

**AUC Executive Committee Meeting
Agenda – November 7, 2016**

Teleconference line: 1-712-832-8300	Participant passcode: 337213
https://health-state-mn-ustraining.webex.com	Password: Exec2010!

Agenda Item
A. Meeting to order – Tony Rinkenberger
B. Anti-trust statement
C. Approve October 3, 2016 meeting notes
D. Updates/Old business
<ul style="list-style-type: none"> 1. Update – Companion guides maintenance – 837D 2. Update – Publication of continued exemption of 270/271 for non-HIPAA entities 3. Update - Healthcare Financial Management Association Regulatory Conference presentation 4. TAG and SBAR update <ul style="list-style-type: none"> a. Planning and priorities
E. New Business
<ul style="list-style-type: none"> 1. Ops December Agenda 2. External SharePoint site for AUC 3. Welcome for new AUC primary/secondary representatives (new or old organizations) 4. AUC website (new look and design) 5. AUC Policies (removal of WG #6-8) – attendance and representation (criteria) 6. MDH website policy 7. MDH record retention schedule
F. Other business
<p>Next meeting: 8:30 am – 10:30 am December 5, 2016 HealthPartners-Bloomington 8170 Building, 1st Floor - Walnut Room</p>

In this issue:

- X12 Responds to the AUC RFI – p.1
- Coding corner – p.2
- TAG updates – p.2
- National News: NCVHS Issues Final Report on Adopted Standards and Operating Rules – p.4
- November 2016 AUC Meeting Calendar – p.5

AUC NEWSLETTER SUBSCRIPTION

Interested in signing up to receive this newsletter and other AUC updates and information?

Please sign up using the Subscribe feature on the right hand side of the [AUC homepage](#)

(<http://www.health.state.mn.us/auc/index.html>) under the “Most Viewed” navigation frame.

Comments or questions about this newsletter? Please contact us at the AUC mailbox:
health.auc@state.mn.us.

X12 Responds to AUC RFI: How should APR-DRGs be reported on the 835?

Minnesota’s state Medicaid agency, the Department of Human Services (DHS), is transitioning to an “All Patient Refined Diagnosis Related Group (APR-DRG)” payment methodology for Prospective Payment System (PPS) hospitals. Those hospitals in turn will need the payer-determined APR-DRG information for each claim, to reconcile accounts. The most efficient, economical way to transmit this information is to use the standard, electronic remittance advice transaction (v5010 835). However, the current transaction requirements and instructions do not explain how payers such as DHS are to report APR-DRGs on the 835.

In order to obtain the clarification needed to use the 835, DHS worked with the AUC’s EOB/Remit TAG in preparing a Request for Information (RFI) to submit to the national standards setting organization, X12, to pose the question: *What loops and segments should be used to report five-digit APR-DRGs on the v5010 835? (How should five-digit APR-DRGs be reported on the v5010 835 at this time?)*. The RFI was also reviewed and approved by the AUC Operations Committee and was then submitted to X12 earlier this summer.

X12 recently posted its response to the AUC EOB/Remit’s RFI. In its response, X12 noted “... there is no direct support for APR-DRG via the in the 005010X221A1 guide (the 835).” It recommended use of the 2100 Loop, Other Claim Related Identification REF segment, with REF01 equal to CE and REF02 used to identify the applicable contract and related APR-DRG information. X12 further recommended that if the proposed format and usage is implemented, providers should be notified via any trading partner agreement or companion guide.

For a copy of the complete RFI request and X12’s response, see [RFI 2166](#) at <http://rfi.x12.org/>.

Coding Corner: Recent example changes in ICD-10 Coding and Reporting

The Coding Corner is a collection of updates, tips, and pointers intended to help address common medical coding issues and to pass along coding news and updates suggested by the AUC's Medical Code TAG and other sources.



The following coding corner article was submitted by Doris Barnes of HealthPartners via the AUC Medical Code TAG.

The FY 2017 (October 1, 2016 – September 30, 2017) [ICD-10-CM Official Guidelines for Coding and Reporting](#) contain narrative changes in the Conventions. Three recent example changes are shown in italics below.

- **“12a. Excludes1”**

A type 1 Excludes note is a pure excludes note. It means “NOT CODED HERE!” An Excludes1 note indicates that the code excluded should never be used at the same time as the code above the Excludes1 note. An Excludes1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

An exception to the Excludes1 definition is the circumstance when the two conditions are unrelated to each other. If it is not clear whether the two conditions involving an Excludes1 note are related or not, query the provider. For example, code F45.8, Other

somatoform disorders, has an Excludes1 note for “sleep related teeth grinding (G47.63),” because “teeth grinding” is an inclusion term under F45.8. Only one of these two codes should be assigned for teeth grinding. However psychogenic dysmenorrhea is also an inclusion term under F45.8, and a patient could have both this condition and sleep related teeth grinding. In this case, the two conditions are clearly unrelated to each other, and so it would be appropriate to report F45.8 and G47.63 together.

- **15 “With”**

The word “with” should be interpreted to mean “associated with” or “due to” when it appears in a code title, the Alphabetic Index, or an instructional note in the Tabular List.

The classification presumes a causal relationship between the two conditions linked by these terms in the Alphabetic Index or Tabular List. These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated. For conditions not specifically linked by these relational terms in the classification, provider documentation must link the conditions in order to code them as related.

19. Code assignment and Clinical Criteria

The assignment of a diagnosis code is based on the provider’s diagnostic statement that the condition exists. The provider’s statement that the patient has a particular condition is sufficient. Code assignment is not based on clinical criteria used by the provider to establish the diagnosis.

For more examples and information, please see [ICD-10-CM Official Guidelines for Coding and Reporting](#) at http://www.cdc.gov/nchs/data/icd/10cmguidelines_2017_final.pdf.

TAG Updates

Information about AUC committees and Technical Advisory Groups (TAGs) and their activities, including meeting minutes, can be accessed from the [AUC TAG page](http://www.health.state.mn.us/auc/activity.htm) (<http://www.health.state.mn.us/auc/activity.htm>).

Meeting agendas and other materials are posted on the AUC website in advance of meetings. TAG meeting schedules and information are also available on the [AUC calendar page](http://www.health.state.mn.us/auc/calendar.htm) (<http://www.health.state.mn.us/auc/calendar.htm>).

With the exception of the Medical Code TAG, TAG meetings are generally conducted via teleconference rather than in-person. All AUC meetings are open, public meetings.

Operations Committee

The Operations Committee completed an email vote on October 19, 2016 approving a recommendation that the version 12.0 837 Dental Minnesota Uniform Companion Guide be adopted into rule. The recommendation was forwarded to the Minnesota Department of Health (MDH) for review.

The Committee also recently approved via an email vote a recommendation to continue a statutorily permitted exception from the state requirements for the standard, electronic exchange of the eligibility inquiry and response transaction (the 270-271). The recommendation is for a one-year continuation of an exception that is currently in force, and applies only to group purchasers (payers) not subject to federal HIPAA administrative simplification regulations. The recommendation was submitted to MDH for review and next steps.

The next Operations Committee quarterly meeting is scheduled for December 13, 2016.

Executive Committee

The AUC Executive Committee met October 3. Judy Edwards of MDH reported that updated versions of the Minnesota Uniform Companion Guides for the 837 Institutional and 837 Professional transactions were adopted into rule on September 19.

The Committee also received several updates and reviewed a question regarding participation by health care clearinghouses in the AUC. During discussion it was noted that AUC meetings are open, public meetings and that anyone may attend and participate as an interested party. It was also noted that clearinghouses have participated on AUC TAGs and have contributed as interested parties. However, under the AUC's current bylaws, clearinghouses are not voting members of the AUC.

Claims Data Definition TAG

The Claims DD TAG was not scheduled to meet in October; the TAG's next scheduled meeting is December 7.

Eligibility TAG

The Eligibility TAG met on September 28, 2016 and approved a recommendation to continue a current exemption for payers not subject to HIPAA from the requirements to exchange 270/271 transactions. The recommendation was forwarded to and subsequently also approved by the Operations Committee.

The TAG also met on October 26 with Chip Evelsizer from State Farm and discussed challenges experienced by the property-casualty industry in using the 270/271 transaction.

EOB/Remittance Advice TAG

In lieu of the TAG's regularly scheduled teleconference/WebEx October 17 meeting,

the co-chair provided TAG members updates via an email dated October 12 on current and future discussion issues as follows:

1. X12 responded to the TAG's request for interpretation (RFI) on how to report five-digit APR DRG on the v5010 835. (See also the lead article on page 1).
2. Results of a brief survey by the TAG of a survey it completed of its members regarding desired data elements in the PLB segment of the 835, and the information being sent, for use as part of a best practice now under development.
3. Begin annual 835 companion guide update
4. Review and development of possible comments regarding the draft v7030 835 TR3 at its 11/7 and 11/14 meetings.

Medical Code TAG

The MCT met on October 13. At the meeting, the TAG discussed:

- The 2017 CPT Manual will include a new modifier, "95", to be added to codes for telemedicine services, as well as a new star symbol that will be used to flag the telemedicine service codes in the manual;
- Possibly modifying Appendix A of the 837 Minnesota Uniform Companion Guides to link to DHS for coding instructions for DHS-specific programs, rather than including the instructions in the Companion Guide; and
- An "SBAR" request for coding for "Community Emergency Medical Technical Services."

Acknowledgments TAG

The TAG met three times in October to review proposed new versions of national standards (["version 7030"](#)) for the [277CA](#) and [999 acknowledgment transactions](#) and to develop

possible comments as part of a nation-wide public comment period. Any TAG recommended comments will be forwarded to the AUC Operations Committee for additional review and a vote prior to being submitted to X12.



National News: NCVHS Issues Final Report on Adopted Standards and Operating Rules

The National Committee on Health and Vital Statistics (NCVHS) published its final report on October 13, 2016 to federal Health and Human Services (HHS) Secretary Burwell regarding "...Findings and Recommendations on Adopted Standards and Operating Rules." The 90 page report summarizes in detail the testimony, findings, and recommendations of a special two-day, ACA-mandated hearing in 2015 to gather industry feedback from the health care industry regarding HIPPA transactions, standards, code sets, identifiers, and operating rules. During the hearing process, NCVHS received and reviewed 77 oral testimonies and over 100 written testimonies from across the industry.

In the report, NCVHS noted that while the industry has made progress in reducing health care administrative costs and burdens through

standardization of health care business transactions, additional work is needed and additional savings are possible. It outlined in particular seven key categories of findings and recommended next steps, including:

- Exploring possible expansion of “HIPAA covered entities” to include workers compensation plans, the property and casualty industry, and others;
- Increasing education about the use of standards and operating rules;
- Ensuring consistency and integration across the industry, Standards Development Organizations, the Operating Rule Authoring Entity, and HHS in the

development of standards, code sets, identifiers, and operating rules;

- Enforcing compliance;
- Adopting the acknowledgment transaction;
- Providing greater predictability in the adoption life cycle of standards, code sets, identifiers, and operating rules; and,
- Ensuring that standards and operating rules are responsive to evolving changes in the industry.

A copy of the report is available at the [NCVHS website](http://www.ncvhs.hhs.gov/wp-content/uploads/2016/10/RC_Report_TD-Final-as-of-Oct-12-2016rh.pdf), at http://www.ncvhs.hhs.gov/wp-content/uploads/2016/10/RC_Report_TD-Final-as-of-Oct-12-2016rh.pdf.

AUC November 2016 Meeting Calendar

AUC meetings currently scheduled for September - October 2016 are listed below. For more information, please see the [AUC calendar page](http://www.health.state.mn.us/auc/calendar.htm) (<http://www.health.state.mn.us/auc/calendar.htm>).

Date/Time	Event	Location
November 7 8:30am - 10:30am	Executive Committee Meeting Executive Committee Meeting Information	HealthPartners-Bloomington 8170 Building, 1st Floor - Walnut Room
November 7 1:00pm - 2:30pm	EOB/Remit TAG Meeting EOB/Remit TAG Meeting Information	Teleconference & WebEx only
November 14 1:00pm - 2:30pm	EOB/Remit TAG Meeting EOB/Remit TAG Meeting Information	Teleconference & WebEx only
November 21 1:00pm - 2:30pm	EOB/Remit TAG Meeting EOB/Remit TAG Meeting Information	Teleconference & WebEx only
November 23 2:00pm - 4:00pm	Eligibility TAG Meeting Eligibility TAG Meeting Information	Teleconference & WebEx only