

Standard Format Transaction Sets

1. Claims submission: The X12-837 HIPAA format is used when a physician or other health care provider (e.g. hospital) files an electronic claim for payment for the delivery of care. This format is similar in many respects to the UB-92 and the HCFA-1500 formats.
2. Enrollment and disenrollment in a health plan: The X12-834 format is used to establish communication between the sponsor of a health benefit and the health plan.
3. Eligibility: The X12-270 (inquiry) and X12-271 (response) formats are used to inquire about the eligibility, coverage or benefits associated with a benefit plan, employer, plan sponsor, subscriber or a dependent under the subscriber's policy.
4. Health care payment to provider (with remittance advice): The X12-835 format is used by a health plan to make a payment to a financial institution for a health care provider (sending payment only), to send an explanation of benefits or remittance advice directly to a health care provider (sending data only), or to make payment and send an explanation of benefits and remittance advice to a health care provider via a financial institution (sending both payment and data).
5. Premium payment to health insurance plans: The X12-820 format is used by employers, employees, unions and associations to make and track premium payments to their health insurers.
6. Claim status request and response: The X12-276 and X12-277 formats are used by health care providers and recipients of health care products or services (or their authorized agents) to request the status of a health care claim or encounter from a health plan.
7. Referral certification and authorization: The X12-278 format is used to transmit health care service referral information between health care providers and health plans. It will also be used to obtain authorization for certain health care services from a health plan.
8. Claims attachment: Some insurers also require additional records for each claim submitted. For example, the insurer may wish to review subscriber, patient, demographic, diagnosis or treatment data. A standard format for electronic health claims attachments is expected soon.
9. First report of injury: This transaction will be used to report information pertaining to an injury, illness or incident to entities interested in the information for statistical, legal, claims and risk management processing requirements. A standard format is expected soon.