



Frequently Asked Questions

Provider EDI Services

Question	Answer																								
What is HIPAA and how does it apply to EDI transactions?	The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal regulation that, among other provisions, mandates national standards for electronic health care transactions. The transactions adopted under HIPAA for Electronic Data Interchange (EDI) of health care data include, for example, claims and eligibility. Transaction standards are defined by the Accredited Standards Committee X12 (ASC X12) and are administered and enforced by the Centers for Medicare & Medicaid Services (CMS).																								
How does EDI apply to me?	HIPAA names certain types of organizations as covered entities, including health plans, health care clearinghouses, and certain health care providers. Under HIPAA, covered entities that conduct any of the adopted standard transactions must adhere to the content and format requirements of each transaction. The current standards version is 5010.																								
How do I conduct EDI transactions with AmeriHealth?	Highmark, Inc. (Highmark) provides the Highmark Gateway to handle EDI transactions on behalf of AmeriHealth HMO, Inc., AmeriHealth Insurance Company of New Jersey, and AmeriHealth Administrators (collectively, AmeriHealth). Any entity that conducts EDI transactions directly with the Highmark Gateway is called a trading partner. You may register as a new trading partner or contract with a third party that has an existing trading partner relationship with Highmark, such as a billing service or clearinghouse.																								
What EDI transactions does AmeriHealth support for providers?	<p>AmeriHealth supports the following transaction formats via the Highmark Gateway:</p> <table border="1"> <thead> <tr> <th data-bbox="596 1141 709 1166">Number</th> <th data-bbox="827 1141 905 1166">Name</th> <th data-bbox="1520 1141 1629 1166">Version</th> </tr> </thead> <tbody> <tr> <td data-bbox="596 1187 653 1211">837I</td> <td data-bbox="827 1187 1241 1211">Health Care Claim (Institutional)</td> <td data-bbox="1520 1187 1724 1211">005010X223A2</td> </tr> <tr> <td data-bbox="596 1224 667 1248">837P</td> <td data-bbox="827 1224 1255 1248">Health Care Claim (Professional)</td> <td data-bbox="1520 1224 1724 1248">005010X222A1</td> </tr> <tr> <td data-bbox="596 1261 646 1286">835</td> <td data-bbox="827 1261 1283 1286">Health Care Claim Payment/Advice</td> <td data-bbox="1520 1261 1724 1286">005010X221A1</td> </tr> <tr> <td data-bbox="596 1299 646 1323">999</td> <td data-bbox="827 1299 1192 1323">Functional Acknowledgment</td> <td data-bbox="1520 1299 1724 1323">005010X231A1</td> </tr> <tr> <td data-bbox="596 1336 674 1360">U277¹</td> <td data-bbox="827 1336 1283 1360">Unsolicited Claim Acknowledgment</td> <td data-bbox="1520 1336 1688 1360">005010XIBC</td> </tr> <tr> <td data-bbox="596 1373 688 1398">277CA</td> <td data-bbox="827 1373 1297 1398">Health Care Claim Acknowledgment</td> <td data-bbox="1520 1373 1688 1398">005010X214</td> </tr> <tr> <td data-bbox="596 1411 701 1435">270/271</td> <td data-bbox="827 1411 1377 1435">Health Care Eligibility/Benefit Request and</td> <td data-bbox="1520 1411 1724 1435">005010X279A1</td> </tr> </tbody> </table>	Number	Name	Version	837I	Health Care Claim (Institutional)	005010X223A2	837P	Health Care Claim (Professional)	005010X222A1	835	Health Care Claim Payment/Advice	005010X221A1	999	Functional Acknowledgment	005010X231A1	U277 ¹	Unsolicited Claim Acknowledgment	005010XIBC	277CA	Health Care Claim Acknowledgment	005010X214	270/271	Health Care Eligibility/Benefit Request and	005010X279A1
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Response

¹The U277 is a non-standard claim acknowledgment. Please consult the [HIPAA Transaction Standard Companion Guides](#) for more information about the transaction and its usage relative to the 277CA.

Is EFT an EDI transaction?	<p>Electronic Funds Transfer (EFT) is not an EDI transaction adopted under HIPAA. However, health plans are required to support EFT under the Patient Protection and Affordable Care Act (PPACA).</p> <p>For more information about how to register for EFT, visit the EFT Resources page on the AmeriHealth Provider News Center.</p>
Do I need to use my NPI to conduct EDI transactions?	<p>Yes. All providers who are eligible for a National Provider Identifier (NPI) are required to use their NPI on EDI transactions. All NPIs used on claims must be registered with AmeriHealth. Furthermore, your billing provider NPI must be affiliated with the entity that submits your electronic claims.</p> <p>Please contact your billing software vendor, clearinghouse vendor, or third-party billing service for instructions on how to affiliate your NPI. If you are a new trading partner or already know your vendor's trading partner number, go to the Trading Partner Business Center to affiliate your NPI.</p> <p>Go to www.amerihealth.com/npi to learn more about the AmeriHealth guidelines on use of the NPI.</p>
Do I need to register as a trading partner?	<p>Whether you register as a trading partner depends on how you intend to do business with AmeriHealth. Many third-party vendors, such as billing services and clearinghouses, are existing trading partners and do not require separate registration. If you are not using a third-party intermediary or if your vendor does not maintain its own trading partner relationship, you will need to register as a new trading partner. Go to the Trading Partner Business Center to sign up.</p>
What if I'm already a trading partner with Highmark?	<p>If you are currently a trading partner with the Highmark Gateway and conduct EDI transactions for payers other than AmeriHealth, you must register a new trading partner profile for AmeriHealth business.</p>
What payer ID should I use to submit electronic claims?	<p>AmeriHealth maintains multiple payer IDs to represent different product lines. Use the links below for detailed information about professional and facility payer ID codes:</p> <ul style="list-style-type: none"> • Professional Payer IDs (PDF) • Facility Payer IDs (PDF)

Does AmeriHealth provide instructions for conducting EDI transactions?

The [HIPAA Transaction Standard Transaction Guides](#) provide specific technical requirements for sending and receiving transactions. Sample transactions are available in the Resources area of the Trading Partner Business Center.

What are the HIPAA standard external code sets?

There are numerous coding sets that have been designated as standard or acceptable for use in EDI transactions. HIPAA regulations specify under what circumstance each type of coding is required. External code sets include, but are not limited to, the following:

- ICD-10-CM: Diagnosis Coding
- ICD-10-PCS: Inpatient Hospital Service Coding
- CPT: Physician Services Coding
- CDT: Dental Services Coding
- HCPCS Level II: Other Health Related Services Coding
- NDC: National Drug Codes

How will I know that AmeriHealth received my electronic claims?

Claims submitted to the Highmark Gateway are validated to ensure use of correct communication protocols as well as compliance with HIPAA standards. An acknowledgment in the form of a TA1 or 999 transaction is issued to the trading partner to communicate the results of the validation. If validation fails, none of the claims contained in the transaction set are accepted for processing. It is the responsibility of the trading partner to resolve any errors, communicating with providers as needed, and resubmit rejected transaction sets. Note that a single electronic claim file may contain multiple transaction sets.

What other reporting is available for claims?

Claims that receive a functional acknowledgment indicating acceptance are then validated to ensure they adhere to AmeriHealth business rules. An acknowledgment in the form of a U277 or 277CA is issued to the trading partner to communicate the results of the validation. Rejections are issued on an individual claims basis at this level of validation, rather than a transaction set basis. Rejected claims must be corrected and resubmitted, and accepted claims are forwarded for adjudication. If the trading partner is a third-party service provider, the acknowledgments must be made available to the appropriate billing staff for review.

Does AmeriHealth accept paper claims?

EDI transactions are a powerful tool for increasing office productivity and improving cash flow. Electronic claims submission is often faster and less expensive than paper submission. Many billing issues are identified and communicated more quickly, which can reduce time-consuming phone inquiries and aging accounts receivable.

AmeriHealth accepts paper claims; however, be advised that paper submissions typically are not effective for resolving submission issues encountered with electronic claims. Mailing addresses for paper claims can be found in the following documents:

- [Professional Payer IDs \(PDF\)](#)
- [Facility Payer IDs \(PDF\)](#)

Where can I find more information about HIPAA?

EDI transactions are addressed under the Transactions and Code Sets Rule of the Administrative Simplification provisions under HIPAA. Read more about [HIPAA](#) from CMS.

Administrative Simplification provisions also include the HIPAA Privacy and Security Rules, which include regulations for the use and disclosure of Protected Health Information (PHI). The Office for Civil Rights enforces the HIPAA Privacy and Security Rules. Learn more from the [U.S. Department of Health and Human Services](#).

If you believe that AmeriHealth has violated your (or someone else's) health information privacy rights or committed another violation of the Privacy, Security, or Breach Notification Rules, you may [file a complaint](#).

What if I have more questions?

The [Trading Partner Business Center](#) provides many resources for conducting EDI transactions successfully. For any inquiries related to your trading partner set-up or issues with sending and receiving EDI transactions, contact Highmark EDI Operations at 1-800-992-0246. Highmark EDI Operations is available Monday through Friday from 8 a.m. to 5 p.m. ET.
