90-590 Maine Health Data Organization

Final Rule Summary of Changes and Basis Statement  
Chapter 241: Uniform Reporting System For Hospital Inpatient Data Sets and Hospital Outpatient Data Sets

*(Routine Technical Rule)*

The Maine Health Data Organization is authorized by statute to collect health care data. This chapter governs the provisions for filing hospital inpatient data sets and hospital data outpatient data service sets. The provisions include identification of the organizations required to report; requirements for the content, form, medium, and time for filing the data; standards for the data reported; and compliance provisions.

The MHDO Board met on May 23, 2019 and authorized the MHDO to initiate rulemaking to Chapter 241. The proposed rule was publicly noticed on August 14, 2019 and a public hearing was held on September 5, 2019 in Augusta. No oral comments were received at the public hearing but the MHDO provided a written comment by the September 16, 2019 deadline that adds clarifying language to the proposed rule as outlined below:

**MHDO Comment:**

**Section 2**. **Hospital Inpatient and Outpatient Service Data Sets Filing Description.**

**General Requirements**

(3). Inpatient Data Filing. Data for all inpatient services of the hospital must be submitted based on the discharge date and filed under the MHDO provider code assigned to that hospital.

This clarification is not a new requirement and is currently defined in section 1 (G).

Hospital Inpatient Data. "Hospital inpatient data" pertains to the information generated at the time of discharge which is associated with patients who are provided with room, board, and continuous nursing service based on a physician’s written order in an area of the hospital where patients generally stay more than twenty-four hours.

The Board reviewed the MHDO comment and then adopted this routine technical rule on November 21, 2019, which makes the following additional changes:

**Section 1. Definitions**

1. Deleted and added the following definitions from Section 1:
   * E-codes – removed as ICD-9 data element no longer collected
   * Attending Provider - added for a data element currently collected
   * Billing Provider – added for a new data element
   * Operating Physician – added for a data element currently collected
   * Rendering Provider – added for a new data element
   * National Provider Identifier (NPI) - added for a data element currently collected

Update the definitions section by deleting those definitions that are no longer used, added three definitions for data elements currently collected, and added two new definitions for new data elements proposed in this rule change.

**Section 2. Hospital Inpatient and Outpatient Service Data Sets Filing Description:**

1. Added Statement to Section 2 paragraph for clarity

Statement to clarify that a complete hospital data set includes professional as well as facility services as defined in appendices.

1. Removed all references to e-codes in Section 2A(1)(c).

Removed e-codes since they were replaced with ICD-10 external cause codes; and therefore, no longer applicable and elements removed from data collection.

1. Revised Section 2A (3) as follows:

* Clarified that outpatient services includes all specialty groups or primary care practices as defined in the definition for hospital outpatient data.
* Clarified that only when the Place of Service field is populated with a designated subset of codes is the Location of Service Code required.
* Revised the current quarterly submission requirement of location of service crosswalk to an annual submission.
* Clarified what fields are required in the location of service crosswalk.

**Appendix A Source Codes**

* Alphabetized the sources that have been present in this Appendix
* Added US DHHS CMMS National Provider Identifier (NPI)
* Deleted WHO International Classification of Diseases Clinical Modification (ICD-9-CM) since it has been replaced by ICD-10-CM.

**Appendix B-1 Inpatient Data Submission Specifications**

1. On the General page of Appendix B-1, removed Record Type 70-Medical Data.

Record Type 70 data elements are associated with ICD-9-CM which has been replaced by ICD-10-CM.

1. On the Record Type 50 page all Accommodations Revenue Code (IP5004, IP5007, IP5010 and IP5013) descriptions now state that leading zeros must be included.

This is to ensure entries in these fields are the same length which improves data quality.

1. On the Record Type 60 page all Ancillary Revenue Code (IP6004, IP6006 and IP6008) descriptions now state that leading zeros must be included.

This is to ensure entries in these fields are the same length and improves data quality.

1. Record Type 70 – Medical Data table/page removed entirely.

Removed all record type 70 data elements associated with ICD-9-CM which has been replaced by ICD-10-CM.Record Type 80 terminology updates to match UB-04 standards.

* Replaces term Identifier with standard term which is NPI
* Replace Operating Provider with Operating Physician to align with standard language.

1. Added Field IP8012 for the collection of the Billing Provider NPI (National Provider Identifier).

Adding the NPI improves the standardization of the data collection and identification of the billing provider.

**Appendix B-2 Inpatient Data Record Mapping to National Standards**

1. Inpatient Data Record Type 70 table/page removed.

Since all record type 70 data elements (ICD-9 e-codes) have been removed, there is no need to list the 70-record type in the mapping.

1. Inpatient Data Record Type 80 name changes.

Replaced Operating Provider with Operating Physician as defined in standard.

1. Added Field IP8012 Billing Provider NPI.

Added this data element to layout, so must be added to mapping table.

**Appendix C-1 Outpatient Data Submission Specification**

1. Changed Name of Record Type 61 to be Services on General page.

Currently this record type is identified as Outpatient Procedures it should be labeled Services for consistency.

1. On the General page of Appendix C-1, removed Record Type 70-Medical Data.

Record Type 70 data elements are associated with ICD-9-CM which has been replaced by ICD-10-CM.

1. Removed previous requirement in the description for OP4004 and OP4006

It has been determined that OP4004 Type of Bill and OP4006 Place of Service are not mutually exclusive; therefore, the statements have been removed.

1. Added further clarification for when a value in the OP4005 is necessary

Added the OP4006 Place of Service values that necessitate the population of the Location of Service field.

1. Added to the Description for Revenue Center Codes in Record Type 61.

Added that leading zeros must be included for OP6104, OP6111 and OP6118. This is to ensure entries in these fields are the same length and it improves data quality.

1. Changed title of Record Type 61 from Outpatient Procedure to Services.

This titles the page and elements in the record type more accurately than the Outpatient Procedure.

1. Added Place of Service 1, 2 and 3 and Rendering Provider NPI 1, 2, and 3 fields in the Record Type 61 Records

* OP6125, OP6127 and OP6129 are to collect Place of Service codes for each service reported on the CMS-1500 to provide the MHDO data user with the information needed to understand/identify where the outpatient service is being provided.
* OP6126, OP6128 and OP6130 are to collect Rendering Provider NPI codes for each service reported on the CMS-1500 to provide the MHDO data user with the information needed to understand/identify who the provider is performing the service.

1. Record Type 70-Medical Data table/page removed.  
     
   Removed because ICD-9-CM has been replaced by ICD-10-CM
2. Outpatient Data Record Type 80 element name changes.  
     
   Replaced Operating Provider with Operating Physician to comply with language in the standard.
3. Outpatient Data Record Type 80 description changes  
     
   Descriptions were reworded for clarity. Intent is to indicate these fields should come from the UB-04 and not the CMS-1500.
4. Added Field OP8012 Billing Provider NPI  
     
   Adding the NPI improves the standardization of the data collection and identification of the billing provider.
5. Removed definitions at the bottom of the Record Type 80 table  
     
    Definitions are in section 2 where all others are located.

**Appendix C-2 Outpatient Data Record Type 01 Mapping to National Standards**  
  
1. Added information in last column for OP4005.  
  
 Information is to clarify what determines when this field needs to be populated.  
  
2. Mapping for OP4006 revised.  
  
 Removed mapping to 837/2400/SV1/05 because this element is now specifically for claim level. The newly added field OP6125, OP6127 and OP6129 are for service level.  
  
3. Adding rows for OP6125, OP6126, OP6127, OP6128, OP6129 and OP6130  
  
 Added these elements, so including in this appendix for standards mapping.  
  
4. Removed Record Type 70 page/table entirely.  
  
 Removed all record type 70 data elements since we no longer collect them; therefore,  
 no need for them to be on mapping table.  
  
5. Remove CMS-1500 mapping from OP8004 and OP8005.  
  
 These two fields are not present in the CMS-1500, so correcting an error.  
  
 6. Changed the word Provider to Physician for all the Operating Physician elements.  
  
 Replacing Operating Provider with Operating Physician to comply with language in the   
 standard.  
  
 7. Added row for OP8012 Billing Provider NPI  
 This element has been added, so must update appendix for mapping.

**This rule will not have a fiscal impact on municipalities, counties, or small businesses.**

**Statutory Authority:**  22 M.R.S.A., Chapter 1683, §8704, sub-§4 and §8708

**Effective Date:** This rule change will be effective 5 days from the date the Secretary of State accepts the filing