

# HIPAA 101

## Transaction and Code Set Rule Overview

Presented at the CMS HIPAA/MMIS Pre-Conference  
New Orleans, Louisiana  
February 09, 2003

Kristine Weinberger, Senior Consultant  
Affiliated Computer Services

# Electronic Transaction and Code Set Rule Timing

NPRM Published 05/07/98

Final Rule Published 08/17/00

Compliance Date 10/16/02

Compliance Date with Extension 10/16/03

# Definitions

## Electronic Transaction

The exchange of electronic information between two parties to carry out financial or administrative activities related to health care.

## Code Set

Code sets define the valid data values that can be used within a transaction.

# Covered Entities

- A Health Plan
- A Health Care Clearinghouse
- A Health Care Provider (who transmits any health information in electronic form in connection with a covered transaction)
- A Business Associate of the Above

# Covered Transactions & Formats

- Claims and Encounters – 837P, 837D, 837I, NCPDP
- Remittance Advice – 835
- Health Claim Status Inquiry & Response – 276 (inquiry) & 277 (response)
- Health Plan Enrollment & Disenrollment – 834
- Health Plan Premium Payments – 820
- Referral Certification & Authorization – 278
- Eligibility Inquiry & Response – 270 (inquiry) & 271 (response)

# Format Versions

## ■ NCPDP

– Interactive 5.1, Batch 1.0

## ■ X12N

– 4010 (if addenda not final in time)

– 4010A1 (if addenda is final in time)

# Direct Data Entry

The direct entry of data (for example, using dumb terminals or web browsers) that is immediately transmitted into a health plan's computer.

# Code Sets

## ■ Medical Code Sets

- HCPCS (Health Care Financing Common Procedure Coding System)
- CPT-4 (Current Procedural Terminology 4<sup>th</sup> Edition)
- CDT (Current Dental Terminology)
- NDC (National Drug Codes)
- ICD9-CM (International Classification of Diseases –Diagnosis and Surgical Procedures)

## ■ Non Medical Code Sets

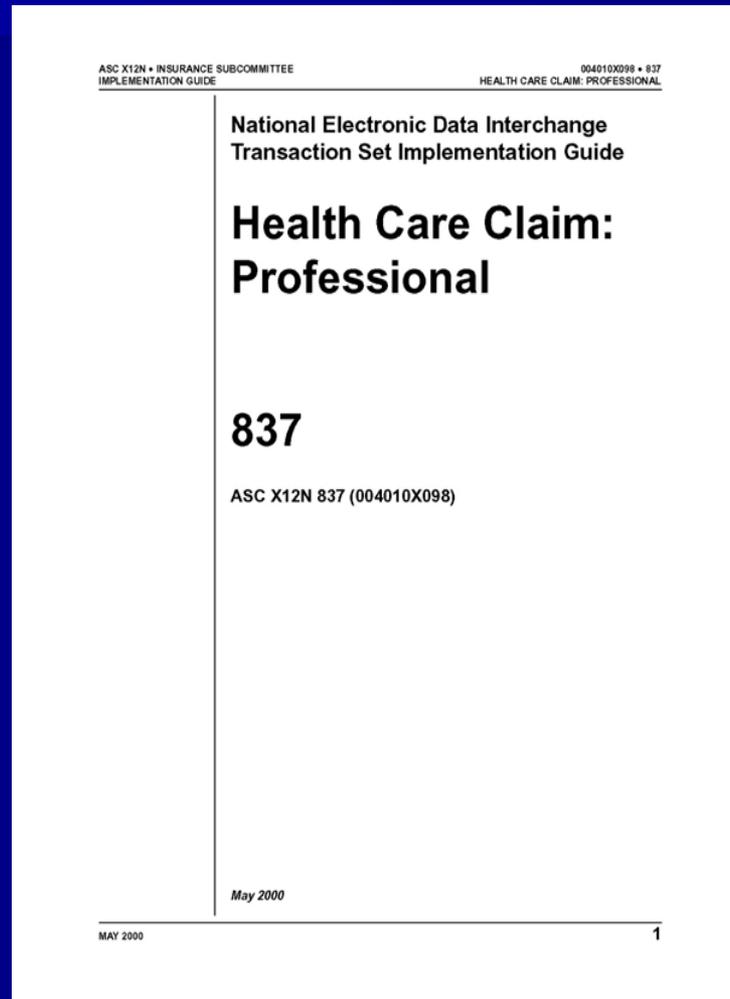
- Place of Service
- Provider Taxonomy
- Etc.



# X12 Sample of Line Item

LX\*1~SV1\*HC:99213:25:26\*43  
\*UN\*1\*\*\*3:1~DTP\*472\*D8\*2  
0000609~

# Implementation Guides

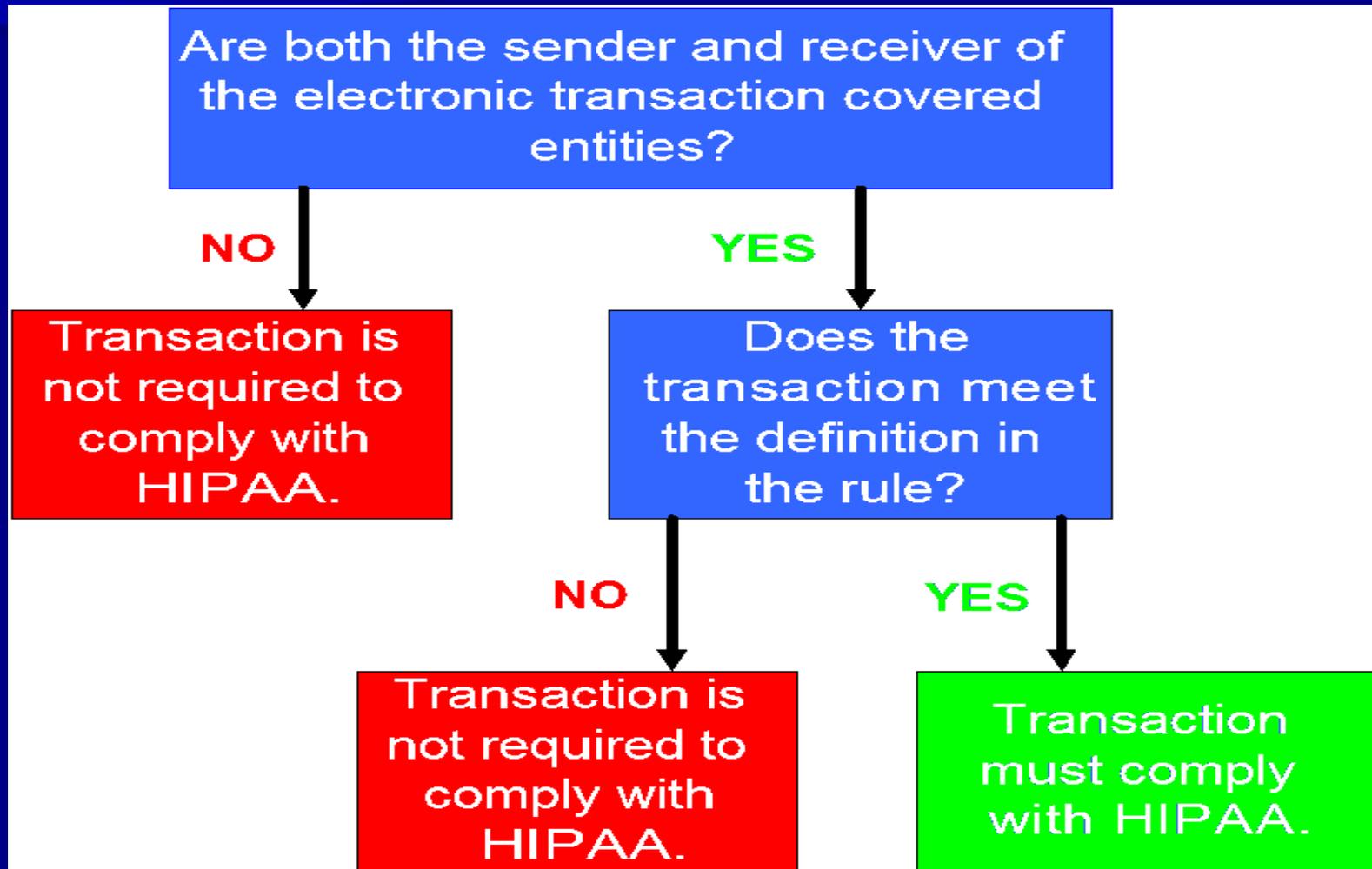


# X12 Sample of Line Item

LX\*1~SV1\*HC:99213:25:26\*43\*UN\*1\*\*\*3:1~DTP  
\*472\*D8\*20000609~

- ❑ LX\*1 - Identifies line item 1
- ❑ SV1 - Identifies services in a line item, 'HC:99213:25:26' is HCPCS code 99213 with modifiers 25 & 26, '43' is submitted charge of \$43.00, 'UN' indicates units of service, '1' indicates 1 unit of service, and '3:1' are diagnosis pointers.
- ❑ DTP - Date segment, '472' indicates date of service, 'D8' indicates a single date, and '20000609' is the date

# Transaction Evaluation Flow



# Resources

- <http://aspe.hhs.gov/admnsimp/>
- [http://www.wpc-edi.com/hipaa/HIPAA\\_40.asp](http://www.wpc-edi.com/hipaa/HIPAA_40.asp)
- <http://www.cms.gov/hipaa/hipaa2/default.asp>
- HIPAA Revelations/Tips Handout