

**National Committee on Vital and Health Statistics  
Subcommittee on Standards and Security  
Status of Standard Requests Brought to the DSMO  
May 1, 2007**

**Category: (I) Recommendation for adoption of new/modified HIPAA standard**

Classified as items that result in the recommendation to the National Committee on Vital and Health Statistics for the adoption of a new/modified HIPAA standard. Examples might include a request for a new transaction, or a new version or release of an already-named standard for a given transaction(s).

Change Request ID	Request	Publication by SDO	Completed DSMO Process	Survey Created	Survey Executed By WEDI	Survey Report Prepared	DSMO Request Brought to NCVHS	Survey Brought to NCVHS	Recommendation by NCVHS	NPRM published
1042	Recommend to NCVHS that the 005010 version of the X12 835 transaction together with its X12 005010 TR3 (Implementation Guide) 005010X221 for the Health Care Claim Payment/Advice standard be named to replace the current HIPAA mandated transaction version 4010 and its Implementation Guide designated as 004010X091A1.	✓	✓	✓	✓		✓			
1043	Recommend to NCVHS that the 005010 version of the X12 837 transaction together with its X12 005010 TR3 (Implementation Guide) 005010X223 for the Health Care Claim: Institutional Claims be named to replace the current HIPAA mandated transaction version 4010 and its Implementation Guide designated as 004010X096A1.	✓	✓	✓	✓		✓			
1044	Recommend to NCVHS that the 005010 version of the X12 837 transaction together with the x12 005010 TR3 (Implementation Guide) 005010X222 for Health Care Claims: Professional Claims be named to replace the current HIPAA mandated transaction version 004010 and its Implementation Guides designated as 004010X098A1.	✓	✓	✓	✓		✓			
1045	Recommend to NCVHS that the 005010 version of the X12 837 transaction together with its X12 005010 TR3 (Implementation Guide) 005010X224 for Health Care Claims: Dental Claims be named to replace the current HIPAA mandated transaction version 004010 and its Implementation Guide designated as 004010X097A1.	✓	✓	✓	✓		✓			
1051	Recommend to NCVHS that the 005010 version of the X12 276/277 transactions together with their X12 005010 TR3 (Implementation Guide) 005010X212 for Health Care Claims Status Request and Response be named to	✓	✓	✓			✓			

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	replace the current HIPAA mandated transaction version 004010 and its Implementation Guide designated as 004010X093A1.									
1052	Recommend to NCVHS that the 005010 version of the X12 278 transaction together with its X12 005010 TR3 (Implementation Guide) 005010X217 for Health Care Services Review - Request to Review and Response be named to replace the current HIPAA mandated transaction 278 version 004010 and its Implementation Guide designated as 004010X094A1.	✓	✓				✓			
1054	Recommend to NCVHS that the 005010 version of the X12 834 transaction together with its X12 005010 TR3 (Implementation Guide) 005010X220 for Benefit Enrollment and Maintenance be named to replace the current HIPAA mandated transaction 834 version 4010 and its Implementation Guide designated as 004010X095A1.	✓	✓				✓			
1055	<p>The NCPDP membership is requesting a new version of the Telecommunication and Batch Standard be named in HIPAA. The Telecommunication Standard Implementation Guide is version DØ. The Batch Standard Implementation Guide is version 1.2, which supports Telecommunication version DØ in a batch mode.</p> <p>The Telecommunication Standard Implementation Guide supports the following processes</p> <ol style="list-style-type: none"> <li>1. Eligibility Verification</li> <li>2. Claim</li> <li>3. Service</li> <li>4. Information Reporting</li> <li>5. Prior Authorization</li> <li>6. Predetermination of Benefits</li> </ol> <p>NCPDP's SNIP Committee is working with WEDI on the Benefit Analysis Survey. This committee is also planning to provide educational webcasts for the industry.</p> <p>Changes from version 5.1 to version DØ are provided under separate cover. Changes include the addition of fields to support Medicare Part D functionality, enhancements to coordination of benefits processing, more guidance for balancing and pricing support as</p>	Undergoing industry ballot – publication planned July 2007	January Batch item; DSMO adjudicate in April	✓			✓			

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	business needs have evolved, and the addition of mandatory/situational designations per the HIPAA Privacy regulation.									
1057	<p>The NCPDP membership is requesting a new standard be named in HIPAA for use in the pharmacy industry – the Medicaid Subrogation Standard Implementation Guide, version 3.0.</p> <p>Medicaid Subrogation is a process whereby Medicaid is the payer of last resort. The state has reimbursed the pharmacy provider for covered claims and now is pursuing reimbursement from other payers for these claims. Some states may choose to “Pay” all claims in full, through a federal waiver, at the point of receipt and “Chase” reimbursements from responsible third parties after the fact. The Medicaid Subrogation transactions use the Telecommunication Standard transactions.</p> <p>More information on this business function is found in the NCPDP “Medicaid Subrogation Implementation Guide”.</p>	Undergoing industry ballot – publication planned July 2007	January Batch item; DSMO adjudicate in April	✓			✓			
1060	Recommend to NCVHS that the 005010 version of the X12 820 transaction together with its X12 005010 TR3 (Implementation Guide) 005010X218 for Payroll Deducted and Other Group Premium Payment for Insurance Products be named to replace the current HIPAA mandated transaction 820 version 4010 and its Implementation Guide designated as 004010X061A1.	✓	April Batch; DSMO adjudicate in June							
1062	Recommend to NCVHS that the 005010 version of the X12 270/271 transactions together with their X12 005010 TR3 (Implementation Guide) 005010X203 for Health Care Eligibility Benefit Inquiry and Response be named to replace the current HIPAA mandated transactions 270 and 271 version 4010 and its Implementation Guide designated as 004010X092A1.	✓	May Batch; DSMO adjudicate in July							

**Official Request from DSMO:**

1. Change Requests checked “DSMO Request Brought to NCVHS” are ready to move through NCVHS to HHS to adoption – for ASC X12 and NCPDP TR3s/implementation guides. The request is based on the Change Request Recommendation. This request is not based on a release of a survey or as a result of a survey nor industry rollout, etc. as these are outside of the DSMO role.
2. Recommend hearings to determine how the industry prepares and recommends adoption of next versions. For example, a bundled rollout approach verses all transactions implemented on the same date.
3. WEDI to provide survey information and industry perspective to NCVHS.
4. Request the SDO streamlining process begin immediately.
5. Request the modification rule be immediately published with outstanding items.