Reporting Guide have been itemized in the appendix to this report.

A summary of the adjudication of the comments from the public comment period was presented in an Informational Forum. The Reporting Guide was approved for publication.

As indicated previously, there are some significant additions to the 6020 guides in terms of public health data, and opportunities for state public health reporting systems. During the last 18 months, PHDSC members have worked through the X12 Data Maintenance process to add codes related to the patient/member's occupations and industry. These two data elements are recognized for their potential value to better understand the conditions for health, particularly, the social determinants of health. Occupation and industry, and their associated code sets¹ have been approved for inclusion in the 6020 versions of the Reporting Guide for use by state public health reporting agencies. It should be noted that on the "to do list" for the next version is to add support for the International Classification of Functioning, Disability, and Health (ICF). The necessary ANSI X12 data maintenance to support the reporting of the ICF data was not approved in time to be included in the 6020 version.

Post-Adjudicated Claims Data Reporting Guides

During the June meeting, the PACDR Special Appointed Committee worked on adjudicating the comments from Architecture work group, and prepared final versions of the Guides for approval for publication of the Guides in October.

This is milestone for states with all-payer claims database (APCD) legislation that have been waiting for a national standard to guide the submission of paid claims data from the insurance carriers to the APCD. The PACDR Guides will provide the direction on implementation of the standard for purposes of reporting all payer claims data to state and federal reporting agencies.

The reporting of paid health care claims data will be important for the evaluation of health reform efforts. Many states are engaged in evaluation of Accountable Care Organizations and medical homes; some states are leveraging their APCDs to evaluate these models of care. The PACDR Guides will bring us one step closer to standardizing the collection of the data that we will need to understand our collective impact on quality and cost of care.

Appendix. Changes to HCSDRG from 5010 to 6020

Description	Benefit
Source of Payment Typology	New Code list provides capability to code the payer category to greater specificity using a hierarchical structure.
Preferred Language Spoken	New Data Element provides capability of determine the language to be spoken when treating patients as a means to improving care.
Patient Secondary Identification	This segment deleted from this version of the institutional guide and initially also removed from the reporting guide, but this is an important data element for public health reporting systems. Consequently, this data element needs to be retained in the Health Care Service Data Reporting Guide.
Original Claim Creation Date	This is a new data element in the Institutional Claim Guide in this version. When appropriate, as in this case, the Health Care Service: Data Reporting Guide mirrors the Institutional guide. Continuing to collect a data element no longer reported in the HIPAA Institutional Guide would be in this case an unnecessary burden on the provider community.
Payer Estimated Amount Due	This data element was removed from the Institutional Claim Guide in this version. When appropriate, as in this case, the Health Care Service: Data Reporting Guide mirrors the Institutional guide.
Patient Estimated Amount Due	This is a new data element in the Institutional Claim Guide in this version. When appropriate, as in this case, the Health Care Service: Data Reporting Guide mirrors the Institutional guide. Continuing to collect a data element no longer reported in the HIPAA Institutional Guide would be in this case an unnecessary burden on the provider community.
North American Industry Codes	This is a new data element in the Health Care Service: Data Reporting Guide. The business case for this data element is to enable research and care improvements for injuries and chronic illnesses related to a person's work location and industry.
Principal Diagnosis Code	ICD-10 Examples included to assist in the migration to that HIPAA Requirement
Admitting Diagnosis Code	ICD-10 Examples included to assist in the migration to that HIPAA Requirement
Other Diagnosis Code	ICD-10 Examples included to assist in the migration to that HIPAA Requirement
External Cause of Injury	ICD-10 Examples included to assist in the migration to that HIPAA Requirement
Principal Procedure Code	ICD-10 Examples included to assist in the migration to that HIPAA Requirement

Description	Benefit
Other Procedure Code	ICD-10 Examples included to assist in the migration to that HIPAA Requirement
Standard Occupation Classification System Codes	This is a new data element in the Health Care Service: Data Reporting Guide. The business case for this data element is to enable research and care improvements for injuries and chronic illnesses related to a person's work location and industry.
International Classification of Functioning Disability and Health	This is a new data element in the Health Care Service: Data Reporting Guide. The business case for this data element is to enable research and care improvements for functional disabilities as categorized by the World Health Organization. This will be included in the next version of the HCSDRG.
Procedure Modifiers	There was data maintenance to add additional procedure modifiers in the Institutional Claim Guide in this version. When appropriate, as in this case, the Health Care Service: Data Reporting Guide mirrors the Institutional guide. Continuing to collect a data element no longer reported in the HIPAA Institutional Guide would be in this case an unnecessary burden on the provider community.

¹ Occupation code set is the Standardized Occupation Codes for Bureau of Labor Statistics. Industry code set is the North American Industry Classification System. ICF is International Classification of Functioning and Disability, a World Health Organization (WHO).