# X12N/TGB/WG22 Health Care Data Reporting Work Group

**January 27-30, 2020**  
**Portland, OR**

## Group Leadership

<table>
<thead>
<tr>
<th>Chair Name</th>
<th>Company</th>
<th>Term End Date</th>
<th>Email</th>
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<tbody>
<tr>
<td>John Bock</td>
<td>UnitedHealth Group</td>
<td>Summer 2021</td>
<td><a href="mailto:john.bock@optum.com">john.bock@optum.com</a></td>
</tr>
<tr>
<td>Christopher Gracon</td>
<td>Independent Health</td>
<td>Fall 2021</td>
<td><a href="mailto:christopher.gracon@independenthealth.com">christopher.gracon@independenthealth.com</a></td>
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<tr>
<th>Secretary Name</th>
<th>Company</th>
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### Quorum Requirement Statement

- **This group enforces quorum requirements for group voting items.**

- **This group does not enforce quorum requirements for group voting items.**

### Scheduled Meetings

<table>
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<tr>
<th>Type of Meeting</th>
<th>Date</th>
<th>Location/Conference Call</th>
<th>Contact</th>
<th>Agenda</th>
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<td>• Work group will be having a hybrid meeting</td>
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| **Next Standing Meeting** | May 31-June 4, 2020 | Hyatt Regency Jacksonville Riverfront 225 E Coastline Dr. Jacksonville, FL 32202 (904) 588-1234 | John Bock | • BRTS work on CRs for Version 8  
|                       |                 |                                                  |         | • Work group will be having a hybrid meeting |
| **Interim Meeting**   | 1st and 3rd Fridays 11am-12:30pm (641) 715-0874 Code: 588395# | John Bock | • TBD |
| **Management Meeting**|                 |                                                  |         | •     |
A CR was filed last week to cover corrections and changes to X318. During the TGA/WG2 call, TGB/WG6 had mailed a request to have the CR split as some of the changes are under TGB/WG6 so it was agreed to have the CR cancelled (2051) and submit 2 new CRs.

BGN
- BGN01 Code Note on ‘00’ has the Code Note from ‘15’ included. There was a discussion about how to handle this. It was brought up that 834s are rarely processed in batch so the ‘15’ makes less sense now. It was decided to remove Code Value ‘15’ and remove the Code Note from ‘00’.

Loop 2100A
- PER03 is missing ‘TE’ qualifier to allow for non-work phone numbers
- LUI01 should have only one qualifier
- N404 and N407 are missing Industry Names. They should be copied from the ones used in X333

Loop 2100B
- DMG10-11 should be changed to Not Used as DMG10-11 is Not Used in Loop 2100A
- Loops 2100A & 2100B
- DMG12 was added. After discussing whether to use this for Country of Birth (as X333 has) or to make it Not Used, it was decided to make it Not Used. The X333 usage would seem to have a conflict between the Semantic Note and the X333 usage. A DM should be filed to remove or modify the Semantic Note. The work group would probably consider using DMG12 for Country of Birth after the Semantic Note was changed.
Loop 2000
- INS03 for Code Value ‘030’ the Code Note does not give instruction when using BGN08 = ‘RX’. The Code Note should read as ‘Use when sending a full file audit (BGN08 = ‘4’) to verify that the Information Source and Information Receiver database are synchronized.
  OR
  Use when sending a full file replace (BGN08 = ‘RX’) and no other value applies.’
- LS Segment has a note identifying this segment as being in Loop 2330 when it is in Loop 2000. A change will be made to identify this as being in Loop 2000.

Loop 2300
- HD03 – the code note on HLT is grammatically incorrect. It was decided to copy the code note from X333. The list of codes in HD03 was discussed and was decided that the work group might review the list at a later time.
- AMT – the Segment Repeat should be changed from 3 to 5 since there are 5 available codes in AMT01 and the Segment Repeat in the standard was changed to >1. There was a discussion about whether to add any additional code values to AMT01 but it was determined that there was not a need to add any at this time.
- REF – the Segment Repeat should be changed from 5 to 14 since there are 14 available codes in REF01 and the Segment Repeat in the standard was changed to >1.
- John Bock requested that a distinct REF be added in Loop 2300 for a program identifier. In New York Loop 2750 is being used to send this info but due to how Loop 2750 is not directly associated with Loop 2300, this usage is not optimal. The work group agreed to create a Member Program Identifier REF with REF01 Code Value of PID

Discussion/Decisions – CR 2010
**SV1**
- Make SV101-09, SV101-10, SV101-11 and SV101-12 situational with the same Situational Rule as is used in SV101-03
- Add ‘Diagnosis Code Pointer’ to SV107
- Since SV107 has change from Composite Data Element to a Repeating Data Element a change was discussed to the Element Note to reflect this. What was decided upon was:
  - The first pointer designates the primary diagnosis for this service line. Remaining diagnosis pointers indicate declining level of importance to service line. Acceptable values are 1 through 12, and correspond to Data Elements 01 through 12 in the Health Care Diagnosis Code HI segment in the Claim Loop ID-2300.
  - The TR3 Example needs to be changed due to the changes to the SV107. It should be ‘SV1*HC:99211:25*12.25*UN*1*11**1^2^3**Y~’
- There was a discussion about whether to add a Code Value of ‘N’ to SV109, SV111, and SV112. It was decided to leave these data elements as is.

**SV2**
- Make SV202-09, SV202-10, SV202-11 and SV202-12 situational with the same Situational Rule as is used in SV202-03

**SV3**
- Make SV301-09, SV301-10, SV301-11 and SV301-12 situational with the same Situational Rule as is used in SV301-03. Add Element Note as is used in SV301-03.

**PWK – Line Supplemental Information**
- PWK10 and PWK11 are new data elements. They will be marked as Not Used
- It was agreed to replace/add Code Notes to PWK02 to match what is in X323 and X324

PWK - DME
• PWK10 and PWK11 are new data elements. They will be marked as Not Used
• PWK02 - Change Code Note on ‘NS’ to ‘Use when paperwork is available on request at the provider’s site and was not sent with the claim.’

SV5
• Workgroup discussed adding this segment as it was added to X323. It was decided to postpone adding this until a future update to the guide

CR1
• Workgroup looked at a request from CR 2049 and decided that they would be interested in adding ‘KG’ Kilograms to the CR101 as it could help the VA and Military to be able to use the PACDR

CRC – Ambulance Certification
• Change the CRC03 Code Note on ‘12’ to ‘Use when reporting the patient was bedridden prior to transport.’
  To align with the 7030 HIPAA Guide

CRC – Condition Indicator/DME
• CRC03/CRC04 Add Industry Name of ‘Condition Indicator’

DTP Segments
• Work group decided to follow the DTP segment naming changes listed in CR 1951, to align with 7030 HIPAA guides

MEA
• MEA01 change Code Note on ‘OG’ to ‘Use when reporting Starting Dosage’ to align with 7030 HIPAA
• MEA02 add Code Note to ‘HT’ of ‘Use when reporting height (in inches).’ To align with 7030 HIPAA

CN1
• Work group discussed using the Situational Rule change which was approved in CR 1951. After discussion about how that changed the usage, it was decided to not make the change and to remove the change from CR 1951.
• CN101 Work group decided to add Code Value LM – Legislative Mandated Rate Structure which was done in CR 1951. Also it decided to add OC – Other Contract Type in CR 2010 and 1951 after reviewing all the available code values for this data element.

REF In Plan Network Indicator
• Discussion about adding a REF to indicate if the service was performed at an In Plan Network or not. This was a value that is in the CDL. This was seen as being useful. It would be required in the 2330AA (CR 1944) and 2400.

REF Line Item
• REF02 remove Element Note
• Change usage to Required
• Add TR3 Note ‘If the originating claim did not have a line item control number (i.e., Payer to Payer COB, paper to electronic), then use the LX01 value.’ to align with 7030.

REF Prior Authorization
• Work group decided to leave the segment repeat at 1 since it does not make sense in our business case to have multiple prior authorizations sent, nor to make the changes to REF04 as was done in the 7030 HIPAA
• REF02 change Industry Name to ‘Prior Authorization Number’

Discussion/Decisions – CR 1944
We revisited some items postponed from out Interim Calls on this CR.
2330BC
• We will remove the N3, N4 and REF*SY from this loop as they would likely be the same as in 2010CA

Discussion – How to conduct next Standing Meeting
The manner of how the work group will meet during the next Standing Meeting was discussed. To accommodate co-chair and other member availability, having a hybrid meeting was discussed. It was thought this hybrid meeting went well. The co-chairs will look into options with a hybrid to determine whether to request it or not. The work group was given permission to have hybrid meetings when it was formed 2 years ago.

**Decisions – How to conduct next Standing Meeting**

The work group will look into conducting a hybrid meeting at the next Standing Meeting.

**Discussion – Interim Call Schedule**

Work group talked about the schedule.

**Decisions – Interim Call Schedule**

It was decided to keep the current call schedule. There will be no call on February 7 as we had just met and do not have a need to meet so soon after Standing.

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**Informational Forum or Joint Meeting Notes: N/A**

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<td>Notes</td>
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