

HIPAA Electronic Transactions and Code Sets

HIPAA Electronic Transactions and Code Sets is a federal mandate that requires health care payers such as Harmony, as well as providers engaging in one or more of the identified transactions, to have the capability to send and receive all standard electronic transactions using the HIPAA designated content and format.

Specific Harmony requirements for claims and encounter transactions, code sets, and SNIP validation are described as follows. *To promote consistency and efficiency for all claims and encounter submissions to the Plan, it is Harmony's policy that these requirements also apply to all paper and direct data entry (DDE) transactions.*

Standard Guides

Available online or by calling Customer Service, providers may obtain the Plan's recommended transaction guidelines. These are:

- Electronic Data Interchange Transaction Set Implementation Guides
- Institutional Claims Companion Guide
- Institutional Encounter Companion Guide
- Professional Claims Companion Guide
- Professional Encounter Companion Guide

Standard Transactions

Transactions, as defined by HIPAA, are activities involving the transfer of health care information for specific purposes, including claims and encounter information, payment and remittance advice, and claim status and inquiry. All providers who submit encounters and electronic claims to the Plan must do so in the formats established by HIPAA.

The following standard HIPAA electronic claim/encounter transactions must be submitted in the *ANSI ASC X12N format, version 4010A1:

- 270/271–Health Insurance

Eligibility/Benefit Inquiry & Response

- 276/277–Health Care Claim Status Request & Response
- 278–Health Care Services Review – Request for Review and Response
- 835–Health Care Claim Payment/Advice
- 837–Health Care Claims

Standard Code Sets

Standard Code Sets as required by HIPAA are the codes used to identify specific diagnosis and clinical procedures on claims and encounter forms. All providers are required to submit claims and encounters using current HIPAA compliant codes, which include the standard CMS codes for ICD9, CPT, HCPCS, NDC and CDT, as appropriate.

Strategic National Implementation Process (SNIP)

All claims and encounter transactions submitted via paper, direct data entry (DDE) or electronically will be validated for transaction integrity/syntax based on the Strategic National Implementation Process (SNIP) guidelines.

The SNIP validations used by the Plan to verify transaction integrity/syntax are available in the Forms section of this manual and on our Web site. The SNIP Validation Descriptions document may be a helpful resource to share with your billing agent or clearinghouse.

If your claim is rejected for lack of compliance to the Plan's claim and encounter submission requirements, please correct your claim and resubmit it to the Plan. For additional information, please contact your Provider Relations representative or the Customer Service department.

Comment [d1]: Claims can be rejected for any of the areas listed above not just SNIP.