


**Claims Attachments
Maximizing the Benefits**



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Presenters

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Member of WEDI Board

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Today's Agenda

- ❖ **Attachments: Setting the stage**
 - * Brief history
 - * X12 + HL7 = HIPAA standard
 - * Why LOINC Codes?
- ❖ **Architectures for Compliance**

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Attachments - Background

- HIPAA and Claims Attachments
 - ✓ Law allows for time between initial set of transactions and claims attachments
 - ✓ Mentioned in the Final Rule for EDI Transactions and Code Sets
 - ✓ Development work for claims attachment recommendation underway since 1996
 - ✓ Attachment workgroups in X12 and HL7 working closely with CMS and HHS

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Attachments - history of activity

- WEDI: Attachment Workgroup Report, 1994
- NUCC: National Uniform Claim Committee (NUCC) Survey, 1996
 - ✓ Survey to Blues & Medicare contractors asking what attachments are utilized?
 - ✓ COB, SNF, Therapies, DME, Surgery
 - ✓ 54 responses - no follow-up conducted of HIPAA and NUCC need to focus on 1500 dataset
- CMS (formerly HCFA) Surveys to Medicare Carriers and Intermediaries, 1996 / 1997
 - ✓ Results led to funding 275 POC

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Attachments - history of activity

- **CMS led Proof of Concept (POC) Team**
 - ✓ 5 Medicare contractors funded by CMS to develop Electronic Request for Information
 - ✓ 1997 began considering options for Claims Attachments as response to request
 - ✓ August 1997 POC Team joined HL7 and helped to form ASIG
 - ✓ ASIG solicited industry input before moving forward. Included groups such as CMS, AMA, AHA, BCBSA, X12, HL7 and others

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Attachments - history of activity

- **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

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Attachments - history of activity

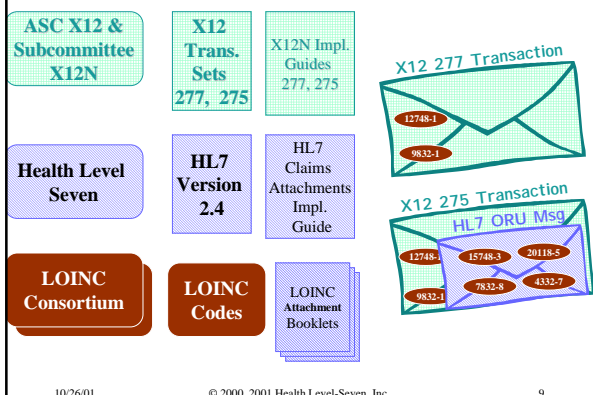
- Attachment types ultimately selected for development and HIPAA recommendation:
 - ✓ Ambulance
 - ✓ Emergency Department
 - ✓ Rehabilitative Services
 - ✓ Lab Results
 - ✓ Medications
 - ✓ Clinical Notes

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Organizations and Documents



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**Claim Attachment
Transaction Relationships**

- Transactions involved in Claims Attachments
 - ✓ 837 (claim) + 275(patient info)
+ ORU
 - ✓ 277(info request) + 275/ORU
 - ✓ *997 (functional acknowledgment)
* *mutually agreed upon*

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**Claim Attachment
Transaction usage requirements**

- Provider has choice to:
 - ✓ Request 277 from payer
 - ✓ Respond to request via 275/HL7
- Payer has responsibility to:
 - ✓ Create 277 when provider elects to receive it
 - ✓ Receive & process a 275 / HL7 when providers elect to receive it
- Payer & provider mutually agree to use 997

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Key components of the transaction

- **What is LOINC?**
 - ✓ Logical Observation Identifier Names and Codes
- **Why LOINC and not Health Care Claim Reason Codes as in the Claims Status Notification (277)?**
 - ✓ Coding comparison

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Key components of the transaction

- LOINC vs. Claim Status reason Codes
 - ✓POC pilot in 1996 revealed that Claim Status Reason Codes were not effective in requesting information from providers
 - ✓Using LOINC lets us be very specific when needed
 - ✓LOINC already had many codes needed for Claims Attachments
 - ✓LOINC consortium was very accommodating regarding special code requests

Key components of the transaction

If the request is for Rehab treatment, progress notes, and goals, and the **LOINC** codes are used, it is expressed

```
STC * R4 : 18658-5 :: LOI~
```

Key components of the transaction

With Reason Codes, must use 3 STCs

```
STC*R4:310:3F~ 310=6 months prior
STC*R4:436:3F~ 436=short term goals
STC*R4:437:3F~ 437=long term goals
```

Key Issues

- **Claim data versus Attachment data**
- **LOINC versus Reason Codes**
- **Imaging and X-ray capabilities**
- **Data request: paper and electronic**

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Premises:

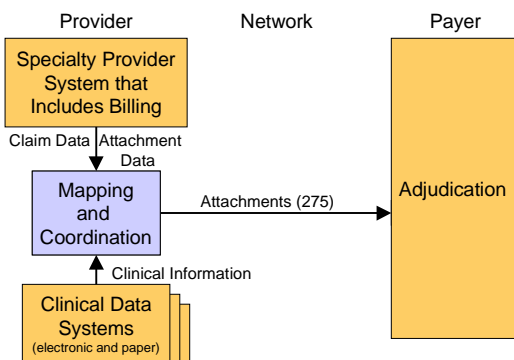
- **Healthcare organizations will use these transactions differently, according to their level sophistication**
 - structured data vs. textual data
 - document image versus character data
- **When the provider and payer are mismatched on sophistication, it still works**
- **Benefits start immediately and grow with the sophistication of the organizations**

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Provider Mapping and Coordination



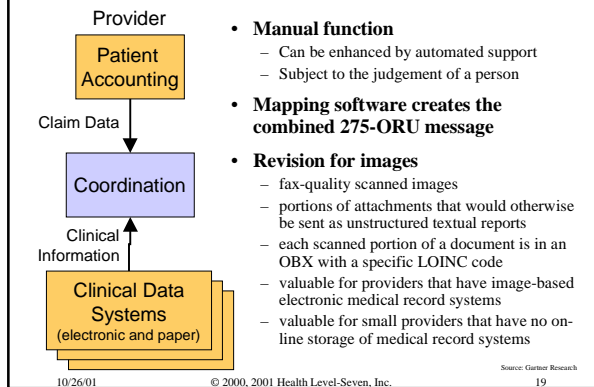
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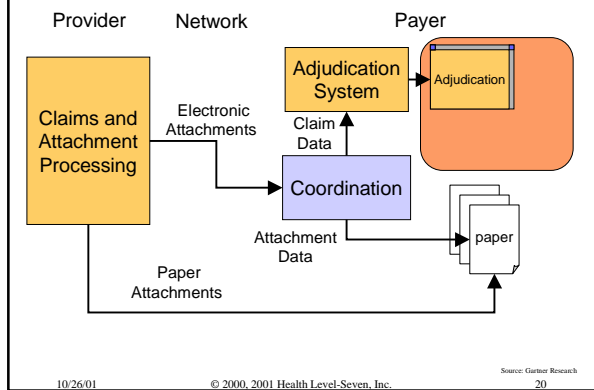
Source: Gartner Research

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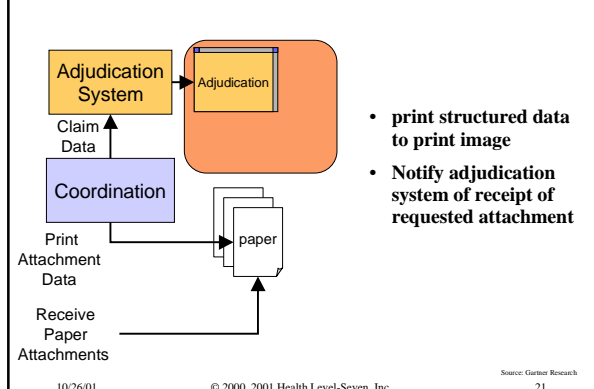
Provider Coordination Function

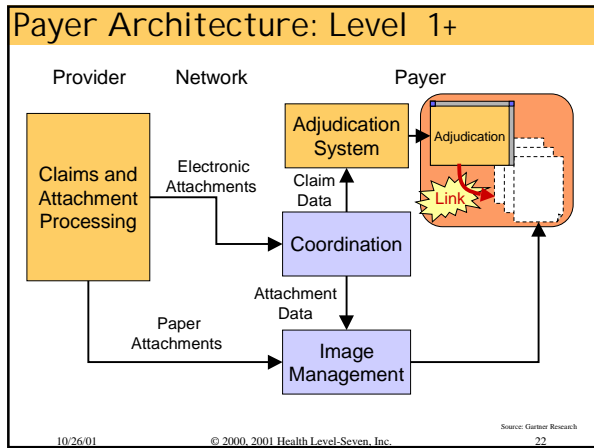


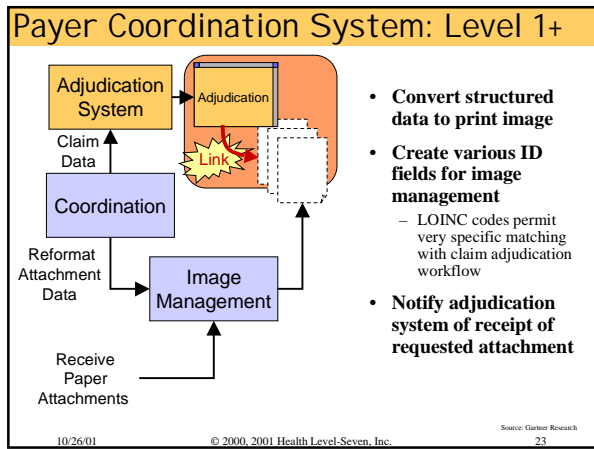
Payer Architecture: Level 1

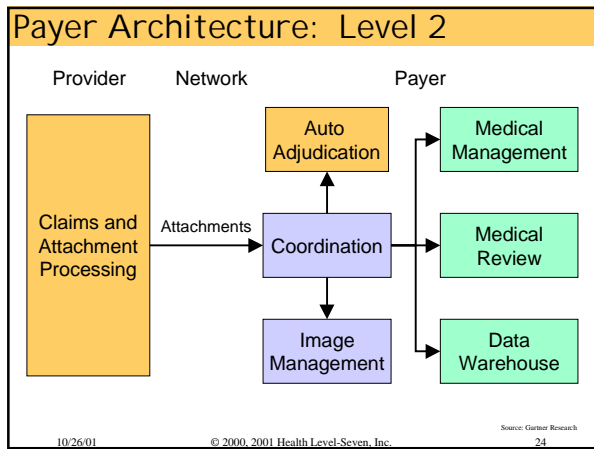


Payer Coordination System: Level 1



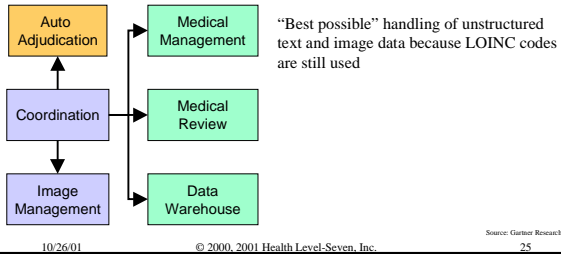




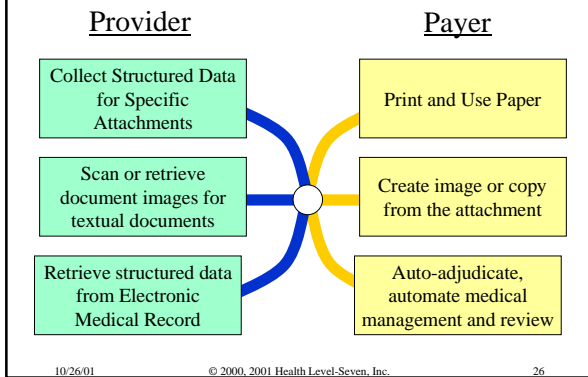


Coordinator for Best Payer Benefits

- Routing and mapping of structured data
- Notification of arrival of claims data



And they all work together...



And They Evolve Independently

- **The NPRM approach to Claims Attachments is:**
 - a basis for dramatic long-term upgrade in efficiency and intelligence of claims processing (and authorization, pre-cert)
 - implementable in the short-term with realizable benefits
- **Payers and Providers have individual options and incentives to upgrade their levels of implementation**

More Information

- **HL7 official Web site**
 - general information/link to ASIG
 - <http://www.hl7.org>

More Information

- **HHS - Administrative Simplification page**
 - <http://aspe.hhs.gov/admsimp>
- **Washington Publishing Company (HIPAA Implementation Guides)** – includes *all* materials related to Claims Attachments
 - <http://www.wpc-edi.com>

Questions... or to participate:

Maria Ward:
Wes Rishel: wes.rishel@gartner.com

Reference Material

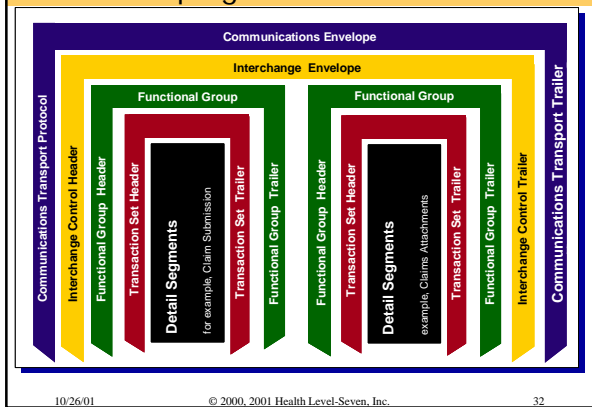
The following pages include reference material not intended for use during the presentation.

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X12 Enveloping Structures

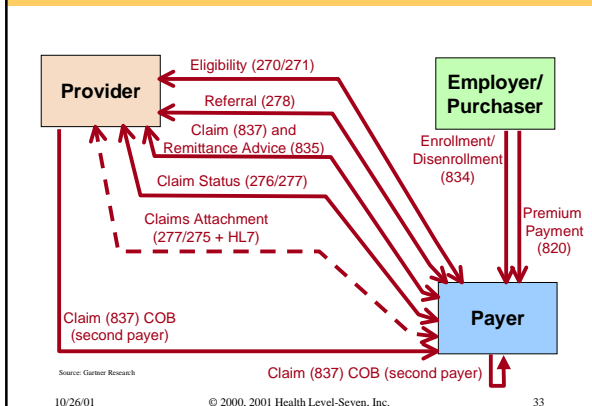


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HIPAA Standard Transactions



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X12 + HL7 = Claims Attachment

- **X12 (SDO)**
 - X12N Insurance
 - TG2 Healthcare
 - WG 9
- **HL7 (SDO)**
 - (HL7)
 - Orders TC
 - CA SIG
- **Transaction Sets**
 - 275
 - segments
 - fields
- **Messages**
 - ORU
 - segments
 - fields

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Full Documentation Suite

- **X12 Implementation Guides**
 - ASC X12N Implementation Guide for Use of the 275 Transaction (004020) Additional Information to Support a Health Care Claim or Encounter
 - ASC X12N Implementation Guide for Use of the 277 Transaction (004020) Health Care Claim, Request for Additional Information
- **HL7 Implementation Guide**
- **HL7 LOINC Code Booklets**
- **Other**
 - Modifier Codes in the ASC X12N Implementation Guide for the 277 Requests for Additional Information Transaction
 - LOINC Codes for the HL7 and X12 Additional Information to Support a Healthcare Claim or Encounter Transactions: Summary Listing

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Linking the Transactions same transmission

Attachment submitted with Claim (837 + 275)

- ISA** Interchange Control Header
- GS** Functional Group Header
 - ST 837** Transaction Set Header: Claim
 - ...PWK contains *provider's control number*
 - SE** Transaction Set Trailer
- GE** Functional Group Trailer
- GS** Functional Group Header
 - ST 275** Transaction Set Header: Add'l Info
 - ...TRN contains *provider's control number*
 - SE** Transaction Set Trailer
- GE** Functional Group Trailer
- IEA** Interchange Control Trailer

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Linking the Transactions

separate transmissions must be paired

Attachment Request
from the Payer

Attachment Response
from the Provider

ISA	Interchange Control Header	ISA	Interchange Control Header
GS	Functional Group Header	GS	Functional Group Header
ST 277	Transaction Set Header: Request	ST 275	Transaction Set Header: Response
...TRN	contains <i>payer's</i> control number	...TRN	contains <i>payer's</i> control number
STC	<i>specific data requested</i>	STC	<i>specific data requested</i>
		...BIN	<i>specific data response</i>
SE	Transaction Set Trailer	SE	Transaction Set Trailer
GE	Functional Group Trailer	GE	Functional Group Trailer
IEA	Interchange Control Trailer	IEA	Interchange Control Trailer

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Attachments - Past

- HL7 proposed for use in Attachment transaction
 - Only ANSI accredited standard focusing on clinical processes
 - X12 275 transaction has BIN segment allowing for inclusion of other standards
 - HL7 already had much of the work done (i.e relevant segments, codes, fields already existed)
 - LOINC supported by HL7

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Attachments - Future

- ASIG proposed name and scope change
 - Change to Attachments Special Interest Group
 - Scope to expand beyond attachments for claims only
 - X12 WG10 request for development of attachments for pre-certification / authorization
 - Joint development already underway
 - Other X12 workgroups envision possible need for same

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Attachments - Future

- ASIG continues development of workgroups to standardize new claims (and non-claims) attachments
- HL7 Role in the Designated Standards Maintenance Organization (DSMO) process
 - Parties are HL7, X12, NCPDP, NUCC, NUBC, DeCC (dental content committee)
 - Work will filter through ASIG
 - Process and workflow already developed

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