

National Committee on Vital and Health Statistics

Subcommittee on Standards and Security

**Designated Standards Maintenance Organizations (DSMO) Testimony
February 6, 2002**

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Mr. Chairman and members of the subcommittee, my name is Lynne Gilbertson and I am here today representing the DSMO. We would like to thank you for the opportunity to testify on these important issues.

(Maria Ward, Chair of DSMO, was unable to attend due to a conflict with X12N across the country.)

Change Request System

This testimony is intended to provide the NCVHS with an update of code set activity as seen through the DSMO - Change Request System. The requests listed below were submitted for the addition/support of code sets. Other submitters requested additional code values added. These were referred to the appropriate code set maintainer.

To date, the DSMO has received the following requests.

1. The addition of HIEC for home infusion (CRS # 115, 118)

The DSMO recommendation:

X12N should remove HIEC code qualifier from implementation guides. Recommend to work through level 2 HCPCS and CPT4. When this is completed, if the code set is incomplete, please submit a request through the DSMO.

There were two parts to this request:

1. HIEC requested their code set named as a HIPAA code set
2. Even though it isn't a named code set, HIEC requested their code set qualifier to remain in the X12N implementation guides.

The result of this request is that HIEC is working with CPT to have their code set needs addressed and CPT feels that eventually they will be able to accommodate them. Secondly, X12N has left the code qualifier for HIEC codes in the implementation guides and as part of the addenda process they have added a note to the implementation guide to say the use of HIEC codes is not allowed under HIPAA. This approach was followed because there may be people who use the implementation guides for reasons outside of the scope of HIPAA and use of HIEC codes would be permissible in those situations.

2. The addition of ABCcode set for Complimentary and Alternative Medicine practice (CRS 137)

The DSMO recommendation:

Requested the submitter review and specify why HCPCS, NDC, CPT are not meeting business needs. Demonstrate support for health plans supporting/paying for these categories.

(A follow up request by the same submitter is being processed through the Change Request System now.)

3. The support of local HCPCS J codes for an additional year (CRS 223, 224)

The DSMO recommendation:

This is a policy issue and was submitted to HHS.

4. The support of clinical nomenclature codes to classify mental disorders (CRS285)

The DSMO recommendation:

ICD-9 codes are mandated in the final rule.

5. The support of temporary procedure or diagnosis codes for each code set (CRS 347)

The DSMO recommendation:

X12N notes that diagnosis and procedure codes are part of the "medical code set" as defined by HIPAA. Therefore, neither the DSMOs nor the X12 Implementation Guide authors have the authority to include any non-designated medical codes or code sets in the HIPAA implementation guides. X12N recommends that the requestor work with the maintainers of the designated medical code sets, i.e., CPT, ICD, HCPCS, CDT and NDC, to request whatever codes are necessary. It is our understanding that all of the code set maintainers either have or are developing processes for requesting new codes, and at least several are contemplating including temporary codes.

6. The support of vision care code sets (CRS 437)

The DSMO recommendation:

DSMO recommends that the requester work with existing code set bodies (CPT, HCPCS) to reach consensus. The National Committee on Vital and Health Statistics (NCVHS) will be holding hearings in 2001 on code sets. See www.ncvhs.org for more information. If the requester does not reach consensus in the code set bodies, they may reapply to the DSMO outlining actions taken and consequences of outcomes.

The dialogue of the addition of vision codes included information that the vision industry had not yet come to consensus on their needs and that they were also petitioning all of the SDOs to have their data needs met in each of those standards. The DSMOs recognized that the vision industry would need to submit a request that represents their industry, after consensus and due diligence had been demonstrated.

Code Set Request Procedures

In an effort to assist the public when requesting the adoption of a new code set into the HIPAA regulations, the DSMO is creating a process that will provide guidance to the submitter. The process should outline the submitter steps, provide information of what organizations are available to help them, and present a series of questions the submitter should answer before entering a request into the CRS. The process is currently in draft and the DSMO will be glad to email or present to the committee the finished code set procedures at the next appropriate hearing.

Thank you again for the opportunity to testify.