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

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Accounts Receivable
A health care claim attachment conveys supplemental information pertaining to the services provided to a specific individual to support evaluation of a claim before it is paid.
Attachment Usages

- Support Health Care Claims Adjudication
- Prior Authorization Assessments
- Validate policies and standards are met
- Post payment review
- Mitigate fraud and abuse
HIPAA Time Line

- 08/21/1996 - HIPAA signed into law
  - HIPAA legislation requires that the secretary of DHHS adopt a standard for attachments 30 months after enactment
- 08/17/2000 – Transactions and Code Sets Regulation
- 09/23/2005 – Attachments Proposed Regulation
- DHHS develops responses and Final Regulation
- Internal Clearance – Final Regulation
  - CMS
  - DHHS
  - OMB
- Publish Final Regulation in Federal Register
  - 60 day congressional review – effective date
  - 24 / 36 months – compliance date
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

$414 million – $1.1 billion (5 years)

- Reduced staffing/costs
  - Copying
  - Coding
  - Transcribing
  - Storing
  - Processing

- Providers:
  - Reduced amount of supported data exchanged
  - Decrease days revenue outstanding
  - Anticipate payer data content needs

- Payers:
  - More complete information
  - Increase 1\textsuperscript{st} pass adjudication
Attachments History

- 1994 WEDI Survey
  - Study needs for electronic attachments
  - Identified hundreds of paper attachments
  - Recommendations
    - Standardized data elements
    - Collaboration between affected entities
    - Standard lineage between transactions
    - Develop transaction pair (inquiry/response)

- 1997 HL7 & X12 joint attachments effort
Standards for Attachments

- ASC X12N Insurance Subcommittee
  - Task Group 2 Health Care
    - Workgroups 5 Health Care Claim Status
      - ASC X12N 277 (004050X150) Request for Additional Information
    - Workgroups 9 Patient Information
      - ASC X12N 275 (004050X151) Additional Information in Support of a Health Care Claim or Encounter

- Health Level 7 (HL7)
  - Attachments Special Interest Group (ASIG)
    - Clinical Document Architecture (CDA)
    - Additional Information Specification Implementation Guide
    - Additional Information Specifications
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
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
- Use LOINC codes
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?

- 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
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
Business Flow
Solicited Model

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
Business flow
Unsolicited Model

Provider

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

Payer

Payer sends ASC X12N 835 Remittance Advice
Structure of Attachments

- A 277 asks for
  - Attachments
  - or
  - Components

- A 275 sends
  - Components consisting of
  - Answer parts

Electronic Attachment
- By sending LOINC

Component
  - Answer Part
  - Component
  - Answer Part
  - Component
  - Answer Part

Component
  - 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>Temp Reading Site</td>
</tr>
<tr>
<td>11290-4</td>
<td>1 (oral)</td>
</tr>
</tbody>
</table>
HL7
Additional Information Specifications

1. Rehabilitative Services – rehabilitation care plans associated with 9 disciplines
   1. cardiac rehabilitation
   2. medical social services
   3. occupational therapy
   4. physical therapy
   5. respiratory therapy
   6. skilled nursing
   7. speech therapy
   8. psychiatric rehabilitation
   9. alcohol/substance abuse rehabilitation
2. Emergency Department
   - Supporting documentation when an emergency department visit is reported
   - Derived from Data Elements for Emergency Department System, Rel 1 (DEEDS)
## 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>
### 3. Clinical Reports (cont.)

<table>
<thead>
<tr>
<th>Flexible sigmoidoscopy</th>
<th>Procedure note</th>
</tr>
</thead>
<tbody>
<tr>
<td>History and physical</td>
<td>Progress note</td>
</tr>
<tr>
<td>Notes</td>
<td>Radiology</td>
</tr>
<tr>
<td>Initial assessment</td>
<td>Spirometry</td>
</tr>
<tr>
<td>Nursing</td>
<td>Surgical pathology</td>
</tr>
<tr>
<td>OB echo</td>
<td>Temperature chart total</td>
</tr>
<tr>
<td>Operative notes</td>
<td>Visit note</td>
</tr>
</tbody>
</table>

Clinical Reports **do not** include psychotherapy notes.
4. Laboratory Services
   - Provide laboratory results
   - Reason for study
   - Abnormality indicators

5. Ambulance
   - Data used to describe ambulance services

6. Medications
   - Reporting of medications currently in use
   - Medications taken during treatment
   - Medication provided upon discharge
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>`
    - `<localMarkup>`
    - 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*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

Convert Data into CDA

Billing Application

Manual entry into utility

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

XML/CDA

Billing Application

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

275/Attachment (image) → X12 Translator → Adjudication/Remittance
Payer Paths to Compliance

275/Attachment (XML/CDA) → X12 Translator → Auto Adjudicate?

Yes → Adjudication/Remittance

No → Adjudicate?

Yes → Adjudication/Remittance

No → Remittance
Payer Paths to Compliance

275/Attachment (XML/CDA)

X12 Translator
CDA Translator

Auto Adjudicate?

Yes

Adjudication/Remittance

No
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
  - Time Frame Modifiers
  - Scope 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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www.hl7.org
www.wpc-edi.com