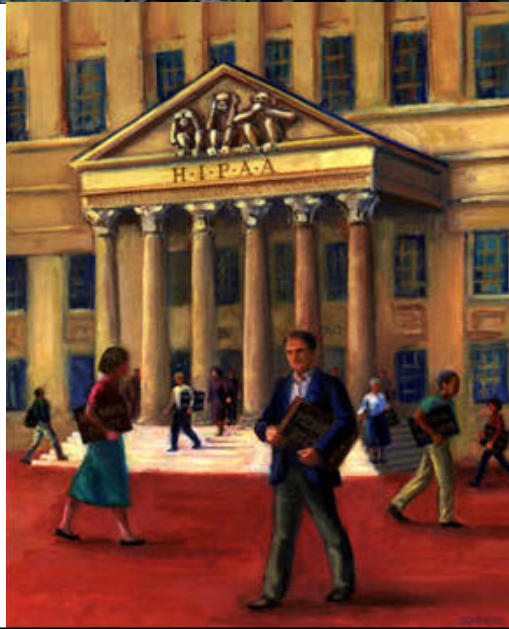


## Converging HIPAA Transaction Requirements

*Lowering the Cost of  
Implementation by  
Reducing Variability*

Kepa Zubeldia, M.D.  
Claredi



claredi

### Transactions NPRM, May 17 1998

“The health care industry recognizes the benefits of EDI and many entities in that industry have developed proprietary EDI formats. **Currently, there are about 400 formats for electronic health care claims being used in the United States.** The lack of standardization makes it difficult to develop software, and the efficiencies and savings for health care providers and health plans that could be realized if formats were standardized are diminished.”

## Final Rule, Transactions, August 17, 2000

“In addition, we disagree with commenters that we should add a new “usage” statement, “not required unless specified by a contractual agreement,” in the implementation guide. We believe that the usage statement would have the same effect as allowing trading partners to negotiate which conditional data elements will be used in a standard transaction. Each health plan could then include different data requirements in their contracts with their health care providers. Health care providers would then be required to use a variety of guidelines to submit transactions to different health plans. **This would defeat the purpose of standardization.**”

(Page 50323)

## § 162.915 Trading partner agreements.

A covered entity must not enter into a trading partner agreement that would do any of the following:

- (a) Change the definition, data condition, or use of a data element or segment in a standard.
- (b) Add any data elements or segments to the maximum defined data set.
- (c) Use any code or data elements that are either marked “not used” in the standard’s implementation specification or are not in the standard’s implementation specification(s).
- (d) Change the meaning or intent of the standard’s implementation specification(s).

## High expectations from HIPAA

The HIPAA standard transactions will be acceptable to all covered entities (payers and clearinghouses)

- If a provider or clearinghouse sends a claim that meets the HIPAA Standard (IG) then the payer is required to accept it without imposing additional requirements.

## The Reality Today

There are many additional requirements imposed by the payers

- Contractual
- Other laws and regulations
- Telecommunications
- Implementation restrictions
- Data formatting requirements
- Data content requirements
  
- Most additional requirements are reasonable

## Examples of Requirements

- Used / not used segments and elements
  - Functionality not yet implemented
- Data formatting requirements
  - No punctuation in names and addresses
  - Maximum of xx bytes in provider names
  - Dollar amounts must have trailing “.00”
- Data content requirements
  - Anesthesia units or minutes
  - Unique code set restrictions, payer-specific procedure modifiers, etc.
  - Provider identifiers (may go away with NPI)
  - Specific provider name spelling ☹

## Where are these requirements?

- HIPAA “Companion Guides” and “Payer Sheets”
- Provider Bulletins and Newsletters
- Instructions for filing different types of claims
  - DME, Anesthesia, Home Health, Ambulance, etc.
- Joe’s head
- Codified in legacy computer system
- Does anybody know why we require this?

## How many sets of requirements?

- Before HIPAA
  - Transactions NPRM reports 400 formats in use
- After HIPAA
  - Three standard X12 formats for claim + NCPDP
- Today
  - Claredi has identified 1,236 “Companion Guides” as of April 1, 2006 for the X12 HIPAA transactions.
    - Number keeps growing.
    - Identification of NCPDP “Payer Sheets” still under way
  - Published by 353 payers & clearinghouses

The screenshot shows the Claredi website interface in a Microsoft Internet Explorer browser. The page title is "Free Companion Document Edits". The main content area lists various payers and their associated EDI versions. A navigation menu at the top includes links for Home, Login, New Account, HIPAA, Directory, Convergence, Free Stuff, FAQ, and Contact Us. A "CLICK FOR FREE CLARED TEST DRIVE" button is visible in the top right corner.

**Free Companion Document Edits**

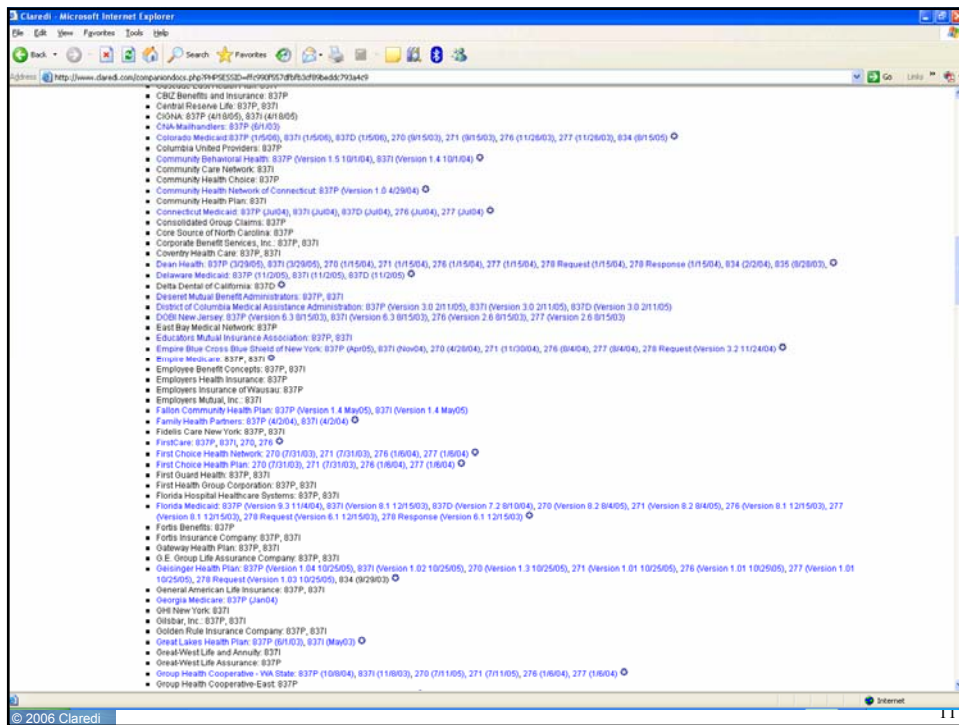
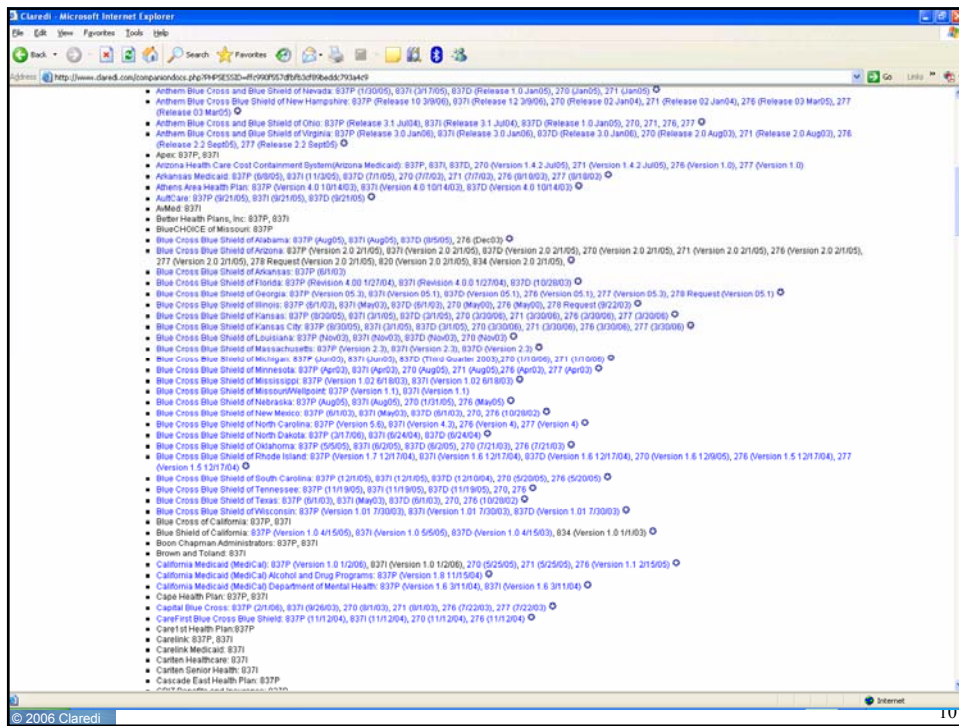
When you test with Claredi, you can take advantage of payer companion document edits, free of charge. We've built edits for a number of payers into our Velocedi test analyzer. When you first against a payer whose edits are in Velocedi, you automatically test against their edits. This helps you find and correct problems which might slow or halt turnaround on claim files.

Claredi is also sponsoring the **Convergence Project** to help reduce the burden of Companion Documents. Click on the Convergence Project icon to see the Convergence Project Requirement Lists for that particular payer.

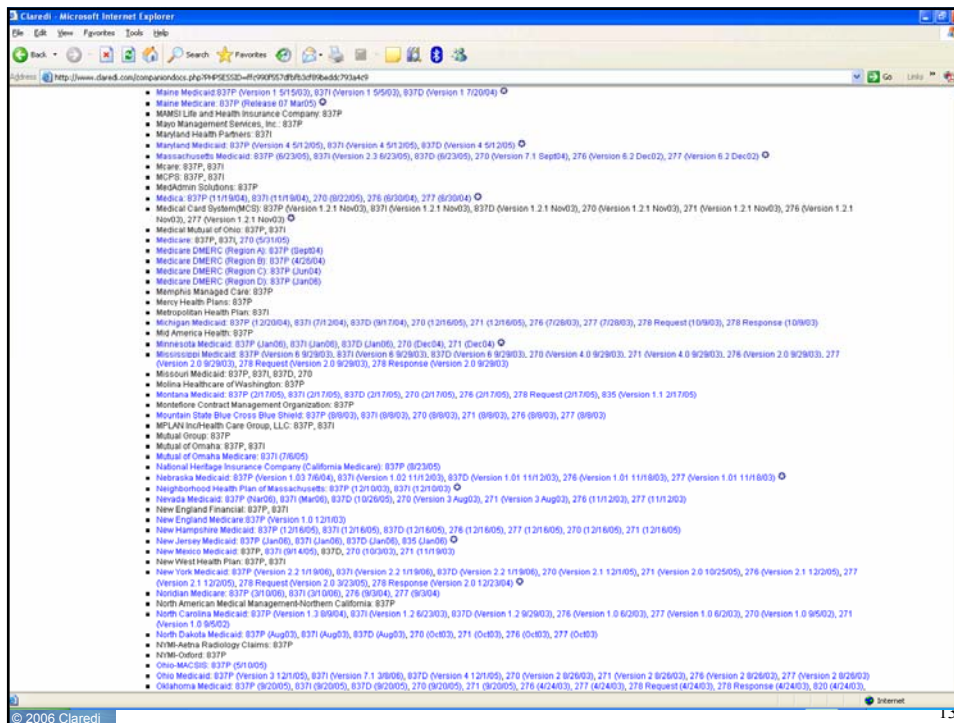
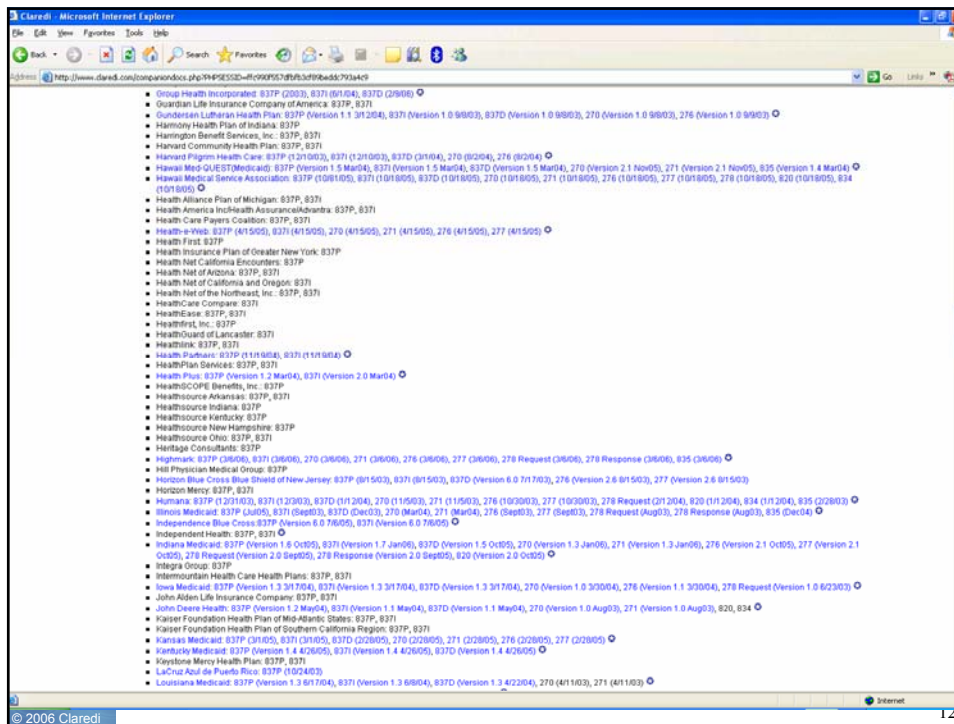
Click the links to view the actual documents. For documents without links, please contact the payer.

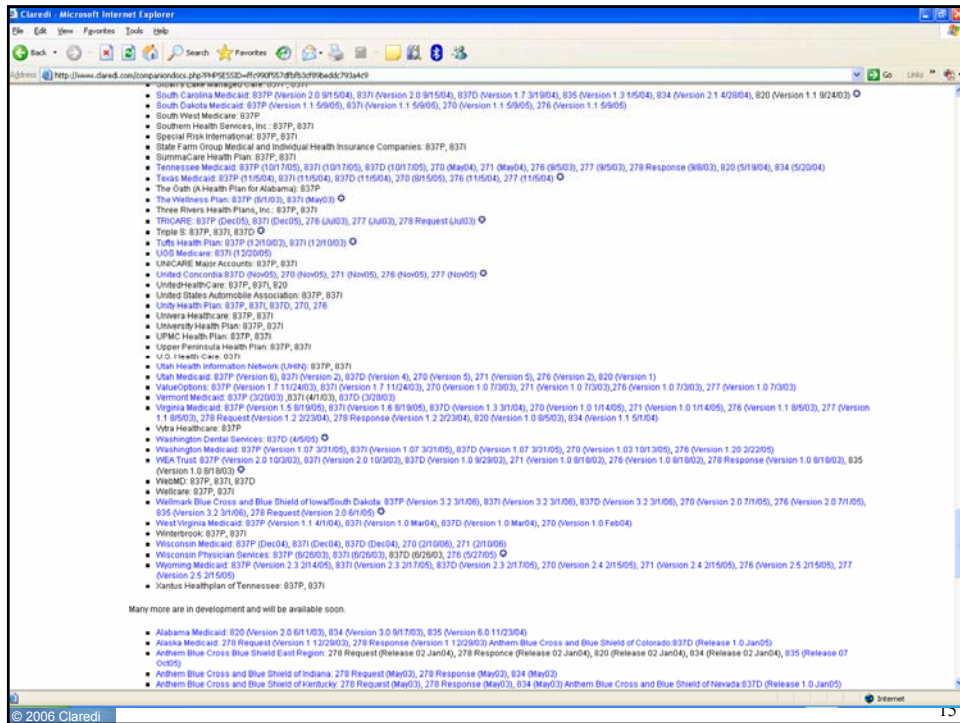
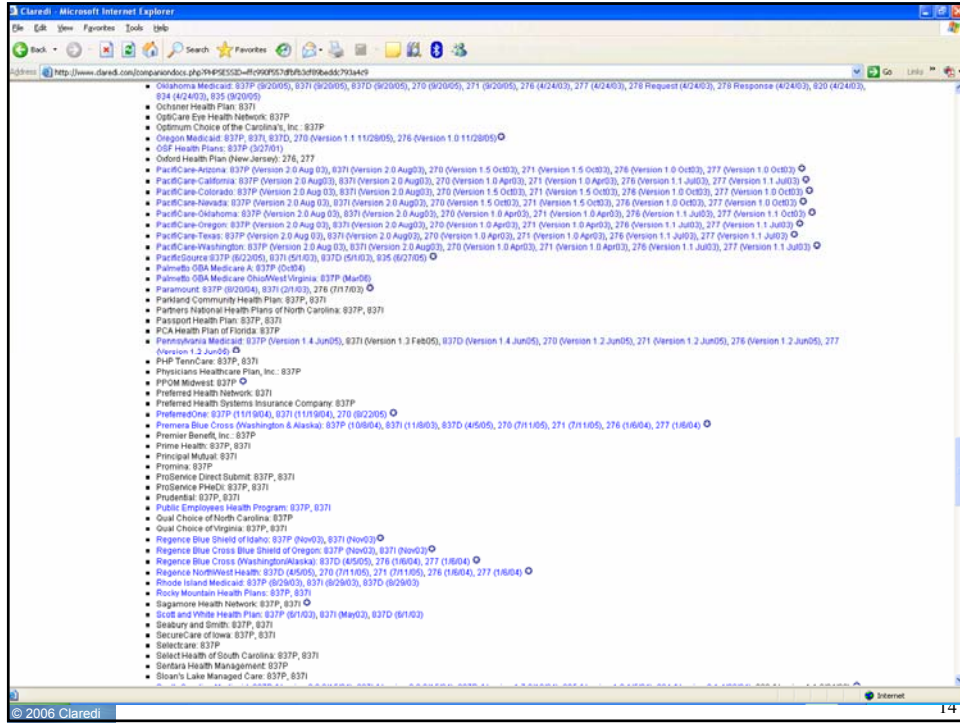
We currently have edits for:

- Acordia National: 837P
- Admar Health Network: 837P
- AdminaStar: 837P (02/01/05), 837I (09/30/05)
- Administrative Services of Kansas, Inc. (Medicaid): 837P (03/05/05), 837I (3/1/05)
- Administrative Services of Kansas, Inc. (Medicare): 837P (03/05/05), 837I (3/1/05)
- Administrative Services of Kansas, Inc. (PHAP): 837P (03/05/05), 837I (3/1/05)
- Advocate Health Center: 837I
- Advocate Health Partners: 837P, 837I
- Aetna: 837P, 837I
- AFL-CIO Food and Beverage Dealer's Trust Fund: 837P, 837I
- Alabama Medicaid: 837P (Version 1.3.0 7/21/05), 837I (Version 1.1.0 7/21/05), 837D (Version 1.3.0 7/21/05), 270 (Version 6.0 5/27/04), 271 (Version 4.0 9/16/03), 276 (Version 6.0 7/21/05), 277 (Version 5.0 11/25/03), 278 Request (Version 4.0 7/21/05)
- Alabama Medicare: 837P (04/05)
- Alaska Medicaid: 837P (Version 3.12/29/03), 837I (Version 3.12/29/03), 837D (Version 3.12/29/03), 270 (Version 2.9/14/04), 271 (Version 2.9/14/04), 276 (Version 2.11/1/04)
- Alliance PPO Inc. (Maryland): 837P, 837I
- Allco Health Plans: 837P, 837I
- Americaid Community Care (Dallas/Fort Worth): 837P, 837I
- Americaid Community Care (Houston): 837P, 837I
- American Imaging Management, Inc.: 837P
- American LifeCare 837I
- American Medical Security, Inc.: 837P
- American Postal Workers Union Health Plan: 837P, 837I
- AmeriChoice of New Jersey: 837P, 837I
- AmeriChoice of New York: 837P, 837I
- AmeriChoice of Pennsylvania: 837P, 837I
- AmeriHealth Administrators Inter-Country Health Plan 837I
- AmeriHealth: 837P
- AmeriHealth Mercy Health Plan: 837P, 837I
- Anthem Blue Cross and Blue Shield of Colorado: 837P (5/20/05), 837I (01/7/05), 837D (Release 1.0 Jan05), 270 (Jan05), 271 (Jan05)
- Anthem Blue Cross Blue Shield of Connecticut: 837P (Release 10 3/9/05), 837I (Release 12 3/9/05), 270 (Release 03 Feb05), 271 (Release 03 Feb05), 276 (Release 03 Mar05), 277 (Release 03 Mar05)
- Anthem Blue Cross and Blue Shield of Indiana: 837P (Release 3.1 Jul04), 837I (Release 3.1 Jul04), 837D (Release 1.0 Jan05), 270 (May03), 271 (May03), 276 (May03), 277 (May03)
- Anthem Blue Cross and Blue Shield of Kentucky: 837P (Release 3.1 Jul04), 837I (Release 3.1 Jul04), 837D (Release 1.0 Jan05), 270 (May03), 271 (May03), 276 (May03), 277 (May03)
- Anthem Blue Cross Blue Shield of Maine: 837P (Release 10 3/9/05), 837I (Release 12 3/9/05), 270 (Release 02 Jan04), 271 (Release 02 Jan04), 276 (Release 03 Mar05), 277 (Release 03 Mar05)
- Anthem Blue Cross and Blue Shield of Nevada: 837P (1/20/05), 837I (01/7/05), 837D (Release 1.0 Jan05), 270 (Jan05), 271 (Jan05)

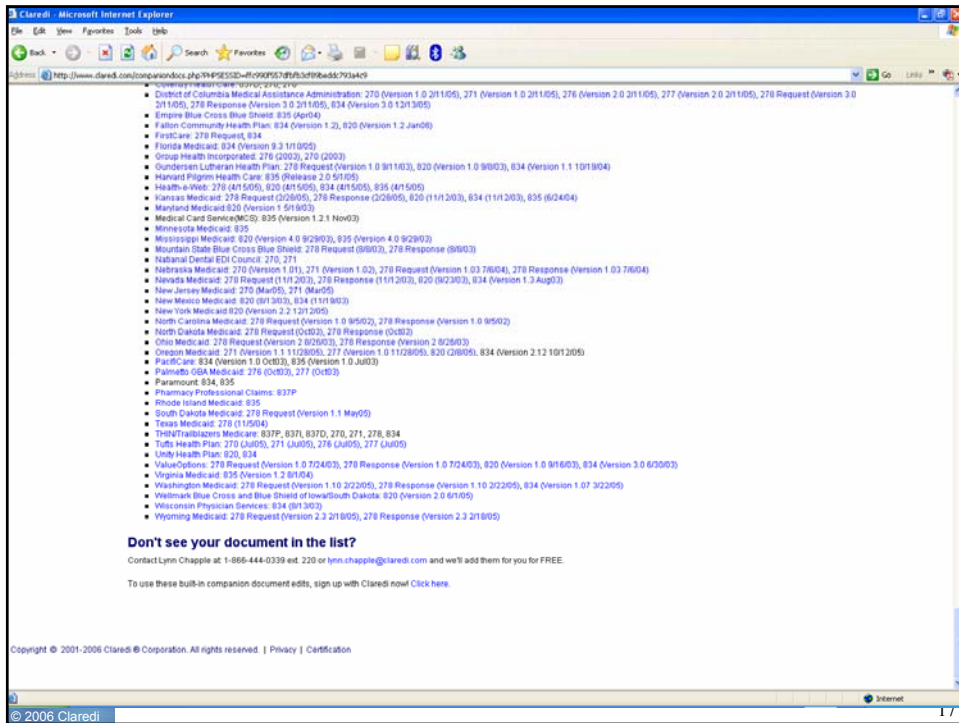
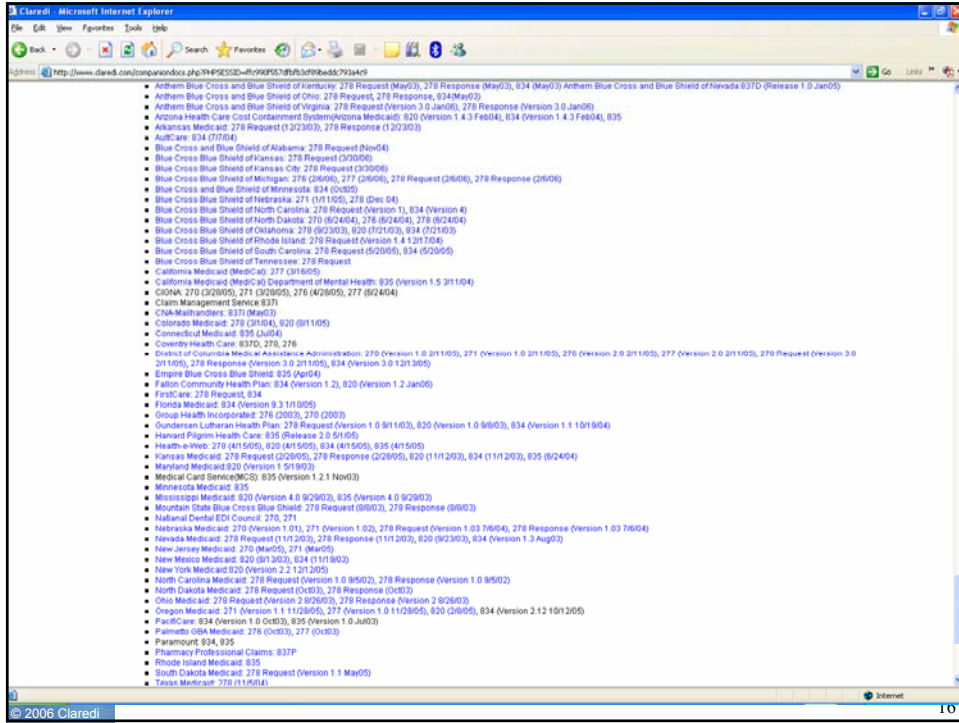












### Distribution as of September 1, 2004

- 837P – 262
- 837I – 223
- 837D – 76
- 270 – 46
- 276 – 51
- 278 Request – 22
- 834 – 13
- 820 – 12
- 835 – 12
- 271 – 36
- 277 – 42
- 278 Response – 12

### Distribution as of April 1, 2005

- 837P – 294
- 837I – 252
- 837D – 88
- 270 – 85
- 276 – 63
- 278 Request – 41
- 834 – 34
- 820 – 23
- 835 – 28
- 271 – 63
- 277 – 62
- 278 Response – 25

### Distribution as of September 1, 2005

- 837P – 305
- 837I – 257
- 837D – 93
- 270 – 96
- 276 – 95
- 278 Request – 50
- 834 – 37
- 820 – 25
- 835 – 28
- 271 – 73
- 277 – 72
- 278 Response – 34

### Distribution as of April 1, 2006

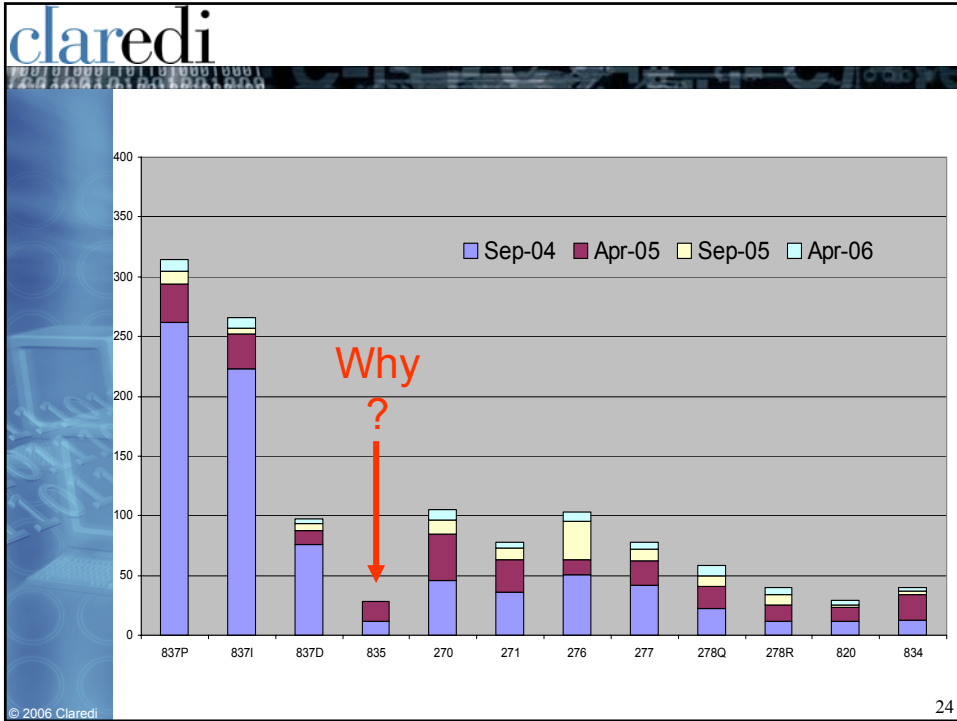
- 837P – 314
- 837I – 266
- 837D – 97
- 270 – 105
- 276 – 103
- 278 Request – 58
- 834 – 40
- 820 – 29
- 835 – 28
- 271 – 78
- 277 – 78
- 278 Response – 40
- Total 1236 guides from 353 sources

### Increase from September 2004 to 2005

- 837P – 305 (16%)
- 837I – 257 (15%)
- 837D – 93 (22%)
- 270 – 96 (108%)
- 276 – 95 (86%)
- 278 Request – 50 (127%)
- 834 – 37 (185%)
- 820 – 25 (108%)
- 835 – 28 (0%)
- 271 – 73 (103%)
- 277 – 72 (71%)
- 278 Response – 34 (183%)

### Increase from April 2005 to 2006

- 837P – 314 (10%)
- 837I – 266 (6%)
- 837D – 97 (10%)
- 270 – 105 (24%)
- 276 – 103 (0%)
- 278 Request – 58 (41%)
- 834 – 40 (18%)
- 820 – 29 (26%)
- 835 – 28 (0%)
- 271 – 78 (24%)
- 277 – 78 (26%)
- 278 Response – 40 (60%)
- Total 1236 guides from 353 sources



## Claredi's Companion Guide Portal

- Free resource on the Internet
- Lists all the companion guides we have identified, with version number and date
- Links to the guides themselves
  - Only for guides available through the Internet (65%)
  - Some guides are restricted distribution
- Next tasks:
  - NCPDP "Payer Sheets"
    - NCPDP + ASAP + NACDS
  - Claim Attachments "templates"
  - CCR templates?

© 2006 Claredi 25



**So...**

- How do we help in **converging** these requirements into common requirements?
  - HIPAA Transactions Convergence Project
  - CAQH Committee on Operating Rules for Information Exchange (CORE)
  - The 835 Coalition



**HIPAA TRANSACTIONS  
CONVERGENCE PROJECT**

## Claredi's Convergence Project

- To help the healthcare industry converge on a manageable set of requirements for the HIPAA transactions
- To help identify the divergent requirements
- To automate the identification of requirements in a machine processable format
- To provide a convergence model usable for other transactions like those in the NHII
- Free, open to the entire industry

## Convergence → Interoperability

- Data Content profiles driven by NUBC, NUCC, ADA DeCC, NDEDIC, ASAP, others
  - Industry should adopt these data content profiles as reference point, or "target for convergence"
- Feedback mechanism: compare transaction requirements profiles among participants
  - Deviation from requirements defined by Content Committees, industry associations and others
  - Deviation from other requirement from same payer
  - Deviation from requirements from other payers

## HIPAA Convergence Requirements Profiles

- General Convergence Profiles
  - Define common requirements as target for convergence
    - Bill type, Type of claim
  - Profiles defined by NUBC, NUCC, DeCC, NDEDIC, CAQH, for the entire industry
- Payer/Clearinghouse/Vendor/Provider-Specific
  - Defined by each entity for their own needs
  - Concise, limited only to entity-specific needs
  - Allow automated comparison to other profiles
  - Private or Public
  - Does not replace companion guides. Supplements them.
  - Eventually these profiles **“should” go away** (Probability 0%)

Claredi Convergence Microsoft Internet Explorer

http://www.claredi.com/convergence/convergence.php?HIPAASID=ff09f9579fb3d9b6d5793a49

claredi  
Intelligent EDI is

Home | Login | New Account | HIPAA | Directory | Convergence | Free Stuff | FAQ | Contact Us

CLICK FOR FREE CLARED TEST DRIVE

**Convergence Project**  
Public Requirement Lists  
Transactions  
Sign On

**HIPAA TRANSACTIONS CONVERGENCE PROJECT**

Claredi is sponsoring the Convergence Project as a mechanism to help the industry converge on a common set of HIPAA transaction requirements by identifying the data requirements contained in companion documents and comparing requirements among multiple lists. The goal is to minimize the need for unique data requirements in companion documents and to help reduce the burden of companion documents.

Claredi provides free access to the HIPAA Transaction Requirement Lists, a visual comparison tool, and the ability for payers and others to define and maintain their own requirement lists for all the HIPAA transactions. Access is free after registering with Claredi for this project. If you need assistance in creating or maintaining your own requirement lists for this project, please contact Claredi Customer Support at 1-866-444-0339, option 5.

Requirement lists may be viewed and also downloaded in machine-readable form. If you need these lists in other formats, or sent to you automatically on a subscription basis, contact Claredi Sales at 1-866-444-0339, option 6. If you want claims or other HIPAA transaction data matched against requirement lists, open a Claredi Classic account.

The following standards-setting organizations and industry associations are among those participating in the HIPAA Transactions Convergence Project

**Standards Development Organizations**  
NUBC (National Uniform Billing Committee)  
NUCC (National Uniform Claim Committee)  
American Dental Association (Dental Content Committee)

**Associations, Government and Other**  
American Academy of Family Physicians  
American Society for Automation in Pharmacy  
Medical Banking Project  
NCHCA (North Carolina Healthcare Information and Communications Alliance)  
New Jersey Department of Banking and Insurance

Other participating organizations may be found in the Requirement Lists. If you want your organization listed as participating in the Convergence Project, please contact Claredi Customer Support at 1-866-444-0339, option 5.

To view an electronic copy of the Convergence Project User Manual (PDF, version 1.1), [click here](#).


**Disclaimer**  
Claredi's Convergence Project reflects only the good faith interpretation of requirements for HIPAA transactions made by the publisher of each list. These interpretations are not reviewed or approved by Claredi or any governmental or private entity. Publisher's or other person's interpretations may differ. Claredi disclaims all warranties and accepts no liability for user's reliance on or use of Claredi's Convergence system.

Copyright © 2001-2006 Claredi Corporation. All rights reserved. | Privacy | Certification

© 2006 Claredi

Claredi - Free Stuff - Requirement Lists - Microsoft Internet Explorer


Address: http://www.claredi.com/convergence/public\_requirementlists.php?PHPSESSID=a8210dad8f52f44186f16aa804db7da3

**claredi** SM  **CLICK FOR FREE CLAREDI TEST DRIVE**

Intelligent EDI SM

Home | Login | New Account | HIPAA | Directory | Convergence | Free Stuff | FAQ | Contact Us

Convergence Project  
 ▶ Public Requirement Lists  
 Transactions  
 Sign On

 **HIPAA TRANSACTIONS CONVERGENCE PROJECT**

**Disclaimer**

Claredi's Convergence Project reflects only the good faith interpretation of requirements for HIPAA transactions made by the publisher of each list. These interpretations are not reviewed or approved by Claredi or any governmental or private entity. Publisher's or other person's interpretations may differ. Claredi disclaims all warranties and accepts no liability for user's reliance or use of Claredi's Convergence system.

- Click on List name for summary, 'CSV', or 'XML' to see the Requirements.
- To download the individual files, right-click on the CSV or XML option and choose 'Save As ...'

**Other Global Lists**

Publisher	List Name	Transaction	Downloads
Claredi	Alabama Medicaid 837D - Recommended This list contains the data elements that are not required by Alabama Medicaid, but if sent, must meet the criteria listed.	837D X097A1	CSV XML
Claredi	Alabama Medicaid 837D - Required This list contains the data elements that are required by Alaska Medicaid for 837 Dental Claims.	837D X097A1	CSV XML
Claredi	Alabama Medicaid 837I - Recommended These elements are not required by Alabama Medicaid, but if sent must meet the criteria	837I X096A1	CSV XML

© 2006 Claredi

32

Claredi - Free Stuff - Requirement Lists - Microsoft Internet Explorer

Address: http://www.claredi.com/convergence/public\_requirementlists.php?PHPSESSID=a8210dad8f52f44186f16aa804db7da3

Claredi	Bill Type 11x Hosp. Inpatient, discharged (Medicare non-PPS)	837I X096A1	CSV XML
Claredi	Bill Type 11x Hosp. Inpatient, discharged (Medicare PPS)	837I X096A1	CSV XML
Claredi	Bill Type 11x Hosp. Inpatient, discharged (non-Medicare)	837I X096A1	CSV XML
Claredi	Bill Type 11x Hosp. Inpatient, not discharged (Medicare non-PPS)	837I X096A1	CSV XML
Claredi	Bill Type 11x Hosp. Inpatient, not discharged (Medicare PPS)	837I X096A1	CSV XML
Claredi	Bill Type 11x Hosp. Inpatient, not discharged (non-Medicare)	837I X096A1	CSV XML
Claredi	Bill Type 12x Hospital - Inpatient (Medicare Part B only)	837I X096A1	CSV XML
Claredi	Bill Type 13x Hospital - Outpatient	837I X096A1	CSV XML
Claredi	Bill Type 14x Hospital - Other	837I X096A1	CSV XML
Claredi	Bill Type 17x Hospital - Subacute Inpatient	837I X096A1	CSV XML
Claredi	Bill Type 18x Hospital - Swing Beds, discharged	837I X096A1	CSV XML
Claredi	Bill Type 18x Hospital - Swing Beds, not discharged	837I X096A1	CSV XML
Claredi	Blue Cross Blue Shield Anthem West of Colorado 837I	837I X096A1	CSV XML
Claredi	Blue Cross Blue Shield Anthem West of Colorado	837P	CSV XML

© 2006 Claredi

33

Claredi - Free Stuff - Requirement Lists - Microsoft Internet Explorer

Address: http://www.claredi.com/convergence/public\_requirementlists.php?PHPSESSID=a8210dad8f52f44186f16aa804db7de3

Publisher	List Name	Transaction	Downloads
Claredi	<a href="#">Alabama Medicaid 837D - Recommended</a> This list contains the data elements that are not required by Alabama Medicaid, but if sent, must meet the criteria listed.	837D X097A1	CSV XML
Claredi	<a href="#">Alabama Medicaid 837D - Required</a> This list contains the data elements that are required by Alaska Medicaid for 837 Dental Claims.	837D X097A1	CSV XML
Claredi	<a href="#">Alabama Medicaid 837I - Recommended</a> These elements are not required by Alabama Medicaid, but if sent, must meet the criteria listed.	837I X096A1	CSV XML
Claredi	<a href="#">Alabama Medicaid 837I - Required</a> This list contains elements that are required by Alabama Medicaid for each Institutional claim.	837I X096A1	CSV XML
Claredi	<a href="#">Alabama Medicaid 837P Recommended</a> This list contains the data elements that are not required by Alabama Medicaid, but if sent must meet criteria listed.	837P X098A1	CSV XML
Claredi	<a href="#">Alabama Medicaid 837P Required</a> This list contains the data elements that are required by Alabama Medicaid for Professional claims.	837P X098A1	CSV XML
Claredi	<a href="#">Alaska Medicaid 837D - Recommended</a> This list contains the data elements that are not required by Alaska Medicaid, but if sent, must meet the criteria listed.	837D X097A1	CSV XML
Claredi	<a href="#">Alaska Medicaid 837D - Required</a> This list contains the data elements that are required by Alaska Medicaid for 837 Dental Claims.	837D X097A1	CSV XML
Claredi	<a href="#">Alaska Medicaid 837I - Recommended</a> These elements are not required by Alaska Medicaid, but if sent, must meet the criteria listed.	837I X096A1	CSV XML
Claredi	<a href="#">Alaska Medicaid 837I - Required</a> This list contains the data elements that are required by Alaska Medicaid for 837 Institutional Claims.	837I X096A1	CSV XML

© 2006 Claredi 34

Claredi - View RequirementList - Microsoft Internet Explorer

Convergence Project

Public Requirement Lists

My Requirement Lists

Compare Requirement Lists

Logout

**Requirement List: Blue Cross Blue Shield of Florida 837P**

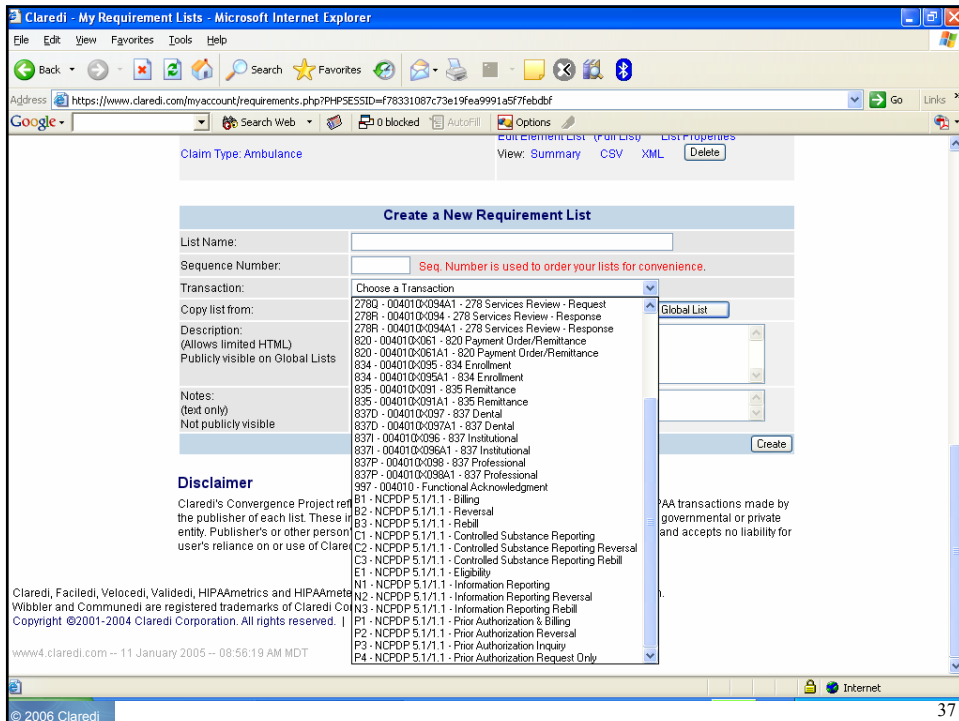
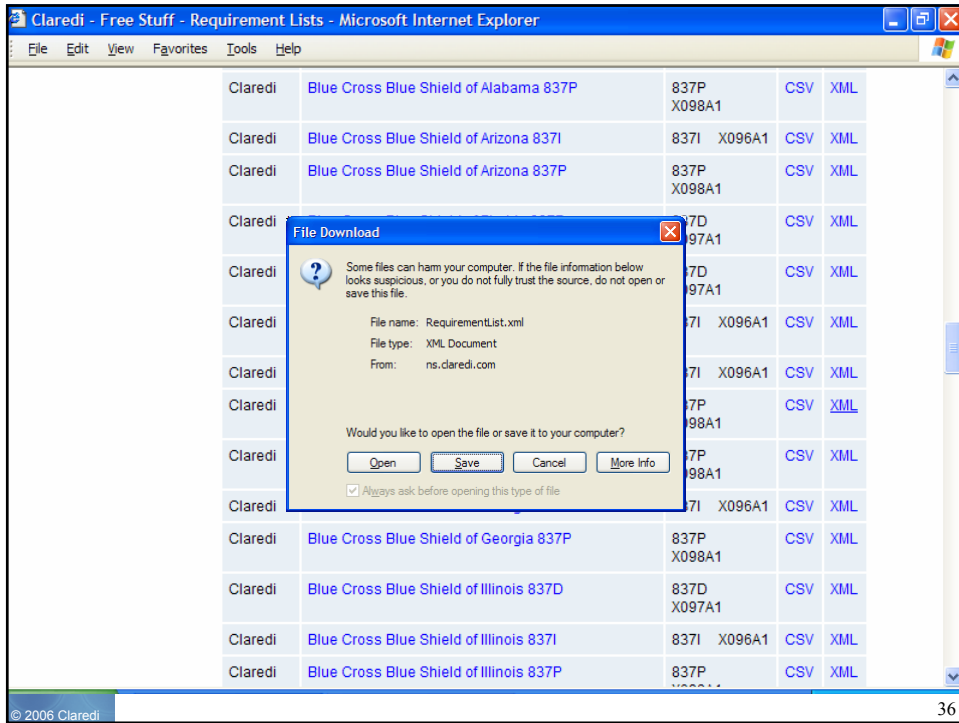
Published by: Claredi

004010X098A1 - 837 Professional

Element	Choice	Operator	Data	Default
Submitter Contact Communication Number1-ED (837P.1000A.PER.PER04)	Required	Presence of Element		
Billing Provider Additional Identifier-1B (837P.2000A.2010AA.REF.REF02)	Required	String Length	5	
Payer Primary Identifier-PI (837P.2000B.2010BB.NM1.NM109)	Required	Equal To (Numeric)	590	
Claim Submission Reason Code (837P.2000C.2300.CLM.CLM05.CLM0503)	Required	One of Selected Codes	1	
Claim Attachment Report Type Code (837P.2000C.2300.PWK.PWK01)	Not Used			
Claim Attachment Transmission Code (837P.2000C.2300.PWK.PWK02)	Not Used			
Claim Attachment Control Number (837P.2000C.2300.PWK.PWK06)	Not Used			
Claim Principal Diagnosis Code (837P.2000C.2300.HI.HI01.HI0102)	Required	Presence of Element		
Service Line Unit Count- F2 (837P.2000C.2300.2400.SV1.SV104)	Not Used			

© 2006 Claredi 35






Claredi - My Requirement Lists - Microsoft Internet Explorer

Intelligent EDI 5.4

Home | Tools | Account | HIPAA | Directory | Convergence | Free Stuff | FAQ | Support

Convergence Project  
Public Requirement Lists  
▶ My Requirement Lists  
Compare Requirement Lists  
Logout

 My Requirements

**Bill Type 11x Hosp. Inpatient, not discharged (Medicare PPS)**  
837I - 004010X096A1 - 837 Institutional

Select the Elements you want to include in this Requirement List.

Note that you can organize the elements by Element name or Location by clicking on the respective link.

Cancel Save Show Partial List

Include in List	Location	Element
<input type="checkbox"/>	837I.ST.ST01	Transaction Set Identifier Code
<input type="checkbox"/>	837I.ST.ST02	Transaction Set Control Number
<input type="checkbox"/>	837I.BHT.BHT02	Transaction Set Purpose Code
<input type="checkbox"/>	837I.BHT.BHT03	Transaction Set Originator Application Transaction Identifier
<input type="checkbox"/>	837I.BHT.BHT04	Transaction Set Creation Date
<input type="checkbox"/>	837I.BHT.BHT05	Transaction Set Creation Time
		Transaction Set Claim Or

© 2006 Claredi 38

Claredi - My Requirement Lists - Microsoft Internet Explorer

File Edit View Favorites Tools Help

<input type="checkbox"/>	837I.2000C.2300.CLM.CLM11.CLM1102	Claim Related Causes Code2
<input type="checkbox"/>	837I.2000C.2300.CLM.CLM11.CLM1103	Claim Related Causes Code3
<input type="checkbox"/>	837I.2000C.2300.CLM.CLM11.CLM1104	Claim Auto Accident State Or Province Code
<input type="checkbox"/>	837I.2000C.2300.CLM.CLM11.CLM1105	Claim Accident Country Code
<input type="checkbox"/>	837I.2000C.2300.CLM.CLM12	Claim Special Program Indicator
<input type="checkbox"/>	837I.2000C.2300.CLM.CLM18	Claim Explanation Of Benefits Indicator
<input type="checkbox"/>	837I.2000C.2300.CLM.CLM20	Claim Delay Reason Code
<input checked="" type="checkbox"/>	837I.2000C.2300.DTP.DTP03	Claim Discharge Hour
<input type="checkbox"/>	837I.2000C.2300.DTP.DTP03	Claim Statement From Or To Date- R D8
<input type="checkbox"/>	837I.2000C.2300.DTP.DTP03	Claim Statement From Or To Date- D8
<input checked="" type="checkbox"/>	837I.2000C.2300.DTP.DTP03	Claim Admission Date And Hour
<input checked="" type="checkbox"/>	837I.2000C.2300.CL1.CL101	Claim Admission Type Code
<input checked="" type="checkbox"/>	837I.2000C.2300.CL1.CL102	Claim Admission Source Code
<input checked="" type="checkbox"/>	837I.2000C.2300.CL1.CL103	Claim Patient Status Code
<input type="checkbox"/>	837I.2000C.2300.PWK.PWK01	Claim Attachment Report Type Code
<input type="checkbox"/>	837I.2000C.2300.PWK.PWK02	Claim Attachment Transmission Code
<input type="checkbox"/>	837I.2000C.2300.PWK.PWK06	Claim Attachment Control Number
<input type="checkbox"/>	837I.2000C.2300.PWK.PWK07	Claim Attachment Description
<input type="checkbox"/>	837I.2000C.2300.CN1.CN101	Claim Contract Type Code

© 2006 Claredi 39

Claredi - My Requirement Lists - Microsoft Internet Explorer

File Edit View Favorites Tools Help

out

### Bill Type 11x Hosp. Inpatient, not discharged (Medicare PPS)

837I - 004010X096A1 - 837 Institutional

When you have identified the elements you want in the list, specify what your requirement is for each element on this page  
(Not Used, Not Allowed, Allowed, or Required; the Operator; and any related Data value used for comparison).

If the element is a 'code' type, it has a select set of items that can be chosen. In this case, a code value will appear in the Data column for the element. If you have a code with many items, you can use the 'select all' feature to select them all (if you want) or the 'deselect all' feature to deselect any you don't want to use.

Sort by IG   Sort Alphabetically   Hint: Use the CTRL or SHIFT keys while clicking to select multiple items.

Element	Choice				Operator	Data	Default
	Not Used	Not Allowed	Allowed	Required			
Claim Type Of Bill Facility Type Code	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Equal To (String)	11	
Claim Type Of Bill Claim Frequency Code	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Not Equal To (String)	1,2,3,4,6,9,B,I	
Claim Discharge Hour	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Presence of Element		
Claim Admission Date And Hour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Presence of Element		

© 2006 Claredi

40

Claredi - My Requirement Lists - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites

Address: https://www.claredi.com/myaccount/requirements.php?choose=0%20E&req\_id=12299&PHPSESSID=2a7b1a5359d742d4c0e032c9ab233af9

Google Search Web

Convergence Project  
Public Requirement Lists  
Transactions  
My Requirement Lists  
Compare Requirement Lists  
Change Password  
Logout

## My Requirements

### Edit Requirement List: My own Payer Sheet

B1 - NCPDP 5.1/1.1 - Billing

List Name: My own Payer Sheet

Sequence Number: 0   Seq. Number is used to order your lists for convenience.

Description: (Allows limited HTML) Publicly visible on Global Lists  
This is what I can actually produce, so I can compare with the payer's requirements and see if it will work.

Notes: (text only) Not Publicly visible

Make List Global (Available to world)

Save

© 2006 Claredi

41

Claredi - My Data Requirements - Microsoft Internet Explorer

File Edit View Favorites Tools Help

**claredi** SM 

*Intelligent EDI* SM

Home Tools Account HIPAA Directory Convergence Free Stuff FAQ Support

Convergence Project  
Public Requirement Lists  
My Requirement Lists  
**Compare Requirement Lists**  
Logout

 **HIPAA TRANSACTIONS  
CONVERGENCE PROJECT**

### Compare Requirement Lists

Choose up to 10 Requirement Lists to compare, by selecting the checkboxes on the left. When you are ready to compare, click 'Compare'.

Only lists for similar transactions may be compared to each other.

#### My Own Lists

Diff	Publisher	List Name	Transaction
<input type="checkbox"/>	Claredi	Bill Type 11x Hosp. Inpatient, discharged (Medicare non-PPS)	837I X096A1
<input type="checkbox"/>	Claredi	Bill Type 11x Hosp. Inpatient, discharged (Medicare PPS)	837I X096A1
<input type="checkbox"/>	Claredi	Bill Type 11x Hosp. Inpatient, discharged (non-Medicare)	837I X096A1

© 2006 Claredi 42

Claredi - My Data Requirements - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Diff	Publisher	List Name	Transaction
<input type="checkbox"/>	Claredi	Bill Type 11x Hosp. Inpatient, discharged (Medicare non-PPS)	837I X096A1
<input checked="" type="checkbox"/>	Claredi	Bill Type 11x Hosp. Inpatient, discharged (Medicare PPS)	837I X096A1
<input type="checkbox"/>	Claredi	Bill Type 11x Hosp. Inpatient, discharged (non-Medicare)	837I X096A1
<input type="checkbox"/>	Claredi	Bill Type 11x Hosp. Inpatient, not discharged (Medicare non-PPS)	837I X096A1
<input type="checkbox"/>	Claredi	Bill Type 11x Hosp. Inpatient, not discharged (Medicare PPS)	837I X096A1
<input type="checkbox"/>	Claredi	Bill Type 11x Hosp. Inpatient, not discharged (non-Medicare)	837I X096A1
<input checked="" type="checkbox"/>	Claredi	Bill Type 12x Hospital - Inpatient (Medicare Part B only)	837I X096A1
<input checked="" type="checkbox"/>	Claredi	Bill Type 13x Hospital - Outpatient	837I X096A1
<input checked="" type="checkbox"/>	Claredi	Bill Type 14x Hospital - Other	837I X096A1
<input type="checkbox"/>	Claredi	Bill Type 17x Hospital - Subacute Inpatient	837I X096A1
<input type="checkbox"/>	Claredi	Bill Type 18x Hospital - Swing Beds, discharged	837I X096A1
<input type="checkbox"/>	Claredi	Bill Type 18x Hospital - Swing Beds, not discharged	837I

© 2006 Claredi 43

Claredi - My Data Requirements - Microsoft Internet Explorer

File Edit View Favorites Tools Help

<input type="checkbox"/>	Claredi	List Name 43	837I X096A1
<input type="checkbox"/>	Claredi	ODJFS Claims Required Data - Not Compound	NCPDP B1
<input type="checkbox"/>	Claredi	ODJFS Claims Required Data - Compound	NCPDP B1
<input type="checkbox"/>	Claredi	ODJFS Claims - COB	NCPDP B1
<input type="checkbox"/>	Claredi	ODJFS Claims - DUR / PPS	NCPDP B1
<input type="checkbox"/>	Claredi	OKMMIS Claims Required Data - Not Compound	NCPDP B1
<input type="checkbox"/>	Claredi	OKMMIS Claims Required Data - Compound	NCPDP B1
<input type="checkbox"/>	Claredi	OKMMIS Claims Required Data - HMO Provider ID	NCPDP B1
<input type="checkbox"/>	Claredi	OKMMIS Claims - COB	NCPDP B1
<input type="checkbox"/>	Claredi	OKMMIS Claims - DUR / PPS	NCPDP B1
<input type="checkbox"/>	Claredi	OKMMIS Claim reversal	NCPDP B2

Compare Clear All

Claredi, Faciledi, Velocedi, Communed, HIPAAmetrics and HIPAAmeter are trademarks and/or servicemarks of Claredi Corporation. Wibbler is a registered trademark of Claredi Corporation. Copyright ©2001-2004 Claredi Corporation. All rights reserved. | Privacy | Certification

main.claredi.com -- 11 September 2004 -- 11:11:26 PM MDT

© 2006 Claredi 44

Claredi - My Data Requirements - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Name	Bill Type 11x Hosp. Inpatient, discharged (Medicare PPS)	Bill Type 12x Hospital - Inpatient (Medicare Part B only)	Bill Type 13x Hospital - Outpatient	Bill Type 14x Hospital - Other
Claim Type Of Bill Facility Type Code	Required Equal To (String) (11)	Required Equal To (String) (12)	Required Equal To (String) (13)	Required Equal To (String) (14)
Claim Type Of Bill Claim Frequency Code	Required Equal To (String) (1)	Required Not Equal To (String) (2,3,4,6,9,A,B,C,D,E)	Required Not Equal To (String) (6,9,A,B,C,D,E)	Required Not Equal To (String) (2,3,4,6,9,A,B,C,D,E)
Claim Discharge Hour	Required Presence of Element	Not Allowed	Not Allowed	Not Allowed
Claim Statement From Or To Date- D8				Required Presence of Element
Claim Statement From Or To Date-R D8				Not Allowed
Claim Admission Date And Hour	Required Presence of Element	Required Presence of Element	Required Presence of Element	Required Presence of Element
Claim	Required	Required	Required	Required

© 2006 Claredi 45



Claredi - My Data Requirements - Microsoft Internet Explorer

Home Health Mental Status Code1	Not Allowed	Not Allowed	Not Allowed	Not Allowed
Claim Principal Diagnosis Code	Required Presence of Element	Required Presence of Element	Required Presence of Element	
Claim Admitting Diagnosis Reason For Visit-BJ	Required Presence of Element	Not Allowed		
Claim Admitting Diagnosis Reason For Visit-ZZ	Not Allowed	Required Presence of Element		
Claim Diagnosis Related Group Code		Not Allowed	Not Allowed	Not Allowed
Claim Principal Procedure Code-BP	Not Allowed	Not Allowed	Not Allowed	Not Allowed
Claim Other Procedure Code1-BO	Not Allowed	Not Allowed	Not Allowed	Not Allowed
Claim Treatment Code1	Not Allowed	Not Allowed	Not Allowed	Not Allowed

© 2006 Claredi 46

Claredi - My Data Requirements - Microsoft Internet Explorer

Code1-BO				
Claim Treatment Code1	Not Allowed	Not Allowed	Not Allowed	Not Allowed
Claim Days Count-LA	Required Presence of Element		Not Allowed	Not Allowed
Claim Days Count-CA	Required Presence of Element	Not Allowed	Not Allowed	Not Allowed
Claim Days Count-NA	Required Presence of Element		Not Allowed	Not Allowed
Claim Days Count-CD	Required Presence of Element		Not Allowed	Not Allowed
Home Health Discipline Type Code	Not Allowed	Not Allowed	Not Allowed	Not Allowed
Home Health Total Visits Prior To Recertification Date	Not Allowed	Not Allowed	Not Allowed	Not Allowed
Home Health Total Visits Projected During	Not Allowed	Not Allowed	Not Allowed	Not Allowed

© 2006 Claredi 47

Claredi - My Data Requirements - Microsoft Internet Explorer

File Edit View Favorites Tools Help

<input type="checkbox"/>	Claredi	Wellmark Blue Cross and Blue Shield 837I	837I	X096A1
<input type="checkbox"/>	Claredi	Wellmark Blue Cross and Blue Shield 837P	837P	X098A1
<input type="checkbox"/>	Claredi	Blue Cross Blue Shield of Alabama 837D	837D	X097A1
<input type="checkbox"/>	Claredi	List Name 43	837I	X096A1
<input type="checkbox"/>	Claredi	ODJFS Claims Required Data - Not Compound	NCPDP	B1
<input type="checkbox"/>	Claredi	ODJFS Claims Required Data - Compound	NCPDP	B1
<input type="checkbox"/>	Claredi	ODJFS Claims - COB	NCPDP	B1
<input type="checkbox"/>	Claredi	ODJFS Claims - DUR / PPS	NCPDP	B1
<input checked="" type="checkbox"/>	Claredi	OKMMIS Claims Required Data - Not Compound	NCPDP	B1
<input checked="" type="checkbox"/>	Claredi	OKMMIS Claims Required Data - Compound	NCPDP	B1
<input type="checkbox"/>	Claredi	OKMMIS Claims Required Data - HMO Provider ID	NCPDP	B1
<input type="checkbox"/>	Claredi	OKMMIS Claims - COB	NCPDP	B1
<input type="checkbox"/>	Claredi	OKMMIS Claims - DUR / PPS	NCPDP	B1
<input type="checkbox"/>	Claredi	OKMMIS Claim reversal	NCPDP	B2

Compare Clear All

© 2006 Claredi 48

Claredi - My Data Requirements - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Segment Identification	Not Used	Not Used
Segment Identification	Not Allowed	Required Equal To (String) (10)
Compound Dosage Form Description Code		Required Presence of Element
Compound Dispensing Unit Form Indicator		Required Equal To (String) (1,2,3)
Compound Route of Administration		Required Presence of Element
Compound Ingredient Component Count		Required Less Than or Equal To (Numeric) (25)
Compound ProductID Qualifier		Required Equal To (String) (03)
Compound ProductID		Required Presence of Element
Compound Ingredient Quantity		Required Presence of Element
Compound Ingredient Drug Cost		Not Used
Compound Ingredient Basis of Cost Determination		Not Used
Segment Identification	Required Equal To (String) (11)	Required Equal To (String) (11)
Ingredient Cost Submitted	Not Used	Not Used

© 2006 Claredi 49

Claredi Convergence Project Transactions - Microsoft Internet Explorer

http://www.claredi.com/convergence/transactions.php?PPSESSID=4F090F578FB33F98ad57934c9

claredi Intelligent EDI

Home Login New Account HIPAA Directory Convergence Free Stuff FAQ Contact Us

Convergence Project  
Public Requirement Lists  
**Transactions**  
Sign On

HIPAA TRANSACTIONS CONVERGENCE PROJECT

**Disclaimer**  
Claredi's Convergence Project reflects only the good faith interpretation of requirements for HIPAA transactions made by the publisher of each list. These interpretations are not reviewed or approved by Claredi or any governmental or private entity. Publisher's or other person's interpretations may differ. Claredi disclaims all warranties and accepts no liability for user's reliance or use of Claredi's Convergence system.

**Transactions**

Version	Transaction	Count
001010	Functional Acknowledgment	0
00401D0061	820 Payment Order/Remittance	0
00401D0061A1	820 Payment Order/Remittance	0
00401D0091	835 Remittance	0
00401D0091A1	835 Remittance	1
00401D0092	270 Eligibility - Inquiry	0
00401D0092	271 Eligibility - Information	0
00401D0092A1	270 Eligibility - Inquiry	0
00401D0092A1	271 Eligibility - Information	0
00401D0093	276 Claim Status - Request	0
00401D0093	277 Claim Status - Notification	0
00401D0093A1	276 Claim Status - Request	0
00401D0093A1	277 Claim Status - Notification	0
00401D0094	278 Services Review - Request	0
00401D0094	278 Services Review - Response	0
00401D0094A1	278 Services Review - Request	0
00401D0094A1	278 Services Review - Response	0
00401D0095	834 Enrollment	0

© 2006 Claredi

Claredi Convergence Project Transactions - Microsoft Internet Explorer

http://www.claredi.com/convergence/transactions.php?PPSESSID=4F090F578FB33F98ad57934c9

claredi Intelligent EDI

Home Login New Account HIPAA Directory Convergence Free Stuff FAQ Contact Us

Convergence Project  
Public Requirement Lists  
**Transactions**  
Sign On

HIPAA TRANSACTIONS CONVERGENCE PROJECT

**Disclaimer**  
Claredi's Convergence Project reflects only the good faith interpretation of requirements for HIPAA transactions made by the publisher of each list. These interpretations are not reviewed or approved by Claredi or any governmental or private entity. Publisher's or other person's interpretations may differ. Claredi disclaims all warranties and accepts no liability for user's reliance or use of Claredi's Convergence system.

**Transactions**

00401D0094	278 Services Review - Response	0
00401D0094A1	278 Services Review - Request	0
00401D0094A1	278 Services Review - Response	0
00401D0095	834 Enrollment	0
00401D0095A1	834 Enrollment	0
00401D0096	837 Institutional	0
00401D0096A1	837 Institutional	341
00401D0097	837 Dental	0
00401D0097A1	837 Dental	160
00401D0098	837 Professional	0
00401D0098A1	837 Professional	327
00404D0167	277 Claim Acknowledgment	0
00405D0150	277 Health Care Claim Request for Additional Information	0
00405D0151	275 Additional Information to Support a Health Care Claim or Encounter	0
5.1/1.1	Billing	133
5.1/1.1	Controlled Substance Reporting	0
5.1/1.1	Controlled Substance Reporting Rebill	0
5.1/1.1	Controlled Substance Reporting Reversal	0
5.1/1.1	Eligibility	8
5.1/1.1	Information Reporting	3
5.1/1.1	Information Reporting Rebill	3
5.1/1.1	Information Reporting Reversal	3
5.1/1.1	Prior Authorization & Billing	1
5.1/1.1	Prior Authorization Inquiry	2
5.1/1.1	Prior Authorization Request Only	4
5.1/1.1	Prior Authorization Reversal	1
5.1/1.1	Rebill	16
5.1/1.1	Reversal	25

Copyright © 2001-2006 Claredi Corporation. All rights reserved. | Privacy | Certification

© 2006 Claredi

Claredi Convergence Project Transactions - Microsoft Internet Explorer

http://www.claredi.com/convergence/transactions.php?TransactionID=14&HPSESSID=ff90f9578f833f98ad5793ac9

claredi Intelligent EDI

Home | Login | New Account | HIPAA | Directory | Convergence | Free Stuff | FAQ | Contact Us

Convergence Project  
Public Requirement Lists  
Transactions  
Sign On

HIPAA TRANSACTIONS CONVERGENCE PROJECT

**Disclaimer**  
Claredi's Convergence Project reflects only the good faith interpretation of requirements for HIPAA transactions made by the publisher of each list. These interpretations are not reviewed or approved by Claredi or any governmental or private entity. Publisher's or other person's interpretations may differ. Claredi disclaims all warranties and accepts no liability for user's reliance on or use of Claredi's Convergence system.

**Transaction Summary - 837 Professional - 004010X098A1**

327 Requirement Lists

Alphabetical Order | ID Order

Element	Required	Not Used
AcknowledgementRequested	23 (7%)	
AmbulanceCertificationConditionCode1		13 (4%)
AmbulanceCertificationConditionCode2		13 (4%)
AmbulanceCertificationConditionCode3		13 (4%)
AmbulanceCertificationConditionCode4		13 (4%)
AmbulanceCertificationConditionCode5		13 (4%)
AmbulanceCertificationConditionIndicator		13 (4%)
AmbulancePatientWeight	2 (1%)	8 (2%)
AmbulanceRoundTripPurposeDescription		6 (2%)
AmbulanceServicePurposeDescription		7 (2%)
AmbulanceTransportCode	1 (0%)	6 (2%)
AmbulanceTransportDistance	3 (1%)	6 (2%)
AmbulanceTransportReasonCode	1 (0%)	6 (2%)
ApplicationReceiverCode	80 (24%)	
ApplicationSenderCode	8 (2%)	
AttachmentConditionIndicator		18 (6%)

© 2006 Claredi

Claredi Convergence Project Transactions - Microsoft Internet Explorer

http://www.claredi.com/convergence/transactions.php?TransactionID=14&HPSESSID=ff90f9578f833f98ad5793ac9

AttachmentConditionResponse3 15 (5%)

AttachmentConditionResponse4 15 (5%)

AuthorizationID 82 (25%)

BillingProviderAdditionalIdentifier-08 11 (3%)

BillingProviderAdditionalIdentifier-1A 7 (2%)

BillingProviderAdditionalIdentifier-1B 53 (16%)

BillingProviderAdditionalIdentifier-1C 14 (4%)

BillingProviderAdditionalIdentifier-1D 44 (13%)

BillingProviderAdditionalIdentifier-1E 11 (3%)

BillingProviderAdditionalIdentifier-1H 10 (3%)

BillingProviderAdditionalIdentifier-1J 2 (1%)

BillingProviderAdditionalIdentifier-B3 1 (0%)

BillingProviderAdditionalIdentifier-B9 3 (1%)

BillingProviderAdditionalIdentifier-E1 11 (3%)

BillingProviderAdditionalIdentifier-FH 1 (0%)

BillingProviderAdditionalIdentifier-G2 33 (10%)

BillingProviderAdditionalIdentifier-((HIP-200A, 2010AA, REF, REFQ) Billing Provider Commercial Number) 5 (2%)

BillingProviderAdditionalIdentifier-LV 4 (1%)

BillingProviderAdditionalIdentifier-SY 10 (3%)

BillingProviderAddress1 7 (2%) 2 (1%)

BillingProviderAddress2 7 (2%) 3 (1%)

BillingProviderCAName 6 (2%) 2 (1%)

BillingProviderCode 2 (1%) 15 (5%)

BillingProviderContactCommunicationNumber1 8 (2%)

BillingProviderContactCommunicationNumber1-FX 1 (0%)

BillingProviderContactCommunicationNumber1-TE 19 (6%)

BillingProviderContactCommunicationNumber2 19 (6%)

BillingProviderContactCommunicationNumber2-EX 1 (0%)

BillingProviderContactCommunicationNumber2-FX 1 (0%)

BillingProviderContactCommunicationNumber2-TE 1 (0%)

BillingProviderContactCommunicationNumber3 9 (3%)

BillingProviderContactCommunicationNumber3-EX 1 (0%)

© 2006 Claredi

## Convergence Project Profiles

- Will be published by NUBC, NUCC, ADA DeCC, NDEDIC and CAQH
- HIPAA covered entities should publish their own specific data requirement profiles
- Claredi provides the infrastructure
  - Free
  - Each publisher maintains its own profiles
  - Claredi is entering an initial set of payer-specific profiles as part of our Companion Guide implementations, to seed the directory
    - Over 1,000 entered to date

## The goal: **Convergence**

- A single web portal where the companion guides can be referenced and the requirements can be published
- Easy to read and understand data requirements profiles
- Downloadable in machine readable format (XML, CSV)
- Easy to compare data requirements among profiles
- Does not replace Companion Guides
- Ultimate goal is **convergence** of requirements
  - Only lists that “*should*” remain are the NCPDP, CAQH, ADA DeCC, NUBC and NUCC-defined profiles (Probability 0%)
- Free to the industry
- Open invitation to participate to all interested parties
  - 490 users as of April 1<sup>st</sup>, 2006

## Other convergence related projects

*Why can't verifying patient eligibility and benefits and other administrative data in provider offices be as easy as making an ATM withdrawal?*

- CAQH Committee on Operating Rules for Information Exchange (CORE)
  - More than 80 stakeholders
    - Health plans, providers, vendors, CMS and others
  - Multi-phase initiative
    - Gradually “raising the bar” to improve interoperability
  - Rachel Foerster & Gwen Lohse Presentation
    - 5.02 Yellowstone/Everglades Tuesday 2:45 PM
- <http://www.caqh.org/benefits.html>

CAQH Online Eligibility and Benefits Inquiry - Microsoft Internet Explorer

Address <http://www.caqh.org/benefits.html>

About CAQH | Press Room | Contact Us | Member Calendar Login | Home

simplifying healthcare administration  
**CAQH**

Universal Credentialing DataSources  
CORE  
Simplified Prescribing  
Quality of Care Initiatives

### Committee on Operating Rules for Information Exchange

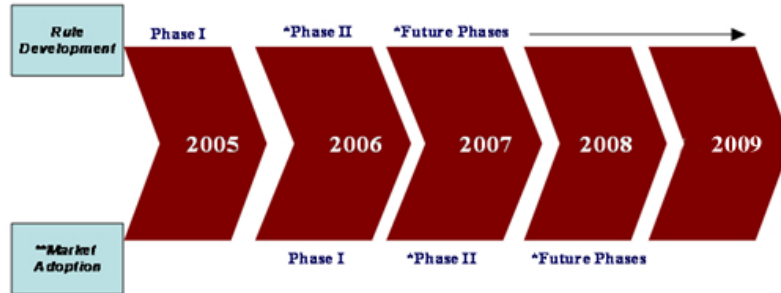
Promoting Interoperability: Online Eligibility and Benefits Inquiry

PRINTABLE VERSION

The benefits of an interoperable healthcare system are well understood. The availability of information in real-time at the point of care can reduce medical errors, allow physicians and their patients to make informed decisions about treatment options, and reduce administrative burdens. The challenges are equally well understood. Technology adoption rates, data security, and inconsistency associated with transactions and interactions between stakeholders are limiting the ability to realize a complete solution.

Through CORE, CAQH is working to make it easier for physicians and hospitals to access eligibility and benefits information for their patients at the point of care. CORE operating rules will allow providers to submit a request, using the electronic system of their choice, to obtain a variety of coverage information for any patient and from any participating health plan. Providers will receive more consistent and predictable data, regardless of health plan.

## CORE Timeline



**Notes:**

\*Scope of Phase II and Future Phases will be decided upon by CORE Membership

\*\*Not all CORE participants will meet targeted market adoption timeframes; an ongoing CORE focus will be achieving/increasing adoption of established phases. CORE will look to its founding participants to achieve target market adoption timeline.

## Phase One Operating Rules

- Phase One will help providers:
  - Determine which health plan covers the patient
  - Determine patient benefit coverage
  - Confirm coverage of certain service types and the patient's co-pay amount, coinsurance level and base deductible levels (as defined in the member contract) for each of those types



## Phase One Includes

- System connectivity standards (HTTP/S)
- Standardized inquiry acknowledgements
- Maximum response times to inquiries (real-time and batch)
- Minimum number of hours a system must be available to receive/respond to inquiries
- A testing certification and enforcement process to ensure CORE compliance
- Standardization of companion guide flow and formatting

## CORE Certification

- Use of the CORE rules/policies is voluntary and open to all organizations with an interest in administrative data exchange.
- Organizations must sign a binding pledge to adopt, implement and comply with CORE Phase I rules. A CORE-authorized testing vendor must certify that their systems are CORE compliant within 180 days of signing the pledge.
- CORE certification is tailored for providers, health plans, vendors and clearinghouses. Organizations that do not create, send or transmit data can sign the pledge and receive a CORE Endorser seal.

## Other convergence related projects

- The 835 Coalition
  - Provider Remittance Advice Initiative
  - Launched in February of 2006
  - Providers, provider associations, vendors, banks
  - Committees:
    - Financial Issues
    - Codes
    - Technical
    - Policy
    - ROI
    - Education
  - Issues currently being addressed: Data content, balancing, adjustment reasons, payment remarks, corrections, reversals, etc.
  - Web site: <http://www.835coalition.org/>

835 Coalition Home Page - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Refresh Print Mail New Tab Bluetooth

Address <http://www.835coalition.org/>


# THE 835 COALITION

Home      Committees: [Financial](#) | [Codes](#) | [Technical](#) | [Policy](#) | [ROI](#) | [Education](#)

[About Us](#)  
[Contact Us](#)  
[Committees](#)  
[Work Products](#)  
[Press Releases](#)

**Healthcare providers working together to improve the interoperability of the 835 remittance Advice.**

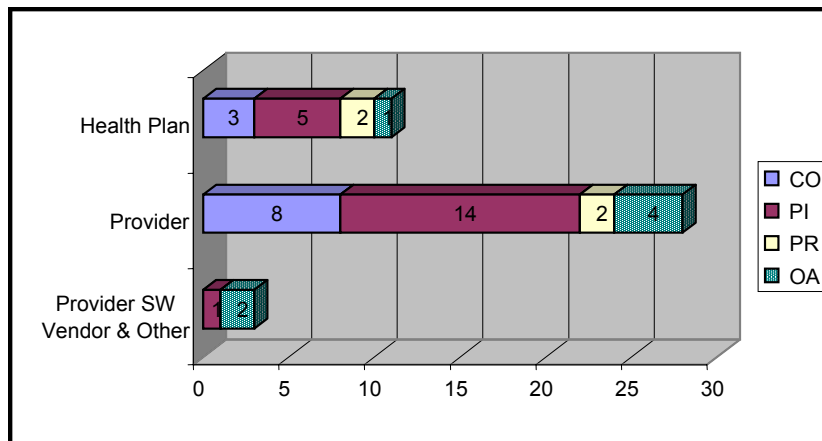
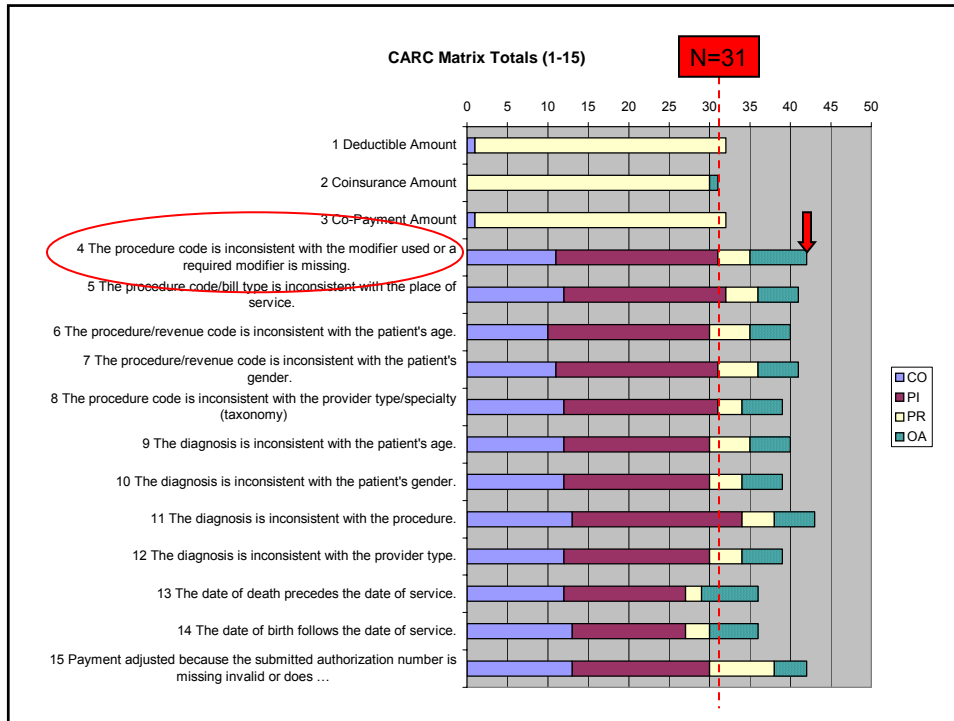
As providers implementing the HIPAA 835 Remittance Advice, we are working together to create guidelines for the use of the 835. As we develop the guidelines through our consensus process we will be publishing them to the entire industry through this web site. The goal is to make posting 835s an automated process into the provider's AVR systems. The increased auto-posting will reduce providers' and health plan implementation costs, increase the universal adoption of the 835, and produce the sort of administrative savings we expect from HIPAA.



We have several committees that are approaching the different aspects of the 835 simultaneously. You can learn more about them by clicking on the links above.

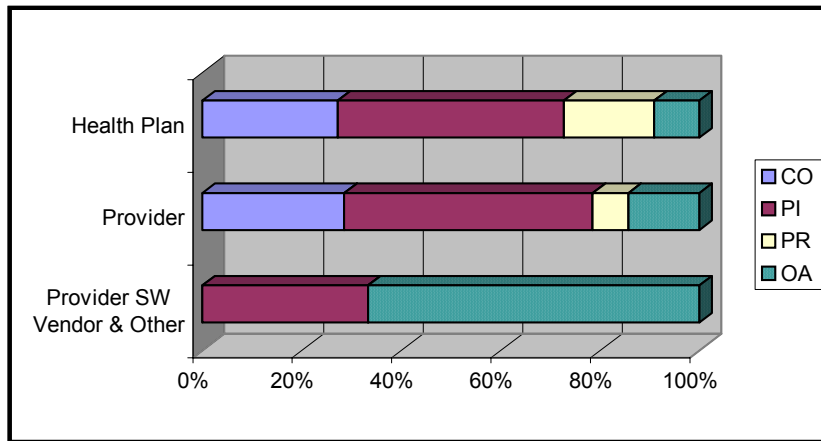
The web site is still in development and will be improving over the next few months. Work products and meeting information will be posted here in the future.

*Last Updated 2/7/06*



**Numeric Chart: Segment size indicates total response volume.**

**4 The procedure code is inconsistent with the modifier used or a required modifier is missing.**



Percentage Chart: Color alignment indicates degree of agreement.

4 The procedure code is inconsistent with the modifier used or a required modifier is missing.

## Questions?

- HIPAA Transactions Convergence Project
  - <http://www.claredi.com/convergence>
- CAQH CORE
  - <http://www.caqh.org/benefits.html>
- The 835 Coalition
  - <http://www.835coalition.org/>