HEALTHCARE EDI TRANSACTION SETS

The HIPAA EDI transaction sets are based on X12 and the key message types are described below:

837 - HEALTH CARE CLAIM TRANSACTION SET

Used to submit health care claim billing information, encounter information, or both.

835 - HEALTH CARE CLAIM PAYMENT/ADVICE TRANSACTION SET

Used to make a payment, send an Explanation of Benefits (EOB) remittance advice, or make a payment and send an EOB remittance advice only from a health insurer to a health care provider either directly or via a financial institution.

834 - BENEFIT ENROLLMENT AND MAINTENANCE SET

Used by employers or agencies to enroll members to a payer. The payer is a healthcare organization that pays claims, administers insurance or benefit or product. Examples of payers include an insurance company, health care professional (HMO), preferred provider organization (PPO), government agency (Medicaid, Medicare etc.) or any organization that may be contracted by one of these former groups.

820 - PAYROLL DEDUCTED AND OTHER GROUP PREMIUM PAYMENT FOR IN-SURANCE PRODUCTS

Used to order a financial institution to make a payment to a payee. Used to make a premium payment for insurance products.

270 - HEALTH CARE ELIGIBILITY/BENEFIT INQUIRY

Used to inquire about the health care benefits and eligibility associated with a subscriber or dependent.

271 - HEALTH CARE ELIGIBILITY/BENEFIT RESPONSE

Used to respond to a request inquire about the health care benefits and eligibility associated with a subscriber or dependent.

276 - HEALTH CARE CLAIM STATUS REQUEST

Used by a provider, recipient of health care products or services or their authorized agent to request the status of a health care claim.

277 - HEALTH CARE CLAIM STATUS NOTIFICATION

Used by a health care payer or authorized agent to notify a provider, recipient or authorized agent regarding the status of a health care claim or encounter, or to request additional information from the provider regarding a health care claim or encounter.

278 - HEALTH CARE SERVICE REVIEW INFORMATION

Used to transmit health care service information, such as subscriber, patient, demographic, diagnosis or treatment data for the purpose of request for review, certification, notification or reporting the outcome of a health care services review.

997 - FUNCTIONAL ACKNOWLEDGEMENT

Used to provide an acknowledgement of a transaction set that is sent.

CONTACT US

For any inquiries, please send us a message to talktous@youredi.com and we will follow-up shortly.

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