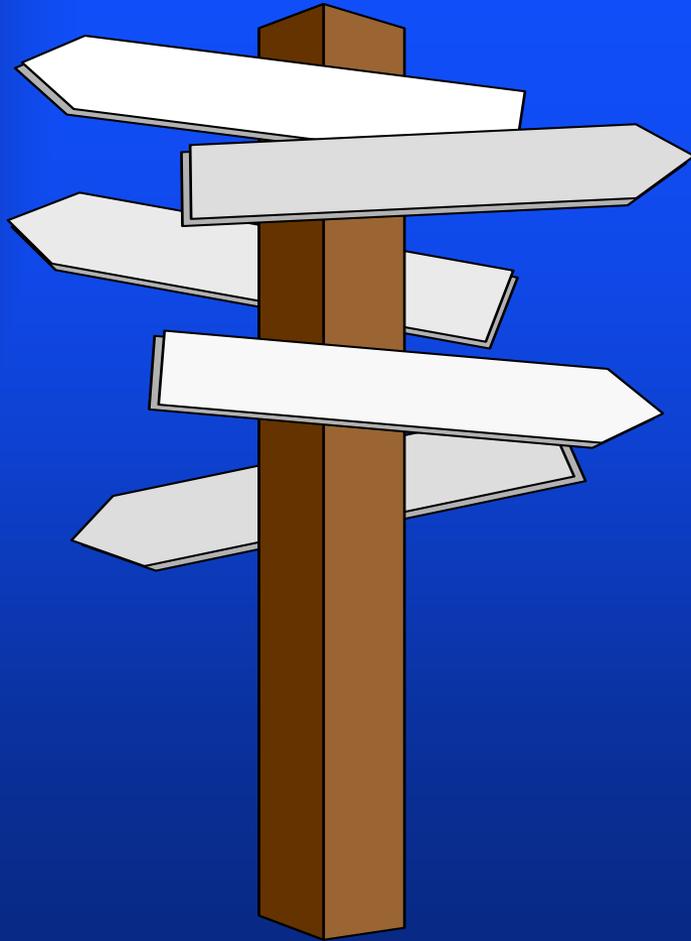

Reports From Code Maintenance Committees



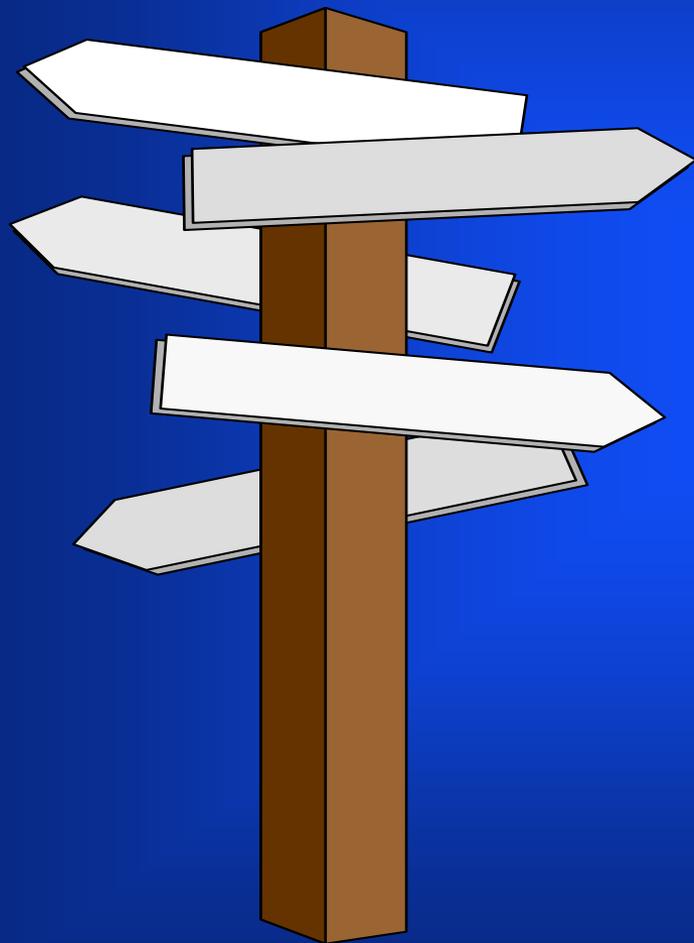
**2002 National Medicaid HIPAA
& MMIS Conference
Tuesday, April 23, 2002**

How Do We Know Which Code Sets to Use?



Always Named in the Specifications for a Field in an **Implementation Guide (IG)**

How Do We Know Which Code Sets to Use?



Medical Code Sets
are also Specified
in **Federal
Regulation**

(as well as in the IG)

Implementation Guide Specification

REQUIRED SV101 - 1	235	Product/Service ID Qualifier	M	ID	2/2
Code identifying the type/source of the descriptive number used in Product/Service ID (234)					
INDUSTRY: Product or Service ID Qualifier					
DEFINITION					
CODE	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes				
HC	Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.				
	CODE SOURCE: 130: Health Care Financing Administration Common Procedural Coding System				
IV	Home Infusion EDI Coalition (HIEC) Product/Service Code				
	This code set is not allowed for use under HIPAA at the time of this writing.				

Field Name:
Product/
Service ID
Qualifier

Code:
HC

Definition:
HCPCS

Code Source:
HCFA

Code Sets Can Be Internal

- Internal to the Implementation Guide
 - Maintained by the Standards Maintenance Organization that maintains the Guide
 - Updated through DSMO process
 - Published only when new version of Guide is published
 - Usable for HIPAA mandated transactions only when a new federal rule is promulgated

... or External

- External to the Implementation Guide
 - Maintained by a Code Maintenance Committee
 - Not necessarily a DSMO
 - Never updated through the DSMO Process
 - Published on Schedule defined by each code Maintenance Committee
 - Usable for HIPAA mandated transactions on code's effective date

Code Sets Can Be Medical

- Medical Codes Named in Transactions Rule
 - ICD-9 coding for diagnoses and inpatient services
 - CPT-4 for professional services
 - CDT-3 for dental services instead of 'D' codes
 - NDC for drugs
- Note: All Medical Code Sets are External

. . . or Administrative

- Administrative Codes are only required by virtue of their placement in the IG mandated for use.
- Used for to describe
 - accounting,
 - demographic and
 - other non- medical business information

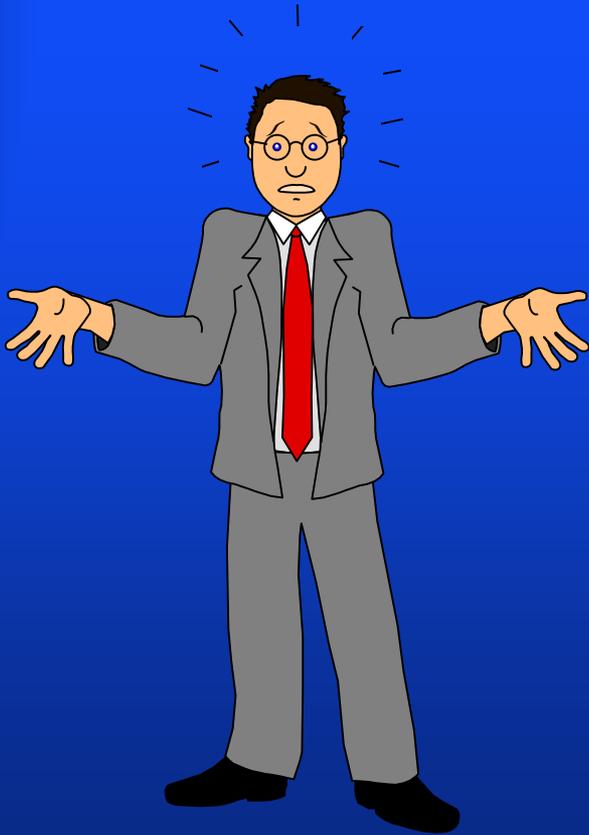


... or Syntactical

- Used by translator to parse the transaction
- Does not carry business operational intelligence
- Not needed to adjudicate a claim



Who maintains Code Sets?



- **HCPCS** is a named Medical code set
- Maintained (for Medicaid) by the CMS HCPCS Committee

Single Purpose Committee

- A number of administrative codes are

X12 meeting

- Claim Adjustment Reason Codes
- Claim Status Codes
- Claim Status Category Codes
- Health Care Services Decision Reason Codes

CMS

- Claim Remittance Remark Codes



- Place of Service Codes

National Uniform Claim Committee

- Provider Taxonomy Codes
- Maybe more in the future

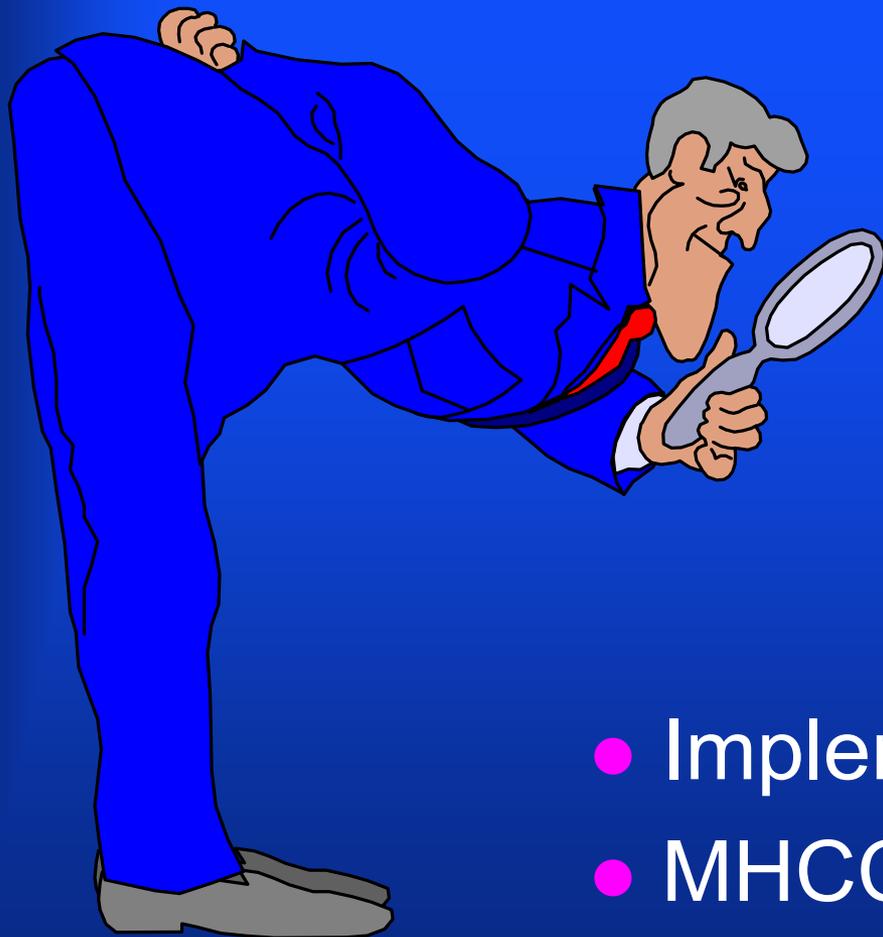


National Uniform Billing Committee

Condition Codes

- Occurrence Codes
- Occurrence Span Codes
- Value Codes
- Revenue Codes
- etc.

More information



- Implementation Guides
- MHCCM white paper on Data Content and Code Sets