

Frequently Asked Questions about the Health Care Service: Data Reporting Guide

What is the Health Care Service: Data Reporting Guide?

The Health Care Service: Data Reporting Guide is a HIPAA compatible implementation guide based on the institutional health care claim (837) format.

What drives the data content of the Health Care Service: Data Reporting Guide?

The data content Health Care Service: Data Reporting Guide is principally defined by the UB-92 data specifications.

Are state discharge system specific issues supported in the Health Care Service: Data Reporting Guide?

Yes. The main purpose of the Health Care Service: Data Reporting Guide is to standardize those state specific issues.

Does the health care claim (837) standard support state discharge system specific needs?

Yes. The health care claim standard (837) is a very robust standard.

The 837 standard already includes many data elements not needed for billing purposes, but required by many state discharge systems; such as but not limited to: race, ethnicity, county codes, and emergent diagnosis indicators.

Can the health care claim (837) standard be changed to support future state discharge system specific needs?

Yes. The health care claim (837) is an American National Standards Institute (ANSI) Accredited Standards Committee (ASC) Electronic (X12) approved standard and consequently subject to the ANSI consensus change process.

Are there any interim solutions to support state discharge system data needs prior to changes in the health care claim (837) standard?

Yes. The health care claim (837) standard contains two segments designed for exactly this purpose.

*The **K3** segment supports codified data not otherwise supported in the health care claim standard.*

*The **NTE** segment supports narrative data not otherwise supported in the health care claim standard.*