X12 7030v 275 Attachment Primer

Prepared for Washington State B&T Workgroup

November 2019

Version 112719a

There are strong indications that the X12 7030v 275 Attachment will be an HL7-based content standard

- An attachment is defined as any supplemental documentation needed about a patient(s) to support a specific health care-related event (such as a claim, prior authorization, referrals, and others) using a standardized format.

- As early as 2016, NCVHS has been recommending to HHS that the attachment standard be based on the HL7 Clinical Data Architecture

  https://ncvhs.hhs.gov/wp-content/uploads/2018/03/2016-Ltr-Attachments-July-1-Final-Chair-CLEAN-for-Submission-Publication.pdf

- As of Spring 2019, HHS was proposing a rule that would adopt standards for health care attachments transactions. (Note – still based on v6020)

  https://www.reginfo.gov/public/do/eAgendaViewRule?pubId=201904&RIN=0938-AT38

- In October 2019, a 7030v of the 275 has been released for public comment

As such, X12 and HL7 will both have roles in defining this 7030v 275 standard

- X12 (http://x12.org/x12org/about/asc-x12-about.cfm) is the organization that sets the standards for the HIPAA mandated EDI transactions, e.g. 270/271, 837, 835, 275, etc. These standards tend to focus on the exchange of administrative and financial data.

- HL7 (http://www.hl7.org/about/index.cfm?ref=nav) is the organization that sets the standards for the exchange of electronic health information that supports clinical practice. These standards tend to focus on clinical data.

    - HL7 V2 messages such as Admit Transfer Discharge Message (ADT), Order Entry Messages (ORM) and Order Results Messages (ORU) that are used within EHRs and between EHRs and other systems http://hl7reference.com/hl7%20specifications%20orm-oru.pdf

    - Fast Healthcare Interoperability Resources (FHIR) https://www.hl7.org/fhir/overview.html for query and response to EHRs

- The 7030v of the 275 Attachments transaction is likely to be an X12 defined “envelope” that contains HL7 Consolidated - Clinical Document Architecture (C-CDA) data content standard. The envelop will define a) the administrative information that is needed by trading partners to exchange the transaction, and b) basic demographics about the patient. The CDA content will be the clinical information to be exchanged between the trading partners.

X12 Attachment-related Transactions Process Flow and Structure

There are four X12 transactions related to the requesting and sending of attachments

- ***Requesting***: Two different ASC X12N transactions allow the receiver of a Claim or Health Services Review to ask for supporting documentation:
    - ASC X12N 277 Health Care Claim Request for Additional Information (277RFI); for all claim-related attachment requests
    - ASC X12N 278 Health Care Service Review – Request for Review and Response; the *response* is used to request additional information for Health Care Service such as prior authorizations, referrals, and notifications.
- ***Sending***: Two ASC X12N 275 transactions allow attachments to be sent electronically, either unsolicited (without a request from the receiver) or solicited (in response to a request for supporting documentation):
    - ASC X12N 275 007030X341 Additional Information to Support a Health Care Claim or Encounter - used to send attachments related to a healthcare claim
    - ASC X12N 275 007030X343 Additional Information to Support a Health Care Services Review - used to send attachments related to a health care services review or review notification

The two 275 (X341 & X343) transaction standards are “conceptually” the same …

- Contains information for an individual patient. Information related to one Claim or one Service Review is contained in each 275 (ST/SE)
- Associated TR3s (Technical Report Type 3) are divided into two tables.
  - Table 1 (Header) contains transaction control information.
  - Table 2 (Detail) contains the detail information for the business function of the transaction.
- Contain a trace number
- There is a response time frame
- Embeds the HL7 Clinical Document
- Can be sent as a solicited response or unsolicited response
- When receipt of the 275 is acknowledged, we are anticipating that either a 999 or an 824 will be used. X12 has been leaning towards the 824 acknowledgement to report the success or failure of the attachment transaction, as only the 824 can embed the HL7 report that acknowledges whether the HL7 was successful or had an HL7 syntax error.

… and, there are differences between the 275s (X341 & X343) to reflect their different business functions

- Terminology differences; (e.g. payer & provider for the X341versus information receiver & information source for the X343)
- Business-specific function differences, Examples include but are not limited to:
  - Only x341 has provider address
  - Only x341 has a required submitter loop
  - Only x341 has a line level service date

The 277RFI requests the 275 X341, i.e. solicited

- The provider sends an 837 to the payer
- The payer returns a 999 to acknowledge receipt of the 837
- The Payer may send the 277CA
- If the payer determines that additional information is needed to process the claim, the payer sends a 277 Request for Additional Information to the provider
- The Solicited process flows do not indicate that providers should acknowledge receipt of a 277FRI. Is this the intended expectation? (Public Comment)
- The provider sends a 275 X341.

  The payer's control number from the 277RFI TRN segment ties back to the number in the 275 TRN segment.
- The payer acknowledges receipt of the 275.

The 278 requests the 275 X343, i.e. solicited

- The provider sends a 278 to the payer (e.g. pre-auth request)
- The payer acknowledges receipt with 999
- The payer returns a 278 to the provider requesting additional information (Note: the payer's request for additional information is contained in the response of the transaction)
- The Solicited process flows do not indicate that providers should acknowledge receipt of a 278 response from a payer. Is this the intended expectation? (Public Comment)
- The provider responds to the payer with a 275 X343.

  The payers/UMO attachment control number in the TRN segment ties back to the 278 PWK segment (PWK06) from the 278 health care services review **response.**
- The payer acknowledges receipt of the 275
- The payer will return a 278 to the provider with an updated status, e.g. approval or denial

The 275 can also be sent unsolicited, i.e. when the provider knows the information that is required

- 275 (x341) sent with the 837 Claim
  - The provider sends the 837 and the 275/ HL7 C-CDA Attachment

    The number in the TRN segment of the 275 is mapped from the PWK segment (PWK06) of the 837
  - The payer returns the 835. The TR3 is silent on whether/how the payer should acknowledge receipt of the 275
- 275 (x343) sent with the 278 Services Review
  - The provider sends the 278 prior authorization and the 275/HL7 C-CDA Attachment

    The number in the TRN segment of the 275 is mapped from the PWK06 of the 278 health care services review **request**
  - The payer returns the 278 with a status. The TR3 is silent on whether/how the payer should acknowledge receipt of the 275?
- The 837/278 and the 275 could be sent together in the same interchange or sent in separate interchanges

There is a specific coding for HL7 information in the 277RFI, 278 and 275.

- HL7 and non-HL7 information can be requested and sent. The focus of this primer is only HL7 information. LOINC codes, and not PWK codes, should be used to request HL7 information.

- ***277 / 278 Solicited Request***:
  - 277RFI – LOINC codes are placed in the STC segment. Each STC segment can have 3 LOINC codes. There is no limit to the number of STC segments.
  - 278 – LOINC codes are placed in the HI segment. There is a limit of 12 LOINC codes in the HI segment and there can only be one HI segment.
  - LOINC codes - Logical Observation Identifiers Names and Codes (in the 1000s) can specify the information being requested at a document level, e.g., a discharge summary or diagnostic imaging report or a specific lab report, or at a data element level, e.g. lab value. http://loinc.org/attachments)

- ***275 Solicited or Unsolicited Return***:
  - CAT segment, CAT02 – 'Attachment Information Format Code"; (HL = HL7, IA = Image)
  - HL7 Clinical Information is placed in the BDS segment
  - If unsolicited (BGN=02,22), the STC segments can't be used, so there will be no LOINC codes
  - In response to a 277RFI received by the provider, the corresponding 275's STC segments in Loop 2000A must contain the 277RFI's solicited LOINC codes. With each 275 STC segment, a BDS segment containing HL7 information that corresponds to the LOINC codes in the STC segment is required. As such, the TR3 requires a separate instance of HL7 information for each separate STC segment.

    If all of the information associated with the solicited STC codes is contained in one HL7 document, must that single document be provided multiple times, i.e. in each BDS segment for each STC segment? (Public Comment)