

837I – Significant Changes
2nd Round Review

Coordination of Benefits

The largest change for the COB 8010 updates are:

- the new 2320 AMT – Coordination of Benefits (COB) Claim Allowed Amount and 2430 AMT – Coordination of Benefits (COB) Service Allowed Amount segment for the allowed amounts, and
- the changes to the 2320 OI Other Insurance Coverage.

The 8010 has added the new segments to report the allowed amounts. The allowed amount is required when the other payer has adjudicated the claim or issued a paper or virtual or other format with the allowed amount reported. There are several sections in the front matter that have been updated for more clarity on COB.

The other update for COB was the 2320 OI segment ‘Other Insurance Coverage’. The OI06 (Release of Information) data element was changed to ‘Not Used’ and three new data elements were added. The data element OI07 Provider Accepts Assignment and OI08 a yes/no for payer to payer adjustment code and OI10 a yes/no for payer to payer void code.

The OI07 Provider Accepts Assignment has 3 code values, they are

- A Assigned
- B Assignment accepted to clinical labs service only
- C Not assigned

The OI08 yes/to for adjudicated code is required when the claim is for payer to payer COB. Y is a payer to payer adjustment, N is the claim is not a payer to payer adjustment.

The OI10 is a yes/no code indicating the claim is a payer to payer VOID. It is required when the claim is a payer to payer COB. Y indicates a payer to payer COB claim is a VOID, N indicates the payer to payer COB claim is not a VOID.

Diagnosis

All of the HI segments, data elements (HI01 thru HI12) have added component 10. **Only the HI-Value Information segment uses it.**

In the HI-Value Information segment, if component 05 of HI01 thru HI12 is populated then component 10 must not be used. The usage of component 10 mirrors 05, if component 10 is used then the 05 component can't be used.

In 2400 the SVD segment was modified to add four additional procedure modifiers.

MIA/MOA

The 2320 MIA - MIA05 and MIA20 to MIA24 have been updated to 'not used'. These data elements are remark codes and MIA can't be used to send remark codes.

The 2320 MOA - MOA03 thru MOA07 have been updated to 'not used'. These data elements are remark codes and MOA can't be used to send remark codes.

RAS

Refer to this section in the '835 Significant Changes' Document.

Predetermination

The 8010 837I has updated the TR3 to support predeterminations. It has added three new segments for predetermination and changed the usage in two segments.

The new segments are in the 2300, 2330B and the 2400 loops.

- 2300 added the REF Predetermination Identification.
- 2330B added the REF Other Payer Predetermination Identification
- 2400 added the REF Service Predetermination Identification.

The usage of CLM19 (2300 CLM) was changed from not used to situational. It is required when the claim is a predetermination claim.

The Situational Rule for Service Date (2400 DTP) has been updated to support predeterminations. If the claim is a predetermination claim, the Service Date is not used.

NOTE:

Neither the 837 TR3s nor the CAQH CORE web site indicate whether use of Predetermination is required upon request of the provider or whether it is subject to agreement between trading partner.

As such, we are assuming that this question will be addressed as part of the regulatory process.

Balancing

Updated front matter:

The concept of how to balance has not changed. They have renamed and updated section 1.4.5. The 8010 Section 1.4.5 is called Balancing. In 5010 it was called Allowed/Approved Amount Calculation. The 8010 section 1.4.5 has added 2 new sections, one for Claim level and one for Service level balancing. Each level provides an example of how to balance. Below is an example of the 1.4.5.2 that balances the service line

As an example, the service line level, Section 1.4.5.2 was updated to say, the line adjustment and the line payment must balance to the line charge amount service line and it provides an example. Below is an example.

Line 1 adjustment (\$10) plus Line 1 payment \$70 (2430 SVD02) = Line 1 charge \$80 (2400 SV203)

Updates to Other Payer Identifier code notes

X12 has updated code notes on two Other payer identifier data elements. This was done to help the payers identity get reported correctly. The payer identifiers are: 2320 SBR01 (Payer Responsibility Sequence Number Code) and 2430 SVD01 (Other Payer Primary Identifier).

K3

K3 segments are for a temporary solution to a regulatory/legislative requirement.

Before using a K3 you have to submit a change request for approval. X12N will review the request and determine the business need for it and validate that there is a need for it. X12N will work with the requester if there is a need and X12 and the requester will define a format. X12N will approve the K3 and ensure that the requirements and the format will work for the good of all X12 trading partners.

For more information the 8010 has added section 1.4.6 for information on how/when to use the K3 segments. K3 segments are in the 2300 loop and the 2400 loop.

UDI – Unique Device Identifier

Prior to the mandated implementation date for the Unique Device Identifier, willing trading partners may agree to follow an early implementation approach.

The purpose of the Unique Device Identifier is to enable the recall of a device. However, there needs to be an associated process for a recall, and such a process does not appear to exist.

The 8010 has updated the TR3 to support unique device identifiers. This required a few new segments and updates to existing segments and added new code values.

- A new 2300 segment is the CR8 High Risk Implanted or Explanted Device
- The REF - Investigational Device Exception Number was moved from the 2300 Loop to the 2400 Loop
- Modified the 2410 LIN segment name from LIN Drug to LIN Drug/Supply
- The data element 2410 LIN02 added the new product/service qualifier ZZ (mutually defined)

Repeat/Count Changes

Many REF segments have had their segment repeats changed. The main reason for the change were to match number of repeats of the secondary identification to the actual number of payers or providers.

These are the segments that have had their segment repeats modified. They indicate changes but may not alter the business concept but add a little more clarification.

Segment Repeat Changed to 1

- REF - Payer Secondary Identification
- REF - Payer Secondary Identification
- REF - Referring Provider Secondary Identification
- REF - Other Subscriber Social Security Number
- REF - Other Payer Secondary Identifier
- REF - Other Payer Referring Provider Secondary Identification

Segment repeat changed to 2

- REF - Billing Provider Secondary Identification
- REF - Attending Provider Secondary Identification
- REF - Operating Physician Secondary Identification
- REF - Other Operating Physician Secondary Identification
- REF - Rendering Provider Secondary Identification
- REF - Service Location Secondary Identification

- REF-Other Payer Attending Provider Secondary Identification
- REF-Other Payer Operating Physician Secondary Identification
- REF - Other Payer Other Operating Physician Secondary Identification
- REF - Other Payer Service Location Secondary Identification
- NM1 - Referring Provider Name

Segment repeat changed to 11

- REF - Referring Provider Secondary Identification

X-TR3: Change & Consistency

The changes below are the type of changes that apply to more than one TR3, but may not be in all TR3s. X12's aim is to promote consistency between all transactions where/as appropriate.

Yes/No Indicator

In the 8010 when the data element is a Yes/No indicator the data element was changed from situational to required. A Yes or No must be returned. In the 5010 the data element for a yes/no indicator was situational, it was assumed No and if it was a Yes then Y was entered. This change is in all transactions, all guides.

NM102 Entity Type Qualifier

The non-person entity type was removed from the Entity Qualifier. In 5010 you could use 1 for person or 2 for non-person. In 8010 you can only use 1 (for person). Entity Type is found in the NM102 of Loops 2310B, 2330D and 2420A.

Code Notes

Many code notes were deleted, an example is the code note for NM108. Notes that X12 felt were not needed. The NM108 code note for example said 'Established by trading partner agreement'.

Lower Level changes

There were many changes made to make the TR3s consistent. Below is a list of the types of changes that were done but don't have a major impact on the changes to make. They were done to provide better clarity in the 8010 TR3's.

- Add data element notes
- Delete data element notes
- Modify data element notes

- Add segment note
- Delete segment note
- Modify segment name
- Add data element situational rule
- Delete data element situational rule
- Modify data element situational rule
- Add segment code note
- Modify segment code note
- Delete segment code note
- Modify segment situational rule