



HIPAA TRANSACTIONS
CONVERGENCE PROJECT

From HIPAA to
Interoperability

NCVHS

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Claredi



Transactions NPRM, May 17 1998

“The health care industry recognizes the benefits of EDI and many entities in that industry have developed proprietary EDI formats. **Currently, there are about 400 formats for electronic health care claims being used in the United States.** The lack of standardization makes it difficult to develop software, and the efficiencies and savings for health care providers and health plans that could be realized if formats were standardized are diminished.”

Final Rule, Transactions, August 17, 2000

“In addition, we disagree with commenters that we should add a new “usage” statement, “not required unless specified by a contractual agreement,” in the implementation guide. We believe that the usage statement would have the same effect as allowing trading partners to negotiate which conditional data elements will be used in a standard transaction. Each health plan could then include different data requirements in their contracts with their health care providers. Health care providers would then be required to use a variety of guidelines to submit transactions to different health plans. **This would defeat the purpose of standardization.**”

(Page 50323)

§ 162.915 Trading partner agreements.

A covered entity must not enter into a trading partner agreement that would do any of the following:

- (a) Change the definition, data condition, or use of a data element or segment in a standard.
- (b) Add any data elements or segments to the maximum defined data set.
- (c) Use any code or data elements that are either marked “not used” in the standard’s implementation specification or are not in the standard’s implementation specification(s).
- (d) Change the meaning or intent of the standard’s implementation specification(s).

High expectations from HIPAA

The HIPAA standard transactions will be acceptable to all covered entities (payers and clearinghouses)

- If a provider or clearinghouse sends a claim that meets the HIPAA Standard (IG) then the payer is required to accept it without imposing additional requirements.

The Reality Today

There are many additional requirements imposed by the payers

- Contractual
- Other laws and regulations
- Telecommunications
- Implementation restrictions
- Data formatting requirements
- Data content requirements
- Most additional requirements are reasonable

Examples of Requirements

- Used / not used segments and elements
 - Functionality not yet implemented
- Data formatting requirements
 - No punctuation in names and addresses
 - Maximum of xx bytes in provider names
 - Dollar amounts must have trailing “.00”
- Data content requirements
 - Provider identifiers (may go away with NPI)
 - Anesthesia units or minutes
 - Specific provider name spelling 😊
 - Unique code set restrictions, payer-specific procedure modifiers, etc.

Where are these requirements?

- HIPAA “Companion Guides” and “Payer Sheets”
- Provider Bulletins and Newsletters
- Instructions for filing different types of claims
 - DME, Anesthesia, Home Health, Ambulance, etc.
- Joe’s head
- Codified in legacy computer system
- Does anybody know why we require this?

How many sets of requirements?

- Before HIPAA
 - Transactions NPRM reports 400 formats in use
- After HIPAA
 - Three standard X12 formats for claim + NCPDP
- Today
 - Claredi has identified 1,082 “Companion Guides” as of April 1, 2005 for the X12 HIPAA transactions.
 - Number keeps growing.
 - Identification of NCPDP “Payer Sheets” still under way

Distribution as of September 1, 2004

- 837P – 262
- 837I – 223
- 837D – 76
- 835 – 12
- 270 – 46
- 276 – 51
- 278 Request – 22
- 271 – 36
- 277 – 42
- 278 Response – 12
- 834 – 13
- 820 – 12

Distribution as of April 1, 2005

- 837P – 294
- 837I – 252
- 837D – 88
- 270 – 85
- 276 – 63
- 278 Request – 41
- 834 – 34
- 820 – 23
- 835 – 28
- 271 – 63
- 277 – 62
- 278 Response – 25

Increase From September To April

- 837P – 294 (12%)
- 837I – 252 (13%)
- 837D – 88 (14%)
- 270 – 85 (85%)
- 276 – 63 (24%)
- 278 Request – 41 (86%)
- 834 – 34 (162%)
- 820 – 23 (92%)
- 835 – 28 (133%)
- 271 – 63 (75%)
- 277 – 62 (48%)
- 278 Response – 25 (109%)

- Blue Cross Blue Shield of South Carolina: 837P (10/17/03), 837I (9/29/03), 837D (11/17/04), 270 (12/9/03)
- Blue Cross Blue Shield of Tennessee: 837P (7/31/2003), 837I (7/31/2003)
- Blue Cross Blue Shield of Texas: 837P, 837I, 837D, 270, 276
- Blue Cross Blue Shield of Wisconsin: 837P, 837I, 837D
- Blue Cross of California: 837P, 837I
- Blue Shield of California: 837P (version 1.0 4/15/03), 837I (version 1.0 4/15/03), 837D (Version 1.0 4/15/03), 834 (version 1.0 9/16/03)
- Blue Shield of Idaho: 837P (Rev03), 837I (Rev03)
- Bloon Chapman Administrators: 837P, 837I
- Brown and Toland: 837I
- California Medicaid (MediCal): 837P (Feb03), 837I
- California Medicaid (MediCal) Alcohol and Drug Programs: 837P (Version 1.4 2/20/02)
- California Medicaid (MediCal) Department of Mental Health: 837P (5/18/04), 837I (5/18/04)
- Cape Health Plan: 837P, 837I
- Capital Blue Cross: 837P (5/4/04), 837I (9/26/03), 270 (8/1/03), 271 (8/1/03), 276 (7/22/03), 277 (7/22/03)
- CareFirst Blue Cross Blue Shield: 837P (4/30/04), 837I (8/24/03)
- Carelink: 837P, 837I
- Careline Medicaid: 837I
- Carlin Healthcare: 837I
- Carlton Senior Health: 837I
- Cascade East Health Plan: 837P
- CIGNA Benefits and Insurance: 837P
- Central Reserve Life: 837P, 837I
- CIGNA: 837P, 837I
- Colorado Medicaid: 837P, 837I, 837D, 270, 271 (9/15/03), 834 (5/9/03)
- Columbia United Providers: 837P
- Community Behavioral Health: 837P (version 1.4 4/15/04)
- Community Care Network: 837I
- Community Health Choice: 837P
- Community Health Plan: 837I
- Commedicare, Inc.: 837P, 837I
- Consolidated Group Claims: 837P
- Core Source of North Carolina: 837P
- Corporate Benefit Services, Inc.: 837P, 837I
- Coventry Health Care: 837P, 837I
- Dean Health: 837P (5/19/04), 837I (5/19/04), 835 (8/26/03), 270 (8/26/03), 271 (8/26/03), 276 (8/26/03), 277 (8/26/03), 834 (8/22/03), 278 Request (8/21/03), 278 Response (8/21/03)
- DDBI New Jersey: 837P, 837I, 276, 277
- East Bay Medical Network: 837P
- Empire Blue Cross Blue Shield: 837P, 837I, 276, 277, 270, 271, 276 Request
- Employee Benefit Concepts: 837P, 837I
- Employers Health Insurance: 837P
- Employers Insurance of Wausau: 837P
- Employers Mutual, Inc.: 837I
- Fidelis Care New York: 837P, 837I
- First Choice Health Network: 270, 271, 276, 277
- First Choice Health Plan: 270, 271, 276, 277
- First Guard Health: 837P, 837I
- Florida Hospital Healthcare Systems: 837P, 837I
- Florida Medicaid: 837P (Version 2.1 12/10/03), 837I (Version 2.1 12/15/03), 837D (Version 2.1 12/15/03)
- Fortis Benefits: 837P
- Fortis Insurance Company: 837P, 837I
- Gateway Health Plan: 837P, 837I
- G.E. Group Life Assurance Company: 837P, 837I
- Geisler Health Plan: 837P (9/15/03), 837I (9/15/03), 834 (9/29/03), 278 Request (9/22/03), 270 (9/18/03), 271 (9/18/03), 276 (9/3/03), 277 (9/3/03)
- General American Life Insurance: 837P, 837I
- GEI New York: 837I
- Glisba, Inc.: 837P, 837I
- Golden Rule Insurance Company: 837P, 837I
- Great-West Life and Annuity: 837I
- Great-West Life Assurance: 837P
- Group Health: 837P (11/6/03), 837I (11/6/03), 837D (11/6/04), 270, 271, 276, 277
- Group Health Cooperative-East: 837P
- Group Health Cooperative-West: 837P, 837I
- Group Health Incorporated: 837P, 837I, 837D
- Guardian Life Insurance Company of America: 837P, 837I
- Harmony Health Plan of Indiana: 837P
- Harrington Benefit Services, Inc.: 837P, 837I
- Harvard Community Health Plan: 837P, 837I
- Harvard Pilgrim Health Care: 837D (3/1/04), 276 (1/1/04)
- Hawaii Med-QUEST Medicaid: 837P (Version 1.1 Aug03), 837I (Version 1.1 Aug03), 837D (Version 1.4 Dec03), 835 (Version 1.0 Mar03)
- Hawaii Medical Service Association: 837P, 837I, 837D, 820, 834, 278 (12/20/03), 277 (12/20/03), 270, 271, 278

- Group Health Incorporated: 837P, 837I, 837D
- Guardian Life Insurance Company of America: 837P, 837I
- Harmony Health Plan of Indiana: 837P
- Harrington Benefit Services, Inc.: 837P, 837I
- Harvard Community Health Plan: 837P, 837I
- Harvard Pilgrim Health Care: 837D (3/1/04), 276 (1/1/04)
- Hawaii Med-QUEST (Medicaid): 837P (Version 1.1 Aug03), 837I (Version 1.1 Aug03), 837D (Version 1.4 Dec03), 835 (Version 1.0 May03)
- Hawaii Medical Service Association: 837P, 837I, 837D, 820, 834, 276 (12/20/03), 277 (12/20/03), 270, 271, 278
- Health Alliance Plan of Michigan: 837P, 837I
- Health America Inc/Health Assurance/Adventra: 837P, 837I
- Health Care Players Coalition: 837P, 837I
- Health Fast: 837P
- Health Insurance Plan of Greater New York: 837P
- Health Net California Encounters: 837P
- Health Net of Arizona: 837P, 837I
- Health Net of California and Oregon: 837I
- Health Net of the Northeast, Inc.: 837P, 837I
- Health Partners: 837P
- HealthCare Compare: 837I
- HealthEase: 837P, 837I
- Healthfirst, Inc.: 837P
- HealthGuard of Lancaster: 837P
- Healthlink: 837P, 837I
- HealthPlan Services: 837P, 837I
- HealthSCOPE Benefits, Inc.: 837P
- HealthSource Arkansas: 837P, 837I
- HealthSource Indiana: 837P
- HealthSource Kentucky: 837P
- HealthSource New Hampshire: 837P
- HealthSource Ohio: 837P, 837I
- Heritage Consultants: 837P
- Highmark: 837P, 837I, 270, 271, 276, 277, 825, 278 Request, 278 Response
- HIE Physician Medical Group: 837P
- Horizon Blue Cross Blue Shield of New Jersey: 837P, 837I, 276, 277
- Horizon Mercy: 837P, 837I
- Humana: 837P (12/31/03), 837I (12/3/03), 837D (1/12/04), 820 (1/12/04), 834 (1/12/04), 835 (2/28/03), 276 (10/30/03), 277 (10/30/03), 278 Request (2/12/04), 270 (11/5/03), 271 (11/5/03)
- Illinois Medicaid: 837I (Sept03), 837P (Sept03), 837D (Dec03), 835 (Mar04), 276 (Sept03), 277 (Sept03), 278 Request (Aug03), 278 Response (Aug03)
- Indiana Medicaid: 837D (Version 6.0 Feb04), 837I (Version 7.1 Jun04), 837P (Version 7.1 Jun04), 820 (Version 5.1 Mar04), 270 (Version 4.0 9/29/03), 271 (Version 5.2 Jun04), 278 Request (Version 3.0 Feb04), 278 Response (Version 2.0 9/29/03)
- Integra Group: 837P
- Iowa Medicaid: 837P (Version 1.3 3/17/04), 837I (Version 1.3 3/17/04), 837D (Version 1.3 3/17/04), 278 Request (Version 1.0 6/23/03), 270 (Version 1.0 3/30/04)
- John Aiken Life Insurance Company: 837P, 837I
- John Deere Health: 837I, 820, 834, 837D, 837P
- Kaiser Foundation Health Plan of Mid-Atlantic States: 837P, 837I
- Kaiser Foundation Health Plan of Southern California Region: 837P, 837I
- Keystone Mercy Health Plan: 837P, 837I
- Louisiana Medicaid: 270 (4/11/03), 271 (4/11/03)
- Maine Medicaid: 837P, 837I, 837D
- MAMSI Life and Health Insurance Company: 837P
- Mays Management Services, Inc.: 837P
- Maryland Health Partners: 837I
- Maryland Medicaid: 837I, 837P, 837D
- Massachusetts Medicaid: 837P (Version 2.1 5/19/04), 837I (Version 2.1 Jul04), 837D (Version 1.6 5/19/04), 270 (Version 7.0 Dec03), 276 (Dec03), 277 (Dec03)
- Moore: 837P, 837I
- MCPH: 837I, 837P
- MedAdmin Solutions: 837P
- Medical Card Services (MCS): 837P (Version 1.2.1 Nov03), 837I (Version 1.2.1 Nov03), 837D (Version 1.2.1 Nov03)
- Medical Mutual of Ohio: 837P, 837I
- Medicare DMERC: 837P
- Memphis Managed Care: 837P
- Mercy Health Plans: 837P
- Metropolitan Health Plan: 837I
- Michigan Medicaid: 837I (7/1/03), 837P (7/1/03), 837D (7/1/03), 276 (2/20/04), 271 (2/20/04), 276 (7/20/03), 277 (7/20/03), 278 Request (10/9/03), 278 Response (10/9/03)
- Mid-America Health: 837P
- Minnesota Medicaid: 837P (10/29/03), 837I (10/29/03), 837D, 270 (10/29/03), 271 (10/29/03)
- Mississippi Medicaid: 837P (Version 6 9/29/03), 837I (Version 6 9/29/03), 837D (Version 6 9/29/03)
- Missouri Medicaid: 837P, 837I, 837D
- Molina Healthcare of Washington: 837P
- Montana Medicaid: 837P (Version 1.4 2/3/04), 837I (Version 1.4 2/3/04), 837D (Version 1.4 2/3/04), 270 (Version 1.1 10/27/03), 276 (Version 1.1 10/27/03), 278 Req (Version 1.1 10/27/03), 835 (Version 1.1 10/27/03)
- Montefiore Contract Management Corporation: 837D

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- Many more are in development and will be available soon.

- Alabama Medicaid: 270 (version 5.0 11/20/03), 271 (version 4.0 9/16/03), 276 (version 5.0 11/20/03), 277 (version 5.0 11/25/03), 278 Request (version 2.0 7/24/03), 828, 834, 835
- Alabama Medicaid: 837P (Dec03)
- Anthem Blue Cross and Blue Shield (Midwest): 270, 271, 276, 277, 278 Request, 278 Response, 834
- Anthem Blue Cross and Blue Shield (Virginia): 278 Request (Aug03), 278 Response (Aug03)
- Arkansas Medicaid: 278 Request, 278 Response
- Alaska Medicaid: 837P (version 3 12/29/03), 837I (version 3 12/29/03), 837D (version 3 12/29/03), 270 (version 1 12/29/03), 271 (version 1 12/29/03), 276 (version 1 12/29/03), 278 Request (version 1 12/29/03), 278 Response (version 1 12/29/03)
- Blue Cross and Blue Shield of Alabama: 837I (Aug02), 276 (Dec03), 278 Request (Oct03)
- Blue Cross Blue Shield of Arizona: 270, 271, 276, 820, 834
- Blue Cross Blue Shield of Connecticut: 837P (Release 03 Nov03), 837I (Release 03 Nov03)
- Blue Cross Blue Shield of Illinois: 278 Request
- Blue Cross of Idaho: 837P (version 1.1), 837I (version 1.1), 837D (version 1.1)
- Blue Cross and Blue Shield of Minnesota: 276 (5/30/04), 277 (5/30/04), 834 (Apr03)
- Blue Cross Blue Shield of Rhode Island: 270 (version 1.3 5/1/04), 271 (version 1.3 5/1/04), 276 (version 1.3 5/1/04), 277 (version 1.3 5/1/04), 278 Request (version 1.3 5/1/04)
- Blue Cross Blue Shield of South Carolina: 276 (12/2/03), 278 Request (12/29/03), 834 (5/7/03)
- CareFirst Blue Cross Blue Shield: 270 (4/30/04), 276 (4/30/04)
- Claim Management Service: 837I
- Coventry Health Care: 837I, 837D, 270, 276
- Dean Health: 820
- Empire Blue Cross Blue Shield: 835
- Florida Medicaid: 276, 277, 270, 271, 278 Request, 278 Response
- Georgia Medicare: 837P (Jan04)
- Group Health Incorporated: 276, 277, 820, 834, 835

- Anthem Blue Cross and Blue Shield (Virginia): 278 Request (Aug03), 278 Response (Aug03)
- Arkansas Medicaid: 278 Request, 278 Response
- Alaska Medicaid: 837P (Version 3 12/29/03), 837I (Version 3 12/29/03), 837D (Version 3 12/29/03), 270 (Version 1 12/29/03), 271 (Version 1 12/29/03), 278 Request (Version 1 12/29/03), 278 Response (Version 1 12/29/03)
- Blue Cross and Blue Shield of Alabama: 837I (Aug03), 276 (Dec03), 278 Request (Oct03)
- Blue Cross Blue Shield of Arizona: 270, 271, 278, 820, 834
- Blue Cross Blue Shield of Connecticut: 837P (Release 03 Nov03), 837I (Release 03 Nov03)
- Blue Cross Blue Shield of Illinois: 278 Request
- Blue Cross of Idaho: 837P (Version 1.1), 837I (Version 1.1), 837D (Version 1.1)
- Blue Cross and Blue Shield of Minnesota: 276 (5/30/04), 277 (5/30/04), 834 (Apr03)
- Blue Cross Blue Shield of Rhode Island: 270 (Version 1.3 5/1/04), 271 (Version 1.3 5/1/04), 278 (Version 1.3 5/1/04), 277 (Version 1.3 5/1/04), 278 Request (Version 1.2 5/1/04)
- Blue Cross Blue Shield of South Carolina: 278 (12/2/03), 278 Request (12/2/03), 834 (5/7/03)
- CareFirst Blue Cross Blue Shield: 270 (4/30/04), 278 (4/30/04)
- Claim Management Service: 837I
- Coventry Health Care: 837I, 837D, 270, 278
- Dean Health: 820
- Empire Blue Cross Blue Shield: 835
- Florida Medicaid: 276, 277, 278, 271, 278 Request, 278 Response
- Georgia Medicare: 837P (Jan04)
- Group Health Incorporated: 276, 270, 820, 834, 835
- Harvard Pilgrim Health Care: 270 (1/1/04)
- Idaho Medicaid: 837P, 837D, 837I
- Illinois Medicaid: 270 (Mar04), 271 (Mar04)
- Indiana Medicaid: 276 (Version 4 1 Jun04), 277 (Version 4 1 Jun04), 278 Request (Version 3.0 Feb04), 278 Response (Version 3.0 Feb04)
- Iowa Medicaid: 276 (Version 1 1 3/30/04), 277 (Version 1 1 3/30/04)
- Kansas Medicaid: 837P (4/5/04), 837I (4/5/04), 837D (4/5/04), 834 (11/12/03), 838 (02/4/04), 270 (11/12/03), 271 (11/12/03), 276 (11/12/03), 277 (11/12/03), 278 Request (11/12/03), 278 Response (11/12/03)
- Kentucky Medicaid: 837P (Version 1.2), 837D (Version 1.1), 837I (Version 1.1)
- Louisiana Medicaid: 837P, 837I, 837D
- Maryland Medicaid: 820
- Medical Card Services (MCS): 276 (Version 1.2.1 Nov03), 277 (Version 1.2.1 Nov03), 270 (Version 1.2.1 Nov03), 271 (Version 1.2.1 Nov03), 835 (Version 1.2.1 Nov03)
- Medica: 837P (5/30/04), 837I (5/30/03), 276 (5/30/04), 277 (6/30/04)
- Minnesota Medicaid: 835
- Mississippi Medicaid: 278 Request (Version 2.0 9/29/03), 278 Response (Version 2.0 9/29/03), 820 (Version 4.0 9/29/03), 835 (Version 4.0 9/29/03)
- National Heritage Insurance Company (Texas Medicaid): 270, 271, 278 (3rd Revision Aug03), 277 (3rd Revision Aug03), 835
- Nebraska Medicaid: 270, 271
- Nevada Medicaid: 837P (11/12/03), 837I (11/12/03), 837D (11/12/03), 270 (Version 3), 271 (Version 3), 276 (11/12/03), 277 (11/12/03), 278 Request (11/12/03), 278 Response (11/12/03), 820 (9/23/03), 834 (Version 1.3 Aug03)
- New Mexico Medicaid: 820, 834, 276 (10/3/03), 271 (11/19/03)
- Northern Healthcare (MN): 835, 837P
- North Dakota Medicaid: 270 (Oct03), 271 (Oct03), 276 (Oct03), 277 (Oct03), 278 Request (Oct03), 278 Response (Oct03)
- Ohio Medicaid: 278 Request, 278 Response
- Oregon Medicaid: 820 (11/3/03)
- PacificCare: 835 (Version 1.0 Jul03)
- Paramount: 834, 835
- Rhode Island Medicaid: 835
- South Carolina Medicaid: 276 (Version 1.0 7/28/03), 277 (Version 1.0 7/28/03), 270 (Version 1.1 3/30/04), 271 (Version 1.1 3/30/04), 278 (Version 1.0 7/28/04)
- South Dakota Medicaid: 837P (Version 1.0 Jun03), 837I (Version 1.0 Jun03), 270 (Version 1.0 Jun03), 276 (Version 1.0 Jun03), 278 Request (Version 1.0 Jun03)
- Tennessee Medicaid: 270, 271, 276, 277, 278 Request, 278 Response, 820, 834, 835
- Thrift/Trailblazers Medicare: 270, 271, 278, 837D, 837P, 837I, 834
- TRICARE: 835, 270, 271
- UGS Medicare: 837I
- Virginia Medicaid: 835 (11/17/03)
- Washington Medicaid: 271 (10/20/03), 834 (Version 1.05 3/24/04)
- Wisconsin Medicaid: 270, 271

Don't see your document in the list?

Contact Lynn Chapple at 1-866-444-0339 ext. 220 or lynn.chapple@claredi.com and we'll add them for you for FREE.

To use these built-in companion document edits, sign up with Claredi now! [Click here.](#)

Claredi's Companion Guide Portal

- Free resource on the Internet
- Lists all the companion guides we have identified, with version number and date
- Links to the guides themselves
 - Only for guides available through the Internet (65%)
 - Some guides are restricted distribution
- Next tasks:
 - NCPDP "Payer Sheets"
 - NCPDP + ASAP + NACDS
 - Claim Attachments "templates"
 - CCR templates?

So...

- How do we help in **converging** these requirements into common requirements?



HIPAA TRANSACTIONS CONVERGENCE PROJECT

Claredi's Convergence Project

- To help the healthcare industry converge on a manageable set of requirements for the HIPAA transactions
- To help identify the divergent requirements
- To automate the identification of requirements in a machine processable format
- To provide a convergence model usable for other transactions like those in the NHII
- Free, open to the entire industry

Convergence → Interoperability

- Data Content profiles driven by NUBC, NUCC, ADA DeCC, NCPDP, NDEDIC, CAQH, ASAP, others
 - Industry should adopt these data content profiles as reference point, or “target for convergence”
- Feedback mechanism: compare transaction requirements profiles among participants
 - Deviation from requirements defined by Content Committees, industry associations and others
 - Deviation from other requirement from same payer
 - Deviation from requirements from other payers

HIPAA Convergence Requirements Profiles

- General Convergence Profiles
 - Define common requirements as target for convergence
 - Bill type, Type of claim
 - Profiles defined by NUBC, NUCC, DeCC, NCPDP, NDEDIC, CAQH, for the entire industry
- Payer/Clearinghouse/Vendor/Provider-Specific
 - Defined by each entity for their own needs
 - Concise, limited only to entity-specific needs
 - Allow automated comparison to other profiles
 - Private or Public
 - Does not replace companion guides. Supplements them.
 - Eventually these profiles **“should” go away** (Probability 0%)

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CONVERGENCE PROJECT**

Claredi is sponsoring the Convergence Project as a mechanism to help the industry converge on a common set of HIPAA Transaction Requirements by identifying the data requirements contained in [companion documents](#) and comparing requirements among multiple lists. The goal is to minimize the need for unique data requirements in companion documents and to help reduce the burden of companion documents.

Claredi provides free access to the HIPAA Transaction Requirements Lists, a visual comparison tool, and the ability for payers and others to define and maintain their own requirement lists for all the HIPAA Transactions. Access is free after [registering with Claredi for this project](#). If you need assistance in creating or maintaining your own requirement lists for this project, please contact Claredi Customer Support at 1-866-444-0339, option 5.

Requirement Lists may be viewed and also downloaded in machine-readable form. If you need these lists in other formats, or sent to you automatically on a subscription basis, contact Claredi Sales at 1-866-444-0339, option 6. If you want Claims or other HIPAA Transaction data matched against requirement lists, open a [Claredi Classic Account](#).

The following standards-setting organizations and industry associations are among those participating in the HIPAA Transactions Convergence Project:

Standards Development Organizations[NUBC \(National Uniform Billing Committee\)](#)[NUCC \(National Uniform Claim Committee\)](#)[American Dental Association \(Dental Content Committee\)](#)[NCPDP \(National Council for Prescription Drug Programs\)](#)

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**HIPAA TRANSACTIONS
CONVERGENCE PROJECT**

Disclaimer

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- Click on List name for summary, 'CSV', or 'XML' to see the Requirements.
- To download the individual files, right-click on the CSV or XML option and choose 'Save As ...'

Other Global Lists

Publisher	List Name	Transaction	Downloads
Claredi	Alabama Medicaid 837D - Recommended This list contains the data elements that are not required by Alabama Medicaid, but if sent, must meet the criteria listed.	837D X097A1	CSV XML
Claredi	Alabama Medicaid 837D - Required This list contains the data elements that are required by Alaska Medicaid for 837 Dental Claims.	837D X097A1	CSV XML
Claredi	Alabama Medicaid 837I - Recommended These elements are not required by Alabama Medicaid, but if sent, must meet the criteria	837I X096A1	CSV XML

Claredi	Bill Type 11x Hosp. Inpatient, discharged (Medicare non-PPS)	837I	X096A1	CSV	XML
Claredi	Bill Type 11x Hosp. Inpatient, discharged (Medicare PPS)	837I	X096A1	CSV	XML
Claredi	Bill Type 11x Hosp. Inpatient, discharged (non-Medicare)	837I	X096A1	CSV	XML
Claredi	Bill Type 11x Hosp. Inpatient, not discharged (Medicare non-PPS)	837I	X096A1	CSV	XML
Claredi	Bill Type 11x Hosp. Inpatient, not discharged (Medicare PPS)	837I	X096A1	CSV	XML
Claredi	Bill Type 11x Hosp. Inpatient, not discharged (non-Medicare)	837I	X096A1	CSV	XML
Claredi	Bill Type 12x Hospital - Inpatient (Medicare Part B only)	837I	X096A1	CSV	XML
Claredi	Bill Type 13x Hospital - Outpatient	837I	X096A1	CSV	XML
Claredi	Bill Type 14x Hospital - Other	837I	X096A1	CSV	XML
Claredi	Bill Type 17x Hospital - Subacute Inpatient	837I	X096A1	CSV	XML
Claredi	Bill Type 18x Hospital - Swing Beds, discharged	837I	X096A1	CSV	XML
Claredi	Bill Type 18x Hospital - Swing Beds, not discharged	837I	X096A1	CSV	XML
Claredi	Blue Cross Blue Shield Anthem West of Colorado 837I	837I	X096A1	CSV	XML
Claredi	Blue Cross Blue Shield Anthem West of Colorado	837P		CSV	XMI

Publisher	List Name	Transaction	Downloads
Claredi	Alabama Medicaid 837D - Recommended This list contains the data elements that are not required by Alabama Medicaid, but if sent, must meet the criteria listed.	837D X097A1	CSV XML
Claredi	Alabama Medicaid 837D - Required This list contains the data elements that are required by Alaska Medicaid for 837 Dental Claims.	837D X097A1	CSV XML
Claredi	Alabama Medicaid 837I - Recommended These elements are not required by Alabama Medicaid, but if sent, must meet the criteria listed.	837I X096A1	CSV XML
Claredi	Alabama Medicaid 837I - Required This list contains elements that are required by Alabama Medicaid for each Institutional claim.	837I X096A1	CSV XML
Claredi	Alabama Medicaid 837P Recommended This list contains the data elements that are not required by Alabama Medicaid, but if sent must meet criteria listed.	837P X098A1	CSV XML
Claredi	Alabama Medicaid 837P Required This list contains the data elements that are required by Alabama Medicaid for Professional claims.	837P X098A1	CSV XML
Claredi	Alaska Medicaid 837D - Recommended This list contains the data elements that are not required by Alaska Medicaid, but if sent, must meet the criteria listed.	837D X097A1	CSV XML
Claredi	Alaska Medicaid 837D - Required This list contains the data elements that are required by Alaska Medicaid for 837 Dental Claims.	837D X097A1	CSV XML
Claredi	Alaska Medicaid 837I - Recommended These elements are not required by Alaska Medicaid, but if sent, must meet the criteria listed.	837I X096A1	CSV XML
Claredi	Alaska Medicaid 837I - Required This list contains the data elements that are required by Alaska Medicaid for 837 Institutional Claims.	837I X096A1	CSV XML



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Public Requirement Lists

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Requirement List: Blue Cross Blue Shield of Florida 837P

Published by: Claredi

004010X098A1 - 837 Professional

Element	Choice	Operator	Data	Default
Submitter Contact Communication Number1-ED (837P.1000A.PER.PER04)	Required	Presence of Element		
Billing Provider Additional Identifier-1B (837P.2000A.2010AA.REF.REF02)	Required	String Length	5	
Payer Primary Identifier-PI (837P.2000B.2010BB.NM1.NM109)	Required	Equal To (Numeric)	590	
Claim Submission Reason Code (837P.2000C.2300.CLM.CLM05.CLM0503)	Required	One of Selected Codes	1	
Claim Attachment Report Type Code (837P.2000C.2300.PWK.PWK01)	Not Used			
Claim Attachment Transmission Code (837P.2000C.2300.PWK.PWK02)	Not Used			
Claim Attachment Control Number (837P.2000C.2300.PWK.PWK06)	Not Used			
Claim Principal Diagnosis Code (837P.2000C.2300.HI.HI01.HI0102)	Required	Presence of Element		
Service Line Unit Count- F2 (837P.2000C.2300.2400.SV1.SV104)	Not Used			
Application Reason Code		Equal To		

Claredi - Free Stuff - Requirement Lists - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Claredi	Blue Cross Blue Shield of Alabama 837P	837P X098A1	CSV	XML
Claredi	Blue Cross Blue Shield of Arizona 837I	837I X096A1	CSV	XML
Claredi	Blue Cross Blue Shield of Arizona 837P	837P X098A1	CSV	XML
Claredi		837D X097A1	CSV	XML
Claredi		837D X097A1	CSV	XML
Claredi		837I X096A1	CSV	XML
Claredi		837I X096A1	CSV	XML
Claredi		837P X098A1	CSV	XML
Claredi		837P X098A1	CSV	XML
Claredi		837I X096A1	CSV	XML
Claredi	Blue Cross Blue Shield of Georgia 837P	837P X098A1	CSV	XML
Claredi	Blue Cross Blue Shield of Illinois 837D	837D X097A1	CSV	XML
Claredi	Blue Cross Blue Shield of Illinois 837I	837I X096A1	CSV	XML
Claredi	Blue Cross Blue Shield of Illinois 837P	837P X098A1	CSV	XML

File Download

Some files can harm your computer. If the file information below looks suspicious, or you do not fully trust the source, do not open or save this file.

File name: RequirementList.xml
File type: XML Document
From: ns.claredi.com

Would you like to open the file or save it to your computer?

☒ Always ask before opening this type of file

Claim Type: Ambulance

[Edit Element List](#) [\(Full List\)](#) [List Properties](#)
View: [Summary](#) [CSV](#) [XML](#)

Create a New Requirement List

List Name: Sequence Number:

Seq. Number is used to order your lists for convenience.

Transaction:

Choose a Transaction

Copy list from:

Description:

(Allows limited HTML)

Publicly visible on Global Lists

Notes:

(text only)

Not publicly visible

278Q - 004010X094A1 - 278 Services Review - Request
278R - 004010X094 - 278 Services Review - Response
278R - 004010X094A1 - 278 Services Review - Response
820 - 004010X061 - 820 Payment Order/Remittance
820 - 004010X061A1 - 820 Payment Order/Remittance
834 - 004010X095 - 834 Enrollment
834 - 004010X095A1 - 834 Enrollment
835 - 004010X091 - 835 Remittance
835 - 004010X091A1 - 835 Remittance
837D - 004010X097 - 837 Dental
837D - 004010X097A1 - 837 Dental
837I - 004010X096 - 837 Institutional
837I - 004010X096A1 - 837 Institutional
837P - 004010X098 - 837 Professional
837P - 004010X098A1 - 837 Professional
997 - 004010 - Functional Acknowledgment
B1 - NCPDP 5.1/1.1 - Billing
B2 - NCPDP 5.1/1.1 - Reversal
B3 - NCPDP 5.1/1.1 - Rebill
C1 - NCPDP 5.1/1.1 - Controlled Substance Reporting
C2 - NCPDP 5.1/1.1 - Controlled Substance Reporting Reversal
C3 - NCPDP 5.1/1.1 - Controlled Substance Reporting Rebill
E1 - NCPDP 5.1/1.1 - Eligibility
N1 - NCPDP 5.1/1.1 - Information Reporting
N2 - NCPDP 5.1/1.1 - Information Reporting Reversal
N3 - NCPDP 5.1/1.1 - Information Reporting Rebill
P1 - NCPDP 5.1/1.1 - Prior Authorization & Billing
P2 - NCPDP 5.1/1.1 - Prior Authorization Reversal
P3 - NCPDP 5.1/1.1 - Prior Authorization Inquiry
P4 - NCPDP 5.1/1.1 - Prior Authorization Request Only

Global List

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My Requirements



Bill Type 11x Hosp. Inpatient, not discharged (Medicare PPS)

837I - 004010X096A1 - 837 Institutional

Select the Elements you want to include in this Requirement List.

Note that you can organize the elements by Element name or Location by clicking on the respective link.

Cancel

Save

[Show Partial List](#)

Include in List	Location	Element
<input type="checkbox"/>	837I.ST.ST01	Transaction Set Identifier Code
<input type="checkbox"/>	837I.ST.ST02	Transaction Set Control Number
<input type="checkbox"/>	837I.BHT.BHT02	Transaction Set Purpose Code
<input type="checkbox"/>	837I.BHT.BHT03	Transaction Set Originator Application Transaction Identifier
<input type="checkbox"/>	837I.BHT.BHT04	Transaction Set Creation Date
<input type="checkbox"/>	837I.BHT.BHT05	Transaction Set Creation Time
		Transaction Set Claim Or

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File Edit View Favorites Tools Help			
<input type="checkbox"/>	837I.2000C.2300.CLM.CLM11.CLM1102	Claim Related Causes Code2	
<input type="checkbox"/>	837I.2000C.2300.CLM.CLM11.CLM1103	Claim Related Causes Code3	
<input type="checkbox"/>	837I.2000C.2300.CLM.CLM11.CLM1104	Claim Auto Accident State Or Province Code	
<input type="checkbox"/>	837I.2000C.2300.CLM.CLM11.CLM1105	Claim Accident Country Code	
<input type="checkbox"/>	837I.2000C.2300.CLM.CLM12	Claim Special Program Indicator	
<input type="checkbox"/>	837I.2000C.2300.CLM.CLM18	Claim Explanation Of Benefits Indicator	
<input type="checkbox"/>	837I.2000C.2300.CLM.CLM20	Claim Delay Reason Code	
<input checked="" type="checkbox"/>	837I.2000C.2300.DTP.DTP03	Claim Discharge Hour	
<input type="checkbox"/>	837I.2000C.2300.DTP.DTP03	Claim Statement From Or To Date-R D8	
<input type="checkbox"/>	837I.2000C.2300.DTP.DTP03	Claim Statement From Or To Date-D8	
<input checked="" type="checkbox"/>	837I.2000C.2300.DTP.DTP03	Claim Admission Date And Hour	
<input checked="" type="checkbox"/>	837I.2000C.2300.CL1.CL101	Claim Admission Type Code	
<input checked="" type="checkbox"/>	837I.2000C.2300.CL1.CL102	Claim Admission Source Code	
<input checked="" type="checkbox"/>	837I.2000C.2300.CL1.CL103	Claim Patient Status Code	
<input type="checkbox"/>	837I.2000C.2300.PWK.PWK01	Claim Attachment Report Type Code	
<input type="checkbox"/>	837I.2000C.2300.PWK.PWK02	Claim Attachment Transmission Code	
<input type="checkbox"/>	837I.2000C.2300.PWK.PWK06	Claim Attachment Control Number	
<input type="checkbox"/>	837I.2000C.2300.PWK.PWK07	Claim Attachment Description	
<input type="checkbox"/>	837I.2000C.2300.CN1.CN101	Claim Contract Type Code	

Bill Type 11x Hosp. Inpatient, not discharged (Medicare PPS)

837I - 004010X096A1 - 837 Institutional

When you have identified the elements you want in the list, specify what your requirement is for each element on this page

(Not Used, Not Allowed, Allowed, or Required; the Operator; and any related Data value used for comparison).

If the element is a 'code' type, it has a select set of items that can be chosen. In this case, a code value will appear in the Data column for the element. If you have a code with many items, you can use the 'select all' feature to select them all (if you want) or the 'deselect all' feature to deselect any you don't want to use.

Sort by IG

Sort Alphabetically

Hint: Use the CTRL or SHIFT keys while clicking to select multiple items.

Element	Choice				Operator	Data	Default
	Not Used	Not Allowed	Allowed	Required			
Claim Type Of Bill Facility Type Code	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Equal To (String)	11	
Claim Type Of Bill Claim Frequency Code	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Not Equal To (String)	1,2,3,4,6,9,B,(
Claim Discharge Hour	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Presence of Element		
Claim Admission Date And Hour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Presence of Element		



Edit Requirement List: My own Payer Sheet

B1 - NCPDP 5.1/1.1 - Billing

List Name:

Sequence Number:

Seq. Number is used to order your lists for convenience.

Description:

(Allows limited HTML)
Publicly visible on Global Lists

This is what I can actually produce, so I can compare with the payer's requirements and see if it will work.

Notes:

(text only)

Not Publicly visible



Make List Global (Available to world)

Save

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CONVERGENCE PROJECT

Compare Requirement Lists

Choose up to 10 Requirement Lists to compare, by selecting the checkboxes on the left. When you are ready to compare, click 'Compare'.

Only lists for similar transactions may be compared to each other.

My Own Lists

Diff	Publisher	List Name	Transaction
<input type="checkbox"/>	Claredi	Bill Type 11x Hosp. Inpatient, discharged (Medicare non-PPS)	837I X096A1
<input type="checkbox"/>	Claredi	Bill Type 11x Hosp. Inpatient, discharged (Medicare PPS)	837I X096A1
<input type="checkbox"/>	Claredi	Bill Type 11x Hosp. Inpatient, discharged (non-Medicare)	837I X096A1

Diff	Publisher	List Name	Transaction
<input type="checkbox"/>	Claredi	Bill Type 11x Hosp. Inpatient, discharged (Medicare non-PPS)	837I X096A1
<input checked="" type="checkbox"/>	Claredi	Bill Type 11x Hosp. Inpatient, discharged (Medicare PPS)	837I X096A1
<input type="checkbox"/>	Claredi	Bill Type 11x Hosp. Inpatient, discharged (non-Medicare)	837I X096A1
<input type="checkbox"/>	Claredi	Bill Type 11x Hosp. Inpatient, not discharged (Medicare non-PPS)	837I X096A1
<input type="checkbox"/>	Claredi	Bill Type 11x Hosp. Inpatient, not discharged (Medicare PPS)	837I X096A1
<input type="checkbox"/>	Claredi	Bill Type 11x Hosp. Inpatient, not discharged (non-Medicare)	837I X096A1
<input checked="" type="checkbox"/>	Claredi	Bill Type 12x Hospital - Inpatient (Medicare Part B only)	837I X096A1
<input checked="" type="checkbox"/>	Claredi	Bill Type 13x Hospital - Outpatient	837I X096A1
<input checked="" type="checkbox"/>	Claredi	Bill Type 14x Hospital - Other	837I X096A1
<input type="checkbox"/>	Claredi	Bill Type 17x Hospital - Subacute Inpatient	837I X096A1
<input type="checkbox"/>	Claredi	Bill Type 18x Hospital - Swing Beds, discharged	837I X096A1
<input type="checkbox"/>	Claredi	Bill Type 18x Hospital - Swing Beds, not discharged	837I

<input type="checkbox"/>	Claredi	List Name 43	837I X096A1
<input type="checkbox"/>	Claredi	ODJFS Claims Required Data - Not Compound	NCPDP B1
<input type="checkbox"/>	Claredi	ODJFS Claims Required Data - Compound	NCPDP B1
<input type="checkbox"/>	Claredi	ODJFS Claims - COB	NCPDP B1
<input type="checkbox"/>	Claredi	ODJFS Claims - DUR / PPS	NCPDP B1
<input type="checkbox"/>	Claredi	OKMMIS Claims Required Data - Not Compound	NCPDP B1
<input type="checkbox"/>	Claredi	OKMMIS Claims Required Data - Compound	NCPDP B1
<input type="checkbox"/>	Claredi	OKMMIS Claims Required Data - HMO Provider ID	NCPDP B1
<input type="checkbox"/>	Claredi	OKMMIS Claims - COB	NCPDP B1
<input type="checkbox"/>	Claredi	OKMMIS Claims - DUR / PPS	NCPDP B1
<input type="checkbox"/>	Claredi	OKMMIS Claim reversal	NCPDP B2

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Name	Bill Type 11x Hosp. Inpatient, discharged (Medicare PPS)	Bill Type 12x Hospital - Inpatient (Medicare Part B only)	Bill Type 13x Hospital - Outpatient	Bill Type 14x Hospital - Other
Claim Type Of Bill Facility Type Code	Required Equal To (String) (11)	Required Equal To (String) (12)	Required Equal To (String) (13)	Required Equal To (String) (14)
Claim Type Of Bill Claim Frequency Code	Required Equal To (String) (1)	Required Not Equal To (String) (2,3,4,6,9,A,B,C,D,E)	Required Not Equal To (String) (6,9,A,B,C,D,E)	Required Not Equal To (String) (2,3,4,6,9,A,B,C,D,E)
Claim Discharge Hour	Required Presence of Element	Not Allowed	Not Allowed	Not Allowed
Claim Statement From Or To Date- D8				Required Presence of Element
Claim Statement From Or To Date-R D8				Not Allowed
Claim Admission Date And Hour	Required Presence of Element	Required Presence of Element	Required Presence of Element	Required Presence of Element
Claim	Required		Required	Required

Home Health Mental Status Code1	Not Allowed	Not Allowed	Not Allowed	Not Allowed
Claim Principal Diagnosis Code	Required Presence of Element	Required Presence of Element	Required Presence of Element	
Claim Admitting Diagnosis Reason For Visit-BJ	Required Presence of Element	Not Allowed		
Claim Admitting Diagnosis Reason For Visit-ZZ	Not Allowed	Required Presence of Element		
Claim Diagnosis Related Group Code		Not Allowed	Not Allowed	Not Allowed
Claim Principal Procedure Code-BP	Not Allowed	Not Allowed	Not Allowed	Not Allowed
Claim Other Procedure Code1-BO	Not Allowed	Not Allowed	Not Allowed	Not Allowed
Claim Treatment Code1	Not Allowed	Not Allowed	Not Allowed	Not Allowed

Code1-BO				
Claim Treatment Code1	Not Allowed	Not Allowed	Not Allowed	Not Allowed
Claim Days Count-LA	Required Presence of Element		Not Allowed	Not Allowed
Claim Days Count-CA	Required Presence of Element	Not Allowed	Not Allowed	Not Allowed
Claim Days Count-NA	Required Presence of Element		Not Allowed	Not Allowed
Claim Days Count-CD	Required Presence of Element		Not Allowed	Not Allowed
Home Health Discipline Type Code	Not Allowed	Not Allowed	Not Allowed	Not Allowed
Home Health Total Visits Prior To Recertification Date	Not Allowed	Not Allowed	Not Allowed	Not Allowed
Home Health Total Visits Projected During	Not Allowed	Not Allowed	Not Allowed	Not Allowed

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<input type="checkbox"/>	Claredi	Wellmark Blue Cross and Blue Shield 837I	837I	X096A1
<input type="checkbox"/>	Claredi	Wellmark Blue Cross and Blue Shield 837P	837P	X098A1
<input type="checkbox"/>	Claredi	Blue Cross Blue Shield of Alabama 837D	837D	X097A1
<input type="checkbox"/>	Claredi	List Name 43	837I	X096A1
<input type="checkbox"/>	Claredi	ODJFS Claims Required Data - Not Compound	NCPDP	B1
<input type="checkbox"/>	Claredi	ODJFS Claims Required Data - Compound	NCPDP	B1
<input type="checkbox"/>	Claredi	ODJFS Claims - COB	NCPDP	B1
<input type="checkbox"/>	Claredi	ODJFS Claims - DUR / PPS	NCPDP	B1
<input checked="" type="checkbox"/>	Claredi	OKMMIS Claims Required Data - Not Compound	NCPDP	B1
<input checked="" type="checkbox"/>	Claredi	OKMMIS Claims Required Data - Compound	NCPDP	B1
<input type="checkbox"/>	Claredi	OKMMIS Claims Required Data - HMO Provider ID	NCPDP	B1
<input type="checkbox"/>	Claredi	OKMMIS Claims - COB	NCPDP	B1
<input type="checkbox"/>	Claredi	OKMMIS Claims - DUR / PPS	NCPDP	B1
<input type="checkbox"/>	Claredi	OKMMIS Claim reversal	NCPDP	B2

Compare Clear All

Segment Identification	Not Used	Not Used
Segment Identification	Not Allowed	Required Equal To (String) (10)
Compound Dosage Form Description Code		Required Presence of Element
Compound Dispensing Unit Form Indicator		Required Equal To (String) (1,2,3)
Compound Route of Administration		Required Presence of Element
Compound Ingredient Component Count		Required Less Than or Equal To (Numeric) (25)
Compound ProductID Qualifier		Required Equal To (String) (03)
Compound ProductID		Required Presence of Element
Compound Ingredient Quantity		Required Presence of Element
Compound Ingredient Drug Cost		Not Used
Compound Ingredient Basis of Cost Determination		Not Used
Segment Identification	Required Equal To (String) (11)	Required Equal To (String) (11)
Ingredient Cost Submitted	Not Used	Not Used

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HIPAA TRANSACTIONS CONVERGENCE PROJECT

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Transactions

Version	Transaction	Count
004010	Functional Acknowledgment	0
004010X061	820 Payment Order/Remittance	0
004010X061A1	820 Payment Order/Remittance	0
004010X091	835 Remittance	0
004010X091A1	835 Remittance	0
004010X092	270 Eligibility - Inquiry	0
004010X092	271 Eligibility - Information	0
004010X092A1	270 Eligibility - Inquiry	0

004010X093	277 Claim Status - Notification	0
004010X093A1	276 Claim Status - Request	0
004010X093A1	277 Claim Status - Notification	0
004010X094	278 Services Review - Request	0
004010X094	278 Services Review - Response	0
004010X094A1	278 Services Review - Request	0
004010X094A1	278 Services Review - Response	0
004010X095	834 Enrollment	0
004010X095A1	834 Enrollment	0
004010X096	837 Institutional	0
004010X096A1	837 Institutional	157
004010X097	837 Dental	0
004010X097A1	837 Dental	75
004010X098	837 Professional	0
004010X098A1	837 Professional	135
5.1/1.1	Billing	5
5.1/1.1	Controlled Substance Reporting	0
5.1/1.1	Controlled Substance Reporting Rebill	0
5.1/1.1	Controlled Substance Reporting Reversal	0
5.1/1.1	Eligibility	1
5.1/1.1	Information Reporting	0
5.1/1.1	Information Reporting Rebill	0

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Transaction Summary -- 837 Professional - 004010X098A1

135 Requirement Lists

[Alphabetical Order](#) [IG Order](#)

Element	Required	Not Used
<u>SubmitterFirstName</u>		2 (1%)
<u>SubmitterMiddleName</u>		2 (1%)
<u>SubmitterPrimaryIdentificationNumber</u>	9 (7%)	
<u>SubmitterContactName</u>		1 (1%)
<u>SubmitterContactCommunicationNumber1-ED</u>	2 (1%)	

BillingProviderContactCommunicationNumber3	3 (2%)	
BillingProviderAdditionalIdentifier-0B	1 (1%)	
BillingProviderAdditionalIdentifier-1A	6 (4%)	
BillingProviderAdditionalIdentifier-1B	30 (22%)	
BillingProviderAdditionalIdentifier-1C	10 (7%)	
BillingProviderAdditionalIdentifier-1D	15 (11%)	
BillingProviderAdditionalIdentifier-1G	2 (1%)	
BillingProviderAdditionalIdentifier-1J	2 (1%)	
BillingProviderAdditionalIdentifier-BQ	3 (2%)	
BillingProviderAdditionalIdentifier (837P, 2000A, 2010AA, REF, REF02) Billing Provider HMO Code Number	6 (6%)	
BillingProviderAdditionalIdentifier-G5	1 (1%)	
BillingProviderAdditionalIdentifier	1 (1%)	
PayToProviderAdditionalName	3 (2%)	
PayToProviderAddress1	4 (3%)	
PayToProviderAddress2	5 (4%)	
PayToProviderCityName	4 (3%)	
PayToProviderStateOrProvinceCode	3 (2%)	
PayToProviderPostalZoneOrZIPCode	3 (2%)	
PayToProviderCountryCode	5 (4%)	
PayToProviderLastOrOrganizationalName-1	5 (4%)	
PayToProviderLastOrOrganizationalName-2	2 (1%)	2 (1%)
PayToProviderLastOrOrganizationalName	3 (2%)	

Convergence Project Profiles

- Will be published by NUBC, NUCC, ADA DeCC, CAQH, NDEDIC and NCPDP
- HIPAA covered entities should publish their own specific data requirement profiles
- Claredi provides the infrastructure
 - Free
 - Each publisher maintains its own profiles
 - Claredi is entering an initial set of payer-specific profiles as part of our Companion Guide implementations, to seed the directory
 - Over 250 entered to date

The goal: **Convergence**

- A single web portal where the companion guides can be referenced and the requirements can be published
- Easy to read and understand data requirements profiles
- Downloadable in machine readable format (XML, CSV)
- Easy to compare data requirements among profiles
- Does not replace Companion Guides
- Ultimate goal is **convergence** of requirements
 - Only lists that “*should*” remain are the NCPDP, CAQH, NDEDIC, ADA DeCC, NUBC and NUCC-defined profiles (Probability 0%)
- Free to the industry
- Open invitation to participate to all interested parties

Questions?

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Convergence Project URL

- <http://www.claredi.com/convergence/>