Texas All-Payor Claims Database
Claim Versioning Guide

Center for Health Care Data
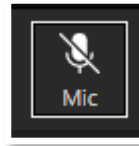
TX-APCD February 4, 2025 Webinar: As presented at the bi-monthly Technical Work Group (TWG) meeting on October 22, 2024

UTHealth® Houston
School of Public Health

Welcome

❑ Welcome and housekeeping

- o Thank you!
- o Please place your audio on mute.
- o Slides and notes will be made available on our website.

Webex & Chat

- **Reminder:** The "Chat" function in Webex can be found on the bottom right-hand corner of your screen on most devices. In some instances, it may appear in the upper right-hand corner. Please enter your questions there.
  - When entering a question in the chat, please respond to "**Everyone**" to ensure your question is visible so it can be acknowledged.

Desktop Application
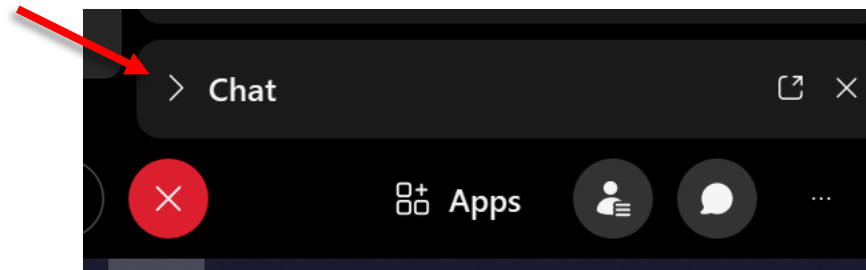
Website Application
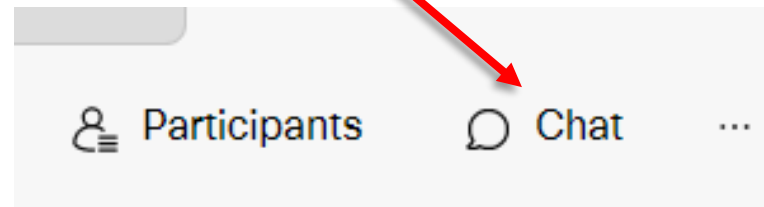
Introduction

➤ While versioning is not a factor for the majority of claims, there is a fraction of claims data that go through a more complex adjudication route than is standard.

➤ In order to be able to use all of the claim data effectively, to answer research and other questions, the Texas All-Payor Claims Database (TX-APCD) has to be able to discern the "most current" version of each claim line.

➤ The TX-APCD has prepared this supplemental guidance to support the information available in the Common Data Layout (CDL) and the Data Submission Guide (DSG) on how submitters can structure submissions so that the TX-APCD can reliably identify the "most current" version of each claim line.

Approach

➢ The TX-APCD recognizes that not all claim processing systems are the same and data submitters operate under different constraints.

➢ For this reason, the TX-APCD will offer multiple versioning schemes that data submitters can use to structure claims data to ensure that the TX-APCD is able to identify the "most current" version of each claim line.

➢ For consistency, the data submitter will need to indicate and maintain the versioning scheme to be used by payor code.

Data Fields Relevant for Versioning

DATA FIELD NAME	CDL REFERENCE
Payor Claim Control Number (PCCN)	CDLMC005, CDLPC005, CDLDC005
Line Counter	CDLMC006, CDLPC006, CDLDC006
Version Number	CDLMC007, CDLPC007, CDLDC007
Cross Reference Claims ID	CDLMC008, CDLPC008, CDLDC008
Paid Date	CDLMC024, CDLPC024, CDLDC023
Claim Line Type	CDLMC160, CDLPC066, CDLDC084

Claim Line Type

➤ The CDL defines the claim line status in terms of adjudication
➤ It indicates the type of claim record by type of transaction
➤ <u>Values to be used:</u>

O	• **Original** claim line
B	• **Backout** – same as reversal, and a forward claim is expected; negative cost/unit values
A	• **Amendment** – this should be used in lieu of a replacement; non-negative cost/unit values
V	• **Void** – this is a backout with no forward claim; all prior versions to be disregarded

Simplified Adjudication Flow

➤ All claim lines begin with an original (O) version.

➤ Most claim lines (over 90%) only ever have a single version, are paid and completed.

➤ The remainder may go through multiple versions.

➤ The typical pattern expected is O – B – A (an original, followed by a backout, followed by an amendment). In some extended cases, it would not be unusual to see a pattern such as O – B – A – B – A – B – A – etc.

Original (O)

versions > 1   *versions = 1*   *versions > 1*

Backout (B)

Void (V)

Amendment (A)

APCD Claim Repository
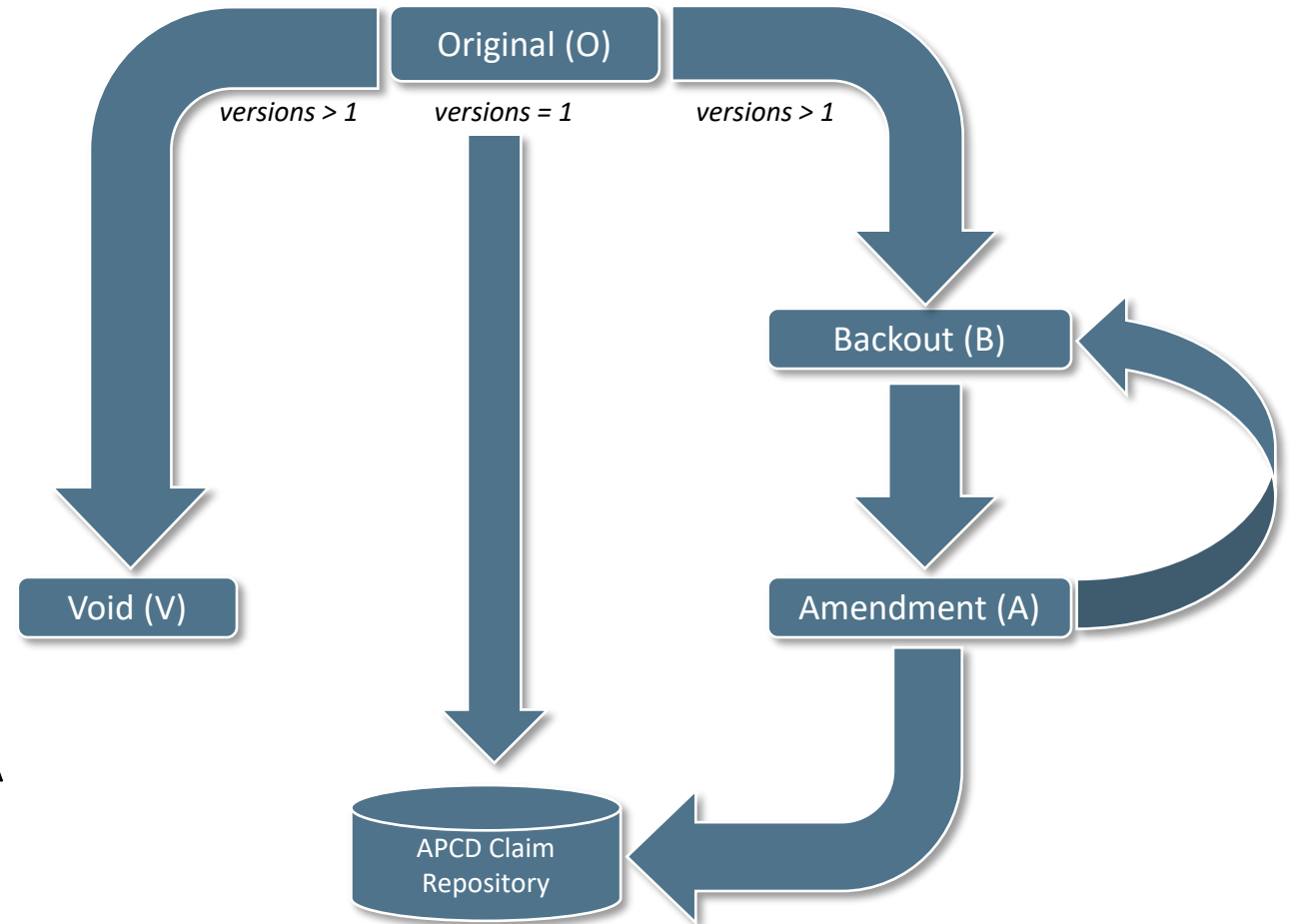
Assumptions

1. Line number is preserved across submissions.

2. Version number is assigned according to the guidance in the CDL (starting from 0 and incrementing by 1; no gaps expected).

3. Each submission of a claim includes all lines of the claim and not only the lines that changed.

4. The paid date on a claim line should remain unchanged across versions if there are no modifications to the claim line.

5. For each payor code, the submitter will indicate the versioning scheme being used. Only one versioning scheme should be used per payor code.

Assumptions

6. Across all lines, and line versions of a claim, the aggregate value of amounts should never be negative (except where forward claim expected; e.g. in the case of a backout or claim lines pre-date 201901).

7. The "most recent" version of a claim line should not be a backout (except where forward claim is expected, else claim line should be voided).

8. Member ID should be the same on ALL claim lines associated with a single PCCN.

Scheme 1 (S1)

- ➤ In this scheme, unique claim lines are identified by PCCN and Line Counter.
- ➤ Version Number is used to identify new versions of the claim line.

Medical Examples:

pccn	version	cross ref	line	claim line type	procedure code	service units	charge amount	plan paid amount	copay
C10034	0	[null]	1	O	99283	1	50000	15000	10000
C10034	0	[null]	2	O	71046	1	30000	10000	0
C10034	0	[null]	3	O	93005	1	20000	5000	0
C10034	1	[null]	1	B	99283	-1	-50000	-15000	-10000
C10034	1	[null]	2	B	71046	-1	-30000	-10000	0
C10034	1	[null]	3	B	93005	-1	-20000	-5000	0
C10034	2	[null]	1	A	99283	1	50000	10000	15000
C10034	2	[null]	2	A	71046	1	30000	10000	0
C10034	2	[null]	3	A	93005	1	20000	5000	0
C10034	3	[null]	1	B	99283	-1	-50000	-10000	-15000
C10034	3	[null]	2	B	71046	-1	-30000	-10000	0
C10034	3	[null]	3	B	93005	-1	-20000	-5000	0
C10034	4	[null]	1	A	99283	1	50000	10000	15000
C10034	4	[null]	2	A	71046	1	30000	12000	0
C10034	4	[null]	3	A	93005	1	20000	5000	0

"Most current" version:

pccn	version	cross ref	line	claim line type	procedure code	service units	charge amount	plan paid amount	copay
C10034	4	[null]	1	A	99283	1	50000	10000	15000
C10034	4	[null]	2	A	71046	1	30000	12000	0
C10034	4	[null]	3	A	93005	1	20000	5000	0

Scheme 2 (S2)

➢ In this scheme, unique claim lines are identified by PCCN and Line Counter.
➢ The chain of Cross Reference Claims ID is used to identify newer versions of the claim line.

Medical Examples:

pccn	version	cross ref	line	claim line type	procedure code	service units	charge amount	plan paid amount	copay
C10034	[null]		1	O	99283	1	50000	15000	10000
C10034	[null]		2	O	71046	1	30000	10000	0
C10034	[null]		3	O	93005	1	20000	5000	0
C10035	[null]	C10034	1	B	99283	-1	-50000	-15000	-10000
C10035	[null]	C10034	2	B	71046	-1	-30000	-10000	0
C10035	[null]	C10034	3	B	93005	-1	-20000	-5000	0
C10036	[null]	C10035	1	A	99283	1	50000	10000	15000
C10036	[null]	C10035	2	A	71046	1	30000	10000	0
C10036	[null]	C10035	3	A	93005	1	20000	5000	0
C10037	[null]	C10036	1	B	99283	-1	-50000	-10000	-15000
C10037	[null]	C10036	2	B	71046	-1	-30000	-10000	0
C10037	[null]	C10036	3	B	93005	-1	-20000	-5000	0
C10038	[null]	C10037	1	A	99283	1	50000	10000	15000
C10038	[null]	C10037	2	A	71046	1	30000	12000	0
C10038	[null]	C10037	3	A	93005	1	20000	5000	0

* NOTE: Cross Reference Claim IDs do NOT have to be sequential or resemble the PCCN in any way

"Most current" version:

pccn	version	cross ref	line	claim line type	procedure code	service units	charge amount	plan paid amount	copay
C10038	[null]	C10037	1	A	99283	1	50000	10000	15000
C10038	[null]	C10037	2	A	71046	1	30000	12000	0
C10038	[null]	C10037	3	A	93005	1	20000	5000	0

Scheme 3 (S3)

- In this scheme, unique claim lines are identified by PCCN and Line Counter.
- The Paid Date is used to identify newer versions of the claim line.
- When Paid Date is the same, CLAIM LINE TYPE is used to distinguish earlier from later versions.
- Refer to the Simplified Adjudication Flow for assumptions about expected sequencing of claim line type. For example, we assume that a backout (B) is performed before an amendment (A).

Medical Examples:

pccn	version	cross ref	paid_date	line	claim line type	procedure code	service units	charge amount	plan paid amount	copay
C10034	[null]	[null]	20200112	1	O	99283	1	50000	15000	10000
C10034	[null]	[null]	20200112	2	O	71046	1	30000	10000	0
C10034	[null]	[null]	20200112	3	O	93005	1	20000	5000	0
C10034	[null]	[null]	20200224	1	B	99283	-1	-50000	-15000	-10000
C10034	[null]	[null]	20200224	2	B	71046	-1	-30000	-10000	0
C10034	[null]	[null]	20200224	3	B	93005	-1	-20000	-5000	0
C10034	[null]	[null]	20200224	1	A	99283	1	50000	10000	15000
C10034	[null]	[null]	20200224	2	A	71046	1	30000	10000	0
C10034	[null]	[null]	20200224	3	A	93005	1	20000	5000	0
C10034	[null]	[null]	20200411	1	B	99283	-1	-50000	-10000	-15000
C10034	[null]	[null]	20200411	2	B	71046	-1	-30000	-10000	0
C10034	[null]	[null]	20200411	3	B	93005	-1	-20000	-5000	0
C10034	[null]	[null]	20200411	1	A	99283	1	50000	10000	15000
C10034	[null]	[null]	20200411	2	A	71046	1	30000	12000	0
C10034	[null]	[null]	20200411	3	A	93005	1	20000	5000	0

"Most current" version:

pccn	version	cross ref	paid_date	line	claim line type	procedure code	service units	charge amount	plan paid amount	copay
C10034	[null]	[null]	20200411	1	A	99283	1	50000	10000	15000
C10034	[null]	[null]	20200411	2	A	71046	1	30000	12000	0
C10034	[null]	[null]	20200411	3	A	93005	1	20000	5000	0

Scheme 4 (S4)

➤ In this scheme, Claim Line Type and Version Number are appended to the PCCN.
➤ Assumes PCCN has a standard length which is known and is not changing across versions.
➤ Assumes characters and character positions which indicate the claim line type are known.
➤ Assumes characters and character positions which indicate the version number are known.

Medical Examples:

pccn	version	cross ref	line	claim line type	procedure code	service units	charge amount	plan paid amount	copay
C10034	[null]	[null]	1	O	99283	1	50000	15000	10000
C10034	[null]	[null]	2	O	71046	1	30000	10000	0
C10034	[null]	[null]	3	O	93005	1	20000	5000	0
C10034B1	[null]	[null]	1	B	99283	-1	-50000	-15000	-10000
C10034B1	[null]	[null]	2	B	71046	-1	-30000	-10000	0
C10034B1	[null]	[null]	3	B	93005	-1	-20000	-5000	0
C10034A1	[null]	[null]	1	A	99283	1	50000	10000	15000
C10034A1	[null]	[null]	2	A	71046	1	30000	10000	0
C10034A1	[null]	[null]	3	A	93005	1	20000	5000	0
C10034B2	[null]	[null]	1	B	99283	-1	-50000	-10000	-15000
C10034B2	[null]	[null]	2	B	71046	-1	-30000	-10000	0
C10034B2	[null]	[null]	3	B	93005	-1	-20000	-5000	0
C10034A2	[null]	[null]	1	A	99283	1	50000	10000	15000
C10034A2	[null]	[null]	2	A	71046	1	30000	12000	0
C10034A2	[null]	[null]	3	A	93005	1	20000	5000	0

* In this example, R is indicative of a backout and A indicative of an amendment (for example), while 1 and 2 indicate the version number
** In this example, the PCCN has a standard length of 6 characters, and the CLAIM LINE TYPE and VERSION NUMBER both have a length of a single character

"Most current" version:

pccn	version	cross ref	line	claim line type	procedure code	service units	charge amount	plan paid amount	copay
C10034A2	[null]	[null]	1	A	99283	1	50000	10000	15000
C10034A2	[null]	[null]	2	A	71046	1	30000	12000	0
C10034A2	[null]	[null]	3	A	93005	1	20000	5000	0

Common Data Layout Field Reference

Name Used	Field Name	CDL Position
pccn	Payor Claim Control Number	CDLMC005, CDLPC005, CDLDC005
version	Version Number	CDLMC007, CDLPC007, CDLDC007
cross ref	Cross Reference Claims ID	CDLMC008, CDLPC008, CDLDC008
line	Line Counter	CDLMC006, CDLPC006, CDLDC006
claim line type	Claim Line Type	CDLMC160, CDLPC066, CDLCD084
procedure code	Procedure Code	CDLMC088, CDLPC025, CDLCD027
service units	Service Units/Quantity	CDLMC121, CDLPC032, N/A
charge amount	Charge Amount	CDLMC123, CDLPC036, CDLDC059
plan paid amount	Plan Paid Amount	CDLMC125, CDLPC037, CDLDC060
copay	Copay Amount	CDLMC126, CDLPC043, CDLDC061

Questions?

❑ Questions:

     ○ Please submit via chat.

     ○ If your question is specific to your organization, for:

          ➢ General questions – send email inquiries to txapcd@uth.tmc.edu.

          ➢ Portal and data submission questions – please enter a ticket via the submitter portal at https://txapcd.org.