

***First Report of Injury
Accredited Standards Committee X12 Insurance Subcommittee,
Property And Casualty Task Group***

ANSI Accreditation:

X12 was accredited as an ANSI accredited standards committee in 1979. Subsequent X12 procedure changes have required ANSI re-accreditation which was last granted in 1987.

The main objective of ASC X12 is to develop Electronic Data Interchange (EDI) standards to facilitate electronic business transactions (i.e. order placement and processing, shipping and receiving, invoicing, payment, cash application data, insurance transactions). ASC X12 endeavors to structure standards in a manner that computer programs can translate data to and from internal formats without extensive reprogramming.

This strategy allows companies to maximize their resources required for internally developed or commercial software (recommended) and private or public-access communication networks. ASC X12 believes that all sizes of companies using intelligent computational devices can benefit from the use of the standard. The efficiencies of standard interchange format can minimize the difficulties incurred from each organization using its own formats to transact business. Within ASC X12, the various subcommittees are responsible for developing standards in their area of expertise. Once a subcommittee has developed a draft standard the full ASC X12 membership reviews and approves it according to the operating policies and procedures. All standards (new or changed) require the consensus approval of the full ASC X12 membership. The approved standard becomes a draft standard for trial use for a reasonable trial period. After the trial period the draft standards are submitted to ANSI to become an American National Standard (ANS).

Report of Injury, Illness or Incident (148)

Contact For More Information:

Data Interchange Standards Association (DISA) 703-548-7005.

Description of Standard:

- A) The objective of the Report of Injury, Illness or Incident (148) is to facilitate the first report of an injury, incident or illness.
- B) This transaction set can be used to report information pertaining to an injury, illness or incident to entities interested in the information for statistical, legal, and claims and risk management processing requirements.
- C) This transaction is used for administrative reporting requirements.
- D) This standard may be used from any operating system, network, or hardware platform.
- E) The standard has been developed with widespread input from the health care industry incorporating all business needs into its functionality.

- F) The ANSI ASC X12 is the only nationally recognized EDI standards development organization in the United States for all type of electronic commerce. ASC X12 is the organization assigned by ANSI to represent the United States in the development of International EDI standards.
- G) Standards. These standards are developed using a consensus process by the users in the health care industry.
- H) The standards developed by ASC X12 may be translated to/from application systems using off the shelf translation software products which are used by all industries utilizing the ASC X12 standards.

Readiness of Standard:

- A) The Report of Injury, Illness or Incident (148) is not a guideline. However the X12 Insurance Subcommittee is currently developing an implementation guide.
- B) The Report of Injury, Illness or Incident (148) standard is fully implementable. The transaction set was approved as a Draft Standard for Trial Use (DSTU).
- C) The standard can be obtained by contacting the Data Interchange Standards Association (DISA) at 703-548-7005.
- D) This standard does not require an implementation guide. ASC X12 has published four Type II Tutorial reports or tutorials for version 003041 in October of 1994, version 003050 in October 1995, version 003051 in February 1996, and version 003060 in April of 1996. To facilitate consistent implementation across the health care industry, the X12 Insurance Subcommittee is currently in the process of completing five implementation guides for version 003070 encompassing medical, hospital, dental, pharmaceutical claims, and workers compensation jurisdictional reporting with an anticipating publication date of April 1997.
- E) There currently is only one implementation guide for the Report of Injury, Illness or Incident (148).
- F) The implementation guides will specify the conformance to the standards.
- G) Yes, conformance tools are commercially available.
- H) The same tools used for conformance may also be used as testing tools.
- I) The standard is complete. The current version of the standard is 003070. As business needs dictate, enhancements may be made to the standard three times per year, one major release along with two subsequent sub-releases. The X12 Health Care Task Group has developed procedures to determine when to move to the next version of the standard as well as when to retire past versions. The Health Care Task Group will also determine the need for new versions of the implementation guides (not more frequently than once per year).
- J) Currently no enhancements are under development.
- AA) This standard has been completed.
- BB) This standard has been completed and undergoing industry implementation.

Indicator of Market Acceptance:

- A) The X12 standards are made available via many sources including the Data Interchange Standards Association, Washington Publishing (ASC X12 Insurance Subcommittee's publisher), industry user groups and associations, and the Internet. Due to the multiplicity and diversity of these distribution methods, it is not possible to determine how many copies have been distributed and to whom.
- B) Every government contractor has been funded by the Health Care Financing Administration (HCFA) to implement the ASC X12 standards. Many other payers have followed HCFA's lead and implemented the standards as well. Many other payers have followed HCFA's lead and implemented the standard as well.
- C) Yes. ASC X12 represents international standards development. North American and other countries have implemented ASC X12 standards for purchasing and financial transactions. It

would be to their benefit to further leverage their investment in EDI translation software, hardware and communication infrastructure to utilize the health care transactions.

- D) Over 300 payer, provider, vendor, and plan sponsor organizations currently participate in the development of the ASC X12 standards and implementation guides to meet the business needs of the entire health care industry. These organizations have experienced the benefits of mature standards as costs associated with developing and maintaining proprietary formats far exceed the investment necessary to implement a single set of health care EDI transactions.

Level of Specificity:

- A) The ASC X12 EDI transactions have been developed to meet the specific business needs identified by the standards developers and the health care industry.
- B) See attached table of contents from the ASC X12 Insurance Committee's implementation guides.
- C) ASC X12 standards incorporate the business requirements for exchanging information contained within other standards. The ASC X12 standards provides a vehicle for communicating other standards within the standards.
- D) ASC X12 maintains over one thousand internal code sets to support the standards. Along with the internal code sets the ASC X12 standards reference over 350 external code sources such as:
- Current Procedural Terminology (CPT) Codes from American Medical Association
 - Current Dental Terminology (CDT) Codes from American Dental Association
 - International Classification of Diseases Clinical Modification - (ICD-9-CM) Diagnosis from U.S. National Center for Health Statistics.
- E) There are too many code sets to describe here. Refer to the ASC X12 standards publication.
- F) Internal code sets are included within the ASC X12 standards publications and implementation guides. When external code sets are referenced within these documents, the source where the code sets can be obtained is listed.
- G) When possible, the implementation guides will either include the external code sets or provide further information on how to obtain the external code sets. Internal code sets are included within the implementation guides.
- H) Internal code sets are available to all users of the ASC X12 standards. Usage of the external code sets will vary by source and their ability to promote the usage of their code sets.
- I) ASC X12 internal code sets follow the same processes defined for the development and maintenance of the EDI transactions. External code lists are maintained by the external code source's internal development procedures.

Relationships with Other Standards:

- A) ASC X12 strives to coordinate and incorporate the needs of the other standards development organizations such as Health Level 7 (HL7), National Council for Prescription Drug Programs (NCPDP), and the American Society for Testing and Materials into the ASC X12 standards.
- B) See A).
- C) See A).
- D) Open communication in the development of the standards amongst the standards development organizations.
- E) ASC X12 is the ANSI appointed standards development organization responsible for international EDI standards within the United States
- F) None
- G) Given the scope and responsibility for the development and maintenance of the EDI standards for the United States and the international community with respect to United States international standards, ASC X12 is only privy to the business needs which are brought forward and coordinated with other health care organizations. At this time, we are unaware of any gaps in the current standards for insurance.

Identifiable Costs:

- A) None applicable. ASC X12 does not license its standards.
- B) The cost of acquiring the ASC X12 standards publication varies depending upon the source of the publications. Currently they are available from:
 - Data Interchange Standards Association (DISA) 703-548-7005.
 - Washington Publishing Corporation 800-972-4334
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 - The Internet (<http://www.disa.org>, <http://www.wpc-edi.com>)
- C) The typical cost ranges from free to \$415.00 for the full ASC X12 standards publication in either paper form or CD-ROM.
- D) The cost/timeframe for education and training will depend upon the individuals and skill levels of the individuals within an organization. Some organizations have completed education and training within one week while others have taken longer.
- E) The cost/timeframe for implementation depends upon the internal systems capabilities, systems development philosophy, hardware platform selected, EDI translator software, communication methodology and individual resources within an organization. Costs can range anywhere from free for a personal computer solution to well over \$150,000 for midsize and mainframe systems. Some organizations have implemented the standards within a matter of days while others have taken months to achieve the same end result.

Health Level Seven (HL7)

Emergency room message being developed with Centers for Disease Control (CDC). See detailed information regarding HL7 in the Claims section.

ASTM Committee E31 on Healthcare Informatics

Organized in 1898, ASTM (the American Society for Testing and Materials) has grown into one of the largest voluntary standards development systems in the world. ASTM is a not-for profit organization that provides a forum for producers, users, ultimate consumers, and those having a general interest (representatives of government and academia) to meet on common ground and write standards for materials, products, systems, and services. From the work of 132 standards-writing committees, ASTM publishes more than 9000 standards. ASTM headquarters has no technical research or testing facilities; such work is done voluntarily by 35,000 technically qualified ASTM members located throughout the world. ASTM provides continuing education and training in the use and application of ASTM standards through Technical and Professional Training courses. In 1987, ASTM formed the Institute for Standards and Research (ISR). The purpose of the Institute is to provide a mechanism for conducting research to improve the quality and timeliness of ASTM standards. It does no research, but serves as the intermediary between the standards-writing community and the public or private agencies that could provide appropriate research and technical services, or supply funding for such research.

ANSI Accreditation:

ASTM is an ANSI Accredited by the Organization Method. All ASTM Committee E31 standards are approved as American National Standards.

E1744-95, Standard Guide for a View of Emergency Medical Care in the Computerized Patient Record

Contact For More Information

Manager - Committee E31, ASTM
Barr Harbor Drive
West Conshohocken, PA 19373
Ph: 610-832-9500
Fax: 610-832-9666

Description of Standard

This guide covers the identification of the information that is necessary to document emergency medical care in a computerized patient record that is part of a paperless patient record system designed to improve efficiency and cost-effectiveness. It details the use of data elements already established for emergency care in the field or in a treatment facility and places them in the context of the object models for health care that will be the vehicle for communication standards for health care data. The codes for the data elements referred to in the document will be developed in consideration of national or professional guidelines whenever available. The EMS definitions are based on those generated from the national consensus conference sponsored by NHTSA and from ASTM F30.03.03 on EMS management information systems. The Emergency Department (ED) definitions will consider those recommended by the Data Elements for Emergency Department Systems workshop sponsored by CDC, NHTSA, and other public and private organizations. The hospital discharge definitions will be developed in consideration of existing requirements for Medicare and Medicaid payment. The ASTM process allows for the definitions to be updated as the national consensus changes. When national or professional definitions do not exist, or whenever there is a conflict in the definitions, the committee will recommend a process for resolving the conflict or present the various definitions within the document along with an explanation for the purpose of each definition.

This view reinforces the concepts set forth in E-1239 and E-1384 that documentation of care in all settings must be seamless and be conducted under a common set of precepts using a common logical record structure and common terminology. The computerized patient record focuses on the patient and includes information about the occurrence of the emergency, symptoms requiring emergency medical treatment, medical/mental assessment/diagnoses established, treatment rendered, outcome and disposition of the patient after emergency treatment. It consists of subsets of the data computerized by multiple care providers at the time of onset/scene and enroute, in the emergency department, in the hospital or other emergency health care settings. The computerized patient record focuses on the documentation of information that is necessary to support patient care but does not define appropriate care.

Readiness of Standard

This guide is a "view" of the data elements to document the types of emergency medical information that would be valuable if available in the computerized patient record. As a view of the computerized patient record, the information presented will conform to the structure defined in other ASTM standards for the computerized patient record. This guide is intended to amplify Guides E 1239, E 1384, and F 1629 and the formalisms described in Practice E 1715. It is implementable in that it consists of a list of data elements important to emergency medical care that vendors can include in

their data systems. The guide does not include attribute values for each of the data elements. However, most of these data elements are already defined in the other documents as indicated in Section VI. (The EMS definitions are based on those generated from the national consensus conference sponsored by NHTSA and from ASTM F30.03.03 on EMS management information systems. The Emergency Department (ED) definitions will consider those recommended by the Data Elements for Emergency Departments Workshop sponsored by CDC, NHTSA, and other public and private organizations. The hospital discharge definitions will be developed in consideration of existing requirements for Medicare and Medicaid payment.) The guide is currently being revised to include the attribute values. The guide may be obtained for a fee from ASTM.

The standard is published and is an American National Standard. How can the standard be obtained? ASTM standards are available through the ASTM Customer Service Department by calling 610-832-9585. Standards can also be ordered through the ASTM Web Site at www.astm.org

Indicators of Market Acceptance

Approximately 2300 copies of the E31 standards have been distributed. The Guide will be incorporated into the overall standards for the computerized patient record and is not designed to stand alone.

Level of Specificity

Same as information under VII.

Relationships with other Standards

There are no other similar Standards related to emergency medical care that have been developed by an authorized SDO. Defacto standards developed by the organizations listed in VI include data sets that have been developed during a formal consensus process (EMS), through broad participation by all stakeholders (ED) or through the payment of public funds (hospital). The definitions developed during these efforts will be incorporated into the next revision of E-1744.

Health Claim Status

Accredited Standards Committee X12 Insurance Subcommittee, Property and Casualty Task Group

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standards in a manner that computer programs can translate data to and from internal formats without extensive reprogramming.

This strategy allows companies to maximize their resources required for internally developed or commercial software (recommended) and private or public-access communication networks. ASC X12 believes that all sizes of companies using intelligent computational devices can benefit from the use of the standard. The efficiencies of standard interchange format can minimize the difficulties incurred from each organization using its own formats to transact business. Within ASC X12, the various subcommittees are responsible for developing standards in their area of expertise. Once a subcommittee has developed a draft standard the full ASC X12 membership reviews and approves it according to the operating policies and procedures. All standards (new or changed) require the consensus approval of the full ASC X12 membership. The approved standard becomes a draft standard for trial use for a reasonable trial period. After the trial period the draft standards are submitted to ANSI to become an American National Standard (ANS).

Health Care Claim Status Request (276)

Health Care Claim Status Notification (277)

Contact For More Information:

Data Interchange Standards Association (DISA) 703-548-7005.

Description of Standards

- A) The objective of the Health Care Claim Status Request (276) - Health Care Claim Status Notification (277) is to determine the status of a submitted claim.
- B) This transaction set pair can be used to request the status of a submitted claim by the health care provider using the Health Care Claim Status Request (276) and the payer to respond to these inquiries using the Health Care Claim Status Notification (277). The Health Care Claim Status Notification (277) can be used independently of the Health Care Claim Status Request (276) for the purposes of an unsolicited claim status from the payer to the health care provider as well as payer requests for additional information from the health care provider.
- C) This transaction is used to support administrative reimbursement for health care products and services.
- D) This standard may be used from any operating system, network, or hardware platform.
- E) The standard has been developed with widespread input from the health care industry incorporating all business needs into its functionality.
- F) The ANSI ASC X12 is the only nationally recognized EDI standards development organization in the United States for all type of electronic commerce. ASC X12 is the organization assigned by ANSI to represent the United States in the development of International EDI standards.
- G) Standards. These standards are developed using a consensus process by the users in the health care industry.
- H) The standards developed by ASC X12 may be translated to/from application systems using off the shelf translation software products which are used by all industries utilizing the ASC X12 standards.

Readiness of Standard

- A) The Health Care Claim Status Request (276) - Health Care Claim Status Notification (277) is not a guideline. However the X12 Insurance Subcommittee is currently developing an implementation guide.
- B) The Health Care Claim Status Request (276) - Health Care Claim Status Notification (277) standard is fully implementable. The transaction set was approved as a Draft Standard for Trial Use (DSTU) in October of 1993 as Version 003040.
- C) The standard can be obtained by contacting the Data Interchange Standards Association (DISA) at 703-548-7005.
- D) This standard does not require an implementation guide. ASC X12 has published four Type II Tutorial reports or tutorials for version 003041 in October of 1994, version 003050 in October 1995, version 003051 in February 1996, and version 003060 in April of 1996. To facilitate consistent implementation across the health care industry, the X12 Insurance Subcommittee is currently in the process of completing five implementation guides for version 003070 encompassing medical, hospital, dental, pharmaceutical claims, and workers compensation jurisdictional reporting with an anticipating publication date of April 1997.
- E) There currently is only one implementation guide for the Health Care Claim Status Request (276) - Health Care Claim Status Notification (277).
- F) The implementation guides will specify the conformance to the standards.
- G) Yes, conformance tools are commercially available.
- H) The same tools used for conformance may also be used as testing tools.
- I) The standard is complete. The current version of the standard is 003070. As business needs dictate, enhancements may be made to the standard three times per year, one major release along with two subsequent sub-releases. The X12 Health Care Task Group has developed procedures to determine when to move to the next version of the standard as well as when to retire past versions. The Health Care Task Group will also determine the need for new versions of the implementation guides (not more frequently than once per year).
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- B) Yes. ASC X12 represents international standards development. North American and other countries have implemented ASC X12 standards for purchasing and financial transactions. It would be to their benefit to further leverage their investment in EDI translation software, hardware and communication infrastructure to utilize the health care transactions.
- C) Over 300 payer, provider, vendor, and plan sponsor organizations currently participate in the development of the ASC X12 standards and implementation guides to meet the business needs of the entire health care industry. These organizations have experienced the benefits of mature standards as costs associated with developing and maintaining proprietary formats far exceed the investment necessary to implement a single set of health care EDI transactions.

Level of Specificity:

- A) The ASC X12 EDI transactions have been developed to meet the specific business needs identified by the standards developers and the health care industry.
- B) See attached table of contents from the ASC X12 Insurance Committee's implementation guides.
- C) ASC X12 standards incorporate the business requirements for exchanging information contained within other standards. The ASC X12 standards provides a vehicle for communicating other standards within the standards.
- D) ASC X12 maintains over one thousand internal code sets to support the standards. Along with the internal code sets the ASC X12 standards reference over 350 external code sources such as:
 - Current Procedural Terminology (CPT) Codes from American Medical Association
 - Current Dental Terminology (CDT) Codes from American Dental Association
 - International Classification of Diseases Clinical Modification - (ICD-9-CM) Diagnosis from U.S. National Center for Health Statistics.
- E) There are too many code sets to describe here. Refer to the ASC X12 standards publication.
- F) Internal code sets are included within the ASC X12 standards publications and implementation guides. When external code sets are referenced within these documents, the source where the code sets can be obtained is listed.
- G) When possible, the implementation guides will either include the external code sets or provide further information on how to obtain the external code sets. Internal code sets are included within the implementation guides.
- H) Internal code sets are available to all users of the ASC X12 standards. Usage of the external code sets will vary by source and their ability to promote the usage of their code sets.
- I) ASC X12 internal code sets follow the same processes defined for the development and maintenance of the EDI transactions. External code lists are maintained by the external code source's internal development procedures.

Relationships with Other Standards

- A) ASC X12 strives to coordinate and incorporate the needs of the other standards development organizations such as Health Level 7 (HL7), National Council for Prescription Drug Programs (NCPDP), and the American Society for Testing and Materials into the ASC X12 standards.
- B) See A).
- C) See A).
- D) Open communication in the development of the standards amongst the standards development organizations.
- E) ASC X12 is the ANSI appointed standards development organization responsible for international EDI standards within the United States
- F) None
- G) Given the scope and responsibility for the development and maintenance of the EDI standards for the United States and the international community with respect to United States international standards, ASC X12 is only privy to the business needs which are brought forward and coordinated with other health care organizations. At this time, we are unaware of any gaps in the current standards for insurance.

Identifiable Costs:

- A) None applicable. ASC X12 does not license its standards.
- B) The cost of acquiring the ASC X12 standards publication varies depending upon the source of the publications. Currently they are available from:
 - Data Interchange Standards Association (DISA) 703-548-7005.
 - Washington Publishing Corporation 800-972-4334

- Industry user groups and associations
 - The Internet (<http://www.disa.org>, <http://www.wpc-edi.com>)
- C) The typical cost ranges from free to \$415.00 for the full ASC X12 standards publication in either paper form or CD-ROM.
- D) The cost/timeframe for education and training will depend upon the individuals and skill levels of the individuals within an organization. Some organizations have completed education and training within one week while others have taken longer.
- E) The cost/timeframe for implementation depends upon the internal systems capabilities, systems development philosophy, hardware platform selected, EDI translator software, communication methodology and individual resources within an organization. Costs can range anywhere from free for a personal computer solution to well over \$150,000 for midsize and mainframe systems. Some organizations have implemented the standards within a matter of days while other have taken months to achieve the same end result.
- F) The current use of proprietary formats such as the National Standard Format (NSF) and the costs of maintaining these formats far outweigh the costs associated with implementing a single set of the health care industry standards from ASC X12.

ASC X12 Claim Status (276/277) was approved October 1993. This transaction is used to determine the status of a submitted claim. The Implementation Guide is in development and is expected to be approved June 1997.

Referral Certification and Authorization

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ANSI Accreditation:

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Health Care Service Review Information (278)

Contact For More Information:

Data Interchange Standards Association (DISA) 703-548-7005.

Description of Standard:

- A) The objective of the Health Care Service Review Information (278) is used for referral certification and authorization.
- B) This transaction set can be used to request and transmit demographic, utilization, certification and referral information. Includes no Utilization Management treatment information.
- C) This transaction is used to support administration of health care services review between payers, providers, plan sponsors, and utilization review organizations..
- D) This standard may be used from any operating system, network, or hardware platform.
- E) The standard has be developed with widespread input from the health care industry incorporating all business needs into its functionality.
- F) The ANSI ASC X12 is the only nationally recognized EDI standards development organization in the United States for all type of electronic commerce. ASC X12 is the organization assigned by ANSI to represent the United States in the development of International EDI standards.
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Readiness of Standard:

- A) The Health Care Service Review Information (278) is not a guideline. However the X12 Insurance Subcommittee is currently developing implementation guides for this transaction.
- B) The Health Care Service Review Information (278) standard is fully implementable. The transaction set was approved as a Draft Standard for Trial Use (DSTU) in October of 1994 as Version 003050.
- C) The standard can be obtained by contacting the Data Interchange Standards Association (DISA) at 703-548-7005.
- D) This standard does not require an implementation guide. ASC X12 has published four Type II Tutorial reports or tutorials for version 003041 in October of 1994, version 003050 in October 1995, version 003051 in February 1996, and version 003060 in April of 1996. To facilitate consistent implementation across the health care industry, the X12 Insurance Subcommittee is currently in the process of completing five implementation guides for version 003070 encompassing medical, hospital, dental, pharmaceutical claims, and workers compensation jurisdictional reporting with an anticipating publication date of April 1997.
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- C) The typical cost ranges from free to \$415.00 for the full ASC X12 standards publication in either paper form or CD-ROM.
- D) The cost/timeframe for education and training will depend upon the individuals and skill levels of the individuals within an organization. Some organizations have completed education and training within one week while others have taken longer.
- E) The cost/timeframe for implementation depends upon the internal systems capabilities, systems development philosophy, hardware platform selected, EDI translator software, communication methodology and individual resources within an organization. Costs can range anywhere from free for a personal computer solution to well over \$150,000 for midsize and mainframe systems. Some organizations have implemented the standards within a matter of days while others have taken months to achieve the same end result.
- F) The current use of proprietary formats such as the National Standard Format (NSF) and the costs of maintaining these formats far outweigh the costs associated with implementing a single set of the health care industry standards from ASC X12.

ASC X12 Healthcare Service Review (278) was approved February 1996. This transaction is used to request and transmit demographic, utilization, certification and referral information. The Implementation Guide is in development and is expected to be approved June 1997.