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**Topic:** Conference Description and Issue (1 of 10), Read 301 times

**Conf:** [005010X223 Institutional Claim Emergency - July 2010](#)

**From:** [Bob Poiesz bobp@wpc-edi.com](#)

**Date:** Wednesday, July 07, 2010 10:04 AM

X12N management is invoking the emergency process as documented in the 5010 Implementation Guide Handbook to address a recently discovered problem that would prevent full implementation of the 5010 837 Institutional Claim as described in TR3 005010X223. In the handbook, an emergency change is defined to be:

- A significant change that can only be used with other trading partners who have also implemented the new version of the implementation guide AND
- Required to meet a regulatory time constraint AND
- A change that cannot be accomplished with the normal implementation guide process.

This discussion will be held open for 15 days for comments from any interested party. At the end of the 15 days, X12N, TG2 and WG2 managements will consider submitted comments and vote on whether or not to confirm that this situation justifies the use of the emergency process to make changes to fix the problem.

Issue Description (from X12N TG2 WG2 co-chairs):

A valid 5010 837 Institutional (837I) Claim transaction cannot be built that includes service line level COB information for all inpatient claims and for outpatient claims that do not have a procedure code at the service line. Prior payer adjudication codes and amounts are carried in the 2430 loop, and a SVD Line Adjudication Information segment must be sent to use the 2430 loop. SVD03 is a composite date element which carries a HCPCS or other Procedure Code. In 5010, the SVD03 was made Required in error, meaning that a service line procedure must be sent in order to use the SVD segment and therefore to use the 2430 loop. Because typical inpatient 837I claims and a significant portion of outpatient claims do not contain a HCPCS procedure code at the service line and use a Revenue Code instead (which is not supported in SDV03), it is not possible to build a valid SVD segment, which means that line level COB information cannot be placed in the claim.

The 5010 837I also incorrectly changed the SVD04 data element that was used for Revenue Code in 4010A1 to Not Used. While this does not prevent a valid transaction from being built, it does take away the capability to include the Revenue Code in the COB information, which could be critical business information for some entities.

Note that these problems are due to changes applied between the 4010A1 and the 5010 versions. Usage of these data elements was correct in the 4010A1 version.

Why an Emergency:

It is critical for 5010 implementation to have the capability to submit institutional claims with line level COB information. The addition of this capability needs to be handled on an emergency basis in order to have it included in a time frame that will support the 5010 compliance date mandated by federal regulation. That regulation expects external testing and trading partner migration to start 1/1/2011 with complete migration by 1/1/2012. Following the current full process would result in publication of the changes well after the start of the planned testing and migration period, putting

ultimate compliance in jeopardy. The emergency process will permit the changes to be published and available significantly before that date.

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**Conf:** [005010X223 Institutional Claim Emergency - July 2010](#)

**From:** [Jim Whicker james.dean.whicker@kp.org](#)

**Date:** Wednesday, July 07, 2010 11:01 AM

I agree that this must be changed. In the original 4010, we had a requirement to always send the procedure code at the line level. On outpatient institutional claims, not all services have an appropriate procedure code, but will always have an appropriate revenue code. After many hours / days / meetings - we came to the conclusion that it was not appropriate to require a procedure code on all lines reported. When one was appropriate - it must be reported. Otherwise, do not send.

Using a "dummy" code to meet the requirement would assign meaning to something that had no meaning, and could skew information - especially for folks using the data that didn't understand the 'quirk' in the transaction set.

Inpatient 837-I - procedure codes should not be sent at the line level - except for HIPPS codes as I remember (guide not open right now), and on Outpatient 837-I - only sent when an appropriate HCPCS code exists at the line level - otherwise - do not send. Always require a revenue code on each line.

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**Topic:** Conference Description and Issue (3 of 10), Read 221 times

**Conf:** [005010X223 Institutional Claim Emergency - July 2010](#)

**From:** [Gale Scott gscott@tgh.org](#)

**Date:** Wednesday, July 07, 2010 11:25 AM

I absolutely agree with Jim Whicker's comment. Thank goodness there is an emergency process in place and that this was caught before it severely impacted the 5010 implementation effort.

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**Topic:** Conference Description and Issue (4 of 10), Read 167 times

**Conf:** [005010X223 Institutional Claim Emergency - July 2010](#)

**From:** [Kelly Butler kebutler@emdeon.com](#)

**Date:** Wednesday, July 07, 2010 01:13 PM

I, too, agree with Jim's comment. There is no work around for this issue.

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**Topic:** Conference Description and Issue (5 of 10), Read 109 times

**Conf:** [005010X223 Institutional Claim Emergency - July 2010](#)

**From:** [Lynn Chapple lynn.chapple@claredi.com](#)

**Date:** Thursday, July 08, 2010 09:27 AM

I agree with Jim's comments also and this should be considered an emergency fix.

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**Conf:** [005010X223 Institutional Claim Emergency - July 2010](#)

**From:** [MaryAnne Zingaro maryanne.zingaro@bcbsfl.com](#)

**Date:** Thursday, July 08, 2010 10:48 AM

I agree this should be considered an emergency change. There is no work around for this issue.

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**Topic:** Conference Description and Issue (7 of 10), Read 76 times

**Conf:** [005010X223 Institutional Claim Emergency - July 2010](#)

**From:** [Catherine Brock catherine\\_a\\_brock@bluecrossmn.com](#)

**Date:** Thursday, July 08, 2010 03:37 PM

BCBS of MN agrees this should be considered an emergency change. There is no work around for this issue.

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**Conf:** [005010X223 Institutional Claim Emergency - July 2010](#)

**From:** [Tamara Unger-Peterson tamara.unger-peterson@wpsic.com](#)

**Date:** Saturday, July 10, 2010 09:15 AM

WPS Tricare supports this change

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**Conf:** [005010X223 Institutional Claim Emergency - July 2010](#)

**From:** [Kenneth Smith kenneth.smith@dhcs.ca.gov](#)

**Date:** Tuesday, July 13, 2010 08:00 AM

We (California Medicaid) absolutely agree that this meets the definition of an Emergency Change. I also concur with Jim's perspective.

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**Conf:** [005010X223 Institutional Claim Emergency - July 2010](#)

**From:** [Meledie Meyer meledie.meyer@wpsic.com](#)

**Date:** Tuesday, July 13, 2010 08:58 AM

WPS agrees that this meets the definition of an Emergency Change.

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