

February 27, 2013

Walter G. Suarez, M.D., M.P.H., Co-Chair  
Mr. W. Ob Soonthornsima, Co-Chair  
Subcommittee on Standards – NCVHS

RE: Statement of the American Dental Association on Claim Attachments to the National Committee on Vital and Health Statistics (NCVHS), Subcommittee on Standards

Dear Doctor Suarez and Mr. Soonthornsima:

The American Dental Association (ADA) is the world's oldest and largest professional dental association with over 157,000 members. As a longstanding member of the standards development community, the ADA appreciates the opportunity to comment on Section 1104 of the Patient Protection and Affordable Care Act (ACA) that contains the following requirement:

*The Secretary shall promulgate a final rule to establish a transaction standard and a single set of associated operating rules for health claims attachments.*

The original intent of electronic claim attachments was to provide a means to exchange additional information electronically in order to support a health care claim transaction. The goal was to make the process of submitting and adjudicating health care claims more efficient by providing structured, standardized electronic data to payers.

The ADA believes that electronic claim attachments, such as radiographs, intra-oral photographs and periodontal charts, should be sent only when the payer specifically requests that those attachments be forwarded to process the claim. The attachments should be limited to those items necessary to adjudicate the claim.

Many payers do not want attachments and return them. However, other third-party payers require attachments nearly 100% of the time. To reduce cost and administrative burdens of sending these documents, payer requirements for attachments should be standardized and American National Standards Institute (ANSI)-developed standards should be adopted to simplify and make uniform the process of sending electronic attachments. The options for submitting electronic claim attachments are now limited to services that charge fees and portals provided by some of the third-party payers. However, these options are not standardized. The varying documentation requirements of third-party payers impose unnecessary and excessive costs on the dentist, who bears the burdens of submitting the electronic claim attachments required for many claims.

Submission of extraneous, irrelevant, or inadequate information due to a lack of standardization results in increased administrative costs to dentists and third-party payers. Errors and confusion regarding necessary data must be avoided not only because of costs, but also in consideration of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, which limits the content of transactions to the minimum necessary personal health information required for claim processing.

The ADA believes that significant numbers of most dental claim attachments are unnecessary. These attachments are requested by third-party payers as a means to verify the diagnosis and/or completion of treatment as attested to by the treating dentist. As such, they are often redundant and contribute to the cost of claims processing for both providers and payers. Properly submitted claims contain adequate information about the patient, the treatment plan, and the provider to determine eligibility and applicable plan benefits. Attachments for dental claims should cease to be a routine part of the process.

The ADA, as an ANSI Accredited Standards Development Organization, is a leader in standards development for information technology used in dentistry with a relatively long involvement in such activities. In 1992, the ADA's interest in the standardization of clinical information systems in the dental environment prompted the Association to expand its involvement into this standards arena. After evaluating current informatics activities, a Task Group of the ANSI Accredited Standards Committee MD 156 (ASC MD156) was created by the ADA to initiate the development of technical reports, guidelines, and standards on information technologies used in dental practice. The ASC MD156 Task Group later evolved into the ADA Standards Committee on Dental Informatics (SCDI). The ADA SCDI currently develops, reviews, and approves American National Standards and technical reports developed by the Standards Committee's working groups. The ADA SCDI-developed standards and technical reports promote patient care and oral health through the application of information technology and other software and hardware products to dentistry's clinical and administrative operations. The standards are developed by volunteers through Working Groups of the ADA SCDI. The Working Groups, organized under three SCDI Subcommittees, address specific topics and provide an opportunity for all interests to participate in the development of voluntary consensus standards.

Pursuant to ADA procedures, the ADA Standards Committee is comprised of volunteer technical experts who serve as representatives of organizations affiliated with the profession, dental industry, academia and the government. The ADA SCDI serves as the consensus body that makes recommendations on all proposed standards, which are forwarded to ADA Councils for approval as ADA standards and finally, to the ANSI for review and approval as American National Standards.

The SCDI continues to promote and uphold the ADA's position as a global leader in the development of dental content for health informatics standards and the development of standards and guidelines for electronic technologies in healthcare. As such, the ADA SCDI also works in close cooperation with other standards development organizations including ASC X12, Health Level Seven (HL7), Dental Imaging and Communication in Medicine (DICOM), Integrating the Healthcare Enterprise (IHE), and ASTM International (originally known as the American Society for Testing and Materials).

In 2009, the ADA SCDI entered into an Associate Charter Agreement with HL7 that recognized the ADA's role in leading the development of dental content for inclusion in future HL7 standards. ADA Technical Report No. 1047 for *Standard Content of a Periodontal Attachment* was approved as an American National Standard in June of 2006 and further revised in January 2010. HL7 is an international community of health care subject matter experts and information scientists who collaborate to create standards for the exchange, management and integration of electronic health care information. The Agreement with HL7 authorizes that development of the dental content of standards rests with ADA, while HL7 provides the electronic format for the standard. The ADA is currently revising the above-mentioned Technical Report (TR), the *Periodontal Attachment*, to develop additional standard content for orthodontic claims and other electronic attachments. The revised TR has been assigned No. 1079 and is called *The Standard Content of Electronic*

*Attachments for Electronic Dental Claims.* The ADA will continue to work with HL7 to finalize this electronic transaction.

Dentists manage both direct consumer payments and insurance payments. They also deal with multiple insurance companies and the challenges of determining what each plan will pay and what attachments are required. In addition, dentists' patients want to know exactly what they need to pay out of pocket. ADA encourages movement towards real-time claims adjudication and the development of real-time adjudication standards. Real-time transactions will remove the uncertainty over out-of-pocket expenses, lower costs for consumers and reduce administrative burdens for dentists.

Potentially, there would be many benefits to dentists related to the implementation of the HIPAA standards as an element of real time transactions including:

- System vendors would be able to supply low-cost software solutions to physicians and dentists.
- Services that charge fees and portals provided by some of the third-party payers would be eliminated.
- Costs associated with mailing, faxing, and telephoning will decrease.
- Increased automation of administrative tasks will minimize the potential for human data entry errors and should provide dentists and their staff with more time to devote to direct care.
- Dentists will have more complete data sets of the patients they are treating, potentially enabling better care.

There are also potential benefits for our patients:

- Patients seeking information on enrollment status or health care benefits will receive more accurate, complete, and easier-to-understand information.
- Consumer documents will be made more uniform and easier to read.
- Cost savings to providers and plans will translate into reduced health care expenditures
- Patients will save postage and telephone costs incurred in claims follow-up.
- Increased automation means less paperwork and less potential for data entry errors; consequently, visits to dentists and other health care providers will require less time without the burden of filling out forms. Consumer correspondence with insurers regarding problems with claims will be reduced.

The ADA believes that the industry should move towards real-time claims adjudication and that attachments for dental claims should cease to be a routine part of the process. Attachments should be limited to only those items necessary to adjudicate the claim. In addition, payer requirements for attachments should be standardized and standards to simplify and make uniform the process of sending electronic attachments should be adopted. Furthermore, development of the dental content

for electronic attachments should be designated to the ADA, while HL7 should provide the electronic format for the standard message transfer of the content.

The ADA believes that the attachment rule should be published as a Notice of Proposed Rule Making (NPRM). Since the publication of a NPRM on Attachments in 2005, the industry has been aware of the business benefits and technical requirements to implement Attachments. With the guidance from that NPRM, some stakeholders have voluntarily implemented attachments and they have reported benefits from electronically exchanging attachment information.

While use of a NPRM now could potentially delay publication of a final rule, it is essential that the industry have additional opportunity to comment on this important item. It has been eight years since the original NPRM and much has changed during that time. Since it is unknown what might be included in an Interim Final Rule and issuance will reduce the ability to amend provisions, use of a NPRM would allow the industry to identify and address any critical concerns or needed clarifications

Thank you for the opportunity to present information relative to dentistry's position on claim attachments. If you should have any questions, please feel free to contact Ms. Jean Narcisi, director, Department of Dental Informatics at the American Dental Association at (312) 440-2750 or [narcisij@ada.org](mailto:narcisij@ada.org).

Sincerely,

/s/

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