

# HIPAA Covered Transactions

Covered Transactions - Description	Transaction Standard	Currently Supported?	Will Be Supported?
<p>The referral certification and authorization transaction is any of the following transmissions: A) A request for review of healthcare to obtain an authorization for the healthcare, B) A request to obtain authorization for referring an individual to another healthcare provider, C) A response to a request described in paragraph A) or paragraph B) of this section.</p>	<p><b>ASC X12N 278</b> Healthcare Services Review Request for Review &amp; Response, Version 4010</p>	<p>Yes, Outbound</p>	<p>Yes, Outbound  Inbound DDE</p>
<p>The eligibility for a health plan is the transmission of either of the following: A) an inquiry from a healthcare provider to a health plan, or from one health plan to another health plan, to obtain any of the following information about a benefit enrollee: 1. Eligibility to receive healthcare under the health plan, 2. Coverage of healthcare under the health plan, 3. Benefits associated with the benefit plan, B) A response from a health plan to a healthcare provider's (or another health plan's) inquiry described in paragraph A) of this section.</p>	<p><b>ASC X12N 270/271</b> Healthcare Eligibility Benefit Inquiry and Response, Version 4010</p>	<p>No - This transaction is not applicable to Beech Street</p>	<p>No - This transaction is not applicable to Beech Street</p>
<p>The enrollment and disenrollment in a health plan transaction is the transmission of subscriber enrollment information to a health plan to establish or terminate insurance coverage.</p>	<p><b>ASC X12N 834</b> Benefit Enrollment &amp; Maintenance, Version 4010</p>	<p>Yes</p>	<p>Yes</p>
<p>The healthcare payment and remittance advice transaction is the transmission of either of the following for healthcare: A) The transmission of any of the following from a health plan to a healthcare provider's financial institution; 1) Payment, 2) Information about the transfer of funds, 3) Payment processing information, B) The transmission of either of the following from a health plan to a healthcare provider; 1) Explanation of benefits, 2) Remittance advice.</p>	<p><b>ASC X12N 835</b> Healthcare Claim: Professional Payment/Advice, Version 4010 Institutional Payment/Advice, Version 4010 Dental Payment/Advice, Version 4010</p>	<p>No</p>	<p>Under consideration</p>
<p>The health plan premium payment transaction is the transmission of any of the following from the entity that is arranging for the provision of healthcare or is providing healthcare coverage payments for an individual to a health plan: A) Payment, B) Information about the transfer of funds, C) Detailed remittance information about individuals for whom premiums are being paid, D) Payment processing information to transmit healthcare premium payments including any of the following: 1) Payroll deductions, 2) Other group premium payments, 3) Associated group premium payment information.</p>	<p><b>ASC X12N 820</b> Payroll Deducted and Other Group Premium Payment for Insurance Products, Version 4010</p>	<p>No - This transaction is not applicable to Beech Street</p>	<p>No - This transaction is not applicable to Beech Street</p>
<p>Claims, Coordination of Benefits, Payment Information</p>	<p><b>ASC X12N 837</b> Healthcare Claim: Professional, Volumes 1 and 2, Version 4010 Institutional, Volumes 1 and 2, Version 4010</p>	<p>Yes</p>	<p>Yes</p>

# Always Exceptional. No Exceptions.

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Claims, Coordination of Benefits, Payment Information	<b>ASC X12N 837</b> Healthcare Claim: Dental, Version 4010	No - This transaction is not applicable to Beech Street	No - This transaction is not applicable to Beech Street
Pharmacy claim	<b>NCPDP</b> Telecommunication Standard Implementation Guide, Version 5, Release 1, September 1999, and Equivalent NCPDP Batch Standard Batch	No - This transaction is not applicable to Beech Street	No - This transaction is not applicable to Beech Street
Pharmacy Remittance and Payment Advice	<b>NCPDP</b> Telecommunication Standard Implementation Guide, Version 5, Release 1, and Equivalent NCPDP Batch Standard Batch Implementation Guide, Version 1, Release 0, Feb 1, 1996	No - This transaction is not applicable to Beech Street	No - This transaction is not applicable to Beech Street
A healthcare claim status transaction is the transmission of either of the following: (A) an inquiry to determine the status of a healthcare claim. (B) A response about the status of a healthcare claim.	<b>ASC X12N 276/277</b> Healthcare Claim: Status Request and Response, Version 4010	Yes	Yes
First Report of Injury - NPRM to be published by end of 2001	<b>ASC X12N 148</b> First Report of Injury, Version 4010	No	Yes
Claims Attachments - NPRM to be published by end of 2001	<b>ASC X12N 275</b> Claims Attachments, Version 4010	No	Yes

Standard Identifiers - Description	Standard	Currently Supported?	Will Be Supported?
Taxpayer Identification assigned by the Internal Revenue Service. Covered entities must use the standard unique employer identifier (EIN) of the appropriate employer in standard transactions that require an employer identifier to identify a person or entity as an employer, including where situationally required.	Standard Unique Employer Identifier	No	Yes

