

Administrative Simplification; Adoption of Standards for Health Care Claims Attachments Transactions and Electronic Signatures Final Rule (CMS-0053-F) Fact Sheet

Overview

The Centers for Medicare & Medicaid Services (CMS), on behalf of the U.S. Department of Health and Human Services (HHS), has finalized the “Administrative Simplification; Adoption of Standards for Health Care Claims Attachments Transactions and Electronic Signatures” final rule (CMS-0053-F).

This groundbreaking final rule establishes the first-ever Health Insurance Portability and Accountability Act of 1996 (HIPAA)-adopted standards for health care claims attachments, enabling the secure electronic submission of supporting clinical documentation for claims such as: medical records, x-rays and imaging, clinical notes, telemedicine visit documentation, and laboratory results.

The rule also establishes requirements for electronic signatures to ensure health care claims attachment transactions are secure, authenticated, and compliant with federal standards.

Key Benefits

Modernizing Health Care Administration

These updates eliminate manual processes such as faxing and mailing, delivering significant benefits:

- **Cost Savings:** Projected to save the health care industry **\$781.98 million annually**
- **Time Savings:** Reduces administrative burden, allowing providers to focus on patient care
- **Faster Care Delivery:** Accelerates claims processing and decision-making
- **Enhanced Security:** Ensures secure, authenticated electronic exchanges
- **Improved Efficiency:** Streamlines workflows for both providers and payers

What's Included

Health Care Claims Attachments Standards:

- **X12 Standards:** For administrative transaction data; this final rule adopts Version 6020 of the X12N 275 (Additional Information to Support a Health Care Claim or Encounter - 006020X314) and X12N 277 (Health Care Claim Request for Additional Information – 006020X313) standards as the finalized standards for health care claims attachments transactions, providing implementation specifications (Technical Reports Type 3, or TR3) to facilitate secure, efficient electronic data exchanges.
- **Health Level Seven® (HL7®) Standards:** For clinical data integration; the HL7 IGs adopted in this final rule will be HIPAA standards for the attachment information included in the health care attachments transactions. This final rule adopts the HL7 Consolidated Clinical Document Architecture (C-CDA) IG Volume One, the HL7 C-CDA IG Volume Two and the HL7 Attachments IG.
- **Electronic Signature Requirements:** Establishes secure, verified electronic signature standards to authenticate transactions and ensure compliance with federal regulations.

Key Changes from Proposed to Final Rule

Updated HL7 Implementation Guide

The final rule adopts the March 2022 iteration of the HL7 Attachments IG instead of the March 2017 version proposed initially. Based on stakeholder feedback and consultation with standards maintenance organizations, CMS determined that the 2022 updates constitute maintenance refinements that better facilitate implementation of the X12N 275 and X12N 277 standards for claims attachments.

Scope Limited to Health Care Claims Attachments

While the proposed rule included standards for both health care claims and prior authorization attachments, the final rule focuses exclusively on health care claims attachments. This decision responds to stakeholders' concerns about:

- Potential misalignment with the existing X12N 278 transaction standard for prior authorization
- Potential conflicts with CMS Advancing Interoperability and Improving Prior Authorization Processes final rule (89 FR 8758)

Prior authorization attachment standards were not finalized at this time. HHS will continue evaluating alternative standards for prior authorization attachments currently being tested by the industry.

Electronic Signatures Standards Retained

The final rule maintains the proposed electronic signature standards to ensure secure, authenticated transactions for health care claims attachments.

Background

Congress first addressed the need for streamlined health care transactions under the Health Insurance Portability and Accountability Act of 1996. Through subtitle F of title II of HIPAA, Congress added title XI of the Social Security Act, titled "Administrative Simplification," requiring the Secretary of HHS to adopt standards for electronic transactions, code sets, and unique identifiers.

HIPAA and the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010, enacted on March 30, 2010 (collectively the Affordable Care Act) reinforced these requirements in Section 1104 reinforced these requirements, mandating the Secretary of HHS to adopt and regularly update electronic health transaction standards, code set standards, unique identifiers, and operating rules for the electronic exchange of health information.

Traditionally, health care providers have relied on manual methods—such as fax or mail—to submit additional documentation required by health plans for claims adjudication. These processes contributed to delays and administrative burdens for both providers and payers. The standards in this final rule modernize these workflows by enabling the electronic submission of clinical data for attachment information thus improving administrative efficiency for both providers and payers.

The final rule adopts certain HL7 Implementation Guides (IGs) to provide a standardized framework for securely exchanging supporting documentation such as medical records, clinical notes, and diagnostic results. This finalized rule fulfills these statutory requirements and addresses longstanding inefficiencies in integrating clinical data with administrative information.

Stakeholder Collaboration

This final rule was developed in close collaboration with industry stakeholders, incorporating extensive feedback to ensure practical, effective implementation that meets the needs of:

- Health care providers
- Health plans and payers
- Clearinghouses
- Technology vendors
- Patients and consumers

Implementation Timeline

Health care providers and payers should begin preparing to implement the finalized standards. This final rule is effective on **May 26, 2026**, (60 days after the date of publication in the Federal Register). The compliance deadlines for all requirements in this rule are set for **May 26, 2028**, (24 months from the effective date of the final rule). Stakeholders are encouraged to review the rule and begin implementing the new standards promptly.

Additional Resources

 **Final Rule:** <https://www.federalregister.gov/d/2026-05676>

 **Press Release:** [Events and Latest News](#)

 **Join Town Hall March 31:** [Join here!](#)

 **Questions?** Contact CMS [here](#)