Claimresponse Fhir Resource Proposal
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ClaimResponse

Owning committee name
Financial Management

Contributing or Reviewing Work Groups
- Claims with Attachments
- Patient Administration

FHIR Resource Development Project Insight ID
994

Scope of coverage
The Remittance resource provides simple acknowledgement, application level error or application level adjudication results which are the result of processing a submitted Claim resource. The nature of the processing may depend on whether the Claim is used to convey a Claim, Pre-Determination or Pre-Authorization of identified goods and services in the context of an identified insurance coverage.

RIM scope
PaymentIntent (classCode=XACT,moodCode=INT)

Resource appropriateness
This is the adjudicated response to a Claim, Pre-determination or Pre-Authorization. The strength of the payment aspect of the response is matching to the strength of the original request. For a Claim the adjudication indicates payment which is intended to be made, or Pre-Authorization and Pre-Determination no payment will actually be made until and actual claim is submitted by the payment information in the adjudication indicate the level of coverage which might be provided.

Expected implementations
This is a key resource expected by most Healthcare billing implementations where Health care products and services are provided.

Content sources
Existing normative V3 and V2 specifications, Canadian Specifications, X12, NCPDP

Example Scenarios

Resource Relationships
Refers to a Claim resource, and uses Organization, Practitioner. Is referred to by Claim resources, Reconciliation and StatusRequest.

Timelines
Ready for DSTU 2

gForge Users
paulknapp