State of Utah
Administrative Rule Analysis
Revised May 2024

NOTICE OF SUBSTANTIVE CHANGE		
TYPE OF FILING: Amendment		
Rule or Section Number:	**R590-164-5**	**Filing ID: Office Use Only**
Date of Previous Publication (Only for CPRs):	Click or tap to enter a date.	

Agency Information

1. Title catchline:	Insurance, Administration	
Building:	Taylorsville State Office Building	
Street address:	4315 S. 2700 W.	
City, state	Taylorsville, UT	
Mailing address:	PO Box 146901	
City, state and zip:	Salt Lake City, UT 84114-6901	
Contact persons:		
Name:	**Phone:**	**Email:**
Steve Gooch	801-957-9322	sgooch@utah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule or section catchline:

R590-164-5. Electronic Data Interchange Transactions

3. Purpose of the new rule or reason for the change:

This amendment updates a standard that is incorporated by reference in this rule.

4. Summary of the new rule or change:

The change updates the required Dental Claim Billing Standard that insurers must use when transacting health insurance business electronically.

Fiscal Information

5. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A) State budget:

There is no anticipated cost or savings to the state budget. The updated standard is already in use by the industry and so will not require any additional cost to implement.

B) Local governments:

There is no anticipated cost or savings to local governments. The updated standard only applies to insurance licensees and does not impact local governments.

C) Small businesses ("small business" means a business employing 1-49 persons)**:**

There is no anticipated cost or savings to small businesses. The updated standard is already in use by the industry and so will not require any additional cost to implement.

D) Non-small businesses ("non-small business" means a business employing 50 or more persons)**:**

There is no anticipated cost or savings to non-small businesses. The updated standard is already in use by the industry and so will not require any additional cost to implement.

E) Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an ***agency***)**:**

There is no anticipated cost or savings to any other persons. The updated standard only applies to insurance licensees and does not impact any other persons.

F) Compliance costs for affected persons (How much will it cost an impacted entity to adhere to this rule or its changes?)**:**

There are no compliance costs for any affected persons. The updated standard is already in use by the industry and so will not require any additional cost to implement.

G) Regulatory Impact Summary Table (This table only includes fiscal impacts that could be measured. If there are inestimable fiscal impacts, they will not be included in this table. Inestimable impacts will be included in narratives above.)

Regulatory Impact Table

Fiscal Cost	**FY2025**	**FY2026**	**FY2027**
State Government	$0	$0	$0
Local Governments	$0	$0	$0
Small Businesses	$0	$0	$0
Non-Small Businesses	$0	$0	$0
Other Persons	$0	$0	$0
Total Fiscal Cost	**$0**	**$0**	**$0**
Fiscal Benefits	**FY2025**	**FY2026**	**FY2027**
State Government	$0	$0	$0
Local Governments	$0	$0	$0
Small Businesses	$0	$0	$0
Non-Small Businesses	$0	$0	$0
Other Persons	$0	$0	$0
Total Fiscal Benefits	**$0**	**$0**	**$0**
Net Fiscal Benefits	**$0**	**$0**	**$0**

H) Department head comments on fiscal impact and approval of regulatory impact analysis:

The Commissioner of the Insurance Department, Jonathan T. Pike, has reviewed and approved this regulatory impact analysis.

Citation Information

6. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

Section 31A-2-201	Section 31A-22-614.5	

Incorporations by Reference Information

7. Incorporations by Reference (if this rule incorporates more than two items by reference, please include additional tables)**:**

A) This rule adds or updates the following title of materials incorporated by references (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; *if none, leave blank*)**:**

Official Title of Materials Incorporated (from title page)	Dental Claim Billing Standard - J43024
Publisher	UHIN Standards Committee
Issue Date	09/01/2024
Issue or Version	5

B) This rule adds or updates the following title of materials incorporated by references (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; *if none, leave blank*)**:**

Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

Public Notice Information

8. The public may submit written or oral comments to the agency identified in box 1. (The public may also request a hearing by submitting a written request to the agency. See Section 63G-3-302 and Rule R15-1 for more information.)		
A) Comments will be accepted until:		12/02/2024
B) A public hearing (optional) will be held:		
Date (mm/dd/yyyy)**:**	**Time** (hh:mm AM/PM)**:**	**Place** (physical address or URL)**:**
To the agency: If more space is needed for a physical address or URL, refer readers to Box 4 in General Information. If more than two hearings will take place, continue to add rows.		

9. This rule change MAY become effective on:	12/09/2024
NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.	

Agency Authorization Information

To the agency: Information requested on this form is required by Sections 63G-3-301, 63G-3-302, 63G-3-303, and 63G-3-402. Incomplete forms will be returned to the agency for completion, possibly delaying publication in the *Utah State Bulletin* and delaying the first possible effective date.			
Agency head or designee and title:	Steve Gooch, Public Information Officer	**Date:**	10/11/2024

R590. Insurance, Administration.
R590-164. Uniform Health Billing Rule.
R590-164-5. Electronic Data Interchange Transactions.

(1)(a) The commissioner shall use the UHIN Standards Committee to develop electronic data interchange standards for use by payers and providers transacting health insurance business electronically.

(b) In developing standards for the commissioner, the UHIN Standards Committee shall consult with national standard-setting entities including CMS, NUCC, ASC X12N, NCPDM, and NUBC.

(2) The commissioner shall incorporate a standard adopted by the UHIN Standards Committee into rule before it is required for use by payers and providers.

(3) A payer shall accept the applicable electronic data if transmitted in accordance with the electronic data interchange standard that is incorporated in rule.

(4) A payer may reject electronic data if not transmitted in accordance with the electronic data interchange standard that is incorporated in rule.

(5) The HIPAA electronic data interchange standards described in this Subsection (5) and adopted by the UHIN Standards Committee are incorporated by reference by the commissioner and are available at https://insurance.utah.gov.

(a) "999 Implementation Acknowledgement For Health Care Insurance Standard v3.4." The purpose of the standard is to detail the standard transaction for the reporting of transmission receipt and transaction or functional group X12 and implementation guide error, and adopt the use of the ASC X12 999 transaction.

(b) "Adaptive Behavior Services/Applied Behavior Analysis (ABA) Billing Standard" v3.1." The purpose of the standard is to detail the billing for the transmission of ABA services.

(c) "Administrative Transaction Acknowledgements Standard v3.1." The purpose of the standard is to create a process for acknowledging all electronic transactions between trading partners based on the communication, syntax, semantic, and business process specifications.

(d) "Anesthesia Standard v3.1." The purpose of the standard is to standardize the transmission of anesthesia data for health care services. The standard does not alter any contractual agreement between providers and payers.

(e) "Benefits Enrollment and Maintenance Standard v3.1." The purpose of the standard is to detail the standard transactions for the transmission of health care benefits enrollment and maintenance.

(f) "Claim Acknowledgement Standard v3.2." The purpose of the standard is to provide a standardized claim acknowledgement in response to a claim submission, which is used to report on the status of a claim or encounter at the pre-adjudication processing stage, for example, before the payer is legally required to keep a history of the claim or encounter.

(g) "Claim Status Inquiry and Response Standard v3.2." The purpose of the standard is to detail the standard transactions for the transmission of health care claim status inquiries and response, allow the provider to reduce the need for claim follow-up, and facilitate the correction of claims.

(h) "CMS 1500 Paper Claim Form Standard v3.3." The purpose of the standard is to describe the standard use of each box for print images, and its crosswalk to the HIPAA 837 005010X222A1 Professional implementation guide.

(i) "Coordination of Benefits Standard v3.2." The purpose of the standard is to streamline the coordination of benefits process between payers and providers or payer to payers, define the data to be exchanged for coordination of benefits, and to increase effective communications.

(j) "Dental Claim Billing Standard -- J430 v[4]5." The purpose of the standard is to describe the standard use of each item number for print images, and its crosswalk to the HIPAA 837 005010x02241A1 dental implementation guide, and adopt the [~~ADA dental Claim Form J340~~]American Dental Association Dental Claim Form J43024.

(k) "Electronic Remittance Advice Standard v3.5." The purpose of the standard is to detail the standard transaction for the transmission of a health care remittance advice.

(l) "Eligibility Inquiry and Response Standard v3.3." The purpose of the standard is to detail the standard transactions for the transmission of a health care eligibility inquiry and response.

(m) "Health Care Claim/Encounter Standard v3.2." The purpose of the standard is to detail the standard transaction for the transmission of a health care claim, encounter, and an associated transaction.

(n) "Health Identification Card Standard v1.3." The purpose of the standard is to standardize the patient health identification card information and address the human-readable appearance and machine-readable information used by the healthcare industry to obtain eligibility.

(o) "Health Plan Identifier (HPID) and Other Entity Identifier (OEID) Standard v1.1." The purpose of the standard is to inform providers of the HIPD and OEID and their usage within the administrative transactions.

(p) "Home Health Standard v3.1." The purpose of the standard is to provide a uniform standard of billing for a home health care claim and encounter.

(q) "ICD-10 Standard v1.2." The purpose of the standard is to create the business requirement for a payer and a provider to implement the International Classification of Diseases 10th Revisions, ICD-10, within the administrative transaction.

(r) "Individual Name Standard v2.1." The purpose of the standard is to provide guidance for entering names into provider, payer, or sponsor systems for a patient, enrollee, and any other person associated with a record.

(s) "Metabolic Dietary Products Standard v2.1." The purpose of the standard is to provide a uniform standard for the billing of a metabolic dietary product.

(t) "NPI and Atypical Provider Standard v3.1." The purpose of the standard is to inform a provider of the national provider identifier requirements and the usage within a transaction.

(u) "Pain Management Standard v3.1." The purpose of the standard is to provide a uniform method of submitting a pain management claim, encounter, pre-authorization, and notification.

(v) "Patient Identification Number v3.0." The purpose of the standard is to describe the standard for the patient identification number.

(w) "Premium Payment v3.0." The purpose of the standard is to detail the standard transaction for the transmission of a premium payment.

(x) "Prior Authorization/Referral Standard v3.0." The purpose of the standard is to provide general recommendations to payers and providers about handling an electronic prior authorization and referral.

(y) "Required Unknown Values Standard v3.0." The purpose of the standard is to provide guidance for the use of common data values that can be used within the HIPAA transaction when a required data element is not known by the provider, payer, or sponsor for a patient, enrollee, and any other person associated with the transaction. The data values should only be used when the data is not available or known and may not be used to replace known data.

(z) "Telehealth Standard v3.2." The purpose of the standard is to provide a uniform standard of billing for a health care claim and encounter delivered through telehealth.

(aa) "UB04 Form Locator Elements v3.0." The purpose of the standard is to describe the use of each form locator in the UB-04 claim billing form and its crosswalk to the HIPAA 837 005010X223A2 institutional implementation guide.

KEY: insurance law
Date of Last Change: July 23, 2024
Notice of Continuation: March 6, 2020
Authorizing, and Implemented or Interpreted Law: 31A-22-614.5