

Summary of NUBC and NUCC Meetings

March 1 – 3, 2011, Chicago

Submitted by Amy Costello and Marjorie Greenberg

NUBC Meeting

During the course of the meeting, several Change Requests were reviewed (both old and new). Public health impact is indicated in italics.

Referral Number

UB Form Locator 63, Treatment Authorization Code/Referral Number

In order to be consistent with the 837, and clear about the distinction between authorization code and referral number, a proposal was accepted to include a leading qualifier:

A= Authorization Code

B= Referral Number

C=Secondary Payer Authorization Code

In addition, instructions in the UB manual will be added to clarify the situational rules and the use of the leading qualifier.

Inpatient/Outpatient Designation for Type of Bill 084x

UB Form Locator 4, Type of Bill, 084x= Freestanding Birthing Center

The current designation for this type of bill is "INPATIENT". However, in some cases, free standing birthing centers are billing on a 1500 for professional services and not submitting a UB (because the birthing center is considered part of the professional services).

After much discussion, it was determined that this request requires more information. NUBC will contact American Association of Birth Centers and bring information back to the Committee.

We will watch this issue, and determine whether there are public health and state reporting impacts.

Line Item Dates on Inpatient Claims

UB Form Locator 42, Revenue Codes

In order to distinguish between the periods of service for different levels of care/revenue codes, a change request was submitted to require that line level service dates be sent when multiple room and board revenue codes are on a claim.

The problem was reported by one payer, and is not pervasive in the industry. It was recommended that the issue be resolved on a contract basis between the provider and payer.

The proposal was rejected by NUBC. No change to UB. (Additionally, NUCC will respond to the requestor asking that the change request submitted to NUCC be withdrawn.)

Value Code Format

UB Form Locator 39 – 41, Value Codes

There are conflicts between the UB and the 837 format for value code amount formats (e.g. reporting of dollar amounts in some cases are implied on UB, and are explicit in 837)

The NUBC agreed to form a subcommittee that will evaluate the inconsistencies and propose solutions to be heard at a later NUBC meeting.

We will see what is proposed by the subcommittee and determine then whether there are public health and state reporting impacts.

Freestanding Emergency Departments

UB Form Locator 4, Type of Bill, 089 = Special Facility

Freestanding Emergency Departments (FED) are emerging as a new model in health care delivery. If attached to a hospital, the bill type is often reported as 0131. However, more and more facilities are being licensed as facilities that are NOT affiliated with a hospital and are insisting on using the UB with a bill type of 0731 (freestanding clinic). The concern was raised that if these are truly a separate type of facility, and not really a freestanding clinic, a new bill type should be implemented.

Texas now has legislation that determines the facility licensing requirements in that state. Delaware and NH are also licensing these facilities.

NUBC voted to approve the use of a new Type of Bill for Licensed Freestanding Emergency Medical Facility. NUBC voted not to include a footnote to define this type of facility (in keeping with the UB Manual definition of Freestanding Clinic which does not have a footnote).

Patient's Reason for Visit – Usage clarification

UB Form Locator 4 instructions for use of Patient's Reason for Visit (PRV)

The Patient's Reason for Visit is not required on claims under certain conditions (detail available in UB manual) and "may be reported on all other 013x and 085x types of bills at submitter's discretion when this information provides additional information to support medical necessity".

Representatives from X12 indicated that this instruction for PRV was written to allow for evolution, and that there is no inconsistency within the instruction, therefore no change may be required at this time.

NUBC voted to leave the usage note about PRV as is, and direct the requestor to refer to the usage notes in the UB manual.

States will need to be aware of the usage notes associated with IP/OP designation and edit accordingly. See FL4, Type of Bill, for usage notes about Patient's Reason for Visit.

External Code Sources for Public Health

UB Form Locator 81, Code-Code

Standard Occupational Codes (SOC), Bureau of Labor Statistics

North American Industry Classification System (NAICS), US Census Bureau

Public Health Data Standards Consortium (PHDSC), with the support of the National Association of Health Data Organizations (NAHDO), is proposing the addition of two external code sources to the code-code field in the Uniform Bill. Specifically, we are proposing the addition of Bureau of Labor Statistics Standard Occupational Classification (SOC) codes¹ and the North American Industry Classification System (NAICS)² to the UB-04, in the code-code field (FL 81). The “industry” code and “occupation” code will be available to states that require the collection of these characteristics of the patient. For more detail, see Appendix A for excerpts of the proposal to the NUBC.

The additional code sources are proposed for the purpose of establishing a firefighter non-fatal injury surveillance system, and, in particular, the identification of healthcare claims for firefighters. Investigators at Drexel University have been awarded funding to establish this system and through NAHDO have submitted the appropriate work request for data maintenance to the 837 through X12 processes. This work request has been approved by work group task group and architecture and will go to ballot in June.

¹ The SOC codes are used by the Bureau of Labor Statistics (BLS) to classify workers into categories for the purpose of analyzing and producing statistical information about occupational groups. The SOC codes are not only used by the BLS but also commonly used in the field of occupational health.

² NAICS is used to classify business establishments by industry. NAICS was developed under the auspices of the Office of Management and Budget, by the U.S. Economic Classification Policy Committee and Statistics Canada.

In addition, the proposed changes have gained support from not only PHDSC and NAHDO, but also NIOSH and other individual states (OH, NH, MA, FL) interested in collecting occupation and industry codes for the purposes of occupational and industrial health surveillance.

NUBC raised many questions about the code sources and implementation. A request for more information was made. The Chair of the NUBC suggested that a white paper, co-authored by NIOSH and NAHDO, may help address the questions and provide guidance on implementation. He specifically asked whether this proposal had been piloted at any site.

Amy Costello will take this suggestion to the investigators at Drexel and urge them to coordinate with NIOSH and NAHDO on the development of a white paper.

NUCC Meeting

1500 Revision Work continues. The new form and proposed changes are still confidential and available only to NUCC members. The industry will be surveyed about the new form later this year. The implementation of the new 1500 form is currently scheduled for 2013.

NUCC reviewed several change requests. Some were disapproved and submitted to X12 for consideration for the next version.

Provider Taxonomy Codes

NUCC disapproved a request to allow taxonomy codes to be submitted in loop 2010A PRV segment for Pay-to Provider, to describe providers that have multiple specialties.

Member ID of Dependents

NUCC approved a request to clarify the use of 2010BA NM1 with dependent information where the dependent has a unique member ID but is not the subscriber.

PHDSC representatives will watch for those issues to come up in X12, and determine if they pertain to public reporting.

Health Plan ID

For the proposal related to Health Plan ID, NUBC will suggest that the request be withdrawn until CMS puts forward the interim final rule about Health Plan ID.

Patient Name

Request for reporting of adjudicated patient name when it is different from submitted patient name will be considered at a later meeting.

Benefits Information

Request for returning all plan information when specific benefit information is requested, and clarify if TPA must be returned in response to requests will be considered at a later meeting.

Patient Account Number

Request was made to change the front matter to allow a reference to the Patient Account Number or Claim ID in the PLB3-02 to allow the provider to link the forward balance to the specific claim rather than payment ID. NUCC voted to hold off on this issue because WEDI is addressing this right now.

Consistency across transactions

Code values that are allowed in one transaction (e.g. 271) are not available for similar data elements in other transactions (835). NUCC approved and made recommendation to X12 to solve this issue.

Appendix A

PHDSC and NAHDO are proposing the addition of standardized code sources for the capture of occupation and industry information about the patient.

Immediate Benefits:

Inclusion of these industry and occupational codes will immediately support research focused on the accurate capture of injury incidence among members of the fire service and all other occupational groups (both at the national and local levels). Without these codes, claims data are essentially useless for occupational surveillance because events cannot be classified into meaningful categories to distinguish health care utilization resultant to work. As a result, previous efforts have set up new data systems that were not sustainable using variables that had no accepted standards. Therefore, data could not be compared and systems ended when their funding terminated.

Long Term and Widespread Benefits to the Field of Occupational Health:

The codes will have wide ranging application and benefit to every occupational group and those who study them, including the federal government, private agencies, and academic partners in colleges/universities. As a result, the use of hospital data for public health purposes will increase and money will not be wasted on the development of new data systems that cannot be sustained and that do not use accepted standard nomenclature.

While the condition code 02 (work related) indicates that the claim is work related, it does not indicate the occupation or industry that can be attributed to the patient.

Currently, there is no code source available in the UB that could be used to capture patient occupation and industry.

States with state reporting requirements that are tied to the UB-04 would have the opportunity to collect occupation and industry characteristics on the claim for each encounter, using a standardized code source.

The proposed changes will improve the efficiency of occupational health surveillance activities in states around the country; the changes are not intended to affect payment.