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

<table>
<thead>
<tr>
<th>Group Leadership</th>
<th>Chair Name</th>
<th>Company</th>
<th>Term End Date</th>
<th>Email</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Jamie Mosteller</td>
<td>Cerner</td>
<td>Summer 2019</td>
<td><a href="mailto:james.mosteller@cerner.com">james.mosteller@cerner.com</a></td>
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<tr>
<td></td>
<td>Lynn Chapple</td>
<td>United Health Group</td>
<td>Winter 2021</td>
<td><a href="mailto:lynn.chapple@optum.com">lynn.chapple@optum.com</a></td>
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<tr>
<td></td>
<td>Marci Maisano</td>
<td>Cigna</td>
<td>Summer 2020</td>
<td><a href="mailto:marci.maisana@cigna.com">marci.maisana@cigna.com</a></td>
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<td>Open Position</td>
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<thead>
<tr>
<th>Secretary Name</th>
<th>Company</th>
<th>Term End Date</th>
<th>Email</th>
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<tbody>
<tr>
<td>Tracy Loetz</td>
<td>REMEDI Electronic Commerce Group</td>
<td>Appointed (Thru Summer 2021)</td>
<td><a href="mailto:tloetz@remedi.com">tloetz@remedi.com</a></td>
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<table>
<thead>
<tr>
<th>Quorum Requirement Statement</th>
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<tbody>
<tr>
<td>This group enforces quorum requirements for group voting items.</td>
</tr>
<tr>
<td>This group does not enforce quorum requirements for group voting items.</td>
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<table>
<thead>
<tr>
<th>Scheduled Meetings</th>
<th>Type of Meeting</th>
<th>Date</th>
<th>Location/Conference Call</th>
<th>Contact</th>
<th>Agenda</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Current Meeting</td>
<td>Sept. 15-19, 2019</td>
<td>Westin Convention Center</td>
<td>Co-chairs</td>
<td>See iMeet for meeting information</td>
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<td>100 Penn Avenue</td>
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<td>Pittsburgh, PA 15222</td>
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<td>(412) 281-3700</td>
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<td>Next Standing</td>
<td>Jan. 26-30, 2020</td>
<td>Hilton Portland &amp; Executive Tower</td>
<td>Co-chairs</td>
<td>See iMeet for meeting information</td>
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<td></td>
<td>Meeting</td>
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<td>921 SW 6th Ave.</td>
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<td>Portland, OR 97204</td>
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<td>(503) 226-1611</td>
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<td></td>
<td>Interim Meeting</td>
<td>2nd and 4th Thursdays</td>
<td>(605) 468-8018 Access Code: 219956</td>
<td>Co-chairs</td>
<td>See iMeet for meeting information</td>
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<td>1:00-2:30 pm Eastern</td>
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<td>Management Meeting</td>
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### Co-chair Election

<table>
<thead>
<tr>
<th>Candidate(s)</th>
<th>Election Date: 9/17/2019</th>
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<tbody>
<tr>
<td>Nomination</td>
<td>No nominations</td>
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</tbody>
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### Motion

<table>
<thead>
<tr>
<th>Vote</th>
<th>Motion Made by</th>
<th>2nd By</th>
<th>Approve</th>
<th>Disapprove</th>
<th>Abstain</th>
</tr>
</thead>
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### Voting Item:

<table>
<thead>
<tr>
<th>Type</th>
<th>Issue Description</th>
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<tr>
<td>Maintenance Request</td>
<td>Formatting of AUC - K3 for 837I to support CMS Medicare requirements</td>
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### Motion

<table>
<thead>
<tr>
<th>Vote</th>
<th>Motion Made by</th>
<th>2nd By</th>
<th>Approve</th>
<th>Disapprove</th>
<th>Abstain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approve K3 proposal</td>
<td>Harold Smith</td>
<td>Sara Vandermolen</td>
<td>0</td>
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### Discussion

- None

### Result

- Approved

### Key Discussion Items

**Discussion**

**CR1850 – AUC-K3 - [https://x12.imeetcentral.com/p/aQAAAAAD8U0c](https://x12.imeetcentral.com/p/aQAAAAAD8U0c)**

- 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
  o Should Ordering Provider Loop (NM1 and REF) 837I 2300 be added at claim level? CMS says yes
  o More discussion on if needed at claim level or not – it is available on paper version
  o 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

• 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/aQAAAAAD8URu
  - 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/aQAAAAAD8URs
  - 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?