

Administrative Simplification Standards

The Healthcare Insurance Portability and Accountability Act (HIPAA) of 1996 required that the Department of Health and Human Services (HHS) establish national standards for electronic transactions to improve the efficiency and effectiveness of the nation's health care system. The standards apply to all HIPAA-covered entities: health plans, clearinghouses, and covered health care providers.

The Patient Protection and Affordable Care Act (PPACA) of 2010 expanded on the HIPAA provisions requiring that operating rules be developed for adopted transactions.

Together, they are referred to as Administrative Simplification, because their purpose is to simplify the business of health care.

Adopted Transaction Standards and Operating Rules

Transaction	Standard	Adopted Operating Rules?	Compliance Date
Health Care Claim (Institutional, Professional, and Dental)	X12N 837 Version 5010	No	Standard: Jan 1, 2012
Health Care Eligibility Benefit Inquiry and Response	X12N 270/271 Version 5010	Yes	Standard: Jan 1, 2012 Operating rules: Jan 1, 2013
Health Care Services Review – Request for Review and Response	X12N 278 Version 5010	No	Standard: Jan 1, 2012
Health Care Claim Status Request and Response	X12N 276/277 Version 5010	Yes	Standard: Jan 1, 2012 Operating rules: Jan 1, 2013
Health Care Claim Payment/Advice (ERA)	X12N 835 Version 5010	Yes	Standard: Jan 1, 2012 Operating rules: Jan 1, 2014

Transaction	Standard	Adopted Operating Rules?	Compliance Date
Health Care Electronic Funds Transfer (EFT)	NACHA CCD+ Addenda X12N 835 Version 5010 TRN Reassociation Trace Number	Yes	ERA standard: Jan 1, 2012 EFT standard: Jan 1, 2014 Operating rules: Jan 1, 2014
Retail Pharmacy Drug Claim Submission	NCPDP Telecommunication Version D.0	No	Standard: Jan 1, 2012
Medicaid Pharmacy Subrogation	NCPDP Medicaid Subrogation 3.0	No	Standard: Jan 1, 2012
Benefit Enrollment and Maintenance	X12N 834 Version 5010	No	Standard: Jan 1, 2012
Payroll Deducted and Other Group Premium Payment for Insurance Products	X12N 820 Version 5010	No	Standard: Jan 1, 2012

Adopted Code Set Standards

Code Type	Standard
Dental Procedure Coding	CDT - Code on Dental Procedures and Nomenclature
Outpatient Procedure and Physician Services Coding	CPT - Current Procedural Terminology

Supplies/not included in CPT	HCPCS - Healthcare Common Procedure Coding System
Diagnosis Coding	ICD-10-CM - International Classification of Diseases, 10 th edition, Clinical Modification
Hospital Inpatient Procedure Coding	ICD-10-PCS - International Classification of Diseases, 10 th edition, Procedure Coding System
Drug Coding	NDC – National Drug Code

Adopted Identifier Standards

Identifier Type	Standard	Requirement
Employers	Employer Identification Number (EIN), is issued by the Internal Revenue Service and is used to identify employers in electronic transactions.	Must be used on all HIPAA transactions
Providers	National Provider Identifier (NPI), is a unique 10-digit number used to identify health care providers.	Must be used on all HIPAA transactions
Health Plans	There is no longer an adopted standard to identify health plans.	N/A
Patients	There is no adopted standard to identify patients.	N/A