**HL7 AWG Perio Meeting, June 7, 2016**

Dallas, Texas

AWG Members Present

Anne Burnett

Patrick Cannady

Desirae Ciraci

Durwin Day

Brian Flynn

Theresa Jansen

Eric Kirnbauer

Tom Mort

Angela Ulsh

Per the outcome of the June 2, 2016, HL7 Attachments Workgroup perio attachment kickoff conference call, the above group assembled at the ASC X12 standing meeting on Tuesday afternoon to talk about use cases, including the current state of the industry, for attachments submissions.

The group identified the following:

**Current State**

Dental attachments are still sent on paper frequently, often in the same envelope as the claim they are meant to support. This is a slow and costly process for all involved, and attachments sent in this manner can be lost rather easily. Typically this is a periodontal chart with probing depths and narrative describing the patient’s periodontal condition.

When dental attachments are sent electronically, dental practices rely on attachments warehouses to transmit scanned documents that contain no structured data. This offers some improvement over mail in terms of speed, as there is no mail lag, but still requires human intervention due to the lack of structured data. National Fast Attach is the most frequently used vendor for submission of electronic dental attachments. Some clearinghouses offer a similar unstructured attachment transmission capability.

In this method, the submitter scans and uploads attachment images to an Attachment Warehouse. The payer receives a notification with claim reference number and one of its consultants reviews the documents at the warehouse.

These electronic attachments are essentially the same as their paper equivalents; human intervention is still required.

No standard EDI transactions are employed in the attachment warehouse model.

**Electronic Claim Attachments Transactions**

It is expected that the US Department of Health and Human Services will adopt a standard for electronic attachments at some point in the not so distant future.

The vehicle for transport will most likely be a version of the X12 275 transaction set.

Version 5010, version 6020, and the eventual version 7030 are all possible candidates.

All share common characteristics:

* A transaction header with submitter and routing information
* A “BIN” or “BDS” Segment (BDS in versions 6020 and 7030); this is a binary segment that can contain images, text, and/or coded information used in claim adjudication or health care services utilization review, and
* A trailer or footer that signals the termination of the transaction

Electronic periodontal attachment information may be submitted as part of the BIN or BDS segment.

**Use Cases for Electronic Periodontal Attachments**

**For Claim Adjudication - Unsolicited**

This case requires good payer to provider communication about claim submission requirements for periodontal services, including instructions for sending appropriate supporting information for a given service or group of services. This information may be communicated via a number of methods.

A dental provider (it could be either a general dentist or a dental specialist) performs a periodontal service for a patient and completes an 837D transaction. The dental provider notes the claim reference number and also indicates an attachment will be submitted in addition to the claim.

Because the dental provider has had prior instruction from the patient’s dental plan, the dental provider knows it is necessary to include the patient’s periodontal charting data and other relevant clinical data that support the diagnosis and treatment decision(s).

The dental provider completes and submits the transaction electronically with standard periodontal measurements and other standard clinical data. The attachment is identified with an appropriate LOINC code and contains additional LOINCs specifying tooth number, probing sites, and measurements, along with other clinical findings in coded format.

A narrative accompanies the coded section as well.

**For Claim Adjudication – Solicited**

A dental provider finds that a claim for a periodontal service has been pended awaiting submission of additional information.

The payer informs the dental provider via a 277CA or other, proprietary method that the claim is pended and additional information is required.

That information is identified using an appropriate LOINC.

The dental provider completes and transmits the appropriate perio attachment with coded data and narrative.

**For Services and Utilization Review**

A payer requests information about a claim or group of claims for periodontal services that meet certain criteria.

Dental provider transmits supporting clinical information about each claim using electronic perio attachment format, again, containing both coded and narrative information.

**Provider-to-Provider Exchange for Treatment Purposes**

A dental provider pulls data out of a clinical information system, populates a standard clinical document (the electronic periodontal attachment, in this case) and transmits it to a specialist, referring, consulting dental provider, or other health care provider for a treatment related purpose, e.g. continuity of care, management of systemic health issues, etc.

The standard clinical document may be transmitted by any number of secure methods.

Once received, the recipient provider’s clinical information system takes the standard electronic attachment data and displays it in a useful format. The data may be used to help create a new patient record at the recipient’s facility or update an existing record.