

# Electronic Data Interchange (EDI)

## A Glossary of Terms

**ANSI** – American National Standards Institute (founded in 1918)

**ASC** – Accredited Standards Committee (chartered by ANSI in 1979)

**Clearinghouse** – An organization that translates health care data to a standard format

### Codes Sets

HIPAA legislation mandates that locally assigned codes be replaced with nationally recognized codes. This applies to procedure, modifier, revenue center, occurrence, place of service, and EOB codes. AHCA will advise providers which national codes and modifiers should be used to replace existing local codes and modifiers. Please pay close attention to the HIPAA News bulletin, provider training session announcements, and the AHCA HIPAA website for more information.

- **Local codes and modifiers:** Effective with HIPAA implementation, Florida Medicaid can no longer accept local procedure codes and modifiers. Local procedure codes and modifiers are those that Florida Medicaid has assigned. In addition, Florida Medicaid will accept up to four modifiers on X12N 837 institutional and professional claims as shown in the X12N implementation guides. Only the first two modifiers will be used for pricing. Providers are advised to list the two modifiers related to claim pricing in the first two positions of the modifier segment.
- **Revenue Center Codes:** Some Revenue Codes currently used on outpatient claims have Florida Medicaid assigned descriptions that do not correspond to the national description. This will not be acceptable after HIPAA implementation. The Revenue Codes affected are 273 (Burn Pressure Garment), 274 (Cochlear Implant Handling), 278 (Norplant Subdermal Contraceptive Implant), 279 (Other Supplies/Devices), and 452 (Emergency Medical Screening Serv).
- **Occurrence Codes:** Locally assigned Occurrence Codes 50, 51, and 54 will be replaced with nationally recognized codes.
- **Place of Service codes:** Place of Service code "18" will be replaced with Place of Service code "03".
- **EOB codes:** The X12N 835 Health Care Claim Payment/Advice transaction does not support FMMIS EOB (denial codes or edits). Florida Medicaid EOB codes will be replaced with X12N compliant codes listed below:
  1. Adjustment Reason Codes - Adjustment Reason Codes in the X12N transaction are used to report claim level adjustments that cause the amount paid to differ from the amount originally submitted
  2. Remark Codes - Remark Codes are used to relay information that cannot be expressed with a claim Adjustment Reason Code
  3. Claim Status
  4. Claim Status Category
  5. Entity Codes - This code is a nationally recognized value that identifies an organizational entity, a physical location, property, or an individual

## HIPAA – Health Insurance Portability and Accountability Act of 1996

### HIPAA Compliant Transactions

A brief summary of the X12N compliant transactions required by HIPAA legislation is provided below:

- **270/271 Health Care Eligibility Benefit Inquiry and Response:** This transaction is used to inquire about the eligibility, coverage or benefits associated with a Health Care District or Healthy Palm Beaches Member. Providers will be able to send a 270 eligibility transaction to the payer and receive a 271 response from the payer.
- **276/277 Health Care Claims Status and Response:** This transaction is used to request and report on the status of a claim. Providers will be able to send 276 claims inquiry transactions to the payer and receive a 277 response back from the payer. It can also be used for one provider to request information from another provider.
- **277U Unsolicited Claims Transaction:** This transaction is used to report suspended claims to the provider.
- **278 Health Care Services Review:** This transaction is used for providers to request Prior Authorization and for the agency to report the results. The agency could be another provider or the payer.
- **820 Health Plan Premium Payment:** Florida Medicaid will use this transaction to report premium (capitation) payments to a Managed Care Plan or provider who receives a capitation payment.
- **834 Benefit Enrollment and Maintenance:** This transaction will be used to establish communication between Florida Medicaid and Managed Care entities. The transaction is used to enroll, update or dis-enroll members in a health plan.
- **835 Claims Payment and Remittance Voucher:** This transaction is used to report paid or denied claims to the pay-to provider; suspended claims will be reported with the 277U transaction.
- **837P Professional Health Care Claim:** This transaction will be used to submit health care claim billing information from providers of health care services to the Health Care District or Healthy Palm Beaches. For purposes of this standard, providers include, but are not limited to Physicians, ARNPs, DME providers, Waiver Services providers, Rural Health Clinics (RHC), ambulance providers, Federally Qualified Health Clinic (FQHC), and other providers who currently bill on the 081, CMS-1500, 131, or 131A claim form.
- **837I Institutional Health Care Claim:** This transaction will be used to submit health care claim billing information from providers of institutional services to the Health Care District or Healthy Palm Beaches. For purposes of this standard, providers include, but are not limited to Hospitals, Nursing Facilities, ICF/DDs, Dialysis Centers, Hospice and other providers who currently bill on the UB92 or 021 claim form.

- **837D Dental Health Care Claim:** This transaction will be used to submit claims for dental services to Health Care District or Healthy Palm Beaches. For purposes of this standard, dental services include services billed on the 111 claim form. (Standard ADA Codes)

**NPI** – National Provider ID

**TPA** – Trading Partner Agreements

**X12N** – ASC format adopted as a standard by HIPAA for insurance related data exchange

#### **Additional Information Sources**

- Workgroup for Electronic Data Interchange: <http://www.wedi.org>
- Washington Publishing Co.: [http://www.wpc-edi.com/hipaa/HIPAA\\_40.asp](http://www.wpc-edi.com/hipaa/HIPAA_40.asp)
- Designated standard maintenance organizations: <http://www.hipaa-dsmo.org>
- National Council for Prescription Drug Programs: <http://www.ncdpd.org> Agency for Health Care Administration (AHCA) HIPAA website: <http://www.fdhc.state.fl.us/Medicaid/hipaa/index.shtml>.
- ACS's Florida Medicaid Provider website: <http://floridamedicaid.acs-inc.com>
- Centers for Medicare and Medicaid Services: <http://www.cms.gov/hipaa/hipaa2/default.asp>