June 2017 Meeting Announcement

The June 2017 Code Maintenance Committee meeting will be held in San Antonio, TX on Sunday, June 4 at the Hyatt Regency San Antonio. This is the same hotel where the ASC X12 Standing Meeting is held. Please see http://www.x12.org for meeting information.

The Code Committee meets from 1:00 pm until 3:30 pm - usually in the same room as the Medicare Caucus. To request a new code, change or deletion, use the Request Form. Post to the June 2017 Agenda entry to reflect your topics for discussion, or reply to individual posting when new codes are listed. The agenda for the meeting will close on Friday, May 5, 2017. A virtual preliminary screening meeting will be scheduled to review requests. That meeting will be announced via the "Meeting Announcements" Online Conference. No voting will be held on that session, but requests will be screened to determine if additional outreach is needed. This timing permits groups to conduct conference calls prior to the Code Maintenance Committee meeting.

Each October the committee will hold elections for the Chair and Vice-Chair position of the committee. In the even year (e.g. 2016, 2018) the Vice-Chair position election is held. In the odd year (2017, 2019) the Chair position election is held.

Special Business

June 4, 2017 Standing Meeting

Margaret – Co-chair position will come up for election in Oct. 2017 meeting. The policy from X12 has been removed and it is now the ECO committee. At this point in time that committee has not officially formed. They are still working to get organized.

Special Business 1

Margaret - in last meeting an error occurred when updating Note to Usage.

Karen Shutt – makes motion to keep “Usage” and apply to all code lists.
Pat W. –second
Discussion: none

Vote: Approved 15, Opposed 0, Abstentions 0
Motion carries.

Action Item: Need to change in all code lists from Note to Usage.

Pat W. – motion to make all changes from Note to Usage effective immediately.
Karen Shutt – second

Vote: Approved 17, Opposed 0, Abstentions 0
Motion carries.

Special Business 2

TGB/WG2 has now been split out to its previous structure, WG2 and WG5.
<table>
<thead>
<tr>
<th>Event</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>When they were combined they were given 2 voting reps.</td>
<td></td>
</tr>
<tr>
<td>Gail K. – motion to make change to voting reps back to WG2 and WG5</td>
<td></td>
</tr>
<tr>
<td>Karen Shutt – second</td>
<td></td>
</tr>
<tr>
<td>Claim Primary and Alternate</td>
<td></td>
</tr>
<tr>
<td>Claim Statues Primary and Alternate</td>
<td></td>
</tr>
<tr>
<td><strong>Vote:</strong> Approved 17, Opposed 0, Abstentions 0</td>
<td>Motion carries.</td>
</tr>
<tr>
<td>PACDR – Laurie Burckhardt, thought that it was going away, but it is</td>
<td></td>
</tr>
<tr>
<td>stay. It will remain under N. Since the PACDR is affected by the</td>
<td></td>
</tr>
<tr>
<td>codes, she requests the PACDR have a vote on the Code Maintenance</td>
<td></td>
</tr>
<tr>
<td>Committee.</td>
<td></td>
</tr>
<tr>
<td>Gail – what are the “other things” going on? Makes motion to approve.</td>
<td></td>
</tr>
<tr>
<td>Sherry W. – second</td>
<td></td>
</tr>
<tr>
<td>Laurie – PACDR has always been post adjudicated claims – the PACDR</td>
<td></td>
</tr>
<tr>
<td>is going to expand to the encounter not just the post adjudicated</td>
<td></td>
</tr>
<tr>
<td>claims.</td>
<td></td>
</tr>
<tr>
<td>Pete – what codes are in the PACDR that this committee has</td>
<td></td>
</tr>
<tr>
<td>jurisdiction over? Laurie – same as the claims (CARCs) right now.</td>
<td></td>
</tr>
<tr>
<td>Sherry W. – this will be helpful to P&amp;C too.</td>
<td></td>
</tr>
<tr>
<td><strong>Vote:</strong> Approved 15, Opposed 0, Abstentions 2</td>
<td>Motion carries. WG2 and WG5 will both have a voting rep.</td>
</tr>
</tbody>
</table>

**Old Business**

| Tabled items from January 2017 |

2

**Review of the Service Type Code List**

| Name: | Margaret Weiker |
Discussion:

X12N/TGB/WG1 has completed review of the Health Care Service Type Code List. The WG is asking for review and feedback. Since the updated, reformatted code list must be available for the 270/271 TR3 review, please provide any feedback by EOD, December 1st.

Having received no comments, the code list has been sent to support@x12.

**Pre-Meeting January 9, 2016**

Margaret W. – there are some questions and some discrepancies included in this spreadsheet.

Nancy Spector – Looks like under the tab “all STCs” it looks like there are items waiting on feedback. Are these going to be finalized before it is put forward to approve.

Kathy – her understanding is that all the questions were resolved and Aggie sent a final spreadsheet.

Aggie D. – there were some questions that there was no feedback so she left it in so everyone could see them. If there are no comments then those questions will most likely be removed. She left it in case anyone wanted to give them feedback.

Nancy S. – wasn’t sure how many people had actually looked at it and reviewed.

Aggie D. – Margaret put it out and asked for feedback. There was feedback from numerous workgroups and code committee membership.

**Standing Meeting January 29, 2017**

Margaret - WGs wanted to separate the list for the codes that only apply to those workgroups’ use. The spreadsheet has been posted for the committee to look at. No comments were received.

X12 looked at it and asked what the intent was. The intent of the list is to constrain the use of codes to only a specific sub set for each transaction as applicable.

There was an alternative idea to create a spreadsheet identifying how to implement.

Why not take the list and go through and identify which codes apply to certain transactions so we have in one list. This way, it can be pointed to as reference. The WGs would maintain the list for their transaction and the CMG would maintain the entire list.

This group will still maintain the master but the wgs that are impacted by the list maintain their specific list.

Margaret – asks for everyone to think about it and let Margaret and Stacy know and they can work with X12.
JUNE 4, 2017 STANDING MEETING

The code list has been finalized and approved following the X12 process. The list has been given to the publisher and that will be the master list. For the guides, each transaction workgroup will create lists for each transaction set. A motion was made to approve the code set. The Code Maintenance
Committee will maintain the master and the WGs will decide whether they want that code included in the sub-set for the transaction set.

Margaret feels that we should approve the list.

Sue Thompson – motion to approve

Bruce B. – second

Donna – the 834 doesn't externalize it yet. So every time an item is added to a guide, should it be added to the master? Margaret – the 834 WG needs to figure out how to handle.

Pete – is the list imbedded in the agenda currently? Margaret – the list has been updated. There has been a reconciliation with the original list.

Aggie – when it went to Steve (WPC) the first time, there was a disconnect. There is a list that was used to create the subsets, so that is the final spreadsheet. The comments column can be removed. These were ongoing comments for the past 3 years. WG1 keeps those comments historically.

Kim – if we are going to externalize the list why don’t we …

Margaret – that is for X12

LuAnn – in the 834 they still have 1565 if it is not the external code list, the 270 and 278 have an external code list. The 834 just hasn't done it yet. It is up to them to move to the external code list. It didn’t get done in the new version.

Motion carries.
VOTE RESULTS
- NUMBER OF: YES__16__ NO _0__ ABSTAIN_0__

Passed: X

Failed:

Tabled:

Assigned Code: Sue Thompson

Definition: Bruce Bellefeuille

New Business

New items since the last meeting.

1

Remove two dental service type codes

Name: Kathy Jonzzon

Company: Delta Dental Plans Association

Phone: 630 574 7052

Email: kjonzzon@deltadental.com

Request Type: Revision

List Name: Health Care Service Type

Value: E12 and E13

Description: Basic Restorative - Dental and Major Restorative - Dental

Explanation: The dental industry is trying to align service types codes to the ADA CDT Codes and Manual. These two codes cannot be aligned to the codes manual or mapped to procedures consistently. To standardize service type codes and provide consistent benefit information the National Dental EDI Council with the concurrence of the American Dental Association we are requesting that E12 and E13 be removed as valid Health Care Service Type codes for dental services.

Commenter:

Comment:

Motioner: Kathy Jonzzon

Seconder: Patrick McLaurin
**Discussion**

**Pre-Meeting May 15, 2017**

Margaret – read request.

LuAnn – hard to discuss since we don’t have anyone on the call. Doesn’t see that there is a problem. Margaret agrees.

**June 4, 2017 Standing Meeting**

Kathy – remove service type code restorative and major restorative. They have a goal to align with all ADA codes.

Makes motion to remove Restorative and Major Restorative.

Patrick – second

Motion carries.

### VOTE RESULTS

<table>
<thead>
<tr>
<th>NUMBER OF:</th>
<th>YES</th>
<th>NO</th>
<th>ABSTAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passed:</td>
<td>15</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

- X - Remove dental services usage from E12 and E13

### Assigned Code:

2

### Definition:

new wording for write off charges

<table>
<thead>
<tr>
<th>Name</th>
<th>Donna Findeis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company</td>
<td>Mutual of Omaha</td>
</tr>
<tr>
<td>Phone</td>
<td>402-351-6288</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:donna.findeis@mutualofomaha.com">donna.findeis@mutualofomaha.com</a></td>
</tr>
<tr>
<td>Request Type</td>
<td>New</td>
</tr>
<tr>
<td>List Name</td>
<td>Claim Adjustment Reason Code</td>
</tr>
<tr>
<td>Description</td>
<td>All or portion of Part A deductible waived by hospital per network contract agreement</td>
</tr>
<tr>
<td>Explanation</td>
<td>To handle contract write offs with Hospital providers</td>
</tr>
</tbody>
</table>

### Commenter:
Comment:

Motioner: Pat Wijtyk
Seconder: LuAnn Hetherington

Discussion

Pre-Meeting May 15, 2017
Donna is not on the call.
Margaret request is for a new CARC.
Pat W. – WG3 reviewed and agree with rewording.
"Deductible waived per contractual agreement. Use only with Group Code CO".
Meg B. – have been having to use group code with 1. They really need this code.

June 4, 2017 Standing Meeting
Pat W. – makes motion Deductible waived per contractual agreement. Use only with Group Code CO.
LuAnn - second
Motion carries.

VOTE RESULTS - NUMBER OF: YES_16__ NO_0__ ABSTAIN_1__
Passed: X
Failed:
Tabled:

Assigned Code: 281
Definition: Deductible waived per contractual agreement. Use only with Group Code CO

3

For various types of claims, such as outpatient lab or DME claims, the payer would like to be able to trace and follow referring and ordering patterns so a policy is in place to reject these types of claims without at least one instance of a referring or ordering provider. There are some state and federal programs which have similar requirements for referring and/or ordering providers to be included in the claim.

Name: Christopher Gracon
<table>
<thead>
<tr>
<th>Company:</th>
<th>Independent Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone:</td>
<td>7166353791</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:cgracon@independenthealth.com">cgracon@independenthealth.com</a></td>
</tr>
<tr>
<td>Request Type:</td>
<td>New</td>
</tr>
<tr>
<td>List Name</td>
<td>Health Care Claim Status</td>
</tr>
<tr>
<td>Value:</td>
<td></td>
</tr>
<tr>
<td>Description:</td>
<td>At least one Instance of a Referring or Ordering Provider is required.</td>
</tr>
<tr>
<td>Explanation:</td>
<td>For various types of claims, such as outpatient lab or DME claims, the payer would like to be able to trace and follow referring and ordering patterns so a policy is in place to reject these types of claims without at least one instance of a referring or ordering provider.</td>
</tr>
</tbody>
</table>

**Commenter:**

**Comment:**

**Motioner:** Karen Shutt

**Seconder:** Gail Kocher

**Discussion**

**Pre-Meeting May 15, 2017**

Chris – requesting new claim status code. Need to make sure the referring or providing is included on the claim so it can be rejected back for additional information.

Deb – if the guide doesn’t require it, she doesn’t know if they can require the code.

Chris – more of a policy type thing. Certain types of claims want to have ordering provider provided. It is not in the guide but it does say that it is required.

**June 4, 2017 Standing Meeting**

Margaret read request

Karen Shutt – motion to deny

Gail – second

Discussion: Karen Shutt – WG5 does not support the new code because they believe an existing code(A6 or 562) can be used.

Motion carries

**VOTE RESULTS** - NUMBER OF: YES__16__ NO __0__ ABSTAIN__1__
<table>
<thead>
<tr>
<th>Passed:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Failed:</td>
<td>X</td>
</tr>
<tr>
<td>Tabled:</td>
<td></td>
</tr>
<tr>
<td>Assigned Code:</td>
<td></td>
</tr>
<tr>
<td>Definition:</td>
<td></td>
</tr>
</tbody>
</table>

## 4

**Need to add element "Entity Type Qualifier" to the Health Care Claim Status list.**

<table>
<thead>
<tr>
<th>Name:</th>
<th>MARY WINTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company:</td>
<td>PRIMEWEST HEALTH</td>
</tr>
<tr>
<td>Phone:</td>
<td>320-335-5239</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:mary.winter@primewest.org">mary.winter@primewest.org</a></td>
</tr>
<tr>
<td>Request Type:</td>
<td>New</td>
</tr>
<tr>
<td>List Name</td>
<td>Health Care Claim Status</td>
</tr>
<tr>
<td>Value:</td>
<td></td>
</tr>
<tr>
<td>Description:</td>
<td>Entity Type Qualifier</td>
</tr>
<tr>
<td>Explanation:</td>
<td>We are receiving claims where the &quot;Entity Type Qualifier&quot; (Person/Non-Person Entity) doesn't match what is in the CMS NPPES Registry. We currently verify the NPI and send back the Health care Claim Status 562 in the 277CA if we can't find a match on the NPI, would like to have a code to send back that the providers would know that the Entity Type Qualifier (Person/Non-Person Entity) field is in error. The new Health Care Claim Status code would require use of an Entity Code.</td>
</tr>
<tr>
<td>Commenter:</td>
<td></td>
</tr>
<tr>
<td>Comment:</td>
<td></td>
</tr>
<tr>
<td>Motioner:</td>
<td>Karen Shutt – motion to approve.</td>
</tr>
<tr>
<td>Seconder:</td>
<td>Gail Kocher</td>
</tr>
</tbody>
</table>
Discussion

Pre-Meeting May 15, 2017

Mary – having issues when the NPI is sent in with the same NPI in billing and in claim loop where individual. So in one it comes through as entity and next instance individual. Can’t find an existing code that gives a good explanation.

June 4, 2017 Standing Meeting

Margaret – Mary not present. Read request.

Karen Shutt – motion to approve with modified language.

Add…(person/nonperson entity)…to description Usage: this code requires use of an entity code.

Motion carries.

VOTE RESULTS

- NUMBER OF: YES__17___ NO __0_ ABSTAIN_0__

Passed: X

Failed:

Tabled:

Assigned Code: 775

Definition: Entity Type Qualifier (Person/Non-Person Entity) Usage: this code requires use of an entity code.

5

CARC 279 no meeting notes

Name: Christine Hancock

Company: John's Hopkins All Children's Hospitals

Phone: 727-767-3207

Email: christine.hancock@jhmi.edu

Request Type: Revision

List Name: Claim Adjustment Reason Code

Value: 279

Description: See explanation.

Explanation: There is no documentation/meeting notes for code 279. We are asking for further clarification on the intended use of this code.
Commenter: | Comment:  
---|---
Motioner: | Pat Wijtyk  
Seconder: | Sue Thompson  

| Discussion |  
---|---
**Pre-Meeting May 15, 2017**  
CARC 279 has no meeting notes. Christine is not on the call.  
No documentation or notes on 279.  
Pat W. – checked the web and it is in the minutes for Oct. 2016. She thinks that maybe they didn’t get moved to FAQ. She will check with WPC on getting the Oct. minutes moved. They also think that the intent is not clear. WG3 is going to look at maybe adding some language to the Note.  

**June 4, 2017 Standing Meeting**  
Pat W. – there was a miss when adding it last time. WG3 would like to add a note to this code. USAGE: use this code when there are member network limitations. For example using contracted providers not in the members “narrow” network.  
Pat W. – makes motion to add this note to the 279 code.  
Sue – second  
Motion carries.  

| VOTE RESULTS |  
---|---
- NUMBER OF: | YES _18__ NO _0__ ABSTAIN __0__  
Passed: | X  
Failed: |   
Tabled: |   
Assigned Code: | Modify 279  
Definition: | Add to 279 description: USAGE: Use this code when there are member network limitations. For example using contracted providers not in the members “narrow” network  

| 6 |  
---|---
Correction to STC E0 |  
Name: | Aggie Dorio  
Company: | Aetna  

Phone: 954-858-3550
Email: dorioa@aetna.com
Request Type: Revision
List Name: Health Care Service Type
Value: E0 Allied Behavioral Analysis Therapy
Description: Need to correct name from Allied to Applied
Explanation: Back in Jan we requested that Allied be changed to Applied. It was approved but we see on the code list E0 (letter E with the number 0) is still Allied. It appears that EO (letter E with letter o) was added with Applied. There is a separate request to remove STC EO.

**Commenter:**

**Comment:**

**Motioner:** Kathy – for both item #6 and #7

**Seconder:** Bruce Bellefeuille

**Discussion**

**Pre-Meeting May 15, 2017**
Aggie – at last meeting had asked for E0 to stay “applied” and the EO to be removed.

**June 4, 2017 Standing Meeting**
Aggie – keep items #6 and #7 – STC code E0 was updated and when they went to make the change
E0 corrected to say “applied” and remove code “EO”.
Gail – we don’t need a motion for change E0, we need EO to be removed.
Kathy made motion
Bruce second
Motion carries.

**VOTE RESULTS**

- NUMBER OF: YES__16__ NO _0__ ABSTAIN__0__

Passed: X
Failed:
Tabled:

**Assigned Code:** Modify E0 (NOT EO) to say “Applied”

**Definition:**
7

Remove STC EO

<table>
<thead>
<tr>
<th>Name:</th>
<th>Aggie Dorio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company:</td>
<td>Aetna</td>
</tr>
<tr>
<td>Phone:</td>
<td>954-858-3550</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:dorioa@aetna.com">dorioa@aetna.com</a></td>
</tr>
<tr>
<td>Request Type:</td>
<td>Revision</td>
</tr>
<tr>
<td>List Name:</td>
<td>Health Care Service Type</td>
</tr>
<tr>
<td>Value:</td>
<td>EO - Applied Behavioral Analysis Therapy</td>
</tr>
<tr>
<td>Description:</td>
<td>Remove this STC - duplicate</td>
</tr>
<tr>
<td>Explanation:</td>
<td>This STC appears to have been added when we requested that E0 be changed to Applied from Allied. Since E0 was the original STC we are requesting that EO be removed.</td>
</tr>
</tbody>
</table>

| Commenter:     |                         |
| Comment:       |                         |
| Motioner:      | Kathy – for both item #6 and #7 |
| Seconder:      |                         |

Pre-Meeting May 15, 2017
See item #6 above

VOTE RESULTS - NUMBER OF: YES_______ NO ____ ABSTAIN____

| Passed:     | See item #6 above |
| Failed:     |                  |
| Tabled:     |                  |

Assigned Code: Remove EO (NOT E0)

Definition: Bruce Bellefeuille

8

Claim Status Code Set Updates

<table>
<thead>
<tr>
<th>Name:</th>
<th>Mike Denison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description:</td>
<td>There are several (consistent) modifications within the March 2017 Claim Status table update Description field that outline the required &quot;Usage:&quot; of an entity code when utilizing certain status codes. For example from the March published Status.csv file update: Current description (message) as outlined in the published March 2017 Description field (which I believe is in error): Status code 16 Description Field Claim/encounter has been forwarded to entity. Note: This code requires use of an Entity Code. This change effective September 1, 2017: Claim/encounter has been forwarded to entity. Usage This code requires use of an Entity Code. I believe the intent of the workgroup was to modify effective Sept. 1, 2017 as simply: Status code 16 Description Field Claim/encounter has been forwarded to entity. Usage: This code requires use of an Entity Code. With the only intended change being the modification of the word &quot;Note&quot; to &quot;Usage&quot;. There are 133 modifications similar to the above in the published March update. As often the contents of the Description field are communicated/presented verbatim within provider facing solutions, the descriptive &quot;message&quot; associated with the code will go from a simple message to a duplicative, wordy, confusing, and time bound message losing value and effectiveness.</td>
</tr>
<tr>
<td><strong>Explanation:</strong></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td></td>
</tr>
<tr>
<td>If the desire is to communicate advance notice of an upcoming Claim Status change (which is great), it would be more appropriate to communicate in the Note field similar to: March publication:</td>
<td></td>
</tr>
<tr>
<td>Code 16</td>
<td></td>
</tr>
<tr>
<td>Description Claim/encounter has been forwarded to entity. Note: This code requires use of an Entity Code.</td>
<td></td>
</tr>
<tr>
<td>Effective Date 1/1/1995</td>
<td></td>
</tr>
<tr>
<td>Deactivation Date</td>
<td></td>
</tr>
<tr>
<td>Last Modified Date 3/1/2017</td>
<td></td>
</tr>
<tr>
<td>Note Description change effective September 1, 2017: Claim/encounter has been forwarded to entity. Usage: This code requires use of an Entity Code.</td>
<td></td>
</tr>
<tr>
<td>September publication:</td>
<td></td>
</tr>
<tr>
<td>Code 16</td>
<td></td>
</tr>
<tr>
<td>Description Claim/encounter has been forwarded to entity. Usage: This code requires use of an Entity Code.</td>
<td></td>
</tr>
<tr>
<td>Effective Date 1/1/1995</td>
<td></td>
</tr>
<tr>
<td>Deactivation Date</td>
<td></td>
</tr>
<tr>
<td>Last Modified Date 9/1/2017</td>
<td></td>
</tr>
<tr>
<td>Note Description change effective September 1, 2017: Claim/encounter has been forwarded to entity. Usage: This code requires use of an Entity Code.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Commenter:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comment:</strong></td>
</tr>
<tr>
<td><strong>Motioner:</strong></td>
</tr>
<tr>
<td><strong>Seconder:</strong></td>
</tr>
</tbody>
</table>
Pre-Meeting May 15, 2017

Mike – shouldn’t it be in the note column instead of the description column.

Merri-Lee – that is the process

Deb – this hasn’t changed in 20 years.

Mike – seems ridiculous how it is published.

Pete – what if we used the effective date and deactive date separately. Mike thinks that would be a good idea.

Deb – we have to be careful, the entire industry has been doing this for 20 years with no problems.

Mike – he thinks that the industry has been tolerant and adapted to the bad way it has been done. It seems ridiculous.

Margaret – Deb has a point. Anything we do to change how it is done today will be impacting the entire industry.

Mike – these descriptions do change but when the change is dramatic and the description goes to a duplicative description with repetitive wording

June 4, 2017 Standing Meeting

Deb McCachern – issue arrived out of the March publishing of the codes. Since the only change was from note to usage putting this in the description field, it was confusing to providers. They received questions from providers. The request is to not put this in the description field, but in the Note field.

Discussion:

Pete – agree that there is a problem with the veracity. It would be good to have two entries for the code.

Gail – concerned that this is an underlying data base issue and we can’t discuss that here. She doesn’t think we can take action. It needs to go to the publisher.

Margaret – the publisher is aware of this request. As mentioned in the pre-meeting this will be a system change to everyone.

Does it stay as is or do we look for some alternative. Question, do we want to make a change or not.

Pat W. – she believes it would be good to take a look to see if there is a different way it could be done. She will be glad to assist in the work.

Volunteers – Pat, Deb McCachern, Pete, Deb S. Tina, Sam

Doreen – if a practice management vendor displays only part, does not provide entire description. It is really up to the entity that displays the data. Is this a good use of our time?

Pat W. – need to keep in mind CAQH CORE looks at this code list so we will need to coordinate with them.
VOTE RESULTS  - NUMBER OF: YES_______ NO ____ ABSTAIN____

<table>
<thead>
<tr>
<th>Passed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failed:</td>
</tr>
<tr>
<td>Tabled:</td>
</tr>
<tr>
<td>Assigned Code:</td>
</tr>
<tr>
<td>Definition:</td>
</tr>
</tbody>
</table>

9

New code for pre/post op care

<table>
<thead>
<tr>
<th>Name:</th>
<th>Meg Kutz</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company:</td>
<td>Anthem, Inc</td>
</tr>
<tr>
<td>Phone:</td>
<td>518 817 7724</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:margaret.Kutz@anthem.com">margaret.Kutz@anthem.com</a></td>
</tr>
<tr>
<td>Request Type:</td>
<td>New</td>
</tr>
<tr>
<td>List Name:</td>
<td>Health Care Claim Status</td>
</tr>
<tr>
<td>Value:</td>
<td></td>
</tr>
<tr>
<td>Description:</td>
<td>Included in Pre/post operative care</td>
</tr>
<tr>
<td>Explanation:</td>
<td>We are denying the services due to Pre-/post-operative care payment is included in the allowance for the surgery/procedure.) The only Status Code to currently use is generic 585 Non covered. Need a new Status Code that is specific to pre/post operative care inclusive.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commenter:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comment:</td>
</tr>
<tr>
<td>Motioner:</td>
</tr>
<tr>
<td>Seconder:</td>
</tr>
</tbody>
</table>
Discussion

Pre-Meeting May 15, 2017
Meg – there is not a status code that talks about the claim not being payable. There is only an option of not covered. There is nothing to say the claim is final and denied.

June 4, 2017 Standing Meeting
Meg – for pre and post-operative care. Trying to improve the quality of the 277 status so there was a request to have these added.

Durwin makes motion to approve code
Sherry W. – second
Karen S. – WG5 agrees but modify to remove “in”. Friendly amendment on the language.

Motion carries.

<table>
<thead>
<tr>
<th>VOTE RESULTS</th>
<th>NUMBER OF: YES 12 NO 0 ABSTAIN 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passed:</td>
<td>X</td>
</tr>
<tr>
<td>Failed:</td>
<td></td>
</tr>
<tr>
<td>Tabled:</td>
<td></td>
</tr>
<tr>
<td>Assigned Code:</td>
<td>776</td>
</tr>
<tr>
<td>Definition:</td>
<td>Pre/Post-operative care</td>
</tr>
</tbody>
</table>

10

New code for coinsurance

Name: Meg Kutz
Company: Anthem, Inc
Phone: 518 817 7724
Email: margaret.Kutz@anthem.com
Request Type: New
List Name: Health Care Claim Status
Value: 
Description: Coinsurance Status Code
**Explanation:**

There are two other similar codes 98 and 753 for cost share. One for deductible and the other for Co-pay but there is not a status for Coinsurance. For consistence and to promote clarity on the 277 please create a new code for coinsurance.

**Commenter:**

**Comment:**

**Motioner:**

**Seconder:**

**Discussion**

**Pre-Meeting May 15, 2017**

Meg – nothing out there for co-insurance.

Margaret – comments? None

**June 4, 2017 Standing Meeting**

Durwin– motion to approve

Karen S. – second

Karen S – WG5 agrees but believes it should be amended to “charges apply to co-insurance” Betsy – does not believe that makes sense.

Sam – the entire claim would be all charges to apply to the deductible. Wouldn’t this be the status as paid? Meg – she doesn’t know.

Suggests that this should be tabled until we can obtain the answer.

Durwin makes motion to table request. Karen seconds

Motion made by Durwin to table. Karen Second

Motion carries.

**VOTE RESULTS**

- NUMBER OF:  
  - YES __15__  
  - NO __0__  
  - ABSTAIN __0__

Passed:  

Failed:  

Tabled: X – check with WG5 for discussion

**Assigned Code:**

**Definition:**

**11**

New CARC for Procedure/Revenue code and type of bill
Name: Meg Kutz
Company: Anthem, Inc
Phone: 518 817 7724
Email: margaret.Kutz@anthem.com
Request Type: New
List Name: Claim Adjustment Reason Code
Value:
Description: The procedure/revenue code is inconsistent with the type of bill. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present
Explanation: There are several CARCs that cover specific situations similar to this (i.e. CARCs 4 - 12), but for this particular message the only option is 16 MA30 and/or M50. Would like a CARC that is more specific so provider can know exactly what the issue is.

Discussion

Pre-Meeting May 15, 2017
Meg – there is not a code that identifies that procedure code is inconsistent with type of bill.
Pat – WG3 agrees. Had discussion about “bill type” vs. “type of bill”. They will be submitting a modification for CARC 5 to change to “type of bill”.

June 4, 2017 Standing Meeting
Pat W. – makes motion to approve
Durwin – second
Discussion: Gail – premeeting notes said use Code 5
Pat W. – that was just for reference for WG3. Next session will submit cleanup of 5 so there is consistency.
Motion carries.

VOTE RESULTS - NUMBER OF:  YES___16__ NO _0__ ABSTAIN_0__
Passed: X

Failed:

Tabled:

Assigned Code: 282

Definition: The procedure/revenue code is inconsistent with the type of bill. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

| 12 |

Need status for multiple procedure/service reduction/Denial

| Name: | Meg Kutz |
| Company: | Anthem, Inc |
| Phone: | 518 817 7724 |
| Email: | Margaret.Kutz@anthem.com |
| Request Type: | New |
| List Name | Health Care Claim Status |
| Value: |

Description: "Processed based on multiple or concurrent procedure rules."

Explanation: Current status codes only applicable code for the condition when we cut back or deny a line for multiple procedures on same day is to say the line is paid etc. There are no specific codes to say the line was paid or denied based on multiple proc rules. It would be helpful to have a more specific status code for the provider to know ahead of time his anticipated payment criteria. This may also expedite any adjustments or appeals.

Commenter:

Comment:

Motioner: Durwin Day

Seconder: Karen Shutt
**Discussion**

**Pre-Meeting May 15, 2017**

Meg – the line is paid, etc. But there is no code that talks about cutbacks. Similar to CARC 59 for the 277, so requesting a new status code.

**June 4, 2017 Standing Meeting**

Meg – reads request. Asking for new status code similar to CARC 59

Durwin makes motion to approve

Karen second

Discussion: WG5 didn’t have a strong opinion.

Motion carries.

---

**VOTE RESULTS**

- **NUMBER OF:**  
  - YES: 15  
  - NO: 0  
  - ABSTAIN: 0

Passed: X

Failed: 

Tabled: 

**Assigned Code:** 777

**Definition:** Processed based on multiple or concurrent procedure rules.

---

**New business from the floor – June 4, 2017 Standing Meeting**

Margaret – do we want to honor this new business request or tell the IAIABC to submit formally? Deb S. – when the agenda is completed we ask for items from the floor. Body agrees to go ahead with it.


Sherry Wilson – makes motion for a new health care claim status code - Non-Compensable Incident/Event. Usage: To be used for Property and Casualty only.

Sue Thompson – second


Sam and Karen – can’t be a finalized code if it doesn’t go into the adjudication system.

Sherry W. - removed “final” from the request.

VOTE: Approved 14, Opposed 0, Abstentions 1

Motion carries.

**New Code:** 778 - Non-Compensable incident/event. Usage: To be used for Property and Casualty only
Other discussion:

Donna – any discussion with this group to move service codes out of this group and into the new X12 group? Margaret – she does not know at this time. Donna – does this group want to keep it? Margaret – this committee is part of X12 now.

Aggie – WG1 is not going to necessarily ask to remove something, but will submit that it will not be included in their subset? Margaret – yes. Aggie – would it need to be brought to this group? Margaret – no just to the publisher to remove from the transaction set.

Donna – are we looking at it from a transaction set level or an external code set type level? We need ground rules to manage. We would need to coordinate with the main committee’s master list.

Sherry W. – P&C has a need for a specific code for PPO reduction. Provider is wanting to have more specificity.