



Rationale Behind X12's Health Care Good Faith Estimate (X370)

X12 developed the Health Care Good Faith Estimate (X370) as a use-case level implementation guide specifically supporting the Good Faith Estimate (GFE) requirements of the No Surprises Billing Act. Some in the health care industry have expressed the view that the predetermination instructions in X12's Health Care Claim implementation guides is another option.

837 Health Care Claims Implementation guides with Pre-determination Instructions

There are several issues that preclude use of the 837 Health Care Claims Implementation guides with Pre-determination Instructions to satisfy the GFE requirements.

- There are no linking identifiers to reassemble multiple claims or claim types submitted separately.
- There is not a method for distinguishing a predetermination request from a GFE request and those functions are distinctly different.
 - A distinction is necessary because predeterminations do not have a mandated response window and GFEs have a three day response window.
- There are required elements that may not or will not be known at the time a GFE is transmitted.
 - Examples include a diagnosis code, the Benefits Assignment Certification Indicator, admission type, and patient discharge status
- If the billing provider is a group practice or organization, the rendering provider may or will not be known when the GFE is submitted.
- There isn't a date segment defined for the period of care.
- There isn't a data element defined to support the provider procedure service description (a plain language description of the product or service defined by the provider).
- Trading partners will have to reference two different implementation guides and send two different transactions when a GFE has both professional and institutional services.

Health Care Good Faith Estimate (X370)

Since the Health Care Good Faith Estimate implementation guide was developed specifically to support GFE transmissions, the following advantages are realized.

- All instructions for GFE transactions are included in one use-case level implementation guide.
- Information that may or will not be known when a GFE is submitted has been removed.
 - Examples include pay-to factoring agent information, last worked and return to work dates, repricer information, predetermination information, and value information.
- Submitter and receiver PER segments support URLs.
- Supports clear differentiation between subscriber and guarantor information which allows a convener to gather information across providers for self-pay patients.