

X12J TECHNICAL ASSESSMENT SUBCOMMITTEE

Interim Meeting Minutes

APRIL 3, 1-3:30 p.m. EDT

Attendance—12 people, 9 constituents

APRIL 4, 1-3:30 p.m. EDT

Attendance—8 people, 7 constituents

Support: Kent

1. Monday, April 3

- 1.1. Call to Order
- 1.2. Opening Remarks
- 1.3. Administrative Issues
 - 1.3.1. Constituent review
 - 1.3.2. Agenda was approved.
 - 1.3.3. The Wednesday 4/5 meeting was cancelled.
- 1.4. CMR [Batch 119](#)
 - 1.4.1. The X12M representative will contact the submitter of CMR 119-99 to ask for their response to the submitted comment that the FDA won't be finalizing the future format of the NDC until next year.
 - 1.4.2. Motion to approve CMR 119-100 as submitted passed unanimously.
 - 1.4.3. Motion to approve CMR 119-101 as submitted passed unanimously.
- 1.5. 2022-11-04 ASC Ballot Comment Responses approved for MR 398 – X12J is the delegate

Ballot 38: MR 398

TR 837: The concept of guarantor is needed in health care claims

In accordance with SD2, the work proceeds to PRB for approval to publish when disapprovals represent less than 10% of the votes, excluding abstentions.

APPROVED

Approval comment

Comment 1: Would like to have had some use case scenarios.

Ballot 38: MR 398	
TR 837: The concept of guarantor is needed in health care claims	
	Response 1: Thank you for your input. We'll take this under advisement.
Disapproval comment	
	Comment 1: The purpose for this change to the 837 base standard isn't clear; recommend also reviewing this technical change with X12N/TGB/WG2.
	Response 1: Thank you for your input. The workgroup you referred to developed the approved technical change.

1.6. 2023-02-08 ASC Ballot Comment Responses approved for MR 324 – X12J is the delegate

Ballot 2: MR 324	
DE 1403: Change Max Length to 2	
In accordance with SD2, the work proceeds to PRB for approval to publish when disapprovals represent less than 10% of the votes, excluding abstentions.	
APPROVED	
Disapproval comment	
	Comment 2: We need to mention the impacted transactions, and segments that are going to see this change.
	Response 2: Thank you for your comment. You may use Glass to review the Standard and see the impacted transaction sets and segments.

1.7. [MRs changed since 1/25/23](#)

1.8. X12J MRs in Development

1.8.1. Motion to approve [MR 331](#) "DE 128: Need an "MBI (Medicare Beneficiary Identifier)" code" and recommend it to PRB for ballot passed unanimously.

1.8.2. Motion to approve [MR 399](#) "DE 352: Increase maximum length" and recommend it to PRB for ballot passed unanimously.

1.8.3. Motion to approve [MR 412](#) "DEs 542, 550: Expand maximum characters" and recommend it to PRB for ballot passed unanimously.

1.9. MR Technical Review

1.9.1. Reviewed [MR 239](#) “832 TS: Add constructs for nuts, dairy, fish, meat, and poultry” and decided to keep it under review until the June Standing Meeting. There was confusion about its status as staff had missed entering the date when X12M approved it. There were questions about which loops the new loops were subordinate to. Members again expressed a desire to have a workbook replacement that would show how the changes would appear in the Standard. This request is still under review in Steering. X12M will share its initial spreadsheet notes.

1.10. Report Backs:

MR	Title	Affected	X12C	X12F	X12I	X12J	X12M	X12N	TAS Action
331	DE 128: Need an “MBI (Medicare Beneficiary Identifier)” code	Standard				Approved			Recommended for ballot to PRB
399	DE 352: Increase maximum length	Standard				Approved			Recommended for ballot to PRB
412	DEs 542, 550: Expand maximum characters	Standard				Approved			Recommended for ballot to PRB

Meeting recessed at 2:45 p.m. EDT

2. Tuesday, April 4

2.1. Constituent review

2.2. Review Report Back: no additional report backs.

2.3. Motion to approve CMR 119-99 as submitted passed unanimously.

2.4. Benefit statements approved:

2.4.1. MR 331: This change brings the code in line with CMS's new identifier.

2.4.2. MR 399: This change allows passing results to providers to take action in their workflow prior to adjudication of likely denials. This will allow for rejection details to be returned to a provider via a human readable format when the rejection cannot be specifically codified.

2.4.3. MR 412: This allows larger numbers to be transmitted in the F07 and DL segments for claims hours and labor costs.

Meeting adjourned at 2 p.m. EDT