

Early Word on HIPAA Claims Attachments

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by Michelle Dougherty, RHIA

If we could look into a crystal ball and see into the future, it would be much easier to prepare for HIPAA, particularly the electronic transaction standards. Because of the rarity of crystal balls these days, we must rely on other predictors at our disposal, such as the white paper issued by the Centers for Medicare and Medicaid Services (CMS, formerly HCFA) Office of Information Services, "Concept for Electronic Claims Attachments." With this, we can begin to understand the future of electronic transactions.

The white paper is basically an idea of what claims attachments could look like in an electronic transaction world. It provides a framework for discussion, but it is not a proposed rule-yet. Keep in mind that there is support in the transaction community for the claims attachment format recommended in the white paper. Taking steps now will help you prepare for and understand the process of electronically attaching clinical record documentation to the claim.

A New Approach to Attachments

Early on it became apparent that submitting paper attachments to electronic claims was both complex and costly. In 1994, the Workgroup for Electronic Data Interchange (WEDI) formed an attachments workgroup to make recommendations on how to handle the additional information often required when submitting a claim. The workgroup recommended a coding structure to electronically transfer clinical results and information as an attachment to the healthcare claim.

In the paper-based world, healthcare claims attachments are copies of medical records sent to the payer to support the services being billed. The records could be sent with the claim or when the payer requests additional information.

In the electronic transaction world, this concept doesn't change. Instead of sending paper, the information used to support services billed is sent electronically. To make this work, the information must be in a standard format to be accessible by the payers, providers, and plans. The healthcare provider would choose which attachments to submit electronically and which to send on paper.

The white paper described six specific types of attachments that could become standards through the federal rule-making process. If these attachments become standards, healthcare providers, plans, and payers would have to use the format required by law if they want to electronically attach information to a claim. Although 5,000 different types of attachments were identified, the paper identifies six that provide a variety of information from narrative text to complex information:

- ambulance
- emergency department
- rehabilitation services
- medications
- laboratory results
- clinical reports

Found: The Missing LOINC

To share the information electronically, a coding structure is needed and the one widely considered the best choice for claims attachment information is LOINC: Logical Observation Identifier Names and Codes. LOINC is copyrighted by the LOINC Committee and the Regenstrief Institute for Health Care, which is a joint enterprise of the Regenstrief Foundation, the Indiana University School of Medicine, and the Health and Hospital Corporation of Marion County, IN. Although copyrighted, the LOINC database codes and names are available at no cost from the Regenstrief Institute and LOINC Committee.¹

There are two electronic transactions that would use LOINC:

- ASC X12N 277 Health Care Claim Request for Additional Information
- ASC X12N 275 Additional Information to Support a Health Care Claim or Encounter.

LOINC is used with Health Level 7 (HL7) messaging to convey the appropriate information between the provider and payer/plan.

For example, documentation to support ambulance services could be submitted with the original claim by the provider or the payer could request the information after the claim was received using ASC X12N 277 and identifying the specific LOINC for ambulance documentation needed. The provider would answer the request for additional information by responding with transaction ASC X12N 275, providing the documentation requested in an electronic format. "Data Elements for Ambulance Service Claims Attachment," above, is an example of the LOINC code and corresponding data element.

The table shows a simplistic view of the LOINC codes. In actuality, the codes have multiple dimensions and were built with a database structure that is flexible and allows for expansion.

The early impression is that HL7 messaging along with LOINC codes will be the future for claims attachments. CMS is interested in writing regulations that come from the healthcare industry because they are more readily accepted and more easily adopted. The white paper reflects a collaboration of two established organizations, HL7 and LOINC, which should result in support from the healthcare community.

At this time, the white paper is expected to be basis for the proposed rule on claims attachments-though there are no guarantees until the rule is published. The Department of Health and Human Services is focused on publishing the security rules and hasn't provided information on when the claims attachment rule will be proposed. In the meantime, keep watch for information on LOINC, because it looks like the wave of the future.

Note

1. LOINC is a registered trademark of Regenstrief Institute and the LOINC Committee. The LOINC database is copyright 1998-2001 Regenstrief Institute and the LOINC Committee and the LOINC database codes and names are available at no cost from <http://regenstrief.org/loinc/loinc.htm>. Write to LOINC at Regenstrief Institute, 1050 Wishard Blvd., Indianapolis, IN 46202.

References

- "Concept for Electronic Claims Attachments." Health Care Financing Administration Office of Information Services white paper, March 22, 2001.
- "LOINC: Cracking the Code for B2B Clinical Data." Tutorials, TU-13-8049 Wes Rishel Research Note, June 5, 2001. Gartner Research.
- HL7 Version 2.4 Standard: LOINC Code Tables Supporting Implementation of Additional Information to Support a Healthcare Claim or Encounter Clinical Reports Attachment Release 1.0. NPRM Draft May 22, 2001. Health Level Seven, Inc.

Data Elements for Ambulance Service Claims Attachment

LOINC	Name
18584-3	EMS Transport, Body Weight at Transport (Composite)
15513-5	EMS Transport, Reason for Scheduled Trip (Composite)
18588-4	EMS Transport, Purpose of Stretcher
15516-8	EMS Transport, Justification for Extra Attendants

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Michelle Dougherty (michelle.dougherty@ahima.org) is an HIM practice manager at AHIMA.

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