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

Request for Payment by X12 837

Provider

Request for Additional Information by X12 277

Additional Information by X12 275/HL7 C-CDA

Payer

Payment advice sent by X12 835 (could be payment or denial)
SOLICITED ATTACHMENTS

- Request for Precertification by X12 278
- Request for Additional Information by X12 278
- Additional Information by X12 275/HL7 C-CDA
- Final Response by X12 278 (could be approval or denial)
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

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

LOINC® 11490-0 Physician Discharge summary

Status Information Effective Date
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~

- Report Type Code – OB Operative Notes
- Report Transmission Code – EL Electronically Only
- Identification Code Qualifier – AC Attachment Control Number
- Attachment Control Number
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 18657-7 Rehabilitation Treatment Plan

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

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

Request for payment by X12 837 & 275/HL7 C-CDA Attachment

Provider

Payer

Payment advice sent by X12 835 (could be payment or denial)
UN SOL IC ITED ATTACHMENTS

Request for Prior authorization by X12 278 & 275/HL7 C-CDA Attachment

Provider

Health Care Decision sent by X12 278 (could be approval or denial)

Payer
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

• More information about X12 is at www.x12.org

• Stay informed by following X12 on Social Media Twitter: @ASCX12 LinkedIn: #X12