



EDI Terminology

EDI Terminology	Related Jargon	Description
ANSI		American National Standards Institute
ANSI ASC X12N 270/271 Beneficiary Eligibility Inquiry/Response Transaction Set	Benefit Eligibility, 270/271	This is the ANSI ASC X12N Implementation Guide governing electronic Beneficiary Eligibility Inquiry/Responses. The ANSI ASC X12N 270 transaction is used to send electronic beneficiary eligibility inquiries and the ANSI ASC X12N 271 transaction is used to receive electronic beneficiary eligibility responses.
ANSI ASC X12N 276/277 Claim Status Inquiry/Response Transaction Set	Claim Status, 276/277	This is the ANSI ASC X12N Implementation Guide governing electronic Claim Status Inquiry/Responses. The ANSI ASC X12N 276 transaction is used to send electronic claim status inquiries and the ANSI ASC X12N 277 transaction is used to receive electronic claim status responses.
ANSI ASC X12N 835 Remittance Transaction	835, ERA, Recon, Remit, Remittance	This is the ANSI ASC X12N Implementation Guide governing the Electronic Remittance Advice (ERA). The ERA is an electronic version of the Standard Paper Remittance (SPR) and provides claim adjudication information.
ANSI ASC X12N 837 Professional/Institutional Transaction	837	This is the ANSI ASC X12N Implementation Guide governing Professional and Institutional electronic claim filing requirements. This is the required format for sending claims electronically.
Administrative Simplification Compliance Act	ASCA	Law which prohibits the sending of paper claims unless the provider meets one of the exceptions.
Billing Service	Billing Agency	A billing service collects the provider's claim information and creates the electronic

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Centers for Medicare & Medicaid Services (CMS)	CMS	<p>claim to bill to the appropriate insurance companies, including Medicare. It may provide claims billing services only or provide full financial accounting and/or other services. Billing services may also view beneficiary or provider data to perform their obligations to the provider, if the provider designates them for that access. To qualify as a billing service, the entity must submit initial claims on the provider's behalf.</p> <p>The Centers for Medicare & Medicaid Services (CMS) is the government agency responsible for the Medicare and Medicaid programs.</p>
Clearinghouse	Clearing House CH	<p>Clearinghouses transfer EDI transactions for a provider. They translate the provider data into the required format. A clearinghouse accepts multiple types of claims and sends them to various payers including Medicare. Clearinghouses perform general and payer-specific edits on claims, and usually handle all of the transactions for a given provider. Clearinghouses frequently reformat data files to submit to various payers and manage response reports including acknowledgements, edit reports, and remittance advices.</p>
Common Working File	CWF	<p>A query/reply system which determines a beneficiary's deductible and entitlement status.</p>
Direct Data Entry (DDE)		<p>Allows users to verify beneficiary eligibility, enter claims directly into the Fiscal System Processing system, verify claim status, and perform claim correction. Secure DDE is offered and supported through DDE vendors.</p>
Enterprise Data Center	EDC	<p>CMS has consolidated Medicare data center operations from more than 20 facilities into four Enterprise Data Centers (EDCs). The new data centers help Medicare accommodate a growing claims volume, standardize operations, expand electronic services, bolster security, and lower costs by hundreds of millions of dollars over the next 10 years.</p>
Electronic Data Interchange	EDI	<p>Electronic Data Interchange is the electronic exchange of data.</p>
Employer Identification	EIN	<p>Tax number of an employer.</p>

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Number		
Explanation of Benefits	EOB	An Explanation of Benefits (EOB) provides claim adjudication information. In Medicare it's called Electronic Remittance Advice (ERA) or Standard Paper Remittance (SPR).
File Transfer Protocol (FTP)	FTP	File Transfer Protocol (FTP) is a communication protocol governing the transfer of files from one computer to another over a secure network.
Health Insurance Portability and Accountability Act of 1996	HIPAA	As it relates to EDI, HIPAA is the law that required claims to be submitted in a format that complies with the appropriate standard adopted for national use. ANSI ASC X12N 837 Institutional and Professional Format Version 4010.A1 is the current standard for submitting EDI claims.
HL7	Health Level 7	HL7 is an international community of healthcare subject matter experts and information scientists collaborating to create standards for the exchange, management and integration of electronic healthcare information. HL7 collaborates with other standards development organizations and national and international sanctioning bodies (e.g. ANSI and ISO), in both the healthcare and information infrastructure domains to promote the use of supportive and compatible standards. HL7 collaborates with healthcare information technology users to ensure that HL7 standards meet real-world requirements, and that appropriate standards development efforts are initiated by HL7 to meet emergent requirements. Healthcare provider organizations typically have many different computer systems used for everything from billing records to patient tracking. All of these systems should communicate with each other (or "interface") when they receive new information but not all do so. HL7 specifies a number of flexible standards, guidelines, and methodologies by which various healthcare systems can communicate with each other.
National Provider Identifier	NPI	A standard unique identifier for health care providers and health plans as required by HIPAA.

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Standard Paper Remittance	SPR	The Standard Paper Remittance is the paper version of the Electronic Remittance Advice (ERA). The SPR provides claim adjudication information.
Submitter ID	ISA (Part A), Source (Part B)	A submitter ID is an identification number issued to electronic billers, which is reported in X12N transactions to identify the entity submitting the data.
Vendor List	Vendor List, Approved Vendor List	The Vendor List contains contact information for software vendors, billing services, and clearinghouses who supply systems or services capable of transmitting electronic claims to Medicare in the American National Standards Institute (ANSI) ASC X12N Professional/Institutional format as well as other EDI products or services.