



HIPAA Transactions and Code Sets - I/T/U RPMS Current Status

ISAC

May 19, 2004

Scottsdale, AZ



Overview

- **Review of Transactions & Code Sets**
- **RPMS software status**
- **837 Testing issues & Error Reports**
- **ITSC Support systems**
- **ITSC HIPAA Initiatives**
- **Future considerations**
- **Questions**



HIPAA and Implementation dates

- **Privacy Rule, April 2003**
- **Security Rule, 2005**
- **Transaction and Code Sets**
 - **Initial Date of Compliance October 16, 2002**
 - **Extension to October 16, 2003**
 - **CMS issued extension for July 1, 2004**
 - **Sites sending non compliant formats to receive payment in 30 days**



HIPAA Transaction Standards - *Defined*

- **Health Claims & Equivalent Encounter Information – 837**
 - **Professional, Institutional, Dental**
 - **NCPDP Version 5.1**
- **Eligibility for a Health Plan - 270/271**
- **Health Care Payment & Remittance Advice – 835**
- **Health Claim Status – 276/277**



HIPAA Transaction Standards- *Defined*

- **Referral Certification and Authorization - 278**
- **Enrollment and Dis-enrollment in a Health Plan – 834**
- **Coordination of Benefits - 837**
- **Claims Attachment – 275 (Draft in review)**



HIPAA Standard Code Sets

2004 ICD 9 Codes Volume 1, 2, 3

2004 CPT Codes

2004 HCPCS Codes

NDC – National Drug Codes

Standard Adjustment/Reason Codes

Taxonomy – Individual/Non-Individual

NPI – National Provider Identifier



ITSC RPMS software vendor role

- ITSC is a software vendor
 - Role is to design and support RPMS software to meet HIPAA Transaction Standards & Code Sets
- Of 9 transactions, ITSC identified 4 EDI transactions applicable ...



ITSC Supported Current Electronic Transactions

- **837 electronic claims**
 - Institutional, Professional, Dental
- **835 ERA**
 - Medicare and AHCCCS
- **NCPDP v5.1**
 - Pharmacy POS Sites
- **834**
 - AHCCCs eligibility file (Currently not applicable)



ITSC identified 5 Transactions that currently RPMS had no electronic formats

- **270/271 – Eligibility request and response**
 - **Staff use other mechanisms to verify**

- **278 – Contract Health Service electronic referral**
 - **This is currently done with a fax of a purchase order**

- **276/277 – Claims inquiry and response**
 - **Staff perform manually**



837 – I, D, P

■ 3rd Party Billing, ABM V 2.5 Patch 5

- Patch 5 in testing with 837 fixes
- Patch 6 in development with over 30 837 fixes

■ Issues

- Payers not keeping format standard and populating various fields with payer specific information
- Local Codes. Some payers got extensions from CMS to continue using



HIPAA – Testing Issues

- Many Insurers are asking for variations from the standard 837
 - Now finding out with 835
- Insurers were not ready to begin testing the 837 until August
 - Exception Oklahoma Medicaid
- Facilities do not have the resources to do production and testing in a timely manner



837 Error Reports

■ Business Office Process

- Provider submits 837 files
- Payer responds with error reports
- Multi-tiered levels of error testing
- Sites have to compare original 837 files with Error reports to:
 - Find the errors on the specific claim
 - Remove the claims in errors
 - Correct the claims
 - Resubmit the batch

Repeat levels of error testing....



Sample Error Report

```
ISA*00*      *00*      *ZZ*C00400      *ZZ*V00233
      *040222*1626*U*00401*241184194*0*P*>~GS*FA*C00400*V00233*20040222*162645*612217
*X*004010X096A1~ST*997*612217001~AK1*HC*101483~AK2*837*0001~AK5*A~AK9*A*1*1*1~SE
*6*612217001~GE*1*612217~IEA*1*241184194~
```



Sample 837 file....





Testing status
Insurer File

Location
Taxonomy
Code

```

ISA*00*          *00*          *ZZ*903314521      *ZZ*NMMAD
*040202*0823*U*00401*000100073*1*P*:
GS*HC*903314521*NMMAD*20040202*0823*100073*X*004010X096A1
ST*837*0001
BHT*0019*00*100073*20040202*0823*CH
REF*87*004010X096A1
NMI*41*2*UNSPECIFIED SERVICE UNIT*****46
PER*IC*BUSINESS OFFICE*TE
NMI*40*2*NM Medicaid*****46*NMMAD
HL*1**20*1
PRV*BI*ZZ*261QP0904X
NMI*85*2*UNSPECIFIED SERVICE UNIT*****24*903314521
N3*123 ABC ST
N4*OCEAN*NM*33333
REF*1D*XYZ789
NMI*87*2*ALBUQUERQUE ADMINISTRATION*****24*850105601
N3*PO BOX 31001-0655
N4*PASADENA*CA*911100655
HL*2*1*22*0
SBR*P*18*****MC
NMI*IL*1*STEELE*DANIELLE****MI*555551010
N3*100 VALLEY RD
N4*ZIA*NM*33333
DMG*D8*19880501*F
NMI*PR*2*NM Medicaid*****PI*NMMAD
CLM*45404A-JSU-99091*206.00***13:A:1*Y*A*Y*Y*****Y
DTP*434*RD8*20030510-20030510
AMT*C5*206.00
REF*EA*99091
HI*BK:486
QTY*CA*1*DA
NMI*71*1*SMITH*USER****24*903314521
PRV*AT*ZZ*208D00000X
REF*1D*000011
LX*1
SV2*0519**206.00*UN*1
DTP*472*D8*20030510
SE*35*0001
GE*1*100073
IEA*1*000100073

```

Payer ID
Insurer File
AO Control No.

Transaction Type:
004010X096A1=837-I
004010X097A1=837-D
004010X098A1=837-P

Trading Partner Name
Insurer File
Field .34

Payer ID
Insurer File
AO Control No.

Provider Taxonomy
Code

Provider Number



837 Errors – Common Errors

- Patient Registration name and address fields – Leading/Ending characters
- PRV segment = Provider taxonomy missing
- Attending vs Rendering Provider field missing
- Coding errors - Local codes missing
- Excess of 4 diagnosis codes on 837 file
- Referring provider – Missing taxonomy
- Provider number inaccurate
- Taxonomy not populated for providers
- Sites submit Production files vs Test files
- Provider ID fields
- Admission source, Admission Type, Discharge Status for outpatients
- CLIA #'s not populated
- Referring provider vs Attending provider
-



837 Error Reports - Issues

- Sites must monitor all levels of error testing to ensure ongoing reimbursement
- Training of reading Error reports is not occurring until sites begin testing
- Error reports not in standard format
 - Variances 997, 824, Comp Report, xml formats by different payers
 - CMS will not implement standard



837 Payer Testing Status

- Medicare Fiscal Intermediaries: UGS, Trailblazers Part A and B
- Medicaid plans: Oklahoma, AHCCCs, Medi-Cal, New Mexico, North Dakota, Mississippi, others...
- Private Insurance: AZ BC/BS
- Clearinghouse?



ITSC Support System

- **Service Center Logs**
- **Dyanne Leyba – HIPAA Transactions Testing Coordinator**
 - **To assist with coordination of testing, responding to Service Center calls, Error report reading, training documents**
- **Greg Platko – HIPAA IT Support**
 - **To work with overall IT issues, clearinghouses and Service Units on IT support**
- **Adrian Lujan & vacant User Support position**



ITSC Ongoing Initiatives

- **ITSC weekly meetings since 6/2002**
 - Carl Gervais, HIPAA Technical Project Lead
- **ih.gov website – HIPAA link**
- **National HIPAA Conference calls**
 - Identifying testing status with Payers
 - Providing RPMS guidance
 - Networking
 - Area/ITSC reporting
 - CMS Issues



ITSC Ongoing Initiatives

■ Training

- Train the trainer February 2004
- On – Line training tools – RPMS functionality
- Trailblazers Part B Web broadcast – 5/27/04
- Error Report Reading – By Area requests
- ITSC Technical Conference in Aug 2004



HIPAA – Future Considerations

- **HIPAA Security - 2005**
- **ICD 10 – 2006?**
- **National Provider Identifier**
 - **CMS announced providers can apply for numbers beginning May 2005**



Questions...

