ASC X12N TGB WG2 Minutes
Claims Encounters and Attachments Information Work Group
September 15-19, 2019
Pittsburgh, PA

Group Leadership			
Chair Name	**Company**	**Term End Date**	**Email**
Jamie Mosteller	Cerner	Summer 2019	james.mosteller@cerner.com
Lynn Chapple	United Health Group	Winter 2021	lynn.chapple@optum.com
Marci Maisano	Cigna	Summer 2020	marci.maisana@cigna.com
Open Position			
Secretary Name	**Company**	**Term End Date**	**Email**
Tracy Loetz	REMEDI Electronic Commerce Group	Appointed (Thru Summer 2021)	tloetz@remedi.com

Quorum Requirement Statement	
This group enforces quorum requirements for group voting items.	
This group does not enforce quorum requirements for group voting items.	X

Scheduled Meetings				
Type of Meeting	**Date**	**Location/Conference Call**	**Contact**	**Agenda**
Current Meeting	Sept. 15-19, 2019	Westin Convention Center 100 Penn Avenue Pittsburgh, PA 15222 (412) 281-3700	Co-chairs	See iMeet for meeting information
Next Standing Meeting	Jan. 26-30, 2020	Hilton Portland & Executive Tower 921 SW 6th Ave. Portland, OR 97204 (503) 226-1611	Co-chairs	See iMeet for meeting information
Interim Meeting	2nd and 4th Thursdays 1:00-2:30 pm Eastern	(605) 468-8018 Access Code: 219956	Co-chairs	See iMeet for meeting information
Management Meeting				

Co-chair Election	Term End		Election Date: 9/17/2019		
	Candidate(s)				
Nomination	No nominations				
	Motion				
Vote	Motion Made by	2nd By	Approve	Disapprove	Abstain
Election					
Vote	Motion Made by	2nd By	Approve	Disapprove	Abstain

Voting Item:		Vote Date: 9/16/2019			
Type	Issue Description				
Maintenance Request	Formatting of AUC - K3 for 837I to support CMS Medicare requirements				
	Motion				
	Approve K3 proposal				
Vote	Motion Made by	2nd By	Approve	Disapprove	Abstain
	Harold Smith	Sara Vandermolen		0	0
Discussion	None				
Result	Approved				

Key Discussion Items
Discussion

CR1850 – AUC-K3 - https://x12.imeetcentral.com/p/aQAAAAAD8UOc
- This applies to 837I only, 837P already has Ordering Provider NPI loop
- 3 options given to CMS and they would prefer option 1
- K3 is temporary workaround until permanent solution
- Length of LX01
    - Should be variable length from 1/6 because those are the standards requirements
    - The implementation guide shows a length of 1/3
    - Preference would be for fixed length, but must follow standards and TR3
- Use of K3 is the technical requirement, not the business rule
- CR1953 is the same request and they will be combined
- Change will not be in 7030, also to use K3, why can't this be in 7030 if there is another public comment period? – X12 management decided that 7030 needs to go out the door
- Use NM1 and REF, no address segments
- CMS will not be able to process the K3 with the Ordering Provider NPI until July, their system will just ignore if it is sent before they are ready
- Suggested just using a value code but that would not work at line level
- Short term solution will be in RFI and BRTS deals with permanent solution

- Claim level
  - Should Ordering Provider Loop (NM1 and REF) 837I 2300 be added at claim level? CMS says yes
  - More discussion on if needed at claim level or not – it is available on paper version
  - Decided to wait until business people could be involved

Decisions

- K3 format proposal was approved by work group (see voting above)

Discussion

CR1835

- Explanation by Ohio Medicaid on their change request
- Asking to add qualifier in DTP 2400 loop to support date and time for multiple services or medications on same day
- Other state Medicaid programs also will have same issue, but some have found workaround outside of X12
- Ohio Medicaid agreed that the DT qualifier would work for 837I

Decisions

- Discussion will be deferred until next Interim Meeting call

Discussion

Representative from TGC WG7 came to discuss 824
CR2012 - https://x12.imeetcentral.com/p/aQAAAAAD4XPp

- 824 is going to be used as the acknowledgement of the 275
- Working on expanding error codes
- major short coming - HL7 CCDA (consolidated CDA) - return HL7 validation report from receiver's system in the 824 in BDS segment
- Use 824 codes for most things and include Xpath pointer
- REF, OOI, and BDS segments added
- Xpath identifies where the error is in the HL7
- Providers may not be able to figure out what the problem is and will have to go to their vendor
- First transaction combining X12 and HL7 - using 824 to acknowledge HL7

CR2013 - https://x12.imeetcentral.com/p/aQAAAAAD44Zj

- If multiple attachments in 275, no way to identify which attachment or BDS segment has issue
- Use CTX - error location context
- Discussion: what other situations would you use CTX other than BDS? 824 also used in other groups (X12C, X12F)

C7 team wants input from B2 - would this information give you enough detail to be able to implement it in your companies?

Decisions

N/A

Discussion

Claim Attachment Topic Discussion/Q&A

- Items that are not included in FHIR resources that need to be addressed: trading partner ID, contract code, payor ID, attachment control number
- More X12 people need to be involved by going to meetings and reviewing and commenting during review period
- HL7 is an international standard and not many US companies are represented during meetings

- ONC is hot on FHIR, so they will be pushing it, but it may not include everything needed
- 824 going to be used to acknowledge HL7 Consolidated CDA and X12 275
- More training needs to be done regarding attachments and consolidated CDA for industry
- Recommend reading joint paper created by X12, HL7, and WEDI regarding attachments
- Suggestion to create library where all resources are stored
- Vendors can give ability to providers to add benefits of sending 275 without changing provider workflow – getting paid quicker, up to 50% less calls, up to 50% reduction in errors

Decisions
N/A

Discussion

Management topics

7030 Status
- 837 will have #2 public comment period beginning on October 15, 2019 for 45 days
- 275/277 will have #1 public comment period beginning October 1, 2019 for 60 days

Decisions
N/A

Discussion

RFI2316
- No code in the NTE – can use condition code

Decisions
• Contact NUBC to get code added

Discussion

Benefit Analysis Report (BAR) for 837 6020 to 7030 changes –
https://x12.imeetcentral.com/p/aQAAAAD8URu
- Used BAR from 5010 to 6020 as a base document and document from a member that was developed by another group – combined and removed duplicates

Benefit Analysis Report (BAR) for 275 6020 to 7030 changes –
https://x12.imeetcentral.com/p/aQAAAAD8URs
- Member went through all CRs for 275 and group decided whether each was impactful or not

Decisions
N/A

Discussion

Claim Topic Discussion/Q&A

Payer requesting input/recommendations on 837 issue they are having

Situation:
- An 837 comes in door and it is flagged due to dollar amount (ex. a facility charges a lump sum and the payer wants to know what is included in lump sum)
- This notification requires them to get an itemized bill from provider which is currently sent via a non-EDI process
- The payer wants to be able to also communicate back what will and won't be covered back to provider
- How can they get itemized information through an X12 document?
- 835 does not support a description, just codes
- 837 does support description

Suggestions:
- Send a 277 RFI and get back 275 – payer is not sure this would work because they want it codified and 275 allows provider to send an unstructured attachment

Question from WG10
- Representative from WG10 came in to ask if the group was using a CR6 segment in any of the X12 documents
- Workgroup confirmed that CR6 segment is not used

Decisions

N/A

Discussion

CR1927 BRTS - https://x12.imeetcentral.com/p/aQAAAAAD8V_l
- State of NY will be implementing new forms for billing for no fault claims (form NF3) and payer wants to determine how to accommodate additional data
- This BRTS is for the 837P and 837D
- Discussion surrounding using FRM segment at line level and just use for first line item or using K3
- If using the FRM and it is not under HIPAA, can use the AS code

CR1958 BRTS - https://x12.imeetcentral.com/p/aQAAAAAD8V_n
- State of NY will be implementing new forms for billing for no fault claims (form NF4 and NF5) and payer wants to determine how to accommodate additional data
- This BRTS is for the 837I
- No FRM segment in 837I, so suggestion in 837P and 837D above would not work

Decisions
- Payer would prefer using K3 in both versions rather than mix and match
- When legislation goes in, tell State of NY to use K3 and workgroup will work on permanent solution
- Tina G will follow up regarding AMT segment confusion – it is in the CR1927 BRTS, but not in CR1958 BRTS – should the AMT be used in both or should another K3 be used?

Informational Forum or Joint Meeting Notes:	
Topic	**Date:** Click or tap to enter a date.
Notes	