Tutorial Presenters

Steven Barr, ACI Group International
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Maria Ward, BCBS Illinois
Wes Rishel, HL7 Technical Vice Chair
Claim's Attachments Tutorial Topics

1. Health Insurance Portability Accountability Act (HIPAA) background
2. X12 overview
3. History of Attachment process
4. HL7 and Attachments
5. Notice of Proposed Rule Making (NPRM)
HIPAA Background
HIPAA

• Who requested HIPAA enactment
• Explanation of HIPAA
  - Overview of provisions
  - Transaction standards
  - NPRM general rules
• Penalties for non-compliance
Federal Rule Making Process

- Implementation strategy
- Implementation teams
- Team approach
- Draft NPRM
- Internal Clearance process
- External Clearance process
Federal Rule Making Process

- Publication in Federal Register
- Comment period
- Answering comments
- Modifications to NPRM
- Final Rule
X12 Overview
X12 Overview

- Membership
- Structure
  - Subcommittees
  - X12N
    - Task Group 2
    - Work Groups
- Transaction Overview
X12 Structure

ASC X12 Organization

X12 Membership

- Secretariat-DISA
- Steering Committee
- Executive Committee of the Steering Committee
- SITG: Strategic Implementation Task Group
- CEFACT Forum Task Group
- Policies & Procedures Task Group
- Liaison Task Group

X12 Chair

- X12 Standing Task Groups
  - Alignment Task Group
  - Procedures Review Board

Subcommittees
- X12A: Education Administration
- X12C: Communications & Controls
- X12E: Product Data
- X12F: Finance
- X12G: Government
- X12H: Materials Management
- X12I: Transportation
- X12J: Technical Assessment
- X12K: Purchasing
- X12M: Distribution & Warehousing
- X12N: Insurance
X12N Insurance - Task Groups

- TG1 = Property & Casualty
- TG2 = Healthcare ⇐ HIPAA core transactions
- TG3 = Business & Information Modeling
- TG4 = Implementation Guides
- TG5 = Life/Annuity
- TG6 = Financial Services
- TG7 = P&C Reinsurance
- TG8 = Architecture
- TG9 = EDIFACT
X12N TG2 Healthcare - Work Groups

- WG1 = Eligibility
- WG2 = Claims
- WG3 = Claim Payments Advice
- WG4 = Enrollments
- WG5 = Claim Status
- WG9 = Patient Information ⇩ Claims Attachments
- WG10 = Healthcare Services Review
- WG12 = Interactive Claims
- WG15 = Provider Information
X12 Overview

- X12 Documents
  - Where to obtain them: DISA
  - How to read them
    - version 004010
- Difference between X12 standards and HIPAA standards
X12 and HIPAA

- HIPAA transactions
  - Claim/Encounter/COB (837)
    
    except pharmacy which is NCPDP
  - Claim Status (276/277)
  - Eligibility (270/271)
  - Referral Authorization (278)
  - Remittance Advice (835)
X12 and HIPAA

- HIPAA transactions
  - Enrollment (834)
  - Premium Payment *not published yet* (820)
  - First Report of Injury *not published yet* (148)
  - and expected to be coming soon...

Claims Attachments

X12N 275 + HL7 ORU
Overview

- HIPAA Implementation Guides
  - Where to obtain them:
    - www.wpc-edi.com
  - Washington Publishing Company role
  - HL7 and WPC
X12 Transaction Flow

Providers

Eligibility Verification

Pre-treatment Authorization and Referrals

Service Billing/Claim Submission

Claim Status Inquiries

Accounts Receivable

Insurance and Payers

Enrollment

Precertification and Adjudication

Claim Acceptance

Accounts Payable

Sponsors

Enrollment

Enrollment

834

820

837/ 275

277

276

275

277

271

270

278
Transaction Relationships

- Transactions involved in Claims Attachments
  - 837/275/277
  - Structure of 837
  - Structure of 277
  - Structure of 275
  - Transaction flow options
Attachment submitted with Claim

ISA   Interchange Control Header
GS    Functional Group Header
ST 837 Transaction Set Header: Claim
…PWK contains provider’s control number
SE    Transaction Set Trailer
GE    Functional Group Trailer
GS    Functional Group Header
ST 275 Transaction Set Header: Additional Information
…TRN contains provider’s control number
SE    Transaction Set Trailer
GE    Functional Group Trailer
IEA   Interchange Control Trailer
## Linking the Transactions

### Attachment Request

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<thead>
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<tr>
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<tr>
<td>ST 277</td>
<td>Transaction Set Header: Request</td>
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<td>STC</td>
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<td>SE</td>
<td>Transaction Set Trailer</td>
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<tr>
<td>GE</td>
<td>Functional Group Trailer</td>
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<td>IEA</td>
<td>Interchange Control Trailer</td>
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### Attachment Response

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</tr>
<tr>
<td>IEA</td>
<td>Interchange Control Trailer</td>
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</table>
History of the Attachment Process
History of Attachment process

- WEDI Attachment Workgroup Report, 1994
- National Uniform Claim Committee (NUCC) Survey, 1996
- HCFA Surveys to Medicare Carriers and Intermediaries, 1996 / 1997
History of Attachment Process

• Proof of Concept (POC) Team
  – 5 Medicare contractors funded by HCFA to develop Electronic Request for Information
  – 1997 began considering options for Claims Attachments as response to request - April 1997 approached HL7
  – August 1997 POC Team joined HL7 and helped to form CA-SIG
  – CA-SIG determined industry input was needed prior to moving forward
History of Attachment Process

• Industry-wide meeting in Chicago
  – 2 day meeting co-sponsored by HCFA and BCBS-IL, November 1997
  – Participants included:
    • Professional and Institutional providers
      (practitioners, systems staff, business office management)
    • Payers (Medical Directors, nurse reviewers, claims adjudicators, systems staff, EDI staff)
    • Software Vendors
    • National and State Associations
    • HCFA
History of Attachment Process

Chicago meeting con’t

• Objective
  – Reach consensus on direction and best method for moving forward with developing an electronic Claims Attachment transaction

• Recommendations
  – Determine most frequently used Attachments
History of Attachment Process

• Recommendations con’t
  – Consider Attachments where HL7 messages already exist / in development
  – Need to “Standardize” the questions payers ask - industry consensus required
  – Form “Attachment workgroups” by soliciting help from all sectors of industry (e.g. payers, providers, National Associations)
  – Use LOINC codes
History of Attachment Process

- HL7 proposed for use in Attachment transaction
  - Only ANSI accredited standard focusing on clinical processes
  - X.12 275 transaction has BIN segment allowing for inclusion of other standards
  - HL7 already had much of the work done (i.e. relevant segments, codes, fields already existed)
  - LOINC supported by HL7
History of Attachment Process

• POC team, X.12 275, CA-SIG: primarily same group of individuals - provides continuity
  – Work done via conference calls and at X12 / HL7 and POC Team meetings
  – Same individuals also participated in industry-wide workgroups to standardize questions
History of Attachment Process

• LOINC vs. Claim Status reason Codes
  – POC pilot in 1996 revealed that Claim Status Reason Codes were not effective in requesting information from providers
  – LOINC already had many codes needed for Claims Attachments
  – LOINC consortium was very accommodating regarding special code requests
History of Attachment Process

- Example of question asked using LOINC vs. Claim Status Reason Code
  Request: Rehab treatment, progress notes and goals

  **LOINC**
  STC*R4:18658-5::LOI*date
Example of question asked using LOINC vs. Claim Status Reason Code

Request: Rehab treatment, progress notes and goals

Claim Status Reason Codes

STC*R4:310:3F*date  310=6 months prior
STC*R4:436:3F*date  436=Short term goals
STC*R4:437:3F*date  437=Long term goals
History of Attachment Process

- Attachment types ultimately selected for development and HIPAA recommendation:
  - Ambulance
  - Emergency Department
  - Rehabilitative Services
  - Lab Results
  - Medications
  - Clinical Notes
History of Attachment Process

• Outreach efforts
  – Past
    • Letters to National Associations representing payers, providers, and the business related to the Attachment type (e.g. ACEP)
  – Present
    • Same as above - delivered under HL7 name
    • Additional emphasis on reaching groups in the specific area related to the Attachment type
Overall HIPAA - related efforts

- WEDI / AFEHCT Healthcare Security Interoperability Pilot
- DISA educational forums on X12 data analysis and mapping
- HIPAA Security Summit - 10/99

– More information - see resource list at end
X12 and HL7 in Unison (linked by LOINC)
HL7 Coverage

Usage

- Orders and reports
- Medical transcriptions
- Electronic medical record/data repository
- Care planning
- Scheduling
- Public health
- Special studies
- Patient administration

Contents

- lab
- radiology
- pharmacy
- medicine administration
- nuclear medicine
- dietary
- respiratory therapy
- physical therapy
- EKG
- EEG
- discharge summary
- op note
- clinic note
- outcomes
- …other studies, services, reports and therapies
- administrative data
HL7 Compared to X12

- **X12 (SDO)**
  - X12N Insurance
  - TG2 Healthcare

- **Transaction Sets**
  - 275
    - segments
      - fields

- **Messages**
  - ORU
    - segments
      - fields

- **HL7 (SDO)**
  - (HL7)
    - (HL7)
Attachment Principles

• HL7 authority
  – not to specify *what* data is sent
  – to specify *how* it is encoded in HL7

• Fully Specified
  – No trading partner agreements

• Based on ANSI standard HL7

• Implementation Guide Stable for one year per DHHS Requirements

• Responsive to need for rapid addition of new attachment forms
• Logical Observation Identifier Names and Codes

• Universal names and ID codes for identifying
  – laboratory and clinical test results
  – other information meaningful in claims attachments

• Freeware

• Owned by
  – Regenstrief Institute
  – Logical Observation Identifier Names and Codes (LOINC) Consortium
Organizations and Documents

ASC X12 & Subcommittee X12N

Health Level Seven

"Data Content Committees"

X12 Trans. Sets 277, 275

HL7 Version 2.3

X12 Impl. Guides 277, 275

HL7 Claims Attachments Impl. Guide

LOINC

LOINC Attachment Booklets

X12 277 Transaction

X12 275 Transaction

HL7 ORU Msg

1/24/2000

HL7 Winter Working Group Meeting
Full Documentation Suite

• X12 Implementation Guides
  ‣ ASC X12N Implementation Guide for Use of the 275 Transaction (004020) Additional Information to Support a Health Care Claim or Encounter
  ‣ ASC X12N Implementation Guide for Use of the 277 Transaction (004020) Health Care Claim, Request for Additional Information

• HL7 Implementation Guide

• LOINC Code Booklets

• Other
  ‣ Modifier Codes in the ASC X12N Implementation Guide for the 277 Requests for Additional Information Transaction
  ‣ LOINC Codes for the HL7 and X12 Additional Information to Support a Healthcare Claim or Encounter Transactions: Summary Listing
LOINC Code Booklets

- LOINC Code Tables for the HL7 "Additional Information to Support a Healthcare Claim or Encounter" Message: Ambulance
- LOINC Code Tables for the HL7 "Additional Information to Support a Healthcare Claim or Encounter" Message: Rehabilitation Services
- LOINC Code Tables for the HL7 "Additional Information to Support a Healthcare Claim or Encounter" Message: Medications
- LOINC Code Tables for the HL7 "Additional Information to Support a Healthcare Claim or Encounter" Message: Laboratory Results
- LOINC Code Tables for the HL7 "Additional Information to Support a Healthcare Claim or Encounter" Message: Clinical Reports
- LOINC Code Tables for the HL7 "Additional Information to Support a Healthcare Claim or Encounter" Message: Emergency Department
**ORU: the Message for 275**

<table>
<thead>
<tr>
<th>ORU</th>
<th>Observational Results (Unsolicited)</th>
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<td>MSH</td>
<td>Message Header</td>
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<tr>
<td>PID</td>
<td>Patient Identification</td>
</tr>
<tr>
<td>{OBR}</td>
<td>Observations Report ID</td>
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<tr>
<td>{OBX}</td>
<td>Observation/Result</td>
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<tr>
<td>}</td>
<td>Answer Part Loop</td>
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</table>

**Element Loop**
HL7 Message

MSH|^~\&|||19981105131523||ORU^R01<cr>
PID||100928782^9^M11|Smith^John^J<cr>
OBR||Z0063-0^^LN<cr>
OBX|XCN|Z0063-0^^LN|2093467^Smits^J^<cr>
OBX|Z0092-0^^LN|203BE0004Y^^X12PTX<cr>

Segment

Data Field

Component
OBX: the flexible segment

A code that identifies the *datatype* of OBX-5

OBX | NM | 11289-6^^LN | 38 | C^^ISO+ | F

A code that identifies the data in OBX-5 (Temp Reading)

A code that identifies the units of numerical data in OBX-5

Other data fields include: date of observation, identity of provider giving observation, normal ranges, abnormal flags
Conceptual Approach

Electronic Attachment

Element

LOINC Code

Answer Part

LOINC Code

Answer Part

LOINC Code

Element

LOINC Code

Answer Part

LOINC Code

Answer Part

LOINC Code

Element

LOINC Code

Answer Part

LOINC Code

Answer Part

LOINC Code

Answer Part

LOINC Code
### Emergency Dept Attachment

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<td><strong>Body Temp</strong></td>
<td><strong>Body Temp (NM)</strong></td>
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<td>11289-6</td>
<td>11289-6</td>
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<td><strong>Temp Reading Site (CE)</strong></td>
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<td>11290-4</td>
<td></td>
</tr>
</tbody>
</table>

...
**277 Questions & 275 Answers**

- **A 277 asks for**
  - Attachments
  - or
  - Elements

- **A 275 sends**
  - Elements
  - consisting of
  - Answer parts

- **Electronic Attachment**
  - By sending **LOINC** codes

- **Identified by **LOINC** codes**

1/24/2000

HL7 Winter Working Group Meeting
LO INC Code Booklets

- LOINC Code Tables for the HL7 "Additional Information to Support a Healthcare Claim or Encounter" Message: Rehabilitation Services
Table of Contents

1 INTRODUCTION
   1.1 REVISION HISTORY

2 HL7 MESSAGE VARIANTS
   2.1 REHABILITATION SERVICES MESSAGE VARIANT

3 LOINC CODES
   3.1 REHABILITATION SERVICES SUPPORTING DOCUMENTATION
   3.2 SCOPE MODIFICATION CODES
   3.3 DATA ELEMENTS

4 VALUE TABLE
   4.1 CODING EXAMPLE

5 CODE SETS
   5.1 ANS+: EXTENDED ANSI UNITS CODES
   5.2 HL70085: HL7 OBSERVATION RESULTS STATUS
   5.3 HL70103: PROCESSING ID
   5.4 HL70136: HL7 YES-NO INDICATOR
   5.5 HL70162: ROUTE OF MEDICINE ADMINISTRATION
### LOINC Question Codes

<table>
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<tr>
<th>LOINC code</th>
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<td>OBR-4: 18673-4</td>
<td>REHABILITATION PROBLEM REMISSION STATUS</td>
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<td>OBR-4: 18674-2</td>
<td>LONGEST PERIOD OF SOBRIETY FOR ABUSED SUBSTANCE (COMPOSITE) Use for alcohol/substance abuse rehabilitation.</td>
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**Must the Question be Answered?**

**Can it be answered repeatedly?**
### Value Table: Answer Parts

#### LOINC Answer-Part Codes

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<td>OBX-3: 18673-4</td>
<td>1 Early Full Remission</td>
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<td>2 Early Partial Remission</td>
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<td>3 Sustained Full Remission</td>
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<td>4 Sustained Partial Remission</td>
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<td></td>
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<tr>
<td></td>
<td>wk weeks</td>
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#### Data Types

**Must the Answer-part be provided?**
**Can it be provided repeatedly?**

1/24/2000 | HL7 Winter Working Group Meeting | 52
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<td>Substance</td>
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<tr>
<td></td>
<td>wk weeks</td>
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**Value Table: Codes for Answers**

**Units**

**Answer Codes**

**Answer Codes for Units**
Answer Codes

5. CODE SETS
5.1 ANS+: EXTENDED ANSI UNITS CODES
5.2 HL70085: HL7 OBSERVATION RESULTS STATUS
5.3 HL70103: PROCESSING ID
5.4 HL70136: HL7 YES-NO INDICATOR
5.5 HL70162: ROUTE OF MEDICINE ADMINISTRATION
LO INC Booklet: Answer Code Values

<table>
<thead>
<tr>
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<th>OBX-2</th>
<th>Rep</th>
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<tbody>
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<td>OBR-4: 18649-4</td>
<td>REHABILITATION TREATMENT PLAN, SIGNATURE OF RESPONSIBLE ATTENDING PHYSICIAN ON FILE</td>
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<td>Y  Yes</td>
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1.1 HL70136: HL7 Yes-No Indicator

HL7 Yes and No Indicators

<table>
<thead>
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<th>Code</th>
<th>HL7 Yes-No Indicator</th>
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<tbody>
<tr>
<td>N</td>
<td>No</td>
</tr>
<tr>
<td>Y</td>
<td>Yes</td>
</tr>
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</table>
### Special Claims Answer Code

#### LOINC code | Value | OBX-2 | Rep | OBX 5/6
---|---|---|---|---
OBR-4: 18629-6 | REHABILITATION TREATMENT PLAN, CLINICAL DISCIPLINE | 1..1 | | 
OBX-3: 18629-6 | Discipline/Therapy Type | CE | 1..1 | 

#### HL79004: Rehabilitative Services Discipline/Therapy Type

*Discipline or therapy type associated with Rehabilitative Service attachments.*

Answer list changes specified by Data Coordination Committee, maintained by LOINC.

<table>
<thead>
<tr>
<th>Code</th>
<th>Rehabilitative Services Discipline/Therapy Type</th>
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<tr>
<td>AS</td>
<td>Alcohol/Substance Abuse</td>
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<tr>
<td>CR</td>
<td>Cardiac Rehabilitation</td>
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<tr>
<td>MS</td>
<td>Medical Social Services</td>
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<td>OT</td>
<td>Occupational Therapy</td>
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<tr>
<td>PS</td>
<td>Psychiatric</td>
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<td>PT</td>
<td>Physical Therapy</td>
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<td>RT</td>
<td>Respiratory Therapy</td>
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<tr>
<td>SN</td>
<td>Skilled Nursing</td>
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</table>
## External Answer Code Maintenance

<table>
<thead>
<tr>
<th>LOINC code</th>
<th>Value</th>
<th>OBX-2</th>
<th>Rep</th>
<th>OBX 5/6</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBR-4: 18820-1</td>
<td>PRIMARY DIAGNOSIS IDENTIFIER</td>
<td></td>
<td>1..1</td>
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<tr>
<td>OBX-3: 18820-1</td>
<td>ICD-9 code. Include the text in component 2.</td>
<td>CE</td>
<td>1..1</td>
<td>OBX-5^3: I9C</td>
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</table>

1.1 I9C : ICD-9-CM

International Classification of Diseases, Clinical Modification.
### LOINC Booklet: Answer Code Values

<table>
<thead>
<tr>
<th>LOINC code</th>
<th>Value</th>
<th>OBX-2</th>
<th>Rep</th>
<th>OBX 5/6</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBR-4: 18649-4</td>
<td>REHABILITATION TREATMENT PLAN, SIGNATURE OF RESPONSIBLE ATTENDING PHYSICIAN ON FILE</td>
<td></td>
<td>1..1</td>
<td></td>
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<tr>
<td>OBX-3: 18649-4</td>
<td>N  No</td>
<td>CE</td>
<td>1..1</td>
<td>OBX-5/6</td>
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<tr>
<td></td>
<td>Y  Yes</td>
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<td>HL70136</td>
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#### 1.1 HL70136: HL7 Yes-No Indicator

<table>
<thead>
<tr>
<th>Code</th>
<th>HL7 Yes-No Indicator</th>
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</thead>
<tbody>
<tr>
<td>N</td>
<td>No</td>
</tr>
<tr>
<td>Y</td>
<td>Yes</td>
</tr>
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</table>

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1/24/2000  
HL7 Winter Working Group Meeting  
58
The Status of HIPAA NPRMs
NP RM Status

- Transactions / Code Sets
- National Provider Identifier (NPI)
- Other Identifiers
- Security
- Privacy & Confidentiality
- Attachments
To participate:

Steve Barr: SteveBarr@acigroup.com
Chris Stahlecker: Chris.Stahlecker@bcbsa.com
Maria Ward: MWard60610@aol.com
Wes Rishel: Wes@Rishel.com
More Information

- **HL7 official Web site**
  - general information/link to CA-SIG
  - [http://www.hl7.org](http://www.hl7.org)

- **Duke healthcare informatics**
  - tech info on HL7, LOINC, and many other healthcare info standards
  - [http://www.mcis.duke.edu/standards/guide.htm](http://www.mcis.duke.edu/standards/guide.htm)
More Information

- **Data Interchange Standards Association (DISA)**
  - [http://www.DISA.org](http://www.DISA.org)

- **Workgroup for Electronic Data Interchange (WEDI)**
  - [http://www.WEDI.org](http://www.WEDI.org)

- **HHS - Administrative Simplification page**
  - [http://www.aspe.hhs.gov/admnsimp](http://www.aspe.hhs.gov/admnsimp)
Even More Information

- Washington Publishing Company (HIPAA Implementation Guides)
  - http://www.wpc-edi.com

- HIPAA Security Summit information available at
  - http://www.smed.com and
  - http://www.wedi.org