



Attachments 101

Using Attachments with

- Health Care Claims
- Health Care Encounters
- Health Care Services Review

DISCLAIMER

- This presentation is for informational purposes only
- The content is point-in-time information, subject to revision



OUTLINE

- Background
- Attachment Transactions
- Solicited Attachments
- Unsolicited Attachments
- Acknowledgements
- Wrap-up



BACKGROUND

- Additional information (attachments) to support:
 - Health Care Claim or Encounter
 - Health Care Services Review
- Required by the original HIPAA legislation as well as the Affordable Care Act (Claim only)
- Regulatory mandate in process

BACKGROUND

- Allows health plans to request, and providers to send “extra” information needed to adjudicate a claim or finalize a utilization review for services
- Acts as a bridge between administrative and clinical records
- Ties in with movement towards Electronic Health Records

ATTACHMENT TRANSACTIONS

- X12 Type 3 Technical Reports (TR3)
 - X12 TR3 for the 275 Transaction
 - 006020X314 Additional Information to Support a Health Care Claim or Encounter
 - 006020X316 Additional Information to Support a Healthcare Service Review
 - X12 TR3 for the 277 Transaction
 - 006020X313 Health Care Claim Request for Additional Information
 - X12 TR3 for the 278 Transaction
 - 005010X217 Health Care Services Review – Request for Review and Response

ATTACHMENT TRANSACTIONS

- 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
 - Receive & process a 275/HL7 when providers elect to send

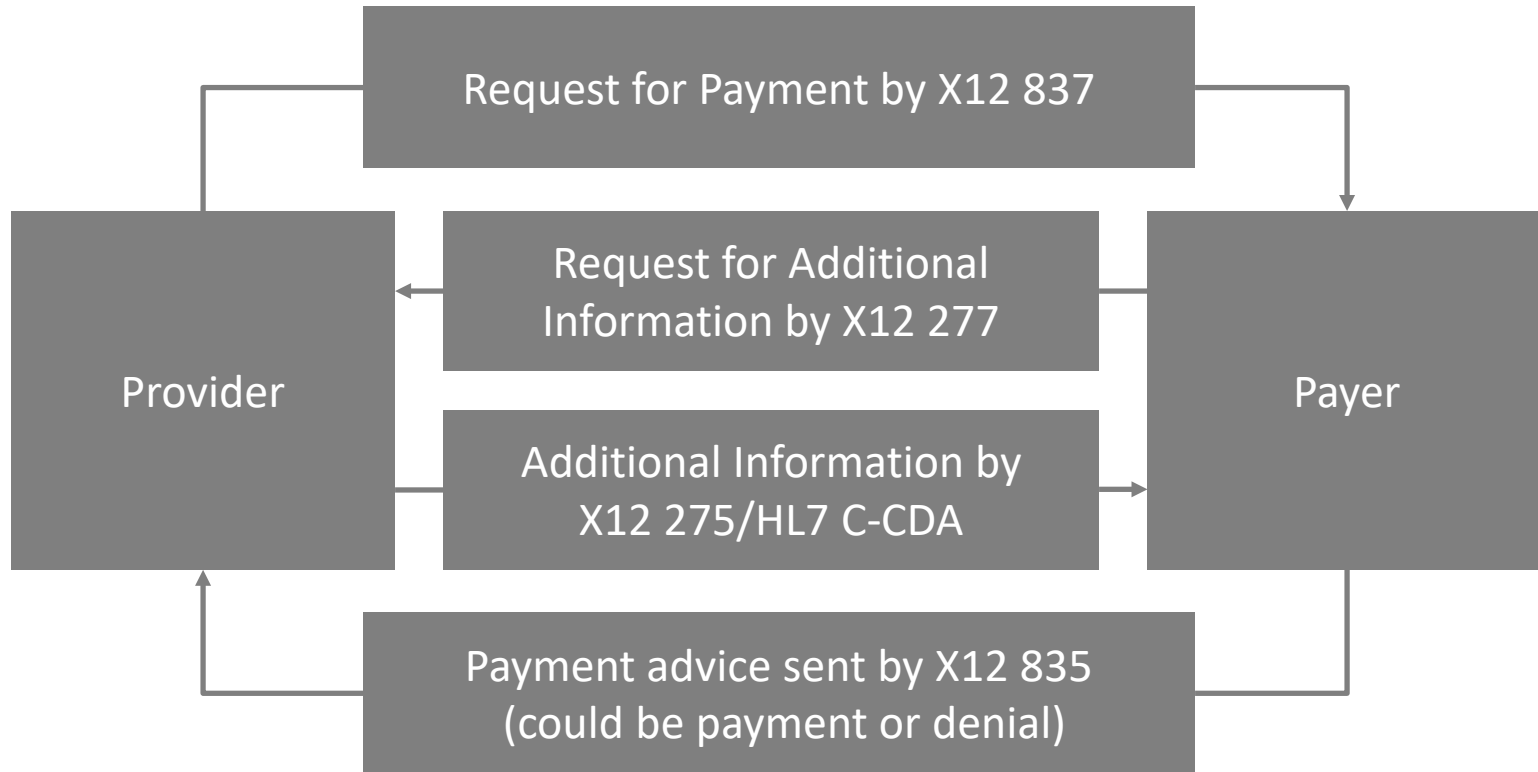
ATTACHMENT TRANSACTIONS

- HL7 Transactions
 - HL7 R2 Attachment Implementation Guide
 - HL7 Consolidated CDA Templates

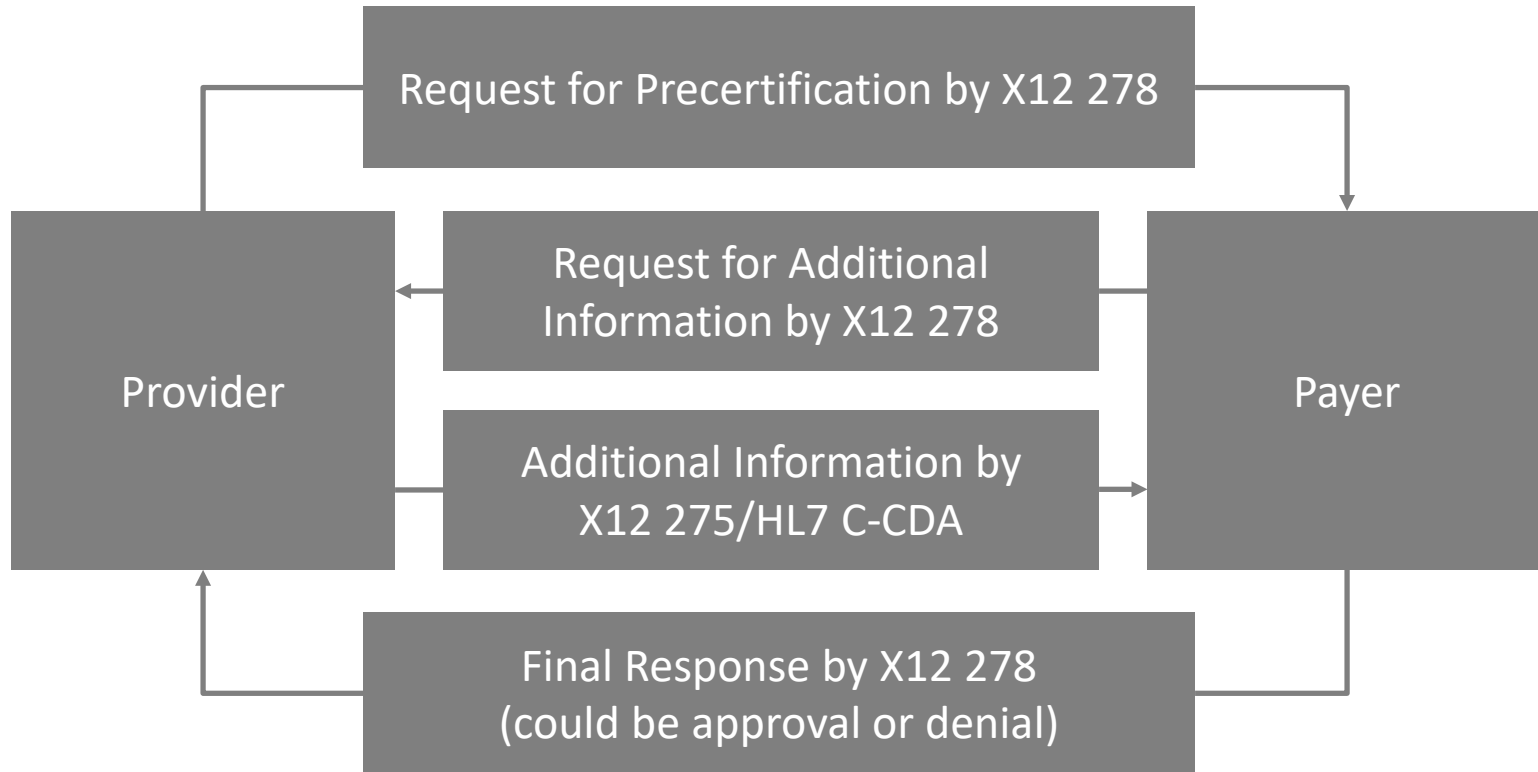
SOLICITED ATTACHMENTS

- When the payer requests the information from providers
 - Provider sends a claim (or health service request)
 - Payer determines there is not enough information to process the claim (or approve the service request)
 - 277 or 278 (health service review response) transaction is used to request the additional information
 - 275 is used to respond to the request

SOLICITED ATTACHMENTS



SOLICITED ATTACHMENTS



SOLICITED ATTACHMENTS

- 277 Health Care Claim Request for Additional Information
 - TRN segment in 277 is defined by Payer
 - TRN information is used by the Payer to connect the request to the response
 - TRN segment values must be returned in the 275
 - REF with EJ qualifier - Patient Control Number is used to link to the original claim in the 837 CLM01
 - Transaction Type Code BHT06 = RQ Request

SOLICITED ATTACHMENTS

- 277 Health Care Claim Request for Additional Information
 - Supports multiple requests for each claim
 - Supports multiple requests for each service line
 - Requests are sent in STC Status Information Segment
 - STC Claim Level Status Information
 - STC Service Line Status Information
 - Requests are codified using LOINC[®] Codes
 - The Payer's Business rules defines content of the Response Due Date

SOLICITED ATTACHMENTS

- Logical Observation Identifiers Names and Codes
 - Provides sets of universal names and ID codes for lab and clinical test results, plus other units of information meaningful for attachments (questions and answers)
 - Owned by Regenstrief Institute & LOINC[®] Consortium
 - Freeware sponsored by National Library of Medicine
 - Used to identify requests and answers for attachments
 - Provides specificity
 - Code set used in the C X12 277 and 275 transactions, as well as in the HL7 CDA

SOLICITED ATTACHMENTS

- 277 Health Care Claim Request for Additional Information
 - STC Status Information Segment
 - Each STC segment defines a single request for additional information

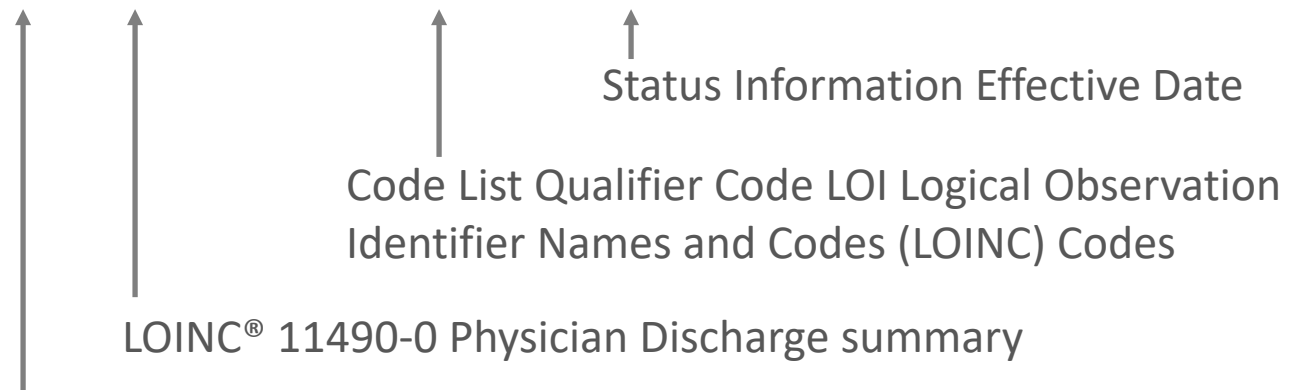
SOLICITED ATTACHMENTS

- A maximum of 3 LOINC[®] Codes can be used to define the request in STC01, STC10, and STC11
 - STC01 is required and describes the question or the requested information
 - STC10 and STC11 are situational and are used to provide greater specificity to the request

SOLICITED ATTACHMENTS

- 277 Health Care Claim Request for Additional Information
 - STC Status Information Segment

STC*R4:11490-0::LOI*20180428~



Health Care Claim Status Category Code – R4 Requests for additional Information/Documentation-Requests for additional supporting documentation

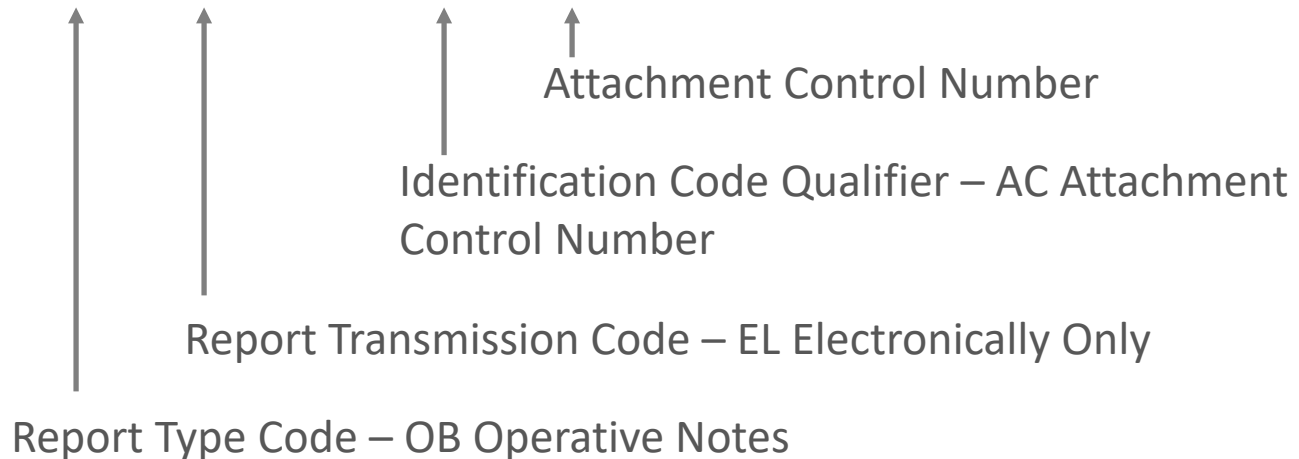
SOLICITED ATTACHMENTS

- X12 278 – Health Care Services Review -Request For Review and Response TR3
 - Used by Payer when the request has been pended and additional information is needed to complete the utilization review
 - Attachment control number in 278 links back to the Health Service Request for re-association
 - Can use PWK segment to request different types of reports, or LOINC® codes for specificity

278 – SERVICES REVIEW REQUEST & RESPONSE

- X12 278 – Health Care Services Review -Request For Review and Response TR3
 - PWK Paperwork Segment

PWK*OB*EL***AC*DMN0012~



278 – SERVICES REVIEW REQUEST & RESPONSE

- X12 278 – Health Care Services Review -Request For Review and Response TR3
 - HI Health Care Information Codes Segment
 - Request for additional information (Service Lines Only)

HI*LOI* 18657-7*LOI*18803-7~

↑
LOINC® Code 18803-7: Include all data of the selected type that represents observations made 30 days or fewer before the starting date of service

↑
LOINC® Code 18657-7 Rehabilitation Treatment Plan

↑
Code List Qualifier Code – LOI Logical Observation Identifier Names and Codes (LOINC) Codes

SOLICITED ATTACHMENTS

- X12 278 – Health Care Services Review -Request For Review and Response TR3
 - Supports requests for multiple services
 - Transaction Set Type Code – BHT06 with value of AT
 - Repeating PWK segments at Event or Service levels
 - HI segment at Service Level for use of LOINC[®] Codes (questions and modifiers)
 - The Payer's Business rules defines content of the Response Due Date

SOLICITED ATTACHMENTS

- X12 278 – Health Care Services Review -Request For Review and Response TR3
 - Health Care Services Attachment Transaction Options
 - Provider has choice to:
 - Submit a 275/HL7 due to 278 response requested additional information
 - Submit a 275/HL7 with original 278 request
 - Payer has responsibility to:
 - Create 278 response to request additional information
 - Receive & process a 275/HL7 when providers elect to send

SOLICITED ATTACHMENTS

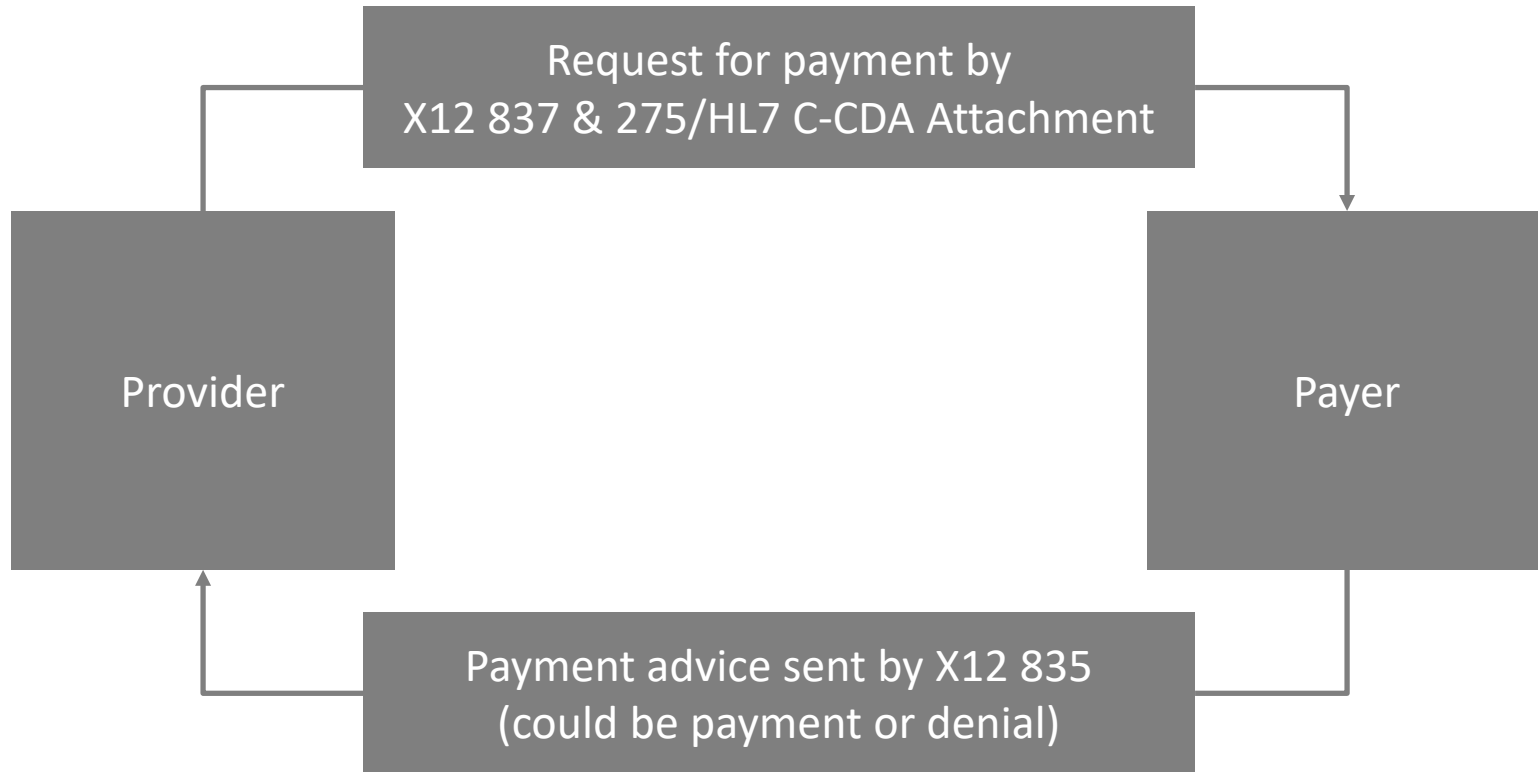
- X12 278 – Health Care Services Review -Request For Review and Response TR3
- Health Service processing
 - PWK segment in 278 response is defined by Payer
 - TRN segment values are returned in the 275
 - The PWK/TRN information are used to tie the response information to the appropriate health service request

UNSOLICITED ATTACHMENTS

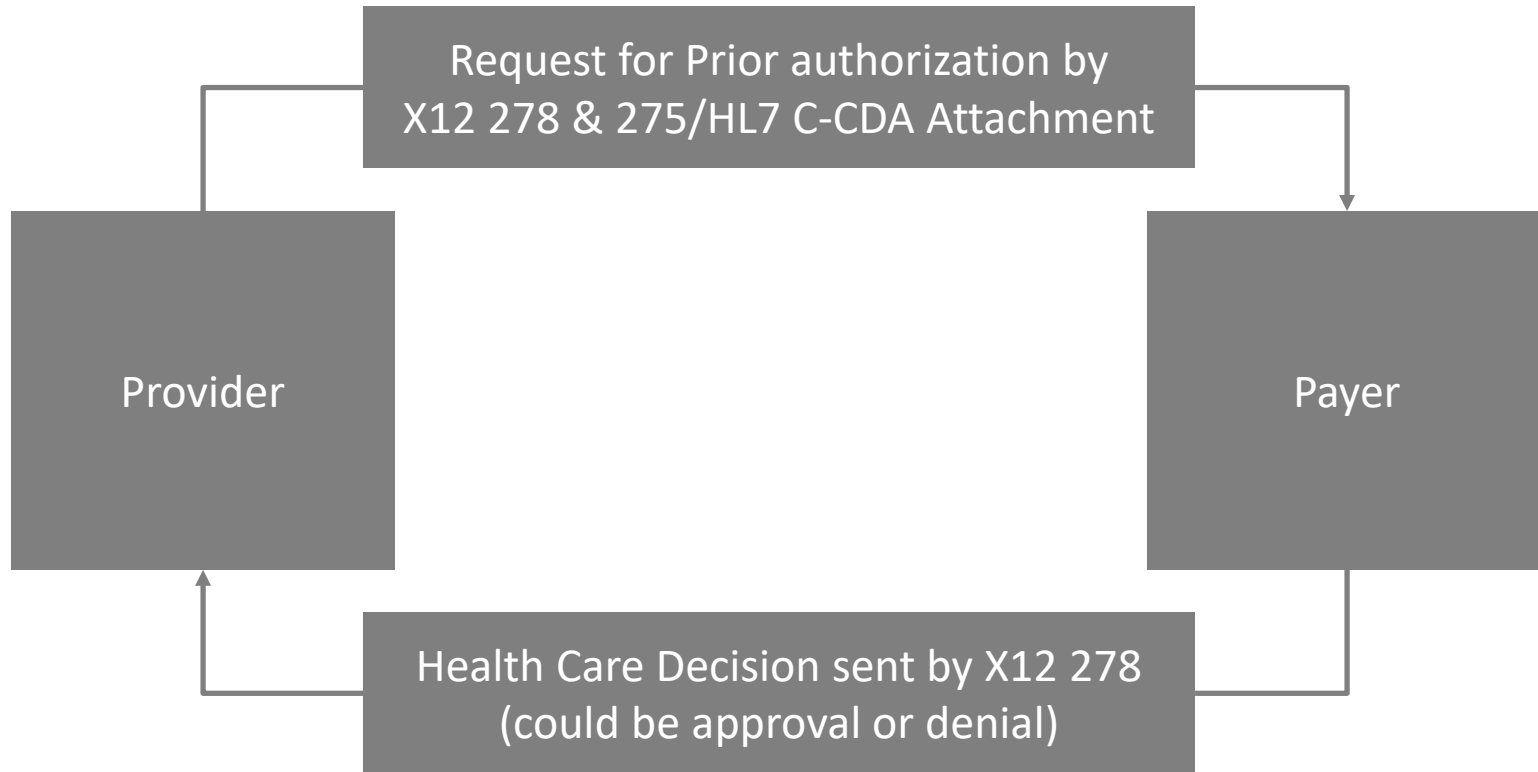
- When the provider knows that the payer requires additional information to process the claim (or health service request)
- Provider sends additional information when submitting the claim (or health service request)
- Provider sends the 275 with the 837 (or 278)
- Sender has the option to send the 275 in the same Interchange as the 837 (or 278) OR has the option to send the 275 in a separate Interchange



UNSOLICITED ATTACHMENTS



UNSOLICITED ATTACHMENTS



UNSOLICITED ATTACHMENTS

- Claims processing
 - PWK segment in the 837 is defined by the provider
 - TRN segment in 275 has the same value
 - PWK/TRN information is used to tie the response information to the appropriate claim



UNSOLICITED ATTACHMENTS

- Health Service processing
 - PWK segment in 278 request is defined by the provider
 - TRN segment in the 275 has the same value
 - PWK/TRN information is used to tie the response information to the appropriate health service request

UNSOLICITED ATTACHMENTS

- X12 275 – Additional Information to Support a Health Care Claim or Encounter TR3
 - When claim & Attachment sent together: Attachment Control number (TRN) ties back to 837 (PWK)
 - When attachment in response to 277: Payer's control number in the 275 TRN ties back to payer's control number from the 277 TRN



UNSOLICITED ATTACHMENTS

- X12 275 – Additional Information to Support a Health Care Claim or Encounter TR3
 - BGN01 identifies the purpose of the transaction set
 - 02 – used to indicate unsolicited 275
 - 11 – used to indicate the 275 is in response to the 277 request
 - CAT segment specifies the format of the HL7 CDA in the BDS (BIN in 5010) segment

UNSOLICITED ATTACHMENTS

- X12 275 – Additional Information to Support a Health Care Claim or Encounter TR3
 - BDS segment holds HL7 claims attachment information
 - BDS segment recommended maximum size = 64 MB
 - 275 relates to either an entire claim or a specific service line

UNSOLICITED ATTACHMENTS

- X12 275 – Additional Information to Support a Health Care Claim or Encounter TR3
 - The structure only allows for one claim in each 275 transaction
 - LX loop handles multiple responses for a specific claim
 - Return LOINC[®] code in the STC segment of the 275

ACKNOWLEDGEMENTS

- X12 824 Acknowledgement Transaction TR3
 - Supports X12 acknowledgements
 - Supports HL7 acknowledgements
 - Supports MIME packaging, Base64 encoding, CDA header

WRAP UP

- Implementation of these electronic attachments
 - Provides consistency
 - Improves information exchange
 - Simplifies current processes



THANK YOU

- If you have feedback or questions regarding the information presented, post them at www.x12.org/forms/feedback
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