Demystifying the Health Care Claim Attachments

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Gary Beatty
President
EC Integrity, Inc.

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Eligibility Verification	→ Elig. Inquiry → ← Elig. Response ←	Enrollment	← Enrollment ← ← Payment Order ←	Enrollment
Pretreatment Authorization and Referrals	← Health Care Services Delivery →	Precertification and Adjudication		
Service Billing/ Claim Submission	→ Claim → → Patient Info. →	Claim Acceptance		
Claim Status Inquiries	→ Claim Status Inq. → → Patient Info. → ← Claim Status Rsp ←	Adjudication		
Accounts Receivable	← Claim Payment ←	Accounts Payable		

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

History…

□ **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
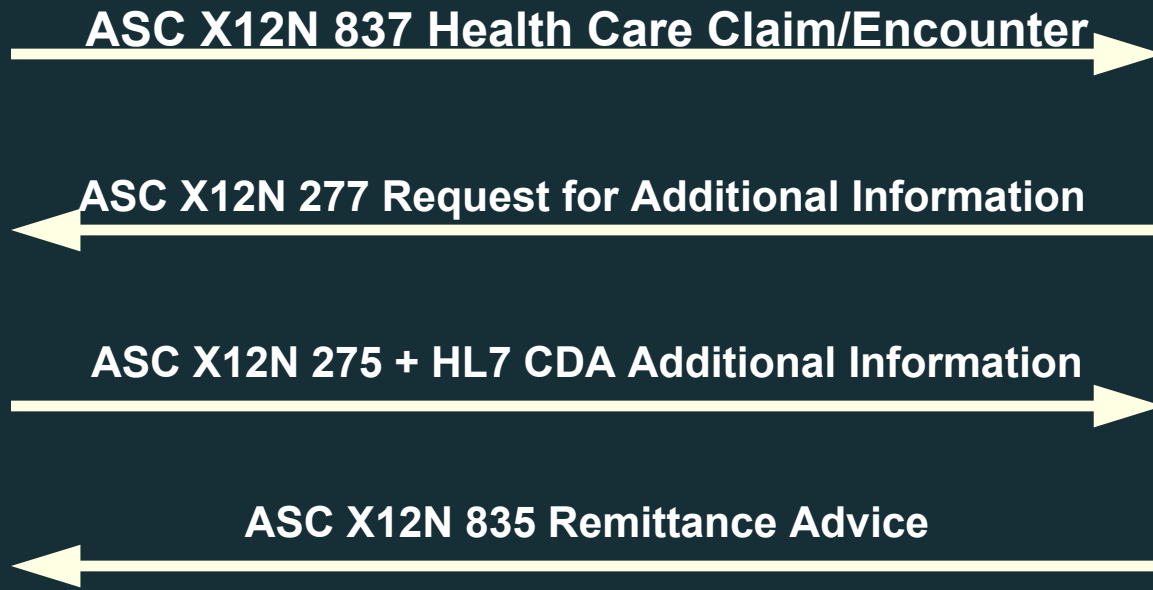
Business flow Unsolicited Model

Provider

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

→

Payer sends ASC X12N 835 Remittance Advice

←

Payer

Structure of Attachments
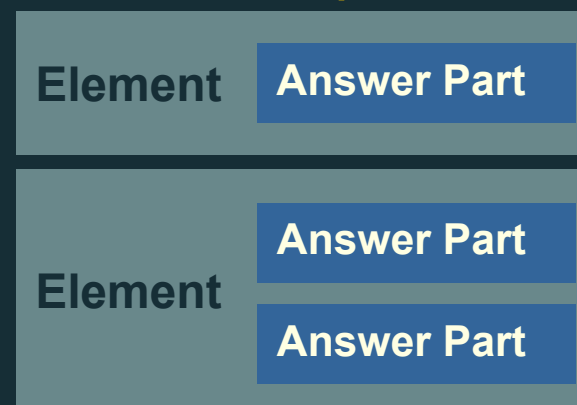
- A 277 asks for
  - Attachments

  or
  - Elements

Electronic Attachment	
Element	Element
Element	Element
Element	
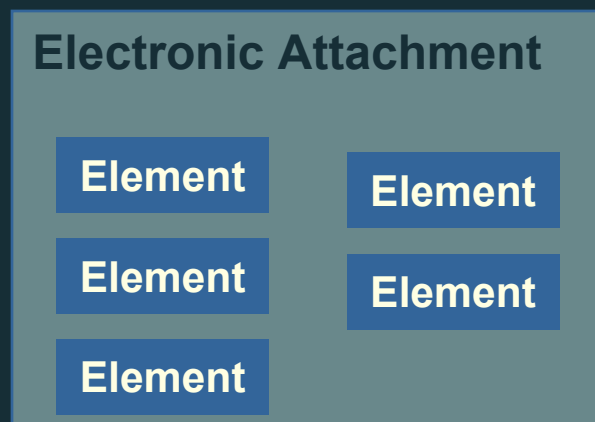
–By sending LOINC

- A 275 sends
  - Elements

  consisting of
  - Answer parts

Element	Answer Part
Element	Answer Part
	Answer Part

–Identified by LOINC

LOINC Question/Answer Example

Emergency Department **18679-1**

Question		Answer	
Respiratory Rate		Respiratory Rate	
18686-6		**11291-2**	**85**
Body Temp		Body Temp	
18688-2		**11289-6**	**101.6**
		Temp Reading Site	
		11290-4	**1 (oral)**

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 (Including, but not limited to)

Anesthesia	Diagnostic imaging
Arthroscopy	Discharge note
Bronchoscope	Echo heart
Cardiac catheterization	EEG brain
Colonoscopy	EKG
Consultation note	Electromyelogram
Consultation request	Endoscopy
Cytology	Exercise stress test

Attachments

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

Flexible sigmoidoscopy	Procedure note
History and physical	Progress note
Notes	Radiology
Initial assessment	Spirometry
Nursing	Surgical pathology
OB echo	Temperature chart total
Operative notes	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>
    </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
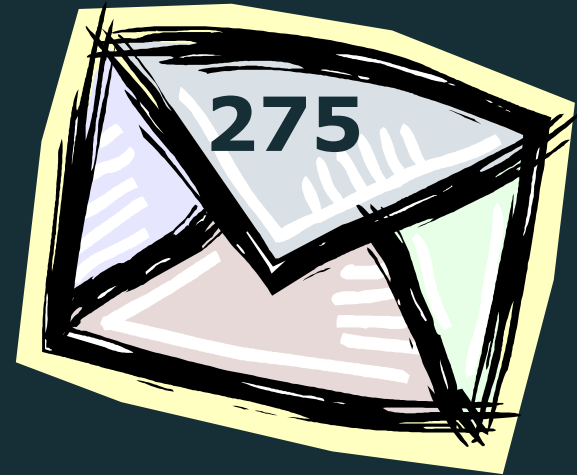 - Document Information
    - Document Identification
    - Document Timestamps
    - Document Confidentiality
    - Document Relationships

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 a external file that contains the body (non-XML)
  - One or more <section> elements
    - Structures
    - Nested <section> elements
    - <coded_entry> elements

CDA Structure
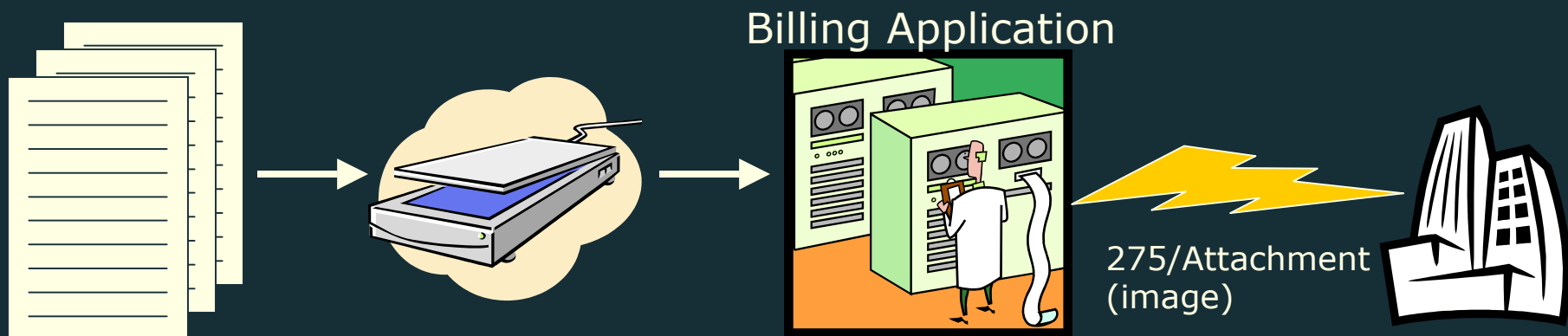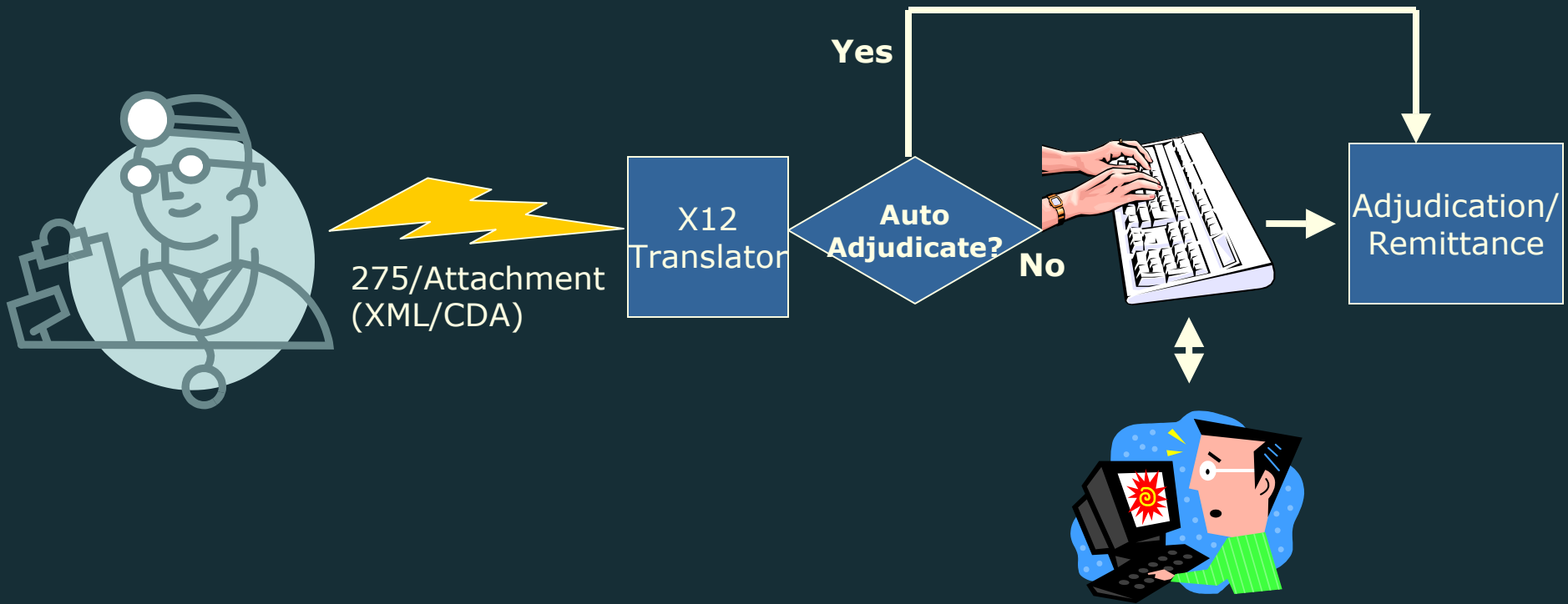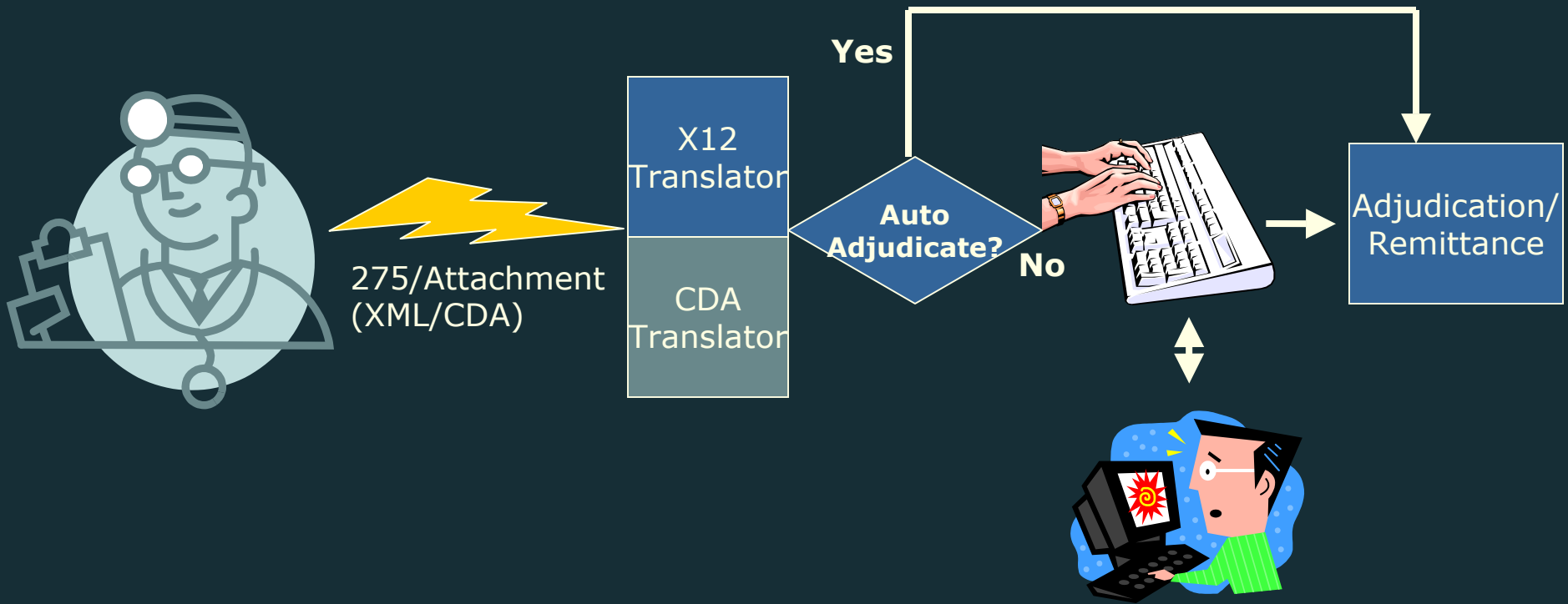
- Body <section>
  - Structures
    - <paragraph>
    - <list>
    - <table>
      - Entries
        - <content>
        - <coded_entry> <coded_entry.value>
        - <link> <link_html>
        - <observation_media>
        - <local_markup>
        - Plain text

ASC X12N 275 (004050X151)
Additional Information to Support a Health Care Claim or Encounter

CDA

275

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*000000001*X*004050X151~

ST*275*000000001*004050X151~
⋮
BIN*55*<?xml version="1.0"?><levelone…>….</levelone>~
⋮
SE*18*000000001~

GE*1*000000001~

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
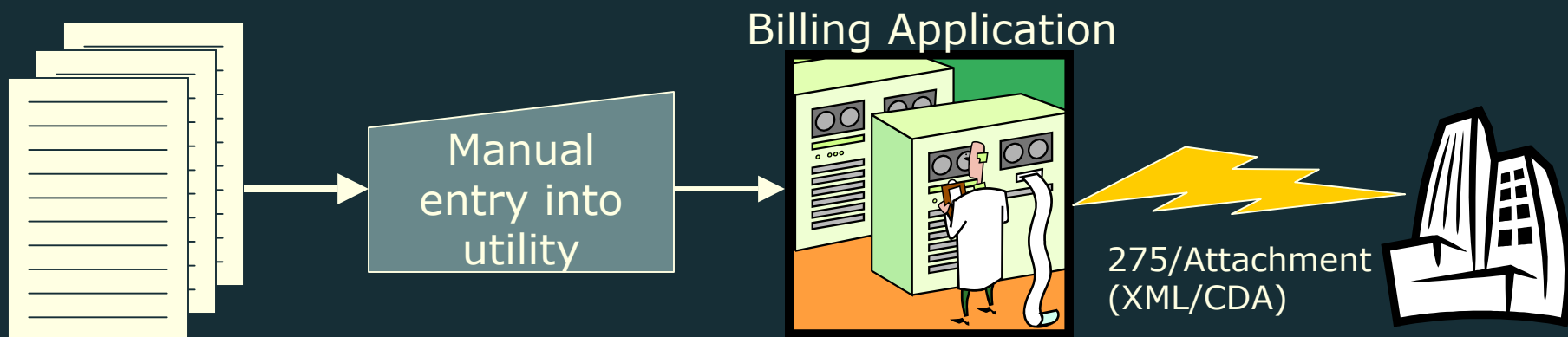 - Uses LOINC values
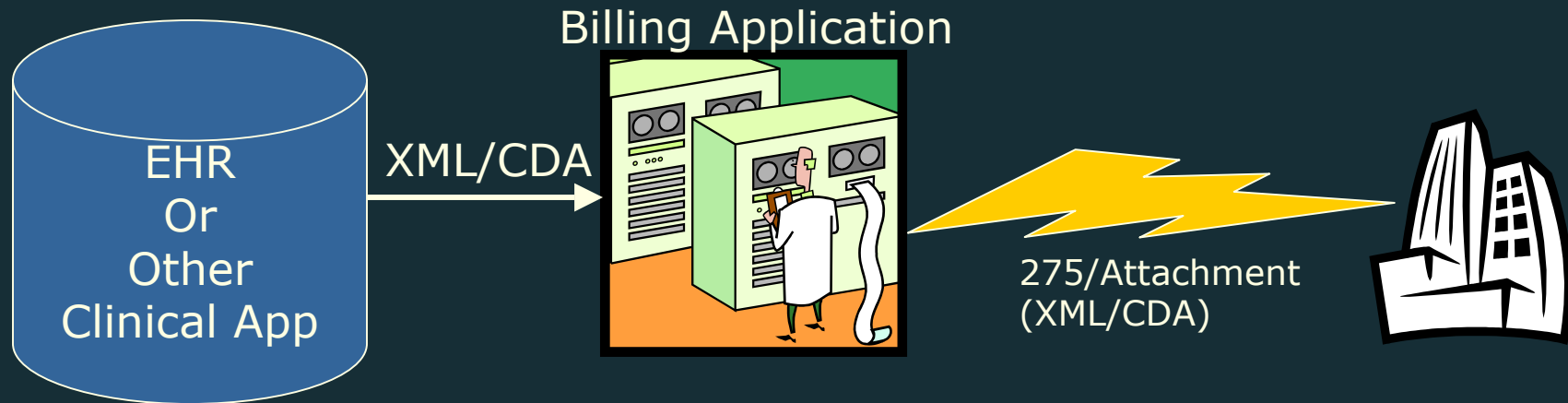 - Allows for automatic processing
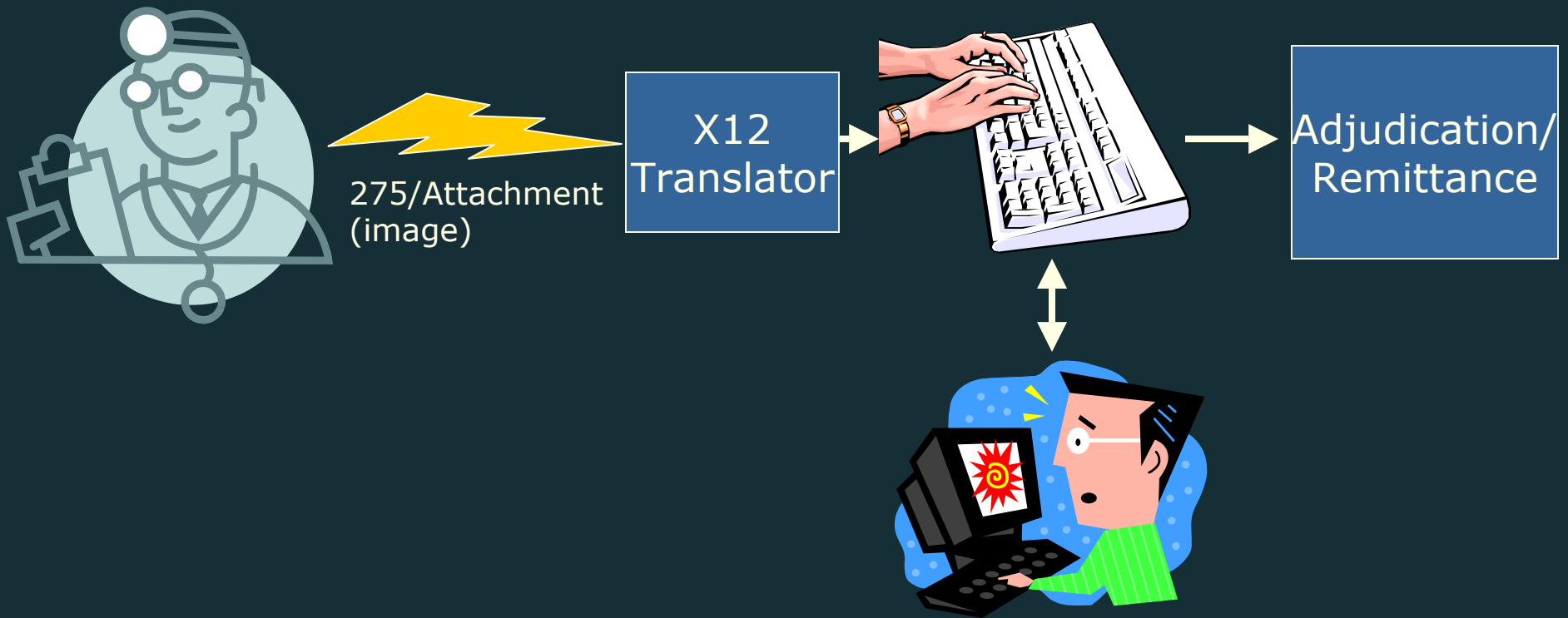
Provider Paths to Compliance

Billing Application

275/Attachment (image)

Provider Paths to Compliance

Provider Paths to Compliance

Billing Application

Manual entry into utility

275/Attachment (XML/CDA)

Provider Paths to Compliance

EHR
Or
Other
Clinical App

XML/CDA

Billing Application

275/Attachment
(XML/CDA)

Payer Paths to Compliance

275/Attachment (image)

X12 Translator

Adjudication/ Remittance

Payer Paths to Compliance

Payer Paths to Compliance

275/Attachment (XML/CDA)

X12 Translator

CDA Translator

Auto Adjudicate?

Yes

No

Adjudication/ Remittance

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
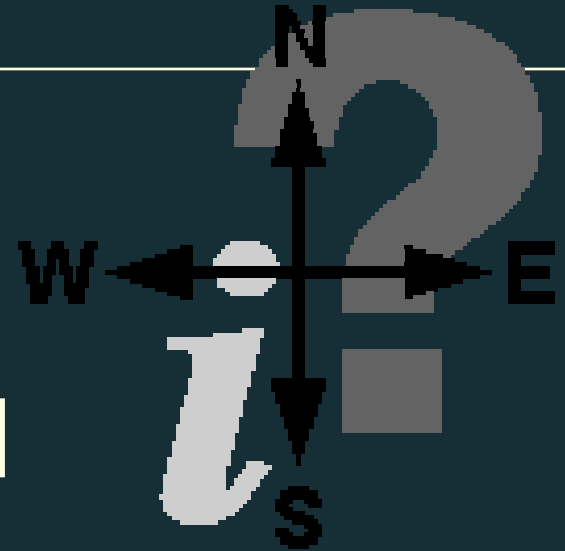- Additional Information Specifications CDA for Attachments R2.1 based on CDA R.1 (6 attachments)

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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