

Health Information Compliance Alert

Studies & Surveys CODE SET SOFTWARE ALMOST READY, SAY VENDORS

Software providers appear to be on track to meet the October 2002 deadline for compliance with the Transactions and Code Sets rule. A recent survey by the Healthcare Information and Management Systems Society examined 25 leading healthcare software products, which together account for nearly 4,700 installations in a range of industry segments.

Vendors were asked to identify which of the nine electronic transactions established by the TCS rule would be supported by their products in the required X12 Format 4010 version.

Notable findings include:

- The three most widely supported transactions were Healthcare Claims – Professional (X12837 P), Eligibility Benefit Inquiry and Response (X12 270/271), and Payment and Remittance Advice (X12 835). Each of these will be supported by 24 of the 25 products surveyed. The Healthcare Claims – Institutional transaction (X12 837 I) was supported by 23 products; the Claim Status Request and Response transaction (X12 276/277) was supported by 21.
- Three other transactions, Healthcare Services Request for Review & Response (X12 278), Enrollment in a Health Plan (X12 834), and Premium Payments (X12 820), were supported by 18 products.
- The Healthcare Claims – Dental transaction (X12 837 D) was supported by only four of the products.
- Two of the products, totaling 150 installations, supported all nine transactions.
- 17 of the products were certified for compatibility by a third-party, while all transfers, with the exception of the Healthcare Claims – Dental transfer, were third-party tested for 60 to 68 percent of the products surveyed.
- 23 of the products will require upgrades to achieve compatibility; 19 of these will be free. All vendors plan to offer their clients assistance in implementing the upgrades.