Demystifying the Health Care Claim Attachments

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Eligibility Verification

Pretreatment Authorization and Referrals

Service Billing/Claim Submission

Claim Status Inquiries

Accounts Receivable

Elig. Inquiry

Elig. Response

Health Care Services Delivery

Claim

Patient Info.

Claim Status Inq.

Patient Info.

Claim Status Rsp.

Claim

Patient Info.

Claim Status Rsp.

Payment Order

Elig. Inquiry

Enrollment

Precertification and Adjudication

Claim Acceptance

Adjudication

Accounts Payable

Payment Order

Enrollment

Enrollment
Claims Attachments - HIPAA

Electronic exchange of additional information to support the healthcare claim or encounter
HIPAA

- HIPAA legislation requires that the secretary of DHHS adopt a standard for attachments 30 months after enactment.
- Development work for claims attachment recommendation started in 1996
- Attachment workgroup within X12 and HL7 working closely with CMS and HHS
- Proposed/Final Regulations
Attachment Usages

- **Support Health Care Claims Adjudication**
- Prior Authorization Assessments
- Validate policies and standards are met
- Post payment review
- Mitigate fraud and abuse
Goal of Health Care Claim Attachments

Make the process of submitting and adjudicating health care claims more effective and efficient by providing a structured and standard means of requesting clinical/supporting data for health care claims or encounters.
Benefits

- Reduced staffing/costs
- Providers:
  - Reduced amount of supported data exchanged
  - Decrease days revenue outstanding
  - Better predictability to payer data content needs
- Payers:
  - More complete information
  - Increase 1st pass adjudication
Early History of Attachments

- **WEDI Attachment Workgroup Report, 1994**

  **Recommendations:**
  - Standardize attachment data elements
  - Coordinate affected entities to develop implementation guides
  - Work to standardize/eliminate attachments
  - Develop 274/275 as primary vehicle
  - Create standard way to link data across transaction sets
More History...

- **Proof of Concept (POC) Team**
  - 5 Medicare contractors funded by HCFA to develop Electronic Request for Information
  - 1997 began considering options for Claims Attachments as response to request - April 1997 approached HL7
  - August 1997 POC Team joined HL7 and helped to form the Attachment Special Interest Group (ASIG)
  - ASIG solicited industry input before moving forward
History...

- **Industry outreach recommendations**
  - Determine most frequently used Attachments
  - Consider Attachments where HL7 messages already exist / in development
  - Need to “Standardize” the questions payers ask - industry consensus required
  - Form “Attachment workgroups” by soliciting help from all sectors of industry (e.g. payers, providers, National Associations)
  - Use LOINC codes
Selection Criteria:

Similar to the approach used to select the original HIPAA transactions:

- Outreach to identify with subsequent review of available standards to select standard, if possible
- Integrate well with existing HIPAA standards
- Adhere to the selection guidelines regarding: technology neutral, ANSI accredited, ultimately reduce admin cost
More history...

- **Selection Results:**
  - Standard for Claims Attachments did not exist
  - The health care clinical information domain belonged to Health Level Seven (HL7)
  - HL7 membership represents the expertise for clinical standards development
  - HL7 is ANSI accredited, technology neutral
X12 Standards for Attachments

- ASC X12N 277 Request for Additional Information (004050X150)
- ASC X12N 275 Additional Information in Support of a Health Care Claim or Encounter (004050X151)
HL7 Standard for Attachments

- Clinical Document Architecture (CDA)
  - Provides flexibility for varying levels of implementation
    - Human Decision Variant
      - Scanned image
      - Text data
    - Computer Decision Variant
      - Full codified structured data using LOINC
What is LOINC?

- Logical Observation Identifier Names and Codes
- Universal names and ID codes for identifying
  - laboratory and clinical test results
  - other information meaningful in claims attachments
- Freeware
- Owned by
  - Regenstrief Institute
  - http://www.regenstrief.org/
  - Logical Observation Identifier Names and Codes (LOINC) Committee
Why LOINC?

- 1996 POC pilot revealed that Claim Status Reason Codes were not effective in requesting additional information
- Using LOINC allows for specific questions to be asked when needed
- LOINC already had many codes needed for Claims Attachments
- LOINC Committee was accommodating regarding special code requests
Business Flow
Solicited Model

Provider

ASC X12N 837 Health Care Claim/Encounter

ASC X12N 277 Request for Additional Information

ASC X12N 275 + HL7 CDA Additional Information

ASC X12N 835 Remittance Advice

Payer
Business flow
Unsolicited Model

Provider

ASC X12N 837 Health Care Claim/Encounter
and ASC X12N 275 +HL7 CDA Additional Information

Payer sends ASC X12N 835 Remittance Advice
Structure of Attachments

- A 277 asks for
  - Attachments
  - or
  - Elements
    - By sending LOINC

- A 275 sends
  - Elements
    - consisting of
  - Answer parts
    - Identified by LOINC
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory Rate</td>
<td>Respiratory Rate</td>
</tr>
<tr>
<td>18686-6</td>
<td>11291-2 85</td>
</tr>
<tr>
<td>Body Temp</td>
<td>Body Temp</td>
</tr>
<tr>
<td>18688-2</td>
<td>11289-6 101.6</td>
</tr>
<tr>
<td>Temp Reading Site</td>
<td>11290-4 1 (oral)</td>
</tr>
</tbody>
</table>
Attachments

1. Rehabilitative Services (9 disciplines)
   1. alcohol/substance abuse
   2. Cardiac
   3. medical social services
   4. occupational therapy
   5. physical therapy
   6. Psychiatric
   7. respiratory
   8. Therapy
   9. skilled nursing and speech therapy

2. Emergency Department
## Attachments

### 3. Clinical Reports

<table>
<thead>
<tr>
<th>Anesthesia</th>
<th>Diagnostic imaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthroscopy</td>
<td>Discharge note</td>
</tr>
<tr>
<td>Bronchoscope</td>
<td>Echo heart</td>
</tr>
<tr>
<td>Cardiac catheterization</td>
<td>EEG brain</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>EKG</td>
</tr>
<tr>
<td>Consultation note</td>
<td>Electromyelogram</td>
</tr>
<tr>
<td>Consultation request</td>
<td>Endoscopy</td>
</tr>
<tr>
<td>Cytology</td>
<td>Exercise stress test</td>
</tr>
</tbody>
</table>

(Including, but not limited to)
3. Clinical Reports (cont.)

| Flexible sigmoidoscopy                  | Procedure note         |
| History and physical Notes             | Progress note          |
| Initial assessment                     | Radiology              |
| Nursing                                | Spiroometry            |
| OB echo                                | Surgical pathology     |
| Operative notes                        | Temperature chart total|
|                                        | Visit note             |
Attachments

4. Laboratory Services
5. Ambulance
6. Medications
Attachments in Development

- Home Health
- DME
- Periodontal Charting
- Consent
- Children’s Preventive Health Services
CDA Structure

- CDA defines tag names and nesting
  <levelone>
    <clinical_document_header>
    </clinical_document_header>
  </body>
  </levelone>
Clinical Document Architecture (CDA) Structure

- **Header**
  - Document Information
  - Encounter Data
  - Service Actors (such as providers)
  - Service Targets (such as patients)
  - Localization

- **Body**
  - Single `<non-xml>` element - information on a external file that contains the body
  - One or more `<section>` elements
CDA Structure

- Header
  - Document Information
    - Document Identification
    - Document Timestamps
    - Document Confidentiality
    - Document Relationships
CDA Structure

- Header
  - Service Actors
    - People responsible for a clinical document
    - Authenticators
    - Intended recipients
    - Originators
    - Transcriptionist
    - Healthcare providers
    - Other service actors
CDA Structure

- Header
  - Service Targets
  - Patient
  - Originating device
  - Other significant participants (e.g. family members)
CDA Structure

- Body
  - Single `<non-xml>` element - information on an external file that contains the body (non-XML)
  - One or more `<section>` elements
    - Structures
    - Nested `<section>` elements
    - `<coded_entry>` elements
CDA Structure

- Body `<section>`
  - Structures
    - `<paragraph>`
    - `<list>`
    - `<table>`
  - Entries
    - `<content>`
    - `<coded_entry> <coded_entry.value>`
    - `<link> <link_html>`
    - `<observation_media>`
    - `<local_markup>`
    - Plain text
ASC X12N 275 (004050X151)
Additional Information to Support a Health Care Claim or Encounter
ASC X12N 275 (004050X151)
Additional Information to Support a Health Care Claim or Encounter

ISA*00*0123456789*00*1234567890*ZZ*SUBMITTERS ID*
ZZ*RECEIVERS ID*930602*1253*^^00405*000000905*0*T*::~

GS*PI*SENDER CODE*RECEIVER CODE*
19940331*0802*0000000001*X*004050X151~

ST*275*000000001*004050X151~

BIN*55*<?xml version="1.0"?>
<levelone...>....</levelone>~

SE*18*00000001~

GE*1*0000000001~

IEA*1*000000905~
Attachment Data Variants

- Human-Decision Variant
  - Paper/image based health records
  - Transmit scanned images or text
  - XSL style sheet will be included

- Computer-Decision Variant
  - Original intent for claims attachments
  - Uses LOINC values
  - Allows for automatic processing
Provider Paths to Compliance
Provider Paths to Compliance

Convert Data into CDA

Manual entry into utility

Billing Application

275/Attachment (XML/CDA)
Provider Paths to Compliance

Manual entry into utility -> Billing Application

275/Attachment (XML/CDA)
Provider Paths to Compliance

EHR
Or
Other Clinical App

Billing Application

XML/CDA

275/Attachment (XML/CDA)
Payer Paths to Compliance
Payer Paths to Compliance

275/Attachment (XML/CDA) -> X12 Translator

Auto Adjudicate?

Yes -> Adjudication/Remittance

No -> Remittance/Adjudicate

[Diagram showing flow from 275/Attachment (XML/CDA) to X12 Translator, followed by a decision on Auto Adjudicate, resulting in either Adjudication/Remittance or Remittance/Adjudicate.]
Payer Paths to Compliance

275/Attachment (XML/CDA) -> X12 Translator -> CDA Translator

Auto Adjudicate?

Yes -> Adjudication/Remittance

No -> CDA Translator

Diagram:

- 275/Attachment (XML/CDA)
- X12 Translator
- CDA Translator
- Auto Adjudicate?
  - Yes: Adjudication/Remittance
  - No: CDA Translator
Claims Attachment Suite

- ASC X12N 277 Request for Additional Information (004050X150)
- ASC X12N 275 Additional Information to Support a Health Care Claim or Encounter (004050X151)
- HL7 Additional Information Specification Implementation Guide Release 2.1 based on HL7 CDA Release 1.0
- Logical Observation Identifiers Names and Codes (LOINC)
- LOINC Modifiers
- Additional Information Specifications CDA for Attachments R2.1 based on CDA R.1 (6 attachments)
HL7
Additional Information Specifications

- AIS 0001: Ambulance Service Attachment (CDAR1AIS0001R021)
- AIS 0002: Emergency Department Attachment (CDAR1AIS0002R021)
- AIS 0003: Rehabilitation Services Attachment (CDAR1AIS0003R021)
- AIS 0004: Clinical Reports Attachment (CDAR1AIS0004R021)
- AIS 0005: Laboratory Results Attachment (CDAR1AIS0005R021)
- AIS 0006: Medications Attachment (CDAR1AIS0006R021)
Thank You

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