NCVHS Presentation
Fetzer-X12-Panel6-0118

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Panel 6 – Vendor and clearinghouse perspective on proposed updates to X12 transaction standards

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Agenda

My relationship with X12

Benefits of the recommendations

Opportunity costs of delays

Implementation costs

A vendor perspective
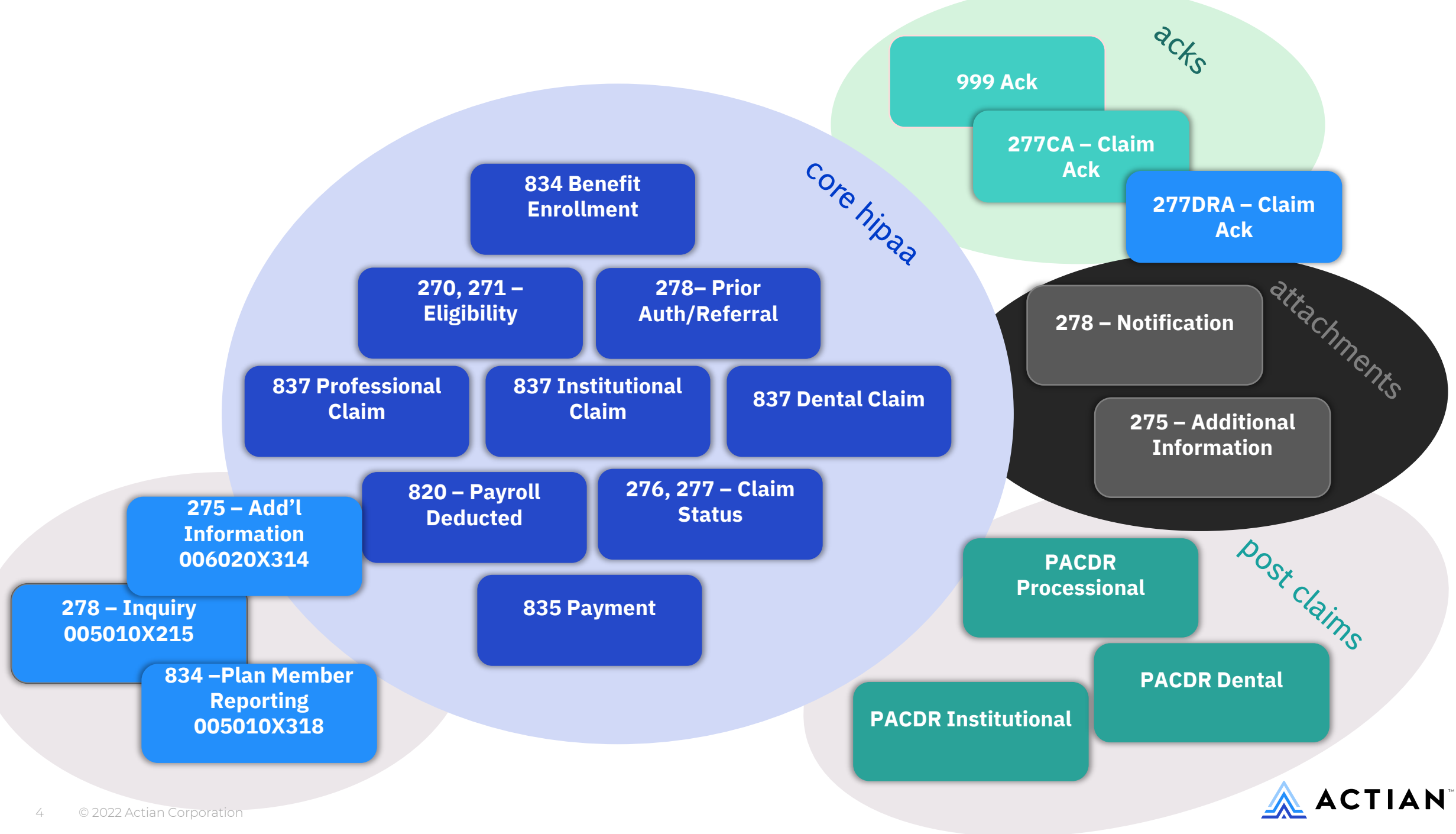
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My Relationship with X12

Vendor

- Actian, A Division of HCL Software
- X12 Licensing Partner, 8020 POC participant
  - Product - HCL Link
- Lead Product Manager, IBM Branded version via IPP

Indirect

- IBM – *I am not speaking on behalf of IBM*
  - Product Manager, IPP with IBM
  - IBM Sterling Transformation Extender, IBM Trading Manager, WebSphere Data Interchange, DataStage TX, WTX, Mercator…

X12

- X12 C – Member Communications and Controls
- X12 Board Chair - *I am not speaking on behalf of X12*

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acks
- 999 Ack
- 277CA – Claim Ack
- 277DRA – Claim Ack

core hipaa
- 834 Benefit Enrollment
- 270, 271 – Eligibility
- 278– Prior Auth/Referral
- 837 Professional Claim
- 837 Institutional Claim
- 837 Dental Claim
- 820 – Payroll Deducted
- 276, 277 – Claim Status
- 835 Payment
- 275 – Add'l Information 006020X314
- 278 – Inquiry 005010X215
- 834 –Plan Member Reporting 005010X318

attachments
- 278 – Notification
- 275 – Additional Information

post claims
- PACDR Processional
- PACDR Dental
- PACDR Institutional

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Benefits of the recommendations

Stability

- Builds on existing enterprise bedrock EDI frameworks

Progress

- Allows new functional needs to be addressed
- Allows needed refinements to be addressed

Innovation

- Provides extension points for additional innovation and interoperability
  - X12 XML Schemas – to further accelerate adoption of APIs
  - FHIR Crosswalks developed for interoperability

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Requests for Interpretation

‹ back to requests for interpretation

RFI # 2065
The DI of the UDI in the 835

Description

The pharmacy services sector of the health care industry has a business need to report the device identifier (DI) of the Unique Device Identifier (UDI) in the Health Care Claim Remittance/Advice (835).

The FDA final rule was released September 24, 2013 requiring a Unique Device Identification System for Medical Devices. As a result of this ruling NDCs issued for medical devices will be rescinded by the FDA and NHRICs will be phased out. Beginning in September 2016, Class II devices will have the UDI on packages and in September 2018, Class I devices will have the UDI on the packages.

In September 2016, the pharmacy services industry will begin using the UDI-DI portion in the NCPDP claim transaction for billing and payment purposes; and therefore, need the ability to report the UDI-DI component on the ASC X12 835 transaction. Today, pharmacy products and services codes are reported in Loop 2110, SVC01-2 with the appropriate qualifier in Loop 2110, SVC01-1. What qualifier should be used to report the UDI-DI?

RFI Response

In guide 005010X221A1, the SVC01-01 Procedure Code Qualifier element doesn't support reporting of the UDI-DI in the 835. Please submit a detailed change request to ASC X12N for inclusion of this information in a future guide at http://changerequest.x12.org/.

RFI Recommendation

As a temporary work around, consider reporting the UDI-DI in SVC01-02 using SVC01-01 qualifier UI, "U.P.C Consumer Package Code (1-5-5)". Request a Remittance Advice Remark Code (RARC) through http://www.wpc-edi.com/reference/codelists/healthcare/remittance-advice... ☐ with a description like "Alert: The reported UPC code(s) for this service in SVC01 and SVC06 (if present) is a Unique Device Identifier (UDI) — Device Identifier (DI) code." Then, report that RARC in the 2110 loop LQ segment for service lines reporting the UDI-DI. NOTE: HIPAA regulatory aspects of this request and recommendation need to be addressed directly with the National Standard Group at CMS.

Opportunity costs of delays

- X12 is a highly collaborative organization
- Standards development happens in many ways
  - Hundreds of volunteer participants 'in the room'
    - Standing Meetings
    - Virtual Meetings
  - Anyone else can impact standard via RFI
  - RFIs are the grit which refines and polishes the standard and Implementation Guides

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Implementation costs

Time

- Building on top of current infrastructure
- Incremental changes to existing transactions

Risk

- Phased approach allows our customers adequate testing, implementation and stabilization between projects

Dollars

- All change costs money
- Incremental change spreads out the spend
- Recommendations allow for new investment where it will make sense

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Vendor perspective

Opportunity

- The bigger the change, the bigger the potential dollars

Impact

- Vendors strive to innovate
- New technology is exciting to us
- Would be great to make a 'big splash'

Balance

- Our customers' success is our top priority
- We support the recommendation of a phased approach for the upcoming HIPAA updates

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Thank you!

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