



Overview of Status of HIPAA Transactions and Code Sets (13 years later)

William R. "Bill" Braithwaite, MD, PhD, FACMI
Chief Medical Officer
Anakam Inc.

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- **“... to simplify the administration of health insurance ...”**
- **“It is the purpose of this subtitle to improve ... the efficiency and effectiveness of the health care system by encouraging the development of a health information system through the establishment of standards and requirements for the electronic transmission of certain health information.”**

- **Any two covered entities should be able to conduct their routine interactions rapidly and entirely electronically using standardized identifiers, transactions, and code sets.**
- **Telephone, fax, or paper interactions should be needed rarely.**
- **Any entity that was incapable of doing this themselves, should be able to participate cost-effectively using a clearinghouse.**
- **Savings of time and hassle were expected to be significant.**

The Secretary shall adopt standards for transactions with respect to the following:

- ◆ (A) Health claims or equivalent encounter information.
- ◆ (B) Health claims attachments.
- ◆ (C) Enrollment and disenrollment in a health plan.
- ◆ (D) Eligibility for a health plan.
- ◆ (E) Health care payment and remittance advice.
- ◆ (F) Health plan premium payments.
- ◆ (G) First report of injury.
- ◆ (H) Health claim status.
- ◆ (I) Referral certification and authorization.
- ◆ other financial and administrative transactions determined appropriate by the Secretary.

- **The Secretary shall adopt standards providing for a standard unique health identifier for use in the health care system for each:**
 - ◆ individual,
 - ◆ employer,
 - ◆ health plan, and
 - ◆ health care provider.

- **The Secretary shall adopt standards that select or establish code sets for the transactions.**
 - ◆ The Secretary shall establish efficient and low-cost procedures for distribution (including electronic distribution) of code sets.

- **The Secretary shall adopt standards specifying procedures for the electronic transmission and authentication of signatures.**
- **The Secretary shall adopt standards for transferring among health plans appropriate standard data elements needed for the coordination of benefits, the sequential processing of claims, and other data elements for individuals who have more than one health plan.**

- **The Secretary shall carry out section 1173 not later than 18 months after enactment of HIPAA, except that standards relating to claims attachments shall be adopted not later than 30 months after such date.**
- **ADDITIONS AND MODIFICATIONS TO STANDARDS.--... the Secretary shall adopt modifications to the standards (including additions to the standards), not more frequently than once every 12 months.**

- Not later than 24 months after the date on which an initial standard is adopted or established, each person to whom the standard applies shall comply with the standard.
- The Secretary shall impose on any person who violates a provision of this part a penalty of not more than \$100 for each such violation, except that the total amount imposed on the person for all violations of an identical requirement or prohibition during a calendar year may not exceed \$25,000.

Dates for HIPAA Transactions Code Sets and Identifiers



1996 Requirement	NPRM	Final	Compliance
Health claims or equivalent encounter information.	1998	2000	2003
Health claims attachments.	2005	----	----
Enrollment and disenrollment in a health plan.	1998	2000	2003
Eligibility for a health plan.	1998	2000	2003
Health care payment and remittance advice.	1998	2000	2003
Health plan premium payments.	1998	2000	2003
First report of injury.	----	----	----
Health claim status.	1998	2000	2003
Referral certification and authorization.	1998	2000	2003
Other financial and administrative transactions ...	----	----	----
Individual Identifier	----	----	----
Employer Identifier	1998	2002	2004
Health Plan Identifier	----	----	----
Health Care Provider Identifier	1989	2004	2006
Electronic Signature	----	----	----
Coordination Of Benefits	1998	2000	2003

- **Updates standards for electronic transactions to X12 5010 versions.**
- **Updates standards for retail pharmacy transactions to NCPDP Version D.0.**
- **Adopts a transaction standard for Medicaid pharmacy subrogation.**
- **Adopts two standards for billing retail pharmacy supplies and professional services.**
- **Compliance is required on January 1, 2012**

- **International Classification of Diseases, 10th Revision, Clinical Modification (ICD–10–CM) for:**
 - ◆ Diseases.
 - ◆ Injuries.
 - ◆ Impairments.
 - ◆ Other health problems and their manifestations.
 - ◆ Causes of injury, disease, impairment, or other health problems.

- **International Classification of Diseases, 10th Revision, Procedure Coding System (ICD–10–PCS) for the following procedures or other actions taken for diseases, injuries, and impairments on hospital inpatients reported by hospitals:**
 - ◆ Prevention.
 - ◆ Diagnosis.
 - ◆ Treatment.
 - ◆ Management.

- **Compliance is required on October 1, 2013:**

- **Companion guides reduced – not eliminated.**
- **Lack of meaningful transaction acknowledgements.**
- **Standards updates too slow.**
- **EOBs don't balance – EFTs reversible.**
- **COBs not used often.**
- **Eligibility too little too late.**
- **Lack of interoperable business rules.**
- **Business process code sets are incomplete for meaningful interaction.**
- **Lack of standards for missing transactions and identifiers.**

What can we learn from this experience to improve the outcomes in the future?

William R. “Bill” Braithwaite, MD, PhD, FACMI
Chief Medical Officer
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BBraithwaite@anakam.com