

EDI ASC X12 Transactions

In healthcare EDI there are several transaction types. This page was created to identify these different transaction types and what they mean. The following transactions are included in either the first or second version of HIPAA-mandated ASC X12 transactions for healthcare. The first version of HIPAA-mandated transactions, ASC X12 4010, was implemented October 1, 2006. The second and current version, ASC X12 5010, became effective January 1, 2012.

Some of these transactions are frequently used by the dental industry.

ASC X12 270: Eligibility, Coverage or Benefit Inquiry. This transaction allows providers to check whether a patient has insurance coverage as of a specified date. NDEDIC is making great strides in promoting the use of ASC X12 270/271 within the dental industry.

ASC X12 271: Eligibility, Coverage or Benefit Information. This transaction is the electronic response to an eligibility inquiry. The response states whether the patient has insurance coverage and often provides additional information on benefits available to the patient.

ASC X12 275: Additional Information to Support a Health Care Claim Services. The ASC X12 275 is expected to be the electronic transaction used when responding to a request for further information by an insurance company (by sending an ASC X12 277RFI to the provider). The ASC X12 275 can contain additional data and/or digital images (x-rays, periodontal charts, treatment notes, EOB's, etc.) to support the claim. This transaction is not widely used.

ASC X12 276: Health Care Claim Status Inquiry. The ASC X12 276 transaction allows providers to ask an insurance company for the current status of a previously submitted claim. The response to a ASC X12 276 will be a ASC X12 277 Health Care Claim Status Notification. This is not a widely used transaction.

ASC X12 277: Health Care Information Status Notification. The ASC X12 277 transaction answers the question(s) asked by ASC X12 276. The insurance company can indicate whether the claim was received and whether it has been finalized (paid/denied) or has been pended for additional action. This is not a widely used transaction, as an ASC X12 277CA claim acknowledgement transaction is traditionally generated automatically, alleviating the need for a ASC X12 276.

ASC X12 277CA: Health Care Claim Acknowledgment. The ASC X12 277CA transaction is generated by an insurance company or clearinghouse to return information about the delivery or processing of a claim to the provider in a standardized electronic format. The ASC X12 277CA transaction is created without provider needing to use an ASC X12 276. Today, many insurance companies respond to claims using their own report formats and/or electronic transaction formats. The ASC X12 277CA offers a

common interface to the insurance company and the provider, thus standardizing the response. Because a claim may progress through several different statuses before reaching a final processing disposition, a provider may receive multiple ASC X12 277CA transactions for a single claim.

ASC X12 277U: Health Care Payer Unsolicited Claim Status. The ASC X12 277U transaction offers a standard electronic transaction for insurance companies to inform providers of the status of a claim. The insurance company would send this information as it became available. This transaction was widely used in the ASC X12 4010 version of ASC X12, but has been replaced by the ASC X12 277CA in ASC X12 5010.

ASC X12 277RFI: Health Care Request for Additional Information. The ASC X12 277 transaction is not widely used today. It is expected to be the transaction used by insurance companies when requesting additional information from a provider regarding a claim. The response to a ASC X12 277RFI request for further information transaction is expected to be a ASC X12 275 Additional Information to Support a Claim transaction.

ASC X12 837: Health Care Claim Transaction. The ASC X12 837 transaction is either a request for payment from a provider to an insurance company or a statement of the proposed services sent as a predetermination. The ASC X12 837 transaction can also be used to report encounter information. There are three different types of claims: Dental claims, Medical claims, and Hospitals claims. Each claim type is sufficiently different to warrant its own transaction. The Dental claim is referred to as the ASC X12 Health Care Claim: Dental (837); the Medical claim is referred to as the ASC X12 Health Care Claim: Professional (837) (Professional); and the hospital claim is referred to as the ASC X12 Health Care Claim: Institutional (837). Claims may be sent either in batches or individually. Individual claims are usually only sent when requesting Real Time Adjudication (RTA).

ASC X12 835: Health Care Claim Payment/Advice. The ASC X12 835 transaction is created and sent by insurance companies to providers. It contains payment and adjudication information for multiple claims or predeterminations from an insurance company to a single payee (provider). ASC X12 835 transactions are typically used when a provider uses EFT (Electronic Funds Transfer) as a means of payment from the insurance company. NDEDIC is working to make the ASC X12 835 transaction more uniform and useful for the dental industry.

ASC X12 997: Functional Acknowledgement. The ASC X12 997 transaction is a response to an ASC X12 837 transaction when the claim or encounter information is sent as a file. The ASC X12 997 transaction indicates, at a fundamental level, the status of transactions within the ASC X12 837 file. This file format has been obsoleted by the 999 Functional Acknowledgement transaction in the ASC X12 5010 version of the ASC X12 transactions.

ASC X12 999: Implementation Acknowledgement. The ASC X12 999 transaction is a superset of the ASC X12 997 transaction. As with the ASC X12 997, the ASC X12 999 serves as a receipt for an ASC X12 837 or the contents of an ASC X12 837, and the ASC X12 999 transaction offers information on the validity of the data content and syntax of the transaction.

ASC X12 Claim Transaction Life Cycle

