CDAR2AIS0999R030

Additional Information Specification 0999:

LOINC® Modifier Codes

For use with
ASC X12~~N~~ 277 **and ASC X12 278** Implementation Guides
when Requesting Additional Information
~~to support a Health Care Claim~~

~~draft November~~ Draft March 2007~~ 2006

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1 Introduction

Several **ASC** X12 transactions use LOINC®[1] codes to identify information that is requested (277 **or 278**) or sent (275). The transactions also use LOINC codes to modify the scope of the request and to indicate the scope of information being sent.

This publication provides modifier code values for use as defined in the ASC X12~~N~~ 277.[2,3] *Health Care Claim Request for Additional Information Implementation Guide*, one of the adopted transactions under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) **and other request transactions not governed by HIPAA such as the ASC X12 278 *Health Care Services Review Response* and the ASC X12 277 *Request for Additional Information to Support a Disability Claim*** .

The codes used in a response to such a request, as defined by the ASC X12~~N~~ 275 *Additional Information to Support a Health Care Claim or Encounter Implementation Guide **or to Support a Health Care Services Review***, will mirror the request codes and modifiers.

The LOINC codes in this publication provide the means for further defining the specificity of a request for additional information as stipulated in the **ASC** X12 STC segment **for the 277 and the ASC X12 HI segment for the 278**, whether used at the claim or service line level. The time window modifier codes are applicable across the continuum of attachment types. The item selection modifier codes are, in some instances, specific to laboratory results and/or clinical reports.

The **ASC** X12 implementation guides are products of the insurance subcommittee, X12N, of Accredited Standards Committee X12. This *LOINC Modifiers* document is a product of HL7, X12~~N~~, and the Regenstrief Institute, and is maintained by the HL7 Attachments Committee.

Note: All LOINC codes and descriptions are copyrighted by the Regenstrief Institute, with all rights reserved. See http://www.LOINC.org.

~~1.1LOINC Code for Stipulating No Information Requests at the Claim Level~~

~~It is possible that a 277 will consist entirely of requests for information that are related to specific services. However, there are instances where the structure of the 277 requires the use of an STC segment at the claim level. A special LOINC code has been developed for those instances where a claim level STC is required but there are no requests for information that have an implicit scope of the entire claim.~~

~~LOINC code~~	~~Meaning~~

[1] LOINC® is a registered trademark of Regenstrief Institute and the LOINC Committee. The LOINC database is copyright 1998-~~2004~~ **2006** Regenstrief Institute and the LOINC Committee. The LOINC database codes and names are available at no-cost from http://www.LOINC.org. Regenstrief Institute~~, 1050 Wishard Blvd., Indianapolis, IN 46202~~

[2] Information on this and other X12/HIPAA-related implementation guides is available from the Washington Publishing Company ~~, Gaithersburg, MD~~**at.** http://www.wpc-edi.com/

[3] Within this document, references to the transaction defined by these **ASC** X12 implementation guides will be abbreviated by calling them 275~~,~~ ~~and~~ 277 ~~***and 278***~~, as appropriate.

~~LOINC code~~	~~Meaning~~
~~19016-5~~	~~All requests for information that are included in this transaction are implicit to individual services.~~

~~1.2~~1.1 LOINC Codes for Modifying Scope

Each request for an attachment, element of an attachment, report or part of a report can be delimited as to time window and/or item specificity.

- **Time window modifiers** describe the time range of the requested data with reference to the beginning and ending dates of the associated claim. For example, the modifier 18790-6 indicates that the data requested had a date on or before the date of service on the claim. This might be used to request a pathology report to verify the diagnosis on the claim. If no time window modifier code is stipulated the data requested occurred between the start and end service dates of the claim, inclusive.
- **Item selection modifiers** provide criteria for selecting items within the time window specified. For example, a request for hematology results with the default time window modifier and the item selection modifier 18796-3 indicates a request for all the abnormal values, but none of the normal values. If no item selection modifier code is stipulated then all data of the specified type that pertains to the selected time window is requested.

~~1.3~~1.2 Revision History

The following provides a historical view of the iterations for this document and why each major revision was made.

Date	Purpose
Sept 30, 1998	Initial release as separate document.
Oct 28, 1998	Updated based on comments at X12 in Miami and over the Internet.
Nov 11, 1998	Add description of service line.
Oct 2000	Clarification and technical revision.
Dec 2001	Title change, concept clarification, and continuity edits
May 2004	Style edits, update of X12N document numbers, and introductory text.
November 2006	**First Informative Ballot – Changes as a result of NPRM comments**~~Draft changes for conversion to CDA R2~~
March 2007	**Second Informative Ballot – Changes as a result of NPRM comments**

2 Modifier Codes

The following tables list all scope modifier codes relevant to a ~~health care claim~~ request for additional information, ASC X12~~N~~ 277 **or 278**.

2.1 Time Window Modifiers (**277 - STC10 or STC11, 278 - HI**)

LOINC code	Meaning
18789-8	Include *all* data of the selected type within the date window associated with the claim (e.g., tests performed during a hospital stay or a note written to describe a clinic visit. **This is the default value; it will be assumed if no time window modifier code is included.**
18790-6	Include all data of the selected type *on or before the date of service* on the claim (e.g., a pathology report to verify the diagnosis for the claim, or per-operative test results.)
18791-4	Include all data of the selected type *within or aligned to an encounter by the same claim or encounter number* (e.g., Radiology report for test performed during a visit or ordered during the visit and performed within five days)
18792-2	Include all data of the selected type *on or after the date of service* of the claim (e.g., status on follow-up)
18803-7	Include all data of the selected type that represents observations made 30 days or fewer before the starting date of service for the claim.
18804-5	Include all data of the selected type that represents observations made 3 months or fewer before the starting date of service for the claim.
18805-2	Include all data of the selected type that represents observations made six months or fewer before the starting date of service for the claim.
18806-0	Include all data of the selected type that represents observations made nine months or fewer before the starting date of service for the claim.
18807-8	Include all data of the selected type that represents observations made one year or less before the starting date of service for the claim.
Need LNC	Include all data of the selected type that represents observations made 2 years or less before the starting date of service for the claim.
18793-0	*Use no fixed time limit* on data—any of the selected type are relevant no matter when obtained.

2.2 Item Selection Modifiers (~~STC11~~277 - STC11 or STC 11, 278 - HI)

LOINC code	Meaning
18794-8	Send *all* items of the specified type within the time window (e.g., if the request is for serology results, send all serology results for test made during the time window, including repeats). **This is the default value; it will be assumed if no time window modifier code is included.**
18795-5	Send all items of the specified type within the time window *relevant to the claim* (e.g., if the request is for CT scans, send only the ones that verify the diagnosis on the claim and do not send repeats within the time window).
18796-3	Send *all abnormals* within the time window (e.g., if the request is for hematology results, send only the ones that were abnormal, including repeated administration of the same test in the time window)
18797-1	Send the *first abnormals* within the time window (e.g., if the request is for hematology results, send the first of each kind of observation that is abnormal, but do not send repeated results of the same test in the time window)
18798-9	Send the *last abnormals* within the time window (e.g., if the request is for hematology results, send only the most recent of each kind of observation within the time window that is abnormal)
18800-3	Send the *worst* abnormal result for each kind of observation in the time window (e.g., if the request is for serology results, send the first of each kind of serology result within the time window, but do not send the results of subsequent repetitions of the same tests)
18799-7	Send the *first* (i.e., oldest) result for each kind of observation in the time window (e.g., if the request is for serology results, send the first of each kind of serology result within the time window, but do not send the results of subsequent repetitions of the same tests)
18802-9	Send the *last* (most recent) within the time window (e.g., if radiology reports are requested, with no further specificity, send the only the report that includes the last radiology exam done during the time period).

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