

This Best Practice is intended for use with the corresponding MN Uniform Companion Guide(s), **Version 5010.** 

#### 1. Title of best practice:

Reporting APR-DRGs on the v5010 ERA (835)

### 2. Who does the best practice apply to:

Group purchasers (payers), providers

## 3. Narrative description as to what is being addressed by this practice:

This best practice describes how to report All Patient Refined Diagnosis Related Groups (APR-DRGs) on the v5010 electronic remittance advice (ASC X12/005010X221A1 Health Care Claim Payment Advice (835)), per a "Request for Interpretation (RFI)" response from X12 (response to RFI 2166).

#### 4. The loops, segments and elements, etc. that the best practice applies to:

- 2100 Loop, Other Claim Related Identification
  - REF segment, with REF01 equal to CE (meaning "Class of Contract Code") and REF02 providing reference information regarding the applicable CE and APR-DRG number

#### 5. Describe how to do the best practice:

See X12 response to RFI 2166 at <a href="http://rfi.x12.org/Request/Details/2166?stateViewModel=WPC.RFI.Models.ViewModels.RequestViewModel">http://rfi.x12.org/Request/Details/2166?stateViewModel=WPC.RFI.Models.ViewModels.RequestViewModel</a>.

Per X12, set REF01 to CE ("class of contract"). In REF02, list the applicable class of contract (such as a program or product name), followed by 5 spaces and then the abbreviation "APRDRG=" and then the applicable APRDRG number.

6. Examples to illustrate best practice: (see example on next page)

The examples below were submitted by the Minnesota Department of Human Services (DHS). The first example shows the reporting of the APR-DRG along with the PMAP code. The second example shows just the reporting of the PMAP code. Other group purchasers may substitute their own "class of contract code" designation (such as the applicable product name or other contract category) for "PMAP MA" shown below.

#### Example for payers reporting both the PMAP code and the APR-DRG

CLP\*CR19394TEST2\*2\*23346.99\*0\*\*MC\*21628000400000000\*11\*0\*\*159

CAS\*CO\*A1\*23346.99

NM1\*QC\*1\*DOE\*JOHN\*\*\*\*MR\*9999999

MIA\*0\*\*\*\*MA32\*\*\*\*\*\*\*\*\*\*\*\*M53\*MA33

REF\*CE\*PMAP MA APRDRG=54011

REF\*1L\*U

REF\*EA\*0853682

DTM\*232\*20150731

DTM\*233\*20150801

DTM\*050\*20161006

AMT\*AU\*11235.78

[Note: The information in red type – the class of contract code and APR-DRG number -- cannot exceed 50 characters].

5 spaces between the PMAP code information and the APR-DRG information.

# Example for payers reporting the PMAP code only (non-inpatient claim or payer is not using the APR-DRG payment methodology)

CLP\*CR19394TEST2\*2\*23346.99\*0\*\*MC\*21628000400000000\*11\*0\*\*159

CAS\*CO\*A1\*23346.99

NM1\*QC\*1\*DOE\*JOHN\*\*\*\*MR\*9999999

MIA\*0\*\*\*\*MA32\*\*\*\*\*\*\*\*\*\*\*\*M53\*MA33

REF\*CE\*PMAP MA

REF\*1L\*U

REF\*EA\*0853682

DTM\*232\*20150731

DTM\*233\*20150801

DTM\*050\*20161006

AMT\*AU\*11235.78

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