ASC X12 Meeting Summary
By Bob Davis

The ANSI ASC X12 met in Seattle from January 20 thru January 24th.

The PHDSC currently maintains the Source of Payment Typology.   As part of the
development process for the Typology, the parts of the ASC X12 standard were
changed to provide support for the reporting of the Typology in the Health Care
Service Data Reporting Guide.   As part of that work, a reference to the Source of
Payment Typology has also been added to the UB-04 Data Specifications manual
maintained by the National Uniform Billing Committee.  As part of the education of
the Payer Type Work Group, a webinar on the Typology was held.   As a result of
that webinar, other groups within ASC X12 expressed interest in using the Typology
to replace a data element currently mandated by HIPAA.   To enable the broader use
of the Source of Payment Typology by ASC X12, a change to that standard was
necessary.   That change was initiated during this meeting.   Approval of this change
for broader use by ASC X12 is a 5 step process.  Three of those steps were completed
during this meeting.  It is significant to note that so far in the process there have not
been any objections.  It is also significant to note that when this change is approved
it is the intention of ASC X12 to name Source of Payment Typology as a replacement
for the existing data element as a future HIPAA requirement.  As a result of the
work, there are other groups in X12 that are also interested in exploring the use of
Typology.  Those additional uses of the Typology will be discussed further at the
June ASC X12 meeting in Indianapolis.

BOTTOM LINE:  The Source of Payment Typology is currently on a track to become a
HIPAA mandated external code set in the future.

The change to update the physical and Internet addresses for ICD-10-CM, ICD-10-
PCS, and ICD-9-CM has been submitted to ASC X12.  No problem is anticipated with
that change.   Steps 1 – 3 of the 5 step process have been completed.

In the FYI category, the X12 organization is in the process of reorganizing the
structure of how changes to the standard are managed.   The purpose of these
changes is to better manage the standard to provide greater consistency across
implementation guides.

Work continues to develop ASC X12 standards to support reporting of state All
Payer Claims Data Bases.

Work is continuing to maintain the Health Care Service Data Reporting Guide. It is
important that the Reporting Guide remains as consistent as possible with the
common requirements in the Institutional Claim guide.