

Patient Transfer of Care

Version 1.2
1st of July 2025



Version Control:

Version	Change	Section
1.2	- Added a note regarding the SBS codes - Added use case summary - Changed TR2(b) to adapt to the new extensions	- Transfer of care handling on nphies - Use case Summary. - Json Samples

Case

How to handle patient Transfer of care through nphies

Transfer of care handling on nphies

Please take the following steps:

1. The 1st Provider submits a new authorization, removing the services they are unable to perform.
2. The 1st Provider requests a second pre-authorization for Transfer of care with flag (**extension-transfer = True**)¹ for certain services not available in their facility. Once approved by the payer, they may send the following information through the following channel(s):
 - To the 1st provider in the authorization response which includes the service(s) being authorized:

The authorization response² should contain the name of the 2nd provider, the authorization number and the duration of the Transfer of care period included in the following extensions which will appear at the top of the claim response resource:

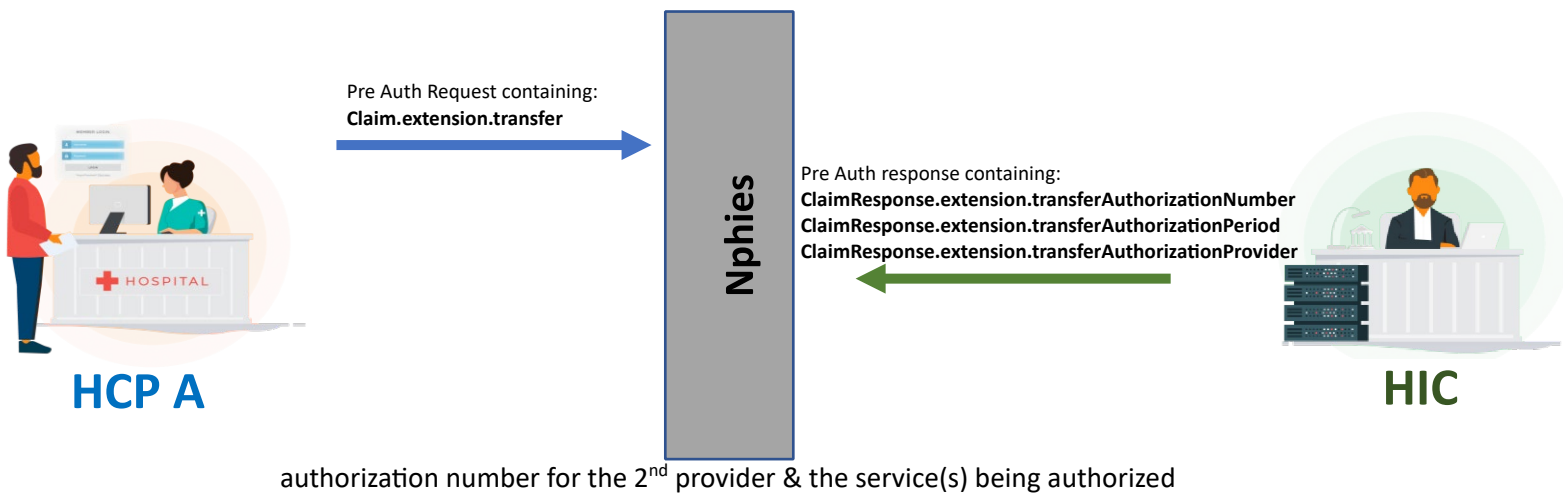
- authorization #
- authorization period
- Provider B

*If a patient prefers a specific provider, they need to inform the Insurance company of their preference during the Transfer of care request through direct

communication between the patient and insurance not in the authorization request message.

***If the service code was not available with the 1st provider, then CHI Billing codes will be used in the pre auth request for transfer of care.**

- The approved quantity in the item elements will indicate what services are approved for transfer, adjudication outcome results will be provided, but the implementor should rely on the approved quantity.
- To the patient, in an SMS message: the name of 2nd provider & a newly generated



authorization number for the 2nd provider & the service(s) being authorized

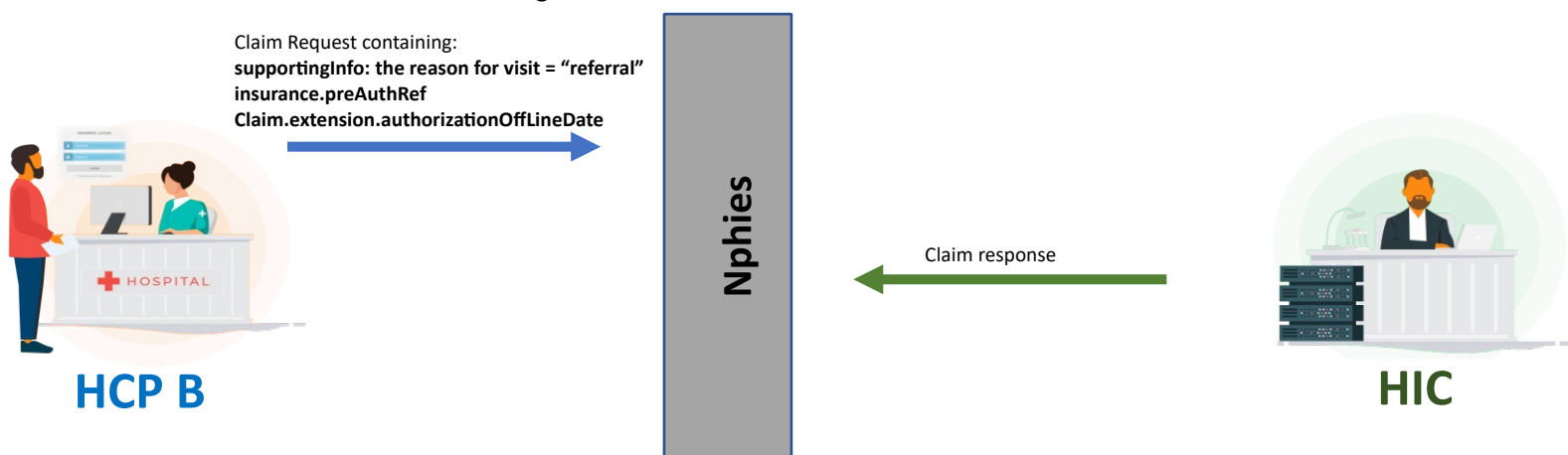
- To the 2nd provider by the insurer's portal or email or a hardcopy: the name of 2nd provider & a newly generated authorization number for the 2nd provider & the service(s) being authorized and the duration of the Transfer of care period (In the near future, this will be replaced with nphies Advanced Pre-authorization).

Figure 1 – Transfer of Care request from HCP A

3. The patient will go to the 2nd provider:

- If the provider sends an eligibility to obtain the TOB, then it should include the extensiontransfer flag.

Claim Request containing:
supportingInfo: the reason for visit = "referral"
insurance.preAuthRef
Claim.extension.authorizationOffLineDate



4. The 2nd Provider may submit a claim for the authorized services by including the following:

- supportingInfo: the reason for visit = "referral".
- insurance.preAuthRef: the pre-authorization reference number that was supplied.
- authorizationDate: providing the date of the authorization as this is considered an offline authorization.

Figure 2 - HCP B Claim request for a transferred case

5. To change/extend the pre-authorization, the 2nd provider will create a new pre-authorization request, including the following:
 - supportingInfo: the reason for visit = "referral".
 - referral.display: name of the referring provider/practitioner.
 - insurance.preAuthRef: the pre-authorization reference number that were supplied.

The payer should note that referred services provided by an out-of-network provider and should not be rejected for that reason.

6. Any further authorization extensions will refer to the initial extension authorization request, which is no longer an offline adjudication when submitting a subsequent claim.

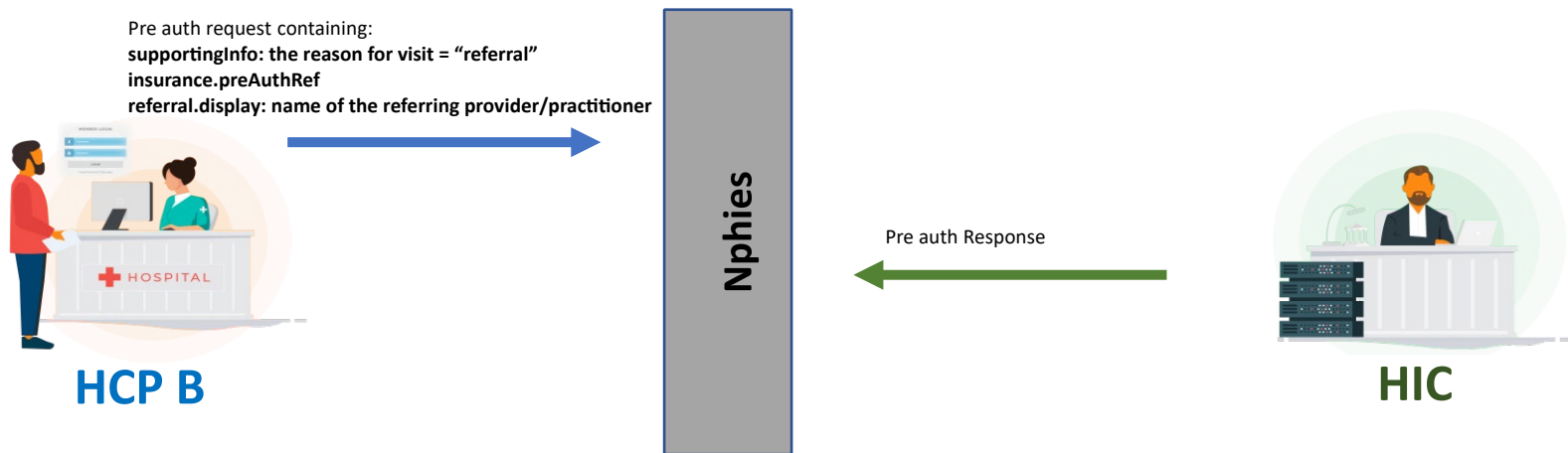


Figure 3 - HCP B requesting more services for a transferred case.

¹ As an HCP, use the below extension to flag whether the request was for a transferal:

Field	Description	Min	Max	Data type
CoverageEligibiltyRequest.extension.transfer	Flag to indicate an authorization to transfer services to another provider has been issued	0	1	Boolean
Claim.extension.transfer	Flag to indicate an authorization to transfer services to another provider	0	1	Boolean

² As an HIC, use the below extension(s) to response to a request for transfer of care:

Field	Description	Min	Max	Data type
ClaimResponse.extension.transferAuthorizationNumber	Transfer approval authorization number	0	1	string
ClaimResponse.extension.transferAuthorizationPeriod	Transfer approval authorization period	0	1	period
ClaimResponse.extension.transferAuthorizationProvider	Transferred to provider	0	1	Reference (nphies Practitioner, nphies Organization (Provider))

Sample:

```
{
  "resourceType": "Claim",
  ...
  "extension": [
    {
      "url": http://nphies.sa/.../StructureDefinition/extension-authorization-number,
      "valueString": "ABC3647GHT"
    },
    {
      "url": http://nphies.sa/.../StructureDefinition/extension-authorization-period, "valuePeriod":
      {
        "start": "2022-01-01",
        "end": "2022-02-28"
      }
    }, {
      "url": http://nphies.sa/.../StructureDefinition/extension-authorization-provider,
      "valueReference": "Organization/providerB"
    }
  ]
}
```

- FHIR samples could be found at the following path: HD – Documentation – FHIR Samples – Transfer of care <https://cportal.nphies.sa/#/JHD/documentation>

Use case Summary:

Sara Khan is a female patient, visits Saudi Dental Clinic for a periodic oral check. The provider examined Sara and decided that she needed a root canal and for that, they needed to transfer her to Al Fayad Super Specialty clinic. Sara would go there, get the root canal treated, and come back to Saudi Dental Clinic to complete the



crown.

Use case Personas:

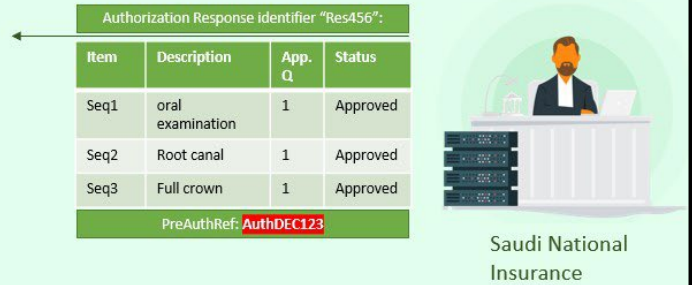
#	Entity Name	Role
1	Saudi Dental Clinic (SDC)	The Transfer of care initiating facility, which requests patient transfer.
2	Al Fayad Super Specialty Dental Clinic (AFSDC)	Referred to facility which accepts the transferred patient
3	Saudi National Insurance (SNI)	The payer (insurance company) which covers the patient medical services.

Saudi Dental Clinic (SDC) Transactions:

❑ Sara visit to Saudi Dental Clinic:



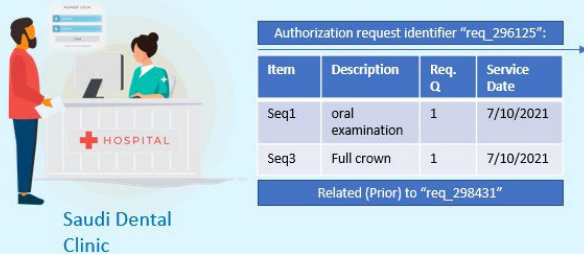
Nphies



3. Full crown metallic indirect
1. Saudi Dental Clinic (SDC) sends a regular authorization request to Saudi National Insurance (SNI) contains 3 items [**Sample: TR_1 - Standard Prior-Authorization request.JSON**]:
 1. Periodic oral examination.
 2. Root canal treatment.

SDC realized from the x-ray that the Root canal is too complex to be treated in their facility, so decided to:

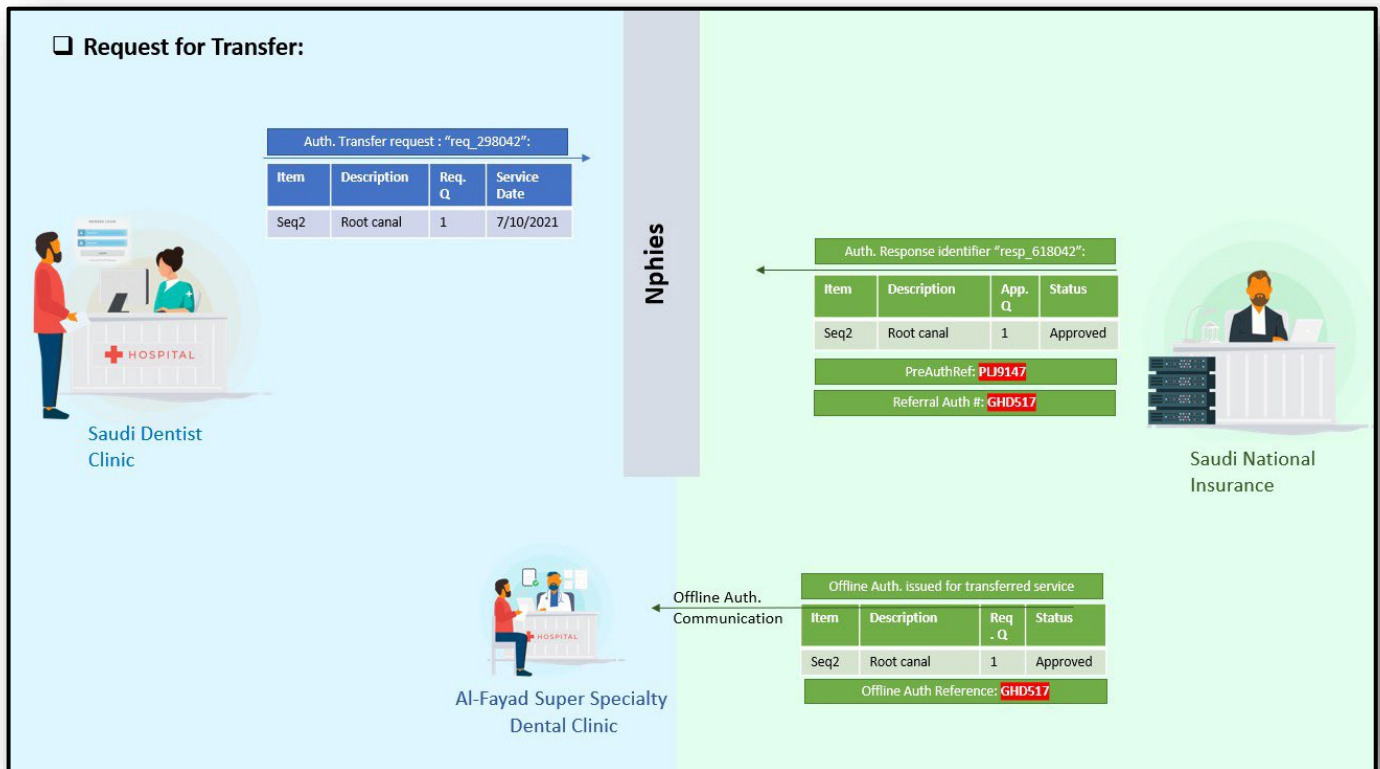
❑ Saudi Dental Clinic Modifying Approval:



Nphies



3. Revise the previous approval by removing the root canal from the authorization. [Sample: *TR_1a - Prior-Authorization request without root canal.JSON*]
4. Then send a prior auth transfer request for root canal [Samples: *TR_2(a) - Transfer request for root canal. JSON*, *TR_2(b) - Payer response to transfer request. JSON*]:



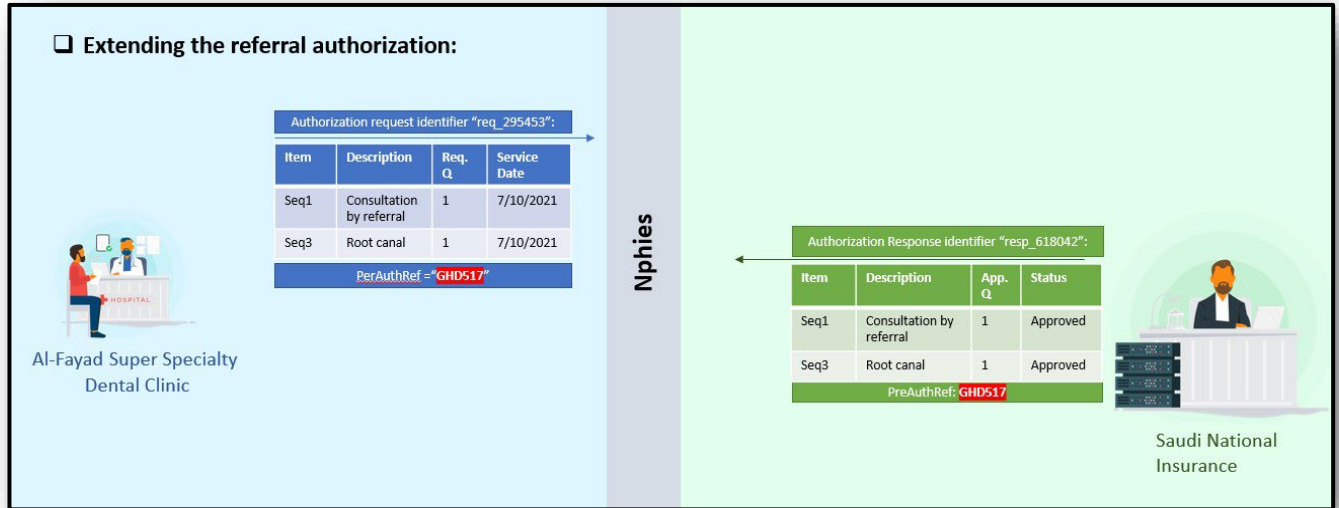
Al-Fayad Super Specialty Dental Clinic (AFSDC) Transactions:

When Sara Khan is at AFSDC:

4. AFSDC does an eligibility check for Sara Khan; [Sample: *TR_3 - Eligibility check for transferred patient. JSON*]

- In case Al-Fayad Super Specialty Dental Clinic (AFSDC) decides to add more services to the issued Transfer of care approval:

5. AFSDC submits a prior auth request to SNI to add a consultation to the Transfer of care approval;
[Sample: TR_4 – Prior-Authorization request for root canal. JSON and TR_4a – Prior-Authorization response for updated prior authorization root canal]



6. AFSDC submits a claim request to SNI for the referred services: the consultation and the root canal.
[Sample: TR_5 - Claim request for root canal. JSON]

- In case Al-Fayad Super Specialty Dental Clinic (AFSDC) kept the same Transfer of care approval services without revision:

7. Then AFSDC submits a claim request to SNI for the referred services, reporting the claim with offline authorization reference. **[Sample: TR_5B - Claim request for root canal - Offline. JSON]**