What's new in Version 8020 X12 Implementation Guides

DRG or Grouping Methodologies in the 835 transaction set

When DRG or Grouping Methodologies are used to adjudicate a claim, providers need to not only know it occurred, but also need to know exactly what DRG or Grouping Methodology was used and what the code itself was. Previous versions of the Healthcare Claim Payment/Advice transaction provided some of this information, but did not accommodate new methodologies that are now part of the healthcare landscape.

The 008020X322 Health Care Claim Payment/Advice (835) includes an updated element structure in the CLP that provides the information about the DRG or Grouping Methodology.

What's New

- 2100 Loop CLP – Claim Payment Information
    - CLP11 – Health Care Code Information is required when a DRG or Grouping Methodology was used in the adjudication of the claim. It is a composite element:
        - CLP11_01 contains a qualifier used to identify the DRG or Grouping Methodology type. For example, APR-DRG, APS, or MS-DRG
        - CLP11_02 contains the DRG or Grouping Methodology code

- 2100 Loop REF – Payment Determination Methodology is required when a specific methodology was used to determine the allowed or paid amounts. This conveys pricing information related to CLP11. For example, fee schedules, tiers/rates/per diems or APC

How can this benefit you?

- Specific information about the DRG or Grouping Methodology can be included in the 835 for the provider to get more information about the adjudication of the claim. The transaction now accommodates current methodologies used within the industry.
- Improved ability to auto-post the 835 to the accounts receivable system
- Incentivize 835 adoption

How can this impact you?

Payer and Business Associates business processes
- Update database structure to save the new information about the DRG or Grouping Methodology
- Update the post-adjudication system to report the new values in CLP11 in the 835
- Internal testing and trading partner testing
- Internal education e.g., EDI and help desk
- External education to providers via companion guides or bulletins

Practice Management System (PMS)
- Update revenue cycle software to incorporate receiving and utilizing the new DRG or Grouping Methodology Information
- Update remit viewer tool to report all information regarding DRG or Grouping Methodology

- Internal testing
- Internal education e.g., client facing staff
- External education to customers

Provider Business Processes
- Review and update reports as needed
- Internal education

Clearinghouse
- Update system to allow files that include the new CLP11 values for DRG or Grouping Methodology
- Update database structure to save the new information about the DRG or Grouping Methodology
- Update remit viewer tool to report all information including DRG or Grouping Methodology
- Internal testing and trading partner testing
- Internal education e.g., EDI and help desk
- External education with trading partners and business associates

Refer to X12's 008020X322 Health Care Claim Payment/Advice 835 for additional information on the DRG or Grouping Methodologies in the 835.