

September 2018 Meeting Announcement

The September 2018 Code Maintenance Committee meeting will be held in Cincinnati, OH, FL on Sunday, September 30 at the Hilton Cincinnati Netherland Plaza. 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 September 2018 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, August 31, 2018. 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.

Old Business

	No tabled items from June 2018.
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New Business

	New items since the last meeting.
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1

	Vice Chair Election
Motioner:	
Secunder:	
Discussion	<p><u>Pre-meeting Sept. 6, 2018</u></p> <p>Announcement - Vice Chair will be elected in the meeting in Cincinnati – two people have expressed interest. If interested email Margaret and Tina.</p> <p><u>Sept. 30, 2018</u></p> <p>John Bock nominates Laurie Burckhardt</p> <p>Pam Grosze nominates Pat Wijtyk</p> <p>Both nominees accept.</p> <p>According to charter voting is done by secret ballot.</p>
VOTE RESULTS - NUMBER OF: YES___ NO __ ABSTAIN__	
Results:	Laurie Burckhardt was elected Vice Chair

2

	Request for Membership
Motioner:	
Secunder:	

Discussion	<p>To: Margaret Weiker, Chair X12 Code Maintenance Committee From: Cooperative Exchange, The National Clearinghouse Association</p> <p>On behalf of the Cooperative Exchange, The National Clearinghouse Association, we would like to request representation on the X12 Code Maintenance Committee. The Association is recognized nationally as the EDI infrastructure for healthcare transactions and supports the X12 TR3 transaction sets. The Cooperative Exchange Association represents over 90 % of the clearinghouse industry, processes over 4 billion plus claims annually, representing over \$1.1 trillion dollars and supports over 750,000 provider organizations, through more than 7,000 payer and 1,000 plus HIT vendors.</p> <p>We believe it is important that our industry has representation on the X12 Code Maintenance Committee, similar to other national organizations that are represented.</p> <p>Therefore, we would like to respectfully request the Cooperative Exchange be considered as a voting member of the X12 Code Maintenance Committee. If the Cooperative Exchange, The National Clearinghouse Association, is approved as a voting entity, we would have Joe Bell, Chair of the Cooperative Exchange, serve as the primary voting representative and Crystal Ewing, Vice Chair, serve as the alternate.</p> <p>Please let us know if you and or the Committee have any questions or need additional information. On Behalf of the Association, we thank you and the Committee for your consideration of our request .</p> <p>Sherry Wilson,</p> <p>Past Chair and Board Member Cooperative Exchange, The National Clearinghouse Association</p> <p><u>Sept. 30, 2018</u></p> <p>Discussion around the CE being a member of X12 by company membership or MOU. Additionally, the MOU would need to allow for voting privileges.</p> <p>The Code Committee charter prevails at this point in time and does not indicate that there must be an MOU in place with voting privileges.</p>
VOTE RESULTS - NUMBER OF: YES___ NO __ ABSTAIN__	
Results:	Cooperative Exchange was approved as a voting member of the X12 Code Maintenance Committee.

3	
	New CARC for non HIX premium grace period
Name:	Meg Kutz

Company:	Anthem, Inc
Phone:	5188177724
Email:	margaret.kutz@anthem.com
Request Type:	New
List Name:	
Value:	
Description:	The disposition of the claim/service is undetermined during the premium payment grace period, This claim/service will be reversed and corrected when the grace period ends (due to premium payment or lack of premium payment).
Explanation:	We have no other codes to use that are similar to 257 or 277 that are not HIX related. Submission is the same language but I removed the HIX reference.
Commenter:	
Comment:	
Motioner:	
Second:	
Discussion	<p><u>Pre-meeting Sept. 6, 2018</u></p> <p>Requester not on the call.</p> <p>Comment made indicating surprise to see this request. Usually in the payment world if you haven't paid premium, it is just denied. What is new in the business that would require?</p> <p>Information from WG3 review. Similar comment as above posed. WG3 hoping to discuss with requester in the meeting.</p> <p>Comment made - there is CARC 133 that could be used. "The disposition of this service line is pending further review...". Would stay out of the grace period.</p> <p>Need requester to provide additional information.</p> <p><u>Sept. 30, 2018</u></p> <p>Withdrawn per email Sept. 27, 2018.</p>
VOTE RESULTS - NUMBER OF: YES ___ NO ___ ABSTAIN ___	
Passed:	
Failed:	
Tabled:	
Withdrawn:	X
Assigned Code:	

Definition:	
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	request for break out as in 2400 NTE02
Name:	christine Fischer
Company:	HealthPCP
Phone:	708-532-6029
Email:	cfischer@healthpcp.com
Request Type:	Revision
List Name:	Claim Adjustment Reason Code
Value:	N699 Payment adjusted based on the Physician Quality Reporting System (PQRS) Incentive Program. Start: 03/01/2014 N700 Payment adjusted based on the Electronic Health Records (EHR) Incentive Program. Start: 03/01/2014 N701 Payment adjusted based on the Value-based Payment Modifier.
Description:	would like these broke out on the ERA instead of grouped into the N237.
Explanation:	These are all grouped into one penalty of N237. we would like it broke out for each code instead of lump sum together. this way we can break out for reporting. EHR, PQRS and VBM fees seperated.
Committer:	
Comment:	
Motioner:	
Secunder:	

Discussion	<p><u>Pre-meeting Sept. 6, 2018</u></p> <p>WG3 looked at it as a typo. If CARC 237 is actually what is referenced then WG3 would not support. Need requester to clarify the intended CARC for revision.</p> <p>Comment made that the request appears to be more of a how than a what.</p> <p>If 3 RARCs are reported and they all go back to CARC 237 it is possible that the software is taking all the \$ amounts into 237. Their system is combining the money. Can there be a 237 with different amounts (one for each line)?</p> <p>Need clarification from the submitter. Will send email to WG3 co-chairs and request they reach out to submitter.</p> <p><u>Sept. 30, 2018</u></p> <p>WG3 met with submitter and makes motion to deny. Submitter is ok with denying.</p> <p>Merri Lee Stine seconded motion to deny.</p>
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VOTE RESULTS - NUMBER OF: YES_14_ NO_0_ ABSTAIN_1_	
Passed:	X - Denied
Failed:	
Tabled:	
Withdrawn:	
Assigned Code:	
Definition:	

5	
	Collagen Cross-Linking of Cornea
Name:	Judy Whatton
Company:	Chu Laser Eye Institute
Phone:	9528352303
Email:	judy.whatton@chuvision.com
Request Type:	New
List Name:	Health Care Service Type
Value:	
Description:	0402T
Explanation:	Removal of corneal epithelium & intraoperative pachymetry when performed
Commenter:	

Comment:	
Motioner:	
Seconded:	
Discussion	<p><u>Pre-meeting Sept. 6, 2018</u></p> <p>0402T is a HCPCS. Code Committee will not grant a service type code for every procedure code that is out there. Service type codes are for augmenting a code. Not sure what they are requesting.</p> <p>Will email the requester and explain that description and explanation is a procedure code and this committee does not assign service type codes for every procedure code.</p> <p><u>Sept. 30, 2018</u></p> <p>WG10/Bruce Bellefeuille makes motion to deny. LuAnn Hetherington seconded.</p>
VOTE RESULTS - NUMBER OF: YES_13_ NO _0_ ABSTAIN_1_	
Passed:	X - Denied
Failed:	
Tabled:	
Withdrawn:	
Assigned Code:	
Definition:	

6	
	I am requesting a new Health Care Claim Status Code to be used for a plan specific edit.
Name:	David Collins
Company:	UnitedHealthcare
Phone:	215-902-8294
Email:	david_collins@uhc.com
Request Type:	New
List Name:	Health Care Claim Status
Value:	
Description:	Federal Sequestration Adjustment (used with entity code PRP)

Explanation:	Medicare applies a 2% sequestration reduction adjustment to all claim benefit payments. When submitting a secondary (COB) claim on a claim where Medicare made payment, the federal sequestration adjustment (CARC 253) must be populated from the Medicare 835. This adjustment is required for the secondary Payer to properly determine patient liability and benefits. Failure to populate the amount also requires the submitter to force balance the claim by adding this adjustment amount elsewhere. The claim status code will be used in combination with Claim Status Category Code A6 - Rejected for missing information.
Commenter:	
Comment:	
Motioner:	
Seconded:	
Discussion	<p><u>Pre-meeting Sept. 6, 2018</u></p> <p>Appears that this requester is looking in the 277CA. There is only a generic code and makes sense that this may be needed..</p> <p>Could be looking to see why they are having rejections and looking to move to front end edits.</p> <p>Should the code be specific to “sequestration” or more general with “federal”? Looking at CARC 253.</p> <p>A note could be added indicating to be used with the CARC.</p> <p><u>Sept. 30, 2018</u></p> <p>WG5/Karen Shutt makes motion to approve code “Federal sequestration adjustment”. Gail Kocher seconded</p> <p>Discussion: concerned about tagging it as primary because this is used only for Medicare. Doesn’t know if using an entity code is useful because this code is only used for Medicare.</p> <p>Submitter said the reason for including was just for added clarity. He agrees that it shouldn’t be required.</p>
VOTE RESULTS - NUMBER OF: YES_13_ NO 0_ ABSTAIN_1_	
Passed:	X
Failed:	
Tabled:	
Withdrawn:	
Assigned Code:	783
Definition:	Federal sequestration adjustment.