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HIT Standards Committee

Clinical Operations Workgroups – Task Force on Vocabulary

Re: Tuesday, February 23, 2010 Meeting

Dear Vocabulary Task Force;

ASC X12 is submitting the following responses to the questions posed on 02/11/2010.

ASC X12, chartered by the American National Standards Institute (ANSI) in 1979, develops EDI standards and documents for national and global markets. With more than 315 X12 EDI standards and increasing X12 XML schemas, ASC X12 enhances business processes, reduces costs and expands organizational reach. Members include standards experts from health care, insurance, transportation, finance, government, supply chain and other industries.

ASC X12 appreciates the opportunity to provide input. The theme of our comments surrounding the subsets and /or value sets used to report health data, must consider the following three things:

- The business/use case should be the driver for what subset and /or value set is developed and maintained.
- The subset and /or value set **MUST** be “implementable”. It has been our experience that it is important to be mindful of the processes and staff at the entry point of the health data. If it is too complex, the use of that data will be compromised.
- Don’t re-invent processes to develop and maintain the subsets and /or value sets used in health data when organizations and processes exist today. An effort should be made to have a single maintainer for each subset and/or value set used to report health data.

*With reference to definitions in Attachment 2, please respond to at least four of the following questions about convenience subsets and/or value sets that are needed to facilitate meaningful use of EHRs. Be sure to specify which questions you are answering and to which categories of subsets and value sets your comments apply.*

- 1) *Who should determine subsets and/or value sets that are needed?*
- 2) *Who should produce subsets and/or value sets?*
- 3) *Who should review and approve subsets and/or value sets?*
- 4) *How should subsets and/or value sets be described, i.e., what is the minimum set of metadata needed?*
- 5) *In what format(s) and via what mechanisms should subsets and/or value sets be distributed?*
- 6) *How and how frequently should subsets and/or value sets be updated, and how should updates be coordinated?*
- 7) *What support services would promote and facilitate their use?*
- 8) *What best practices/lessons learned have you learned, or what problems have you learned to avoid, regarding vocabulary subset and value set creation, maintenance, dissemination, and support services?*
- 9) *Do you have other advice or comments on convenience subsets and/or value sets and their relationship to meaningful use?*
- 10) *What must the federal government do or not do with regard to the above, and/or what role should the federal government play?*

1) *Who should determine subsets and/or value sets that are needed?*

**X12 Response:** Industry stakeholders from both an administrative and clinical perspective. The subsets and/or value sets must meet the business /use case requirements of the stakeholders. If for some reason there is a code list that is part of the standard, it is ASC X12's position that it should not be decoupled from the standard. ASC X12's position is based on our unique situation of sharing code lists across multiple industries , When determining who chooses the subsets and/or value sets, the following three questions must be considered: What if there is more than one list that exists, who picks the preferred/adopted code list? What if the list is currently in the standard adopted? Should it be replaced by an 'external' list? ASC X12 is continuously reviewing our standards to meet new or modified business requirements that are brought to the committee by the industry. During these reviews, we may determine that an ASC X12 External Code List should be used rather than a fixed code list attached to the standard. This evaluation is based on frequency of changes to the code set, and industry demands for frequent periodic updates to meet new or modified business needs.

2) *Who should produce subsets and/or value sets?*

**X12 Response:** The standards body or code set maintainer responsible for the subset and / or value sets working with industry stakeholders.

3) *Who should review and approve subsets and/or value sets?*

**X12 Response:** The code set maintainers which must work in an open, transparent mode, the SDOs working in a consensus process, and industry stakeholders which may or may not participate in the SDO or code set maintenance group.

4) *How should subsets and/or value sets be described, i.e., what is the minimum set of metadata needed?*

**X12 Response:** The minimum metadata is the codified value, any associated definition(s), version, dates of codes (when added, modified, or deleted), status, and the organization responsible for maintenance.

5) *In what format(s) and via what mechanisms should subsets and/or value sets be distributed?*

**X12 Response:** Print, downloadable human readable formats, and electronic downloads for automatic consumption by systems. All formats must support version, dates of codes (when added, modified, or deleted), and status, which should be incorporated into the metadata for this subset and /or value set.

6) *How and how frequently should subsets and/or value sets be updated, and how should updates be coordinated?*

**X12 Response:** That would be dependent on the use / business case for that particular subset and/or value set. For example, the medical procedure codes ICD and HCPCS / CPT4 need more frequent updating than Marital Status Codes. Another consideration would be if the subset and / or value set is internal to a specific standard. In that case, the maintenance would also be dependent upon the SDO approval and publication schedule for the next developed and published standard.

7) *What support services would promote and facilitate their use?*

**X12 Response:** The subsets and/or value sets MUST be implementable. If the construct of the subset and/or value set is too complex, the industry implementation of that standard would adversely impact the industry implementation and adoption of the standard. Anything less than industry wide implementation of a standard would adversely impact interoperability, which is a key goal of the standards.

8) *What best practices/lessons learned have you learned, or what problems have you learned to avoid, regarding vocabulary subset and value set creation, maintenance, dissemination, and support services?*

**X12 Response:** For value sets and subsets that change frequently, they must not be tied to a specific version of a standard. ASC X12 has maintained code lists as part of our standards process and has a very mature process for codes which are internal to our standard. ASC X12 is also able to support external codes sets which are maintained by organizations other than ASC X12, such as the maintenance of ICD-9-CM, ICD-10-CM., or IDC-10-PCS. It should be noted that our experience in the creation of external code lists either by ASC X12 or other organizations do not force new versions of the standards and expedite the implementation and adoption process while reducing the overall costs of implementation and maintenance.

9) *Do you have other advice or comments on convenience subsets and/or value sets and their relationship to meaningful use?*

**X12 Response:** The meaningful use rules provide the industry with a new set of business / use cases, which correlate to the promulgation of the HIPAA rules. It is critical that industry consensus drive the development and maintenance of the subsets and /or value sets that best support the business/use case. The lesson learned by ASC X12 in creating the implementation guides adopted in the HIPAA rules is the importance of creating unambiguous implementation guidance and documentation for the reporting of health data for the required business purpose.

10) *What must the federal government do or not do with regard to the above, and/or what role should the federal government play?*

**X12 Response:** When multiple subsets/value sets exist for the same business purpose, the government should be the industry stakeholders arbitrator of which subsets / value sets are used for health data.

Sincerely,



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Chair, ASC X12



Margaret Weiker  
Chair, ASC X12N (Insurance)