



Updated HIPAA Information

The following information regarding the Health Insurance Portability and Accountability Act (HIPAA) has been updated to include changes care providers need to know.

HIPAA standardized both medical and non-medical codes across the health care industry and under this federal regulation, local medical service codes must now be replaced with the appropriate Healthcare Common Procedure Coding System (HCPCS) and CPT-4 codes. In addition, a number of new codes have been added to HCPCS to accommodate items that did not have codes before.

Codes Required in Health Care Transactions

Code sets include any set of codes used for encoding data elements, such as tables of terms, medical concepts, medical diagnoses, or medical procedure codes, which are an integral part of electronic transactions used to describe various health care services, procedures, tests, supplies, drugs, patient diagnoses, as well as many administrative activities. HIPAA refers to code sets as either medical codes or non-medical codes.

Medical Code Sets

Medical code sets are clinical codes used in transactions to identify procedures, services and diagnoses that pertain to a patient encounter. The codes characterize a medical condition or treatment and are usually maintained by professional societies and public health organizations. The medical code sets that have been approved for use by HIPAA are:

- ICD-10-CM: International Classification of Diseases, 10th Edition, Clinical Modification, Volumes 1,2 & 3 (including the Official ICD-10-CM Guidelines for Coding and Reporting), as maintained by the U.S. Department of Health and Human Services HHS.
- HCPCS code set
- National drug codes for retail pharmacy
- Code on dental procedures and nomenclature

Non-Medical Code Sets

Under HIPAA, code sets that characterize a general administrative situation, rather than a medical condition or service, are referred to as non-clinical or non-medical code sets. State abbreviations, ZIP codes, area codes and race and ethnicity codes are examples of general administrative non-medical code sets.

What Care Providers Can Do under HIPAA:

- Allow patients to sign their name at the receptionist's desk while waiting for an appointment.
- Call out a patient's name to escort the patient to an examining room.
- Leave a patient's medical record on the door of an examining room if the patient is in the room.
- Call and leave a message on a patient's answering machine regarding an appointment or test result.
- Restrict access to locked medical file cabinets to specific key office personnel.
- Disclose medical record information to the patient's health care plan by fax, phone or mail if requested by the health care plan.

- Disclose Health Plan Employer Data and Information Set (HEDIS), Quality Assurance Reporting Requirements (QARR) or other treatment information to the patient's health care plan by fax, phone or mail if requested by the health care plan.
- Call a patient's health care plan and discuss claim payment information regarding treatment, health care operations, or treatment issues regarding that specific patient.

What Care Providers Cannot Do under HIPAA:

- Store patient medical records in an unsecured file cabinet.
- Keep medical information physically open on a desk or chair area where unauthorized disclosure may occur.
- Keep computer passwords or specific medical record information physically attached to a desktop or computer screen.
- Refuse to give patient information to a patient's current or past health care plan regarding payment, treatment, or health care operations issues.

Under the HIPAA Privacy Rule, UnitedHealthcare Community Plan and care providers are covered entities and both have exceptions from the rule in order to exchange information for treatment, operations, or payment purposes. The Office of Civil Rights of HHS is charged with interpreting the HIPAA Privacy Rule and has publicly stated that the Privacy Rule "does not require a covered entity voluntarily to obtain patient consent for uses and disclosures of protected health information for treatment, payment, and health care operations." As a covered entity, UnitedHealthcare Community Plan can determine what records it needs for operations and payment purposes.

In addition, The Privacy Rule does not prohibit the use, disclosure, or request of an entire medical record. A covered entity may use, disclose, or request an entire medical record without a case-by-case justification if the covered entity has documented in its policies and procedures that the entire medical record is the amount reasonably necessary for certain identified purposes. Legislation directs the New York State Department of Health to collect health care plan data pursuant to QARR for dissemination (Article 29-D). Health plans like UnitedHealthcare Community Plan must also comply with department audits under Article 44 and must obtain protected health information for HEDIS. To the extent that UnitedHealthcare Community Plan requests a medical record, it is to comply with the quality requirements of federal, state, and local governments.

HIPAA Privacy Rules permit and support the exchange of information, which is also referenced in your contract with UnitedHealthcare Community Plan. Thank you.

Reference

HIPAA for Professionals. June 16, 2017. Office for Civil Rights. <https://www.hhs.gov/hipaa/for-professionals/index.html>