nphies

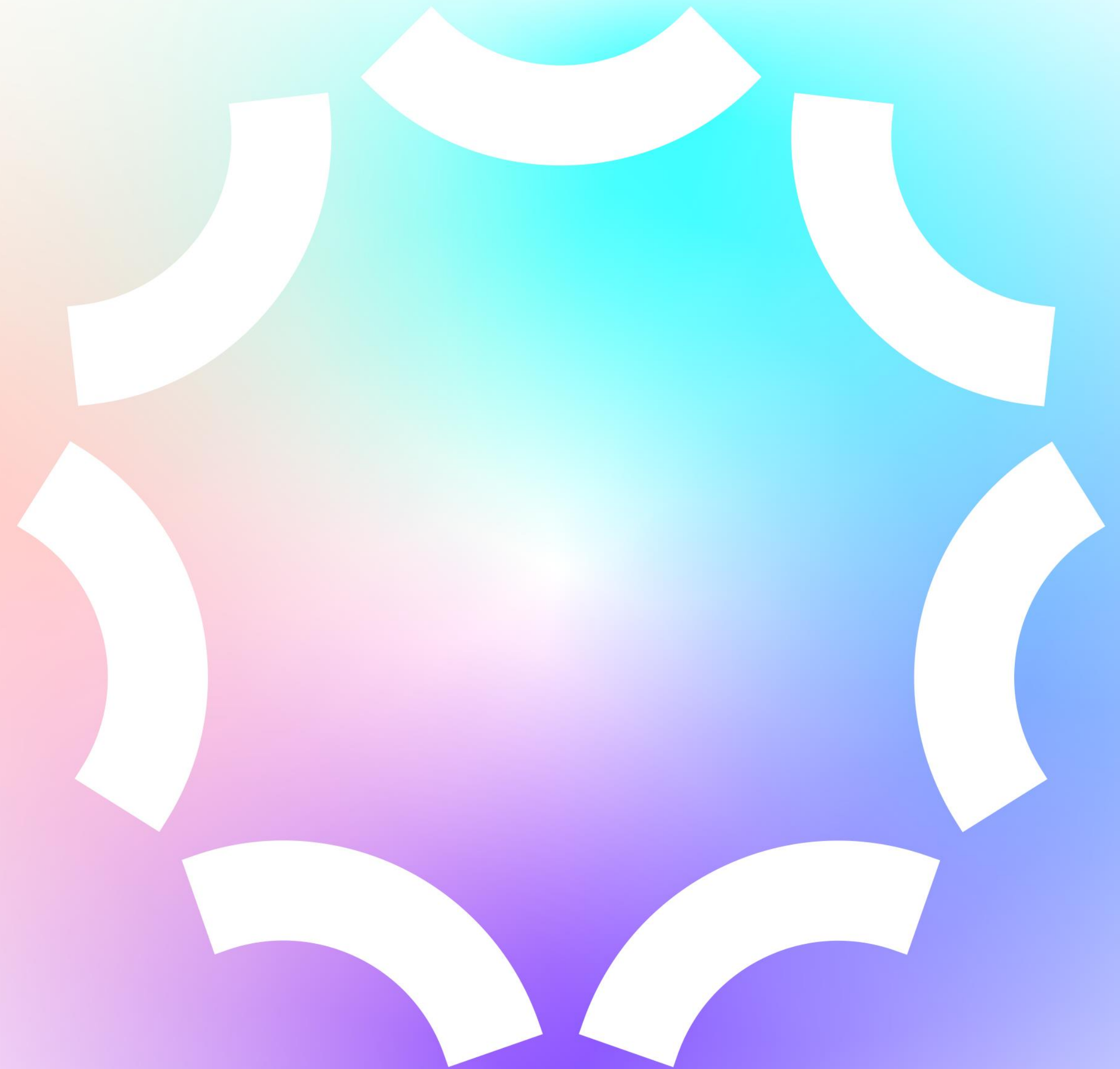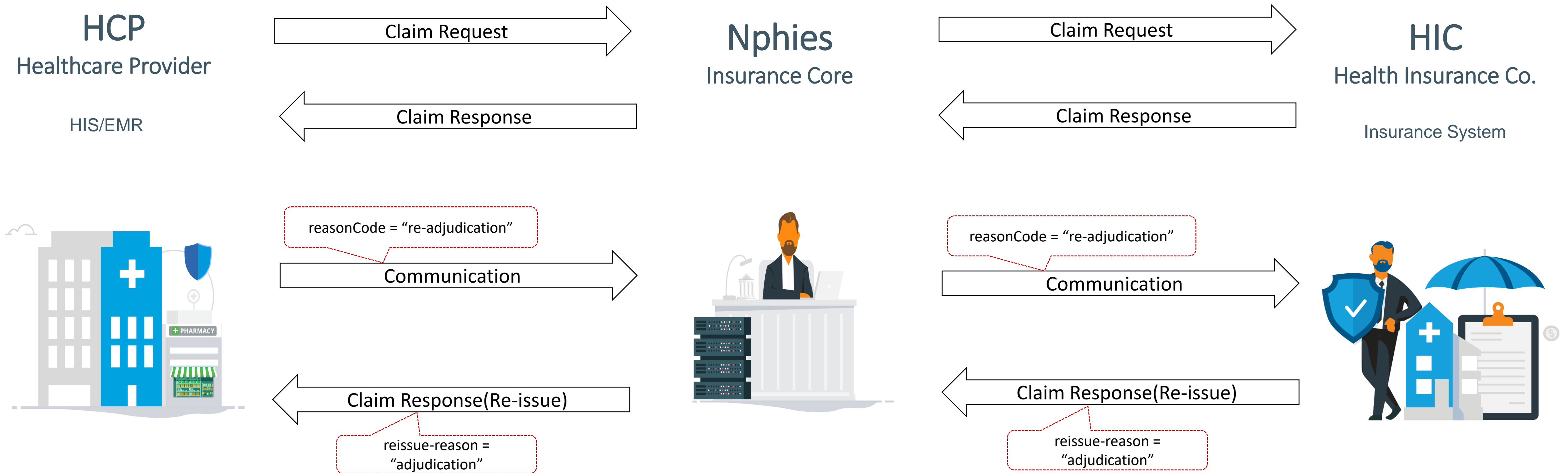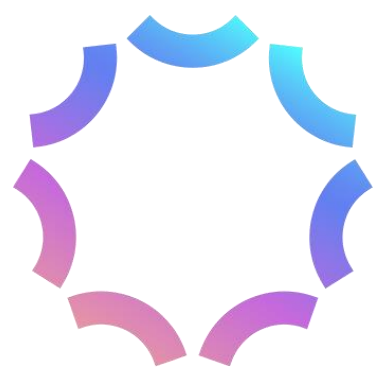## Claim Re-submission
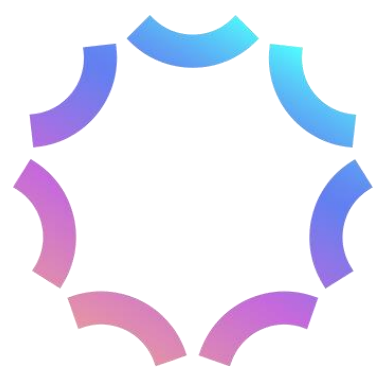
Communication

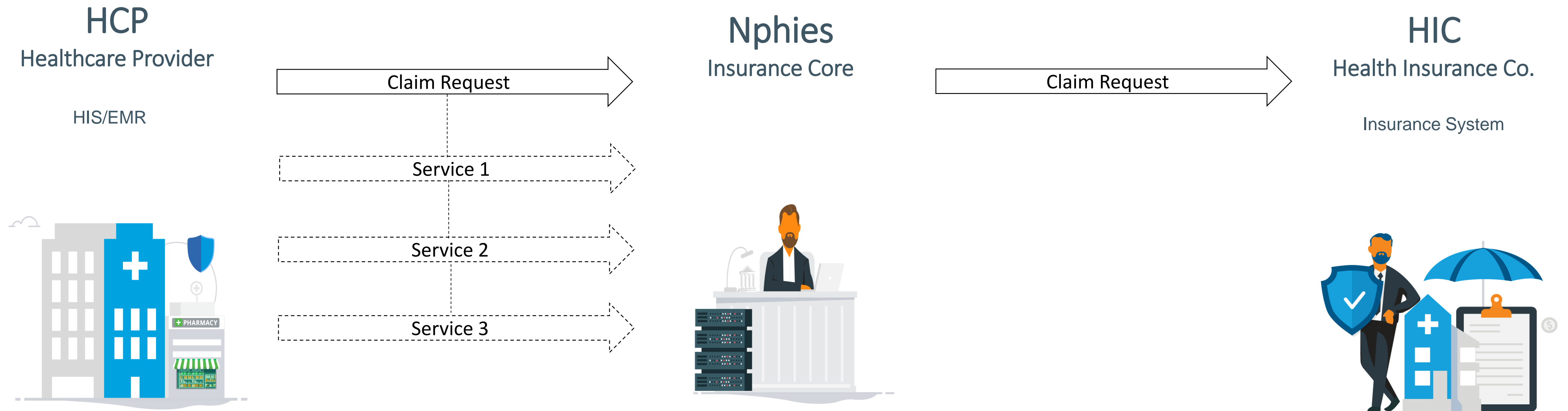# Re-submission Through Communication

In case the payer responded back with <u>full rejection</u> or <u>partial approval</u> and the provider wants to appeal for it by adding additional supporting information (attachment, medical justification), then the HCP can send a communication with appropriate reason code "re-adjudication" mentioning the designated item sequence and the HIC can reissue the revised response.

HCP
Healthcare Provider

HIS/EMR

Nphies
Insurance Core

HIC
Health Insurance Co.

Insurance System

Claim Request →

← Claim Response

Claim Request →

← Claim Response

reasonCode = "re-adjudication"

Communication →

reasonCode = "re-adjudication"

Communication →

← Claim Response(Re-issue)

reissue-reason = "adjudication"

← Claim Response(Re-issue)

reissue-reason = "adjudication"

Re-submission Through Communication

Step 1: The provider sends a Claim request including 3 services

HCP
Healthcare Provider

HIS/EMR

Nphies
Insurance Core

HIC
Health Insurance Co.

Insurance System
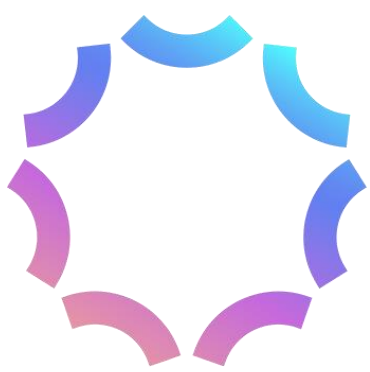
Claim Request

Claim Request

Service 1
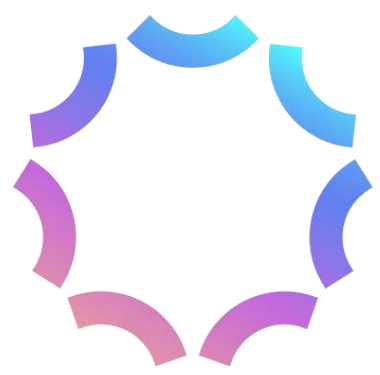
Service 2

Service 3

Re-submission Through Communication

Step 2: The payer issued a complete response and approved two services and rejected one service.

HCP
Healthcare Provider

HIS/EMR

Claim Request →

Nphies
Insurance Core

Claim Request →

← Claim Response

Service 1 - Approved

Service 2 - Approved

Service 3 - Rejected

HIC
Health Insurance Co.

Insurance System
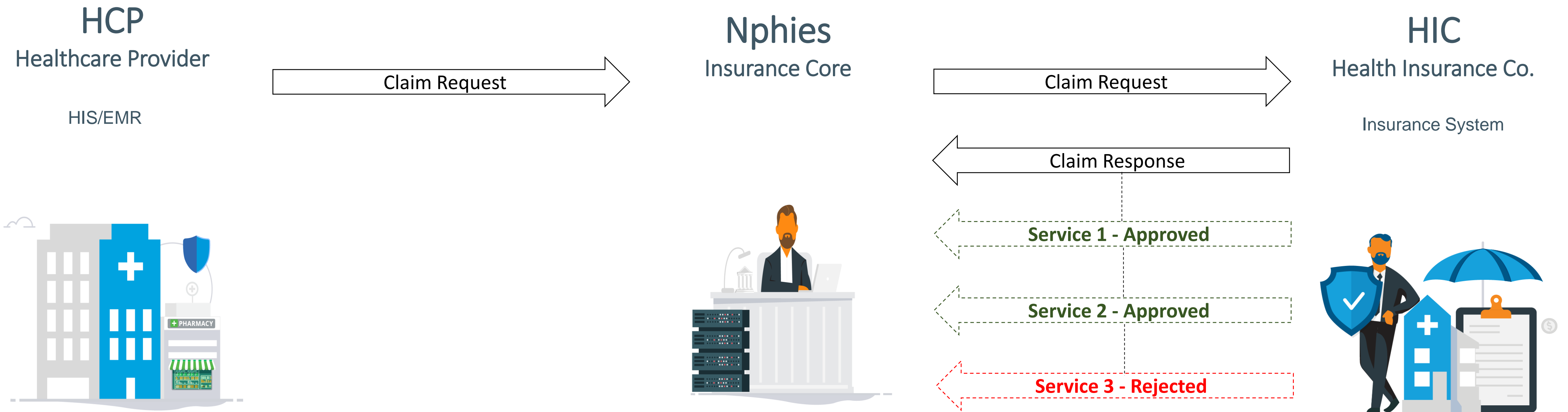
Re-submission Through Communication

Step 3: The provider sends a communication to appeal for the rejected service.

HCP		Nphies		HIC
Healthcare Provider		Insurance Core		Health Insurance Co.
HIS/EMR				Insurance System

reasonCode = "re-adjudication"

Communication* →

Communication →

← Acknowledgement

← Acknowledgement
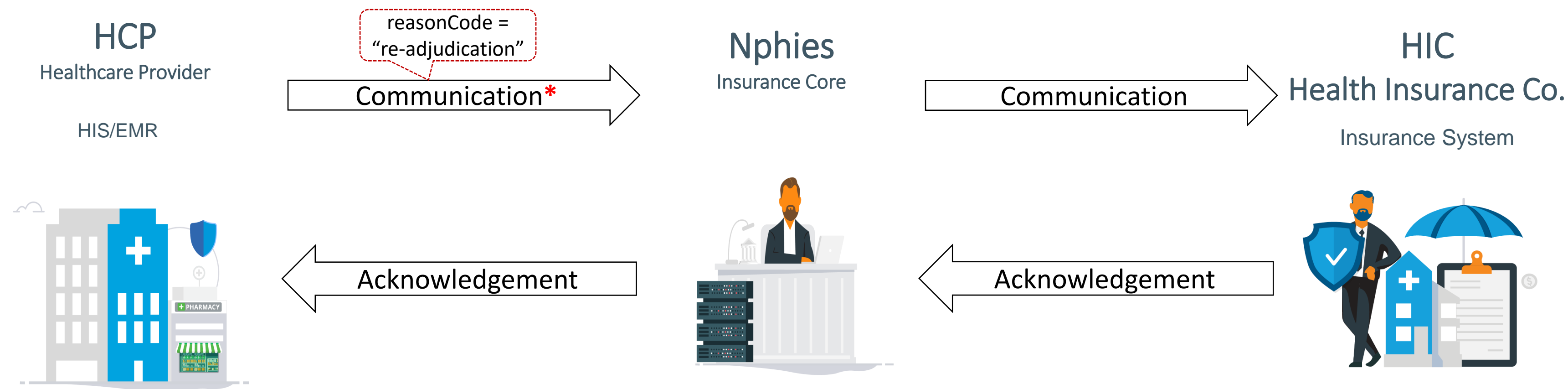
* ReasonCode = "re-adjudication": To indicate that the claim mentioned in the communication is expected to be re-adjudicated by the payer.

```
"reasonCode": [
    {
        "coding": [
            {
                "system": "http://nphies.sa/terminology/CodeSystem/communication-reason",
                "code": "re-adjudication"
            }
        ]
    }
],
```

* Item Sequence & justification:
- ClaimItemSequence extension is used to link the supporting information with a specific item sequence.
- contentString: To provide the justification for appealing as a text
- contentAttachment: : To provide the justification for appealing as attachment

```
"payload": [
    {
        "extension": [
            {
                "url": "http://nphies.sa/fhir/ksa/nphies-fs/StructureDefinition/
                    extension-ClaimItemSequence",
                "valuePositiveInt": 3
            }
        ],
        "contentString": "After a thorough review of the patient's medical history and
            in consideration of the specific circumstances surrounding this case, it is
            evident that the service were medically necessary and aligned with
            established clinical practice guidelines. To address the concern mentioned
            in the denial, I am enclosing supporting documentation, including but not
            limited to: Patient's medical records, Diagnostic reports and Physician's
            notes"
    }
]
```
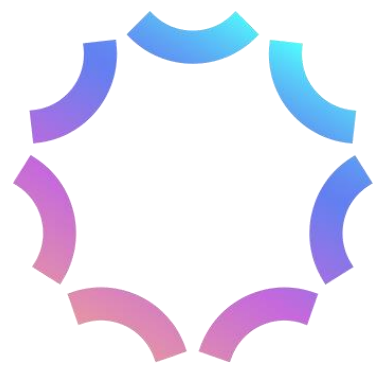
Re-submission Through Communication

Step 4.1: The payer reissues another claim response and change the status to approved.
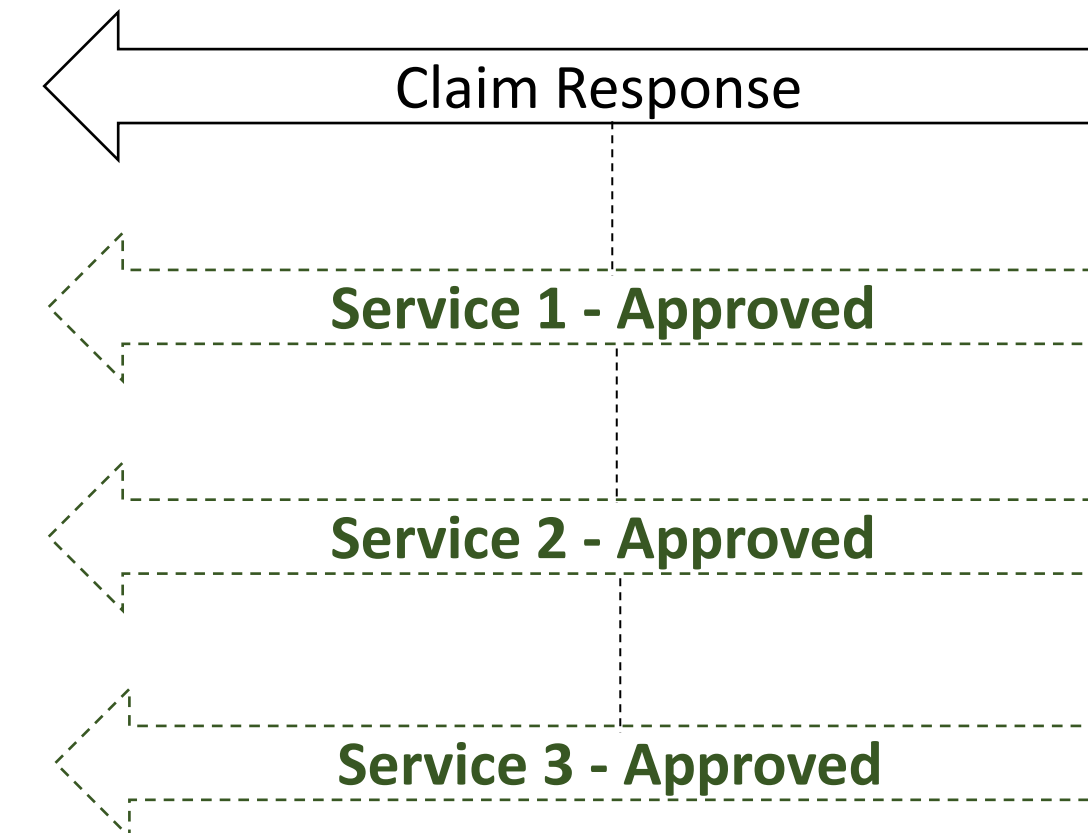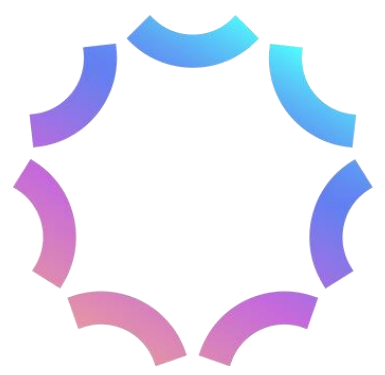
HCP
Healthcare Provider

HIS/EMR

Nphies
Insurance Core

HIC
Health Insurance Co.

Insurance System

Claim Response

Service 1 - Approved

Service 2 - Approved

Service 3 - Approved

Re-submission Through Communication

Step 4.2: The payer send a communication request with the reason for not approving the claim/service.

HCP
Healthcare Provider

HIS/EMR

Nphies
Insurance Core

HIC
Health Insurance Co.

Insurance System

reasonCode = re-adjudication

category = notification

← Communication Request *

← Communication Request *
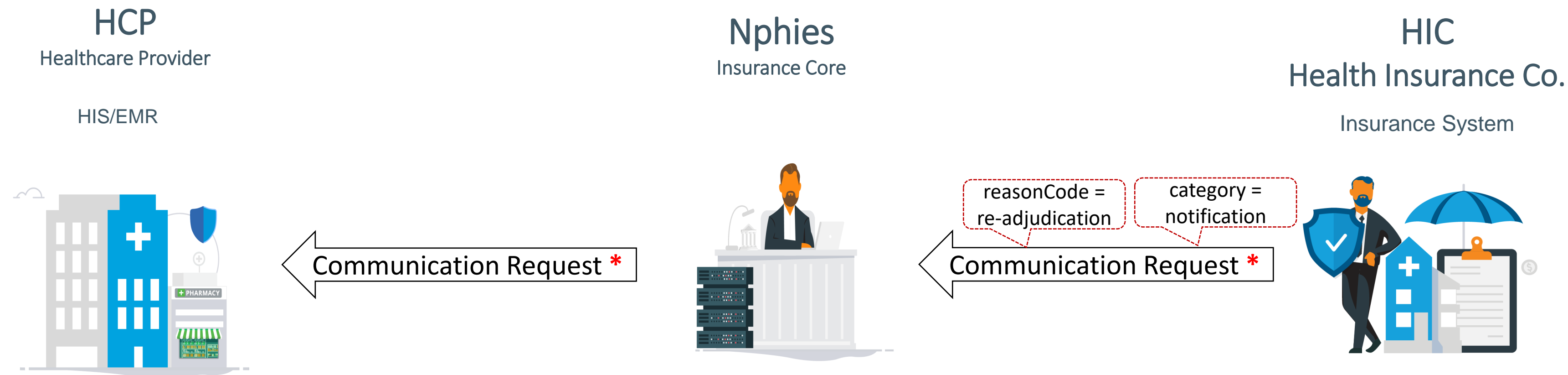
* **ReasonCode** = "re-adjudication": To indicate that the communication request is part of the re-adjudication scenario.

```json
"reasonCode": [
    {
        "coding": [
            {
                "system": "http://nphies.sa/terminology/CodeSystem/communication-reason",
                "code": "re-adjudication"
            }
        ]
    }
],
```

Category: The category of the communication request should be "notification"

```json
"category": [
    {
        "coding": [
            {
                "system": "http://terminology.hl7.org/CodeSystem/communication-category",
                "code": "notification"
            }
        ]
    }
],
```
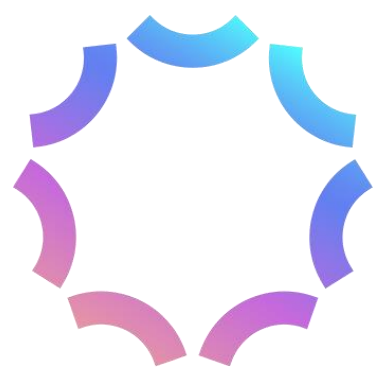
* **Item Sequence & justification:**
  * **ClaimItemSequence**: extension used to link the supporting information with a specific item sequence.
  * **contentString**: To provide the justification for the rejection as a text
  * **contentAttachment**: : To provide the justification for the rejection as attachment

```json
"payload": [
    {
        "extension": [
            {
                "url": "http://nphies.sa/fhir/ksa/nphies-fs/StructureDefinition/
                    extension-ClaimItemSequence",
                "valuePositiveInt": 3
            }
        ],
        "contentString": "The provided information does not justify the services"
    }
]
```
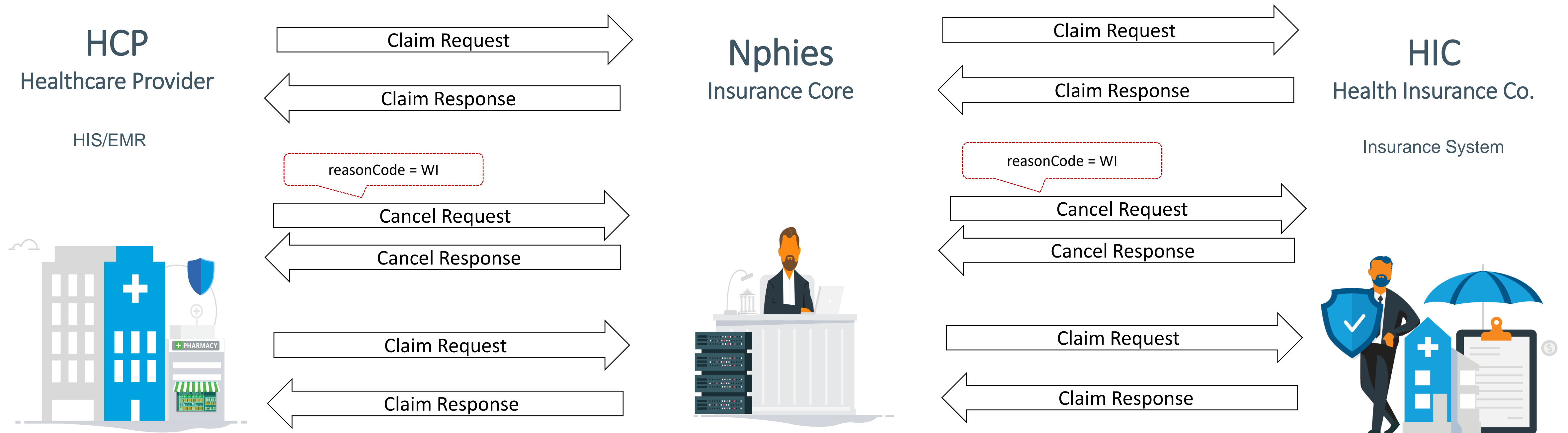
Re-submission Through Communication

In case the provider submitted a claim with wrong information and wants to correct it, then they should cancel the wrong claim and send a new one with the correct information.

Thank You