



WEST VIRGINIA STATE GOVERNMENT
HIPAA PROJECT MANAGEMENT OFFICE

**West Virginia State Government Executive Branch
Health Insurance Portability and Accountability Act Assessment**

**HIPAA Transactions and Code Sets (TCS)
Impact Determination**

September 13, 2002

INSTRUCTIONS

Completion of this Impact Determination questionnaire is required to identify areas that must be addressed in order to meet HIPAA Administrative Simplification requirements.

Please:

- Follow the instructions precisely with as much detail as possible. For example, when given choices, please indicate all that apply, not just the first one listed, and if asked, specify "Microsoft Access" rather than "PC database".
- Note that HIPAA requirements are bordered and highlighted within answer choices. Be sure that your organization *fully* meets the specified requirements before answering "YES" to any question.
- Answer every question in every section regardless of your organization's Covered Entity designation, as each question refers to a mandated HIPAA standard.
- Be sure to answer each question carefully. Your answers will determine if a GAP exists between your current business and / or technical environment and HIPAA law. When a GAP is identified, mark the appropriate box and continue working through the questionnaire.
- Refer to www.wvdhhr.org/HIPAA for detailed HIPAA information to include HIPAA news and updates, glossary terms, FAQs, and other HIPAA-related materials, or contact the HIPAA Project Management Office (PMO) at 558-5164.

Thank you in advance for your attention and timely response to this questionnaire. Your efforts in assisting West Virginia State Government assess HIPAA compliance status is much appreciated.

Government Entity: _____ **Head of Entity:** _____

Component: _____ **Head of Component:** _____

Section, if applicable: _____

Head of Section, if applicable: _____ **Title:** _____

HIPAA Coordinator: _____ **Title:** _____

Person Completing Questionnaire: _____ **Title:** _____

Phone: _____ **E-mail:** _____ **Date:** _____

Type of Entity: *(check all that apply)*

- [illegible]

Please list every function performed by the Covered Entity or Business Associate/Trading Partner. Duplicate this page as needed.

[illegible]

1

A = System is maintained by the Agency (i.e., Agency Division of IT)

S = System is State-maintained (i.e., by Information Services and Communications (IS&C))

3. Business Associate Inventory

A Business Associate is a person (or organization), not a member of the workforce of the Covered Entity, who performs, or assists in the performance of, a function or activity involving the use or disclosure of individually identifiable health information (PHI). Examples include: performing claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, practice management, and repricing functions (often called Trading Partners); or providing legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services.

Your Section may either use the services of a Business Associate or be a Business Associate of a Covered Entity. It is possible to be both a Covered Entity and a Business Associate. Please list all Business Associate relationships below, indicating the organization's name, covered functions performed, whether the functions are performed manually or electronically, the systems used for functions performed electronically, and whether or not a contract is in place.

Organization Name	G/ P ¹	Covered Functions Performed	Manual/ Electronic (M or E)	Systems Used	Contract (Y or N)
Business Associates of Your Section					
Covered Entities for Whom Your Section is a Business Associate					

G = Government
P = Private

4. Electronic Transaction, Identifier, and Code Set Requirements

Systems/Situational Summary by Transaction Type

Transaction	System(s)	I/V/C ¹	Maintainer	L/A/S ²
	<i>(Identify system(s) used)</i>		<i>(In-house (Department or Contractor) or Vendor Name)</i>	
Health Care Claims and Encounters				
Health Plan Eligibility				
Referral Certification & Authorization				
Health Care Claim Status				
Health Plan Enrollment & Disenrollment				
Health Care Payment/RA				
Health Plan Premium Payment				
Coordination of Benefits (COB)				

¹ I = In-house System,
V = Vendor Licensed/Maintained System,
C = Commercial Off-the-Shelf (COTS)

² L = System is locally-maintained (i.e., by the Section IT)
A = System is maintained by the Agency (i.e., Agency Division of IT)
S = System is State-maintained (i.e., by Information Services and Communications (IS&C))

The following questions relate to your use of electronic health care transactions and identifiers with each system. Please complete both 4.A. and 4.B. FOR EACH SYSTEM identified on the previous page. Duplicate this section as needed.

HIPAA-required formats are highlighted within the answer selections for your convenience in identifying any **GAPs** between your systems and HIPAA mandates. Please be sure to mark the **GAP** box whenever your response is not one of the highlighted choices.

FYI: Each **GAP** marked indicates an area in which your organization must estimate the resources and cost of remediation activities necessary to achieve HIPAA compliance.

System: _____

4.A. Electronic Transaction Requirements

1. Health Care Claim/Encounter 1.a Does the system create, send, receive, or store retail pharmacy drug claims (i.e., claims or encounter information submitted for the purchase or provision of prescription drugs)?	<input type="checkbox"/> YES <input type="checkbox"/> NO – go to <i>Question 1.d</i>	
1.b Indicate the format used for retail pharmacy drug claims/encounters.	<input type="checkbox"/> NCPDP Telecommunication Standard (Implementation Guide), Version 5, Release 1, dated Sept. 1999 <input type="checkbox"/> NCPDP Batch Standard (Implementation Guide), Version 1, Release 1, dated Jan. 2000 <input type="checkbox"/> Other NCPDP (<i>specify</i>) _____ <input type="checkbox"/> Proprietary format <input type="checkbox"/> 3270 Dummy Terminal (direct data entry) <input type="checkbox"/> Other (<i>specify</i>) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (<i>specify</i>) _____ <input type="checkbox"/> Don't know	
1.c If you did not check the HIPAA-standard format (highlighted) for 1.b, please mark the GAP box at the right.	GAP <input type="checkbox"/>	
1.d Does the system create, send, receive, or store dental health care claims (i.e., claims or encounter information submitted for the provision of dental health care services)?	<input type="checkbox"/> YES <input type="checkbox"/> NO – go to <i>Question 1.g</i>	

1.e	Indicate the format used for dental health care claims/encounters. <input type="checkbox"/> ANSI ASC X12N 837 004010X097 <input type="checkbox"/> ANSI ASC X12N 837, Version # _____ <input type="checkbox"/> National Standard Format – Version # _____ <input type="checkbox"/> Proprietary format <input type="checkbox"/> 3270 Dummy Terminal (direct data entry) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know	
1.f	If you did not check the HIPAA-standard format (highlighted) for 1.e, please mark the GAP box at the right.	GAP <input type="checkbox"/>
1.g	Does the system create, send, receive, or store professional health care claims (i.e., claims or encounter information submitted for the provision of medical health care services by a doctor, therapist, chiropractor, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO – go to Question 1.j	
1.h	Indicate the format used for professional health care claims/encounters. <input type="checkbox"/> ANSI ASC X12N 837 004010X098 <input type="checkbox"/> ANSI ASC X12N 837, Version # _____ <input type="checkbox"/> HCFA-1500 <input type="checkbox"/> National Standard Format – Version # _____ <input type="checkbox"/> Proprietary format <input type="checkbox"/> 3270 Dummy Terminal (direct data entry) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know	
1.i	If you did not check the HIPAA-standard format (highlighted) for 1.h, please mark the GAP box at the right.	GAP <input type="checkbox"/>
1.j	Does the system create, send, receive, or store institutional health care claims (i.e., claims or encounter information submitted for the provision of inpatient health care services by a hospital, nursing facility, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO – go to Question 2	

1.k	Indicate the format used for institutional health care claims/encounters.	<input type="checkbox"/> ANSI ASC X12N 837 004010X096 <input type="checkbox"/> ANSI ASC X12N 837, Version # _____ <input type="checkbox"/> UB-92/HCFA-1450 <input type="checkbox"/> National Standard Format – Version # _____ <input type="checkbox"/> Proprietary format <input type="checkbox"/> 3270 Dummy Terminal (direct data entry) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know	
1.l	If you did not check the HIPAA-standard format (highlighted) for 1.k, please mark the GAP box at the right.	GAP <input type="checkbox"/>	
2. Eligibility Response/Request 2.a	Does the system create, send, receive, or store retail pharmacy drug eligibility responses or requests (i.e., requests from a provider or health plan to another health plan about a client's eligibility, coverage, or benefits for prescription drugs and the response to this inquiry)?	<input type="checkbox"/> YES <input type="checkbox"/> NO – go to Question 2.d	
2.b	Indicate the format used for retail pharmacy drug eligibility responses/requests.	<input type="checkbox"/> NCPDP Telecommunication Standard (Implementation Guide), Version 5, Release 1, dated Sept. 1999 <input type="checkbox"/> NCPDP Batch Standard (Implementation Guide), Version 1, Release 1, dated Jan. 2000 <input type="checkbox"/> Other NCPDP (specify) _____ <input type="checkbox"/> Proprietary format <input type="checkbox"/> 3270 Dummy Terminal (direct data entry) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know	
2.c	If you did not check the HIPAA-standard format (highlighted) for 2.b, please mark the GAP box at the right.	GAP <input type="checkbox"/>	

2.d Does the system create, send, receive, or store dental, professional, or institutional eligibility responses or requests (i.e., requests from a provider or health plan to another health plan about a client's eligibility, coverage, or benefits for dental, medical, or hospital inpatient services and the responses to those inquiries)?	<input type="checkbox"/> YES <input type="checkbox"/> NO – go to <i>Question 3</i>	
2.e Indicate the format used for dental, professional, and institutional eligibility responses/requests.	<input type="checkbox"/> ANSI ASC X12N 270/271 004010X092 <input type="checkbox"/> ANSI ASC X12N 270/271, Version # _____ <input type="checkbox"/> National Standard Format – Version # _____ <input type="checkbox"/> Proprietary format <input type="checkbox"/> 3270 Dummy Terminal (direct data entry) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know	
2.f If you did not check the HIPAA-standard format (highlighted) for 2.e, please mark the GAP box at the right.		GAP <input type="checkbox"/>
3. Referral Certification and Authorization		
3.a Does the system create, send, receive, or store referral certification and authorization responses or requests (i.e., requests to obtain authorization to provide health care services or refer and individual to another provider, or responses to these requests)?	<input type="checkbox"/> YES <input type="checkbox"/> NO – go to <i>Question 4</i>	
3.b Indicate the format used for referral certification and authorization responses/requests.	<input type="checkbox"/> ANSI ASC X12N 278 004010X094 <input type="checkbox"/> ANSI ASC X12N 278, Version # _____ <input type="checkbox"/> National Standard Format – Version # _____ <input type="checkbox"/> Proprietary format <input type="checkbox"/> 3270 Dummy Terminal (direct data entry) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know	
3.c If you did not check the HIPAA-standard format (highlighted) for 3.b, please mark the GAP box at the right.		GAP <input type="checkbox"/>

4. Health Care Claim Status 4.a Does the system create, send, receive, or store health care claim status responses or requests (i.e., inquiries regarding the status of a health care claim and responses to those inquiries)?	<input type="checkbox"/> YES <input type="checkbox"/> NO – go to <i>Question 5</i>	
4.b Indicate the format used for health care claim status responses/requests.	<input type="checkbox"/> ANSI ASC X12N 276/277 004010X093 <input type="checkbox"/> ANSI ASC X12N 276/277, Version # _____ <input type="checkbox"/> National Standard Format – Version # _____ <input type="checkbox"/> Proprietary format <input type="checkbox"/> 3270 Dummy Terminal (direct data entry) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know	
4.c If you did not check the HIPAA-standard format (highlighted) for 4.b, please mark the GAP box at the right.	GAP <input type="checkbox"/>	
5. Health Plan Enrollment/Disenrollment 5.a Does the system create, send, receive, or store health plan enrollments and disenrollments (i.e., subscriber enrollment information to a health plan to establish or terminate coverage)?	<input type="checkbox"/> YES <input type="checkbox"/> NO – go to <i>Question 6</i>	
5.b Indicate the format used for health plan enrollments/disenrollments.	<input type="checkbox"/> ANSI ASC X12N 834 004010X095 <input type="checkbox"/> ANSI ASC X12N 834, Version # _____ <input type="checkbox"/> National Standard Format – Version # _____ <input type="checkbox"/> Proprietary format <input type="checkbox"/> 3270 Dummy Terminal (direct data entry) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know	
5.c If you did not check the HIPAA-standard format (highlighted) for 5.b, please mark the GAP box at the right.	GAP <input type="checkbox"/>	

6. Health Care Payment/Remittance Advice 6.a Does the system create, send, receive, or store payments or remittance advices (i.e., transactions that send payments, information about funds transfer or payment processing, to a provider's financial institution or send explanations of benefits or remittance advices from health plans to a health care provider for retail pharmacy, dental, professional, or institutional health care services)?	<input type="checkbox"/> YES <input type="checkbox"/> NO – go to Question 7	
6.b Indicate the format used for retail pharmacy, dental, professional, or institutional health care payment/remittance advice.	<input type="checkbox"/> ANSI ASC X12N 835 004010X091 <input type="checkbox"/> ANSI ASC X12N 835, Version # _____ <input type="checkbox"/> National Standard Format – Version # _____ <input type="checkbox"/> Proprietary format <input type="checkbox"/> 3270 Dummy Terminal (direct data entry) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know	
6.c If you did not check the HIPAA-standard format (highlighted) for 6.b, please mark the GAP box at the right.		GAP <input type="checkbox"/>
7. Health Plan Premium Payment 7.a Does the system create, send, receive, or store health plan premium payments (i.e., payment, funds transfer information, detailed premium remittance information, payroll deductions, group premium payments or payment information) to a health plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO – go to Question 8	
7.b Indicate the format used for health plan premium payments.	<input type="checkbox"/> ANSI ASC X12N 820 004010X061 <input type="checkbox"/> ANSI ASC X12N 820, Version # _____ <input type="checkbox"/> National Standard Format – Version # _____ <input type="checkbox"/> Proprietary format <input type="checkbox"/> 3270 Dummy Terminal (direct data entry) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know	
7.c If you did not check the HIPAA-standard format (highlighted) for 7.b, please mark the GAP box at the right.		GAP <input type="checkbox"/>

8. Coordination of Benefits 8.a Does the system create, send, receive, or store retail pharmacy drug claims or payment information used by health plans to determine relative payment responsibilities (i.e., the portion of a claim that is payable by each insurer)?	<input type="checkbox"/> YES <input type="checkbox"/> NO – go to Question 8.d	
8.b Indicate the format used for retail pharmacy drug coordination of benefits.	<input type="checkbox"/> NCPDP Telecommunication Standard (Implementation Guide), Version 5, Release 1, dated Sept. 1999 <input type="checkbox"/> NCPDP Batch Standard (Implementation Guide), Version 1, Release 1, dated Jan. 2000 <input type="checkbox"/> Other NCPDP (specify) _____ <input type="checkbox"/> Proprietary format <input type="checkbox"/> 3270 Dummy Terminal (direct data entry) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know	
8.c If you did not check the HIPAA-standard format (highlighted) for 8.b, please mark the GAP box at the right.	GAP <input type="checkbox"/>	
8.d Does the system create, send, receive, or store dental health care claims or payment information used by health plans to determine relative payment responsibilities (i.e., the portion of a claim that is payable by each insurer)?	<input type="checkbox"/> YES <input type="checkbox"/> NO – go to Question 8.g	
8.e Indicate the format used for dental health care coordination of benefits.	<input type="checkbox"/> ANSI ASC X12N 837 004010X097 <input type="checkbox"/> ANSI ASC X12N 837, Version # _____ <input type="checkbox"/> National Standard Format – Version # _____ <input type="checkbox"/> Proprietary format <input type="checkbox"/> 3270 Dummy Terminal (direct data entry) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know	
8.f If you did not check the HIPAA-standard format (highlighted) for 8.e, please mark the GAP box at the right.	GAP <input type="checkbox"/>	

8.g Does the system create, send, receive, or store professional health care claims or payment information used by health plans to determine relative payment responsibilities (i.e., the portion of a claim that is payable by each insurer)?	<input type="checkbox"/> YES <input type="checkbox"/> NO – go to <i>Question 8.j</i>	
8.h Indicate the format used for professional health care coordination of benefits.	<input type="checkbox"/> ANSI ASC X12N 837 004010X098 <input type="checkbox"/> ANSI ASC X12N 837, Version # _____ <input type="checkbox"/> HCFA-1500 <input type="checkbox"/> National Standard Format – Version # _____ <input type="checkbox"/> Proprietary format <input type="checkbox"/> 3270 Dummy Terminal (direct data entry) <input type="checkbox"/> Other (<i>specify</i>) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (<i>specify</i>) _____ <input type="checkbox"/> Don't know	
8.i If you did not check the HIPAA-standard format (highlighted) for 8.h, please mark the GAP box at the right.	GAP <input type="checkbox"/>	
8.j Does the system create, send, receive, or store institutional health care claims or payment information used by health plans to determine relative payment responsibilities (i.e., the portion of a claim that is payable by each insurer)?	<input type="checkbox"/> YES <input type="checkbox"/> NO – go to <i>4.B, Identifier Requirements</i>	
8.k Indicate the format used for institutional health care coordination of benefits.	<input type="checkbox"/> ANSI ASC X12N 837 004010X096 <input type="checkbox"/> ANSI ASC X12N 837, Version # _____ <input type="checkbox"/> UB-92/HCFA-1450 <input type="checkbox"/> National Standard Format – Version # _____ <input type="checkbox"/> Proprietary format <input type="checkbox"/> 3270 Dummy Terminal (direct data entry) <input type="checkbox"/> Other (<i>specify</i>) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (<i>specify</i>) _____ <input type="checkbox"/> Don't know	
8.l If you did not check the HIPAA-standard format (highlighted) for 8.k, please mark the GAP box at the right.	GAP <input type="checkbox"/>	

4.B. Identifier Requirements

1. Employer Identifier 1.a Does the system receive, store, process, or send an employer identifier?	<input type="checkbox"/> YES <input type="checkbox"/> NO – go to Question 2	
1.b Indicate the types of employer identifiers used (check all that apply).	<input type="checkbox"/> Federal Employer Identification Number (EIN) (assigned by IRS) <input type="checkbox"/> Proprietary format <input type="checkbox"/> Externally generated format <input type="checkbox"/> Received from (specify) _____ <input type="checkbox"/> Multiple formats <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know	
1.c If you did not check the HIPAA-standard format (highlighted) for 1.b, please mark the GAP box at the right.		GAP <input type="checkbox"/>
2. Health Plan Identifier 2.a Does the system receive, store, process, or send a health plan identifier?	<input type="checkbox"/> YES <input type="checkbox"/> NO – go to Question 3	
2.b Indicate the types of health plan identifiers used (check all that apply).	<input type="checkbox"/> Federal Employer Identification Number (EIN) (assigned by IRS) <input type="checkbox"/> Federal Tax ID <input type="checkbox"/> Proprietary format <input type="checkbox"/> Externally generated format, received from (specify) _____ <input type="checkbox"/> Multiple formats <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know	
2.c Please mark the NOTE box at the right to indicate that your organization uses health plan identifiers that may require remediation once the HIPAA standard is determined.		NOTE <input type="checkbox"/>

3. Provider Identifier 3.a Does the system receive, store, process, or send a provider identifier?	<input type="checkbox"/> YES <input type="checkbox"/> NO – go to Question 4	
3.b Indicate the types of provider identifiers used (<i>check all that apply</i>).	<input type="checkbox"/> National Provider Identifier (8-position alphanumeric, with eighth position a check digit) <input type="checkbox"/> Federal Tax ID <input type="checkbox"/> Proprietary format <input type="checkbox"/> Multiple formats <input type="checkbox"/> Multiple numbers for each provider <input type="checkbox"/> Other (<i>specify</i>) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (<i>specify</i>) _____ <input type="checkbox"/> Don't know	
3.c If you did not check the HIPAA-standard format (highlighted) for 3.b, please mark the GAP box at the right.	GAP <input type="checkbox"/>	
4. Individual Identifier 4.a Does the system receive, store, process, or send an individual identifier?	<input type="checkbox"/> YES <input type="checkbox"/> NO – go to 4.C, Code Set Requirements	
4.b Indicate the types of individual identifiers used (<i>check all that apply</i>).	<input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Medicare (Health Insurance Number (HIC)) <input type="checkbox"/> Subscriber Number <input type="checkbox"/> Proprietary format <input type="checkbox"/> Externally generated format, received from (<i>specify</i>) _____ <input type="checkbox"/> Multiple formats <input type="checkbox"/> Other (<i>specify</i>) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (<i>specify</i>) _____ <input type="checkbox"/> Don't know NOTE: The requirement for this identifier has not yet been published.	
4.c Please mark the NOTE box at the right to indicate that your organization uses individual identifiers that may require remediation once the HIPAA standard is determined.	NOTE <input type="checkbox"/>	

4.C Code Set Requirements

1. Procedure Codes 1.a Does your organization create, send, receive, or store any procedure codes (i.e., codes that are used to specify the types of medical services and treatments that providers render to patients)?	<input type="checkbox"/> YES <input type="checkbox"/> NO – go to <i>Question 2</i>	
1.b Indicate the types of procedure codes used for professional services (i.e., physician, therapy, radiology, clinical laboratory, medical diagnostic, hearing, vision, transportation, medical supplies, durable medical equipment, prosthetics/orthotics).	<input type="checkbox"/> CPT-4 <input type="checkbox"/> HCPCS Level I and II <input type="checkbox"/> ICD-9-CM, volume 3 <input type="checkbox"/> HCPCS Level III (Local Codes) <input type="checkbox"/> ICD-10 <input type="checkbox"/> Proprietary <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know	
1.c Indicate the types of procedure codes used specifically for hospital inpatient services reported by hospitals.	<input type="checkbox"/> ICD-9-CM, volume 3 <input type="checkbox"/> CPT-4 <input type="checkbox"/> HCPCS Level I and II <input type="checkbox"/> HCPCS Level III (Local Codes) <input type="checkbox"/> ICD-10 <input type="checkbox"/> Revenue Codes <input type="checkbox"/> Proprietary <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know	
1.d If you did not check the HIPAA-standard formats (highlighted) for 1.b and 1.c, please mark the GAP box at the right.		GAP <input type="checkbox"/>
2. Diagnosis Codes 2.a Does your organization create, send, receive, or store any diagnosis codes (i.e., codes that are used to specify diseases, injuries, impairments, and causes of diseases)?	<input type="checkbox"/> YES <input type="checkbox"/> NO – go to <i>Question 3</i>	

2.b Indicate the types of diagnosis codes used.	<input type="checkbox"/> ICD-9-CM, volumes 1 and 2 <input type="checkbox"/> Proprietary <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know	
2.c If you did not check the HIPAA-standard format (highlighted) for 2.b, please mark the GAP box at the right.		GAP <input type="checkbox"/>
3. Dental Codes		
3.a Does your organization create, send, receive, or store any dental codes (i.e., codes that are used to specify dental procedures and services)?	<input type="checkbox"/> YES <input type="checkbox"/> NO – go to Question 4	
3.b Indicate the types of dental codes used.	<input type="checkbox"/> Current Dental Terminology (CDT), maintained by the American Dental Association <input type="checkbox"/> HCPCS Level II (D-Codes) <input type="checkbox"/> Proprietary <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know	
3.c If you did not check the HIPAA-standard format (highlighted) for 3.b, please mark the GAP box at the right.		GAP <input type="checkbox"/>
4. Pharmacy (Drug) Codes		
4.a Does your organization create, send, receive, or store any pharmacy (drug) codes (i.e., codes that are used to specify drugs and biologics)?	<input type="checkbox"/> YES <input type="checkbox"/> NO – go to Question 5	
4.b Indicate the types of pharmacy (drug) codes used.	<input type="checkbox"/> National Drug Codes (NDC) <input type="checkbox"/> HCPCS Level II (J-Codes) <input type="checkbox"/> Proprietary <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know Note: Final rule may be changed to allow J-Codes on some institutional and professional claims.	

4.c	If you did not check the HIPAA-standard formats (highlighted) for 4.b, please mark the GAP box at the right.	GAP <input type="checkbox"/>
5. Non-medical (Administrative) Data Codes 5.a Does your organization create, send, receive, or store any non-medical data codes (i.e., codes that are used to specify non-medical aspects related to the delivery of health care and payment, such as provider specialties, location of service, relationship of patient to subscriber, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO – go to Question 6	
5.b	Indicate the types of non-medical codes used. <input type="checkbox"/> Provider specialty (taxonomy) <input type="checkbox"/> Adjustment reason <input type="checkbox"/> Patient relationship <input type="checkbox"/> Location of service <input type="checkbox"/> Type of service <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know	
5.c	If your organization uses any non-medical codes, please mark the GAP box at the right.	GAP <input type="checkbox"/>
6. Paper Claims 6.a Does your organization file any claims in paper format?	<input type="checkbox"/> YES <input type="checkbox"/> NO – go to Signature page	
6.b	What paper format is utilized? <input type="checkbox"/> 1500 <input type="checkbox"/> UB 92 <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Don't know	

6.c What attachments are submitted with claims?	<ul style="list-style-type: none"><input type="checkbox"/> Medical Records<input type="checkbox"/> Physical Therapy<input type="checkbox"/> Lab<input type="checkbox"/> Ambulance<input type="checkbox"/> Durable Medical Equipment<input type="checkbox"/> Vision<input type="checkbox"/> Preventive Health for Children<input type="checkbox"/> Sterilization<input type="checkbox"/> Hysterectomy<input type="checkbox"/> Abortion<input type="checkbox"/> Home Health<input type="checkbox"/> Long Term Care<input type="checkbox"/> Home IV Therapy<input type="checkbox"/> Other(specify)_____	
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All questions have been answered to the best of my knowledge.

Governmental Entity: _____ Date: _____

HIPAA Coordinator: _____

Signature: _____ Date: _____

Governmental Entity Head: _____

Title: _____

Signature: _____

Thank you again for your timely response. Please return a copy of the entire questionnaire including this signature page to the HIPAA Project Management Office at 505 Capitol St., Charleston, WV 25301.