



Availity® Health Information Network HIPAA Batch Electronic Data Interchange (EDI) Companion Guides

Table of Contents

[EDI Guide](#)

This guide provides you with all the information you need to use the Availity® Health Information Network to submit and receive American National Standards Institute (ANSI) Accredited Standards Committee (ASC) X12N Health Care Insurance electronic transactions as adopted for use by the Health Insurance Portability and Accountability Act (HIPAA) regulations. Availity currently supports the 270/271 Eligibility, 278 Authorization/Referral, 276/277 Claim Status, 837 Claims and 835 Remittance Advice transactions. In addition to interchange segment specifications and sender and receiver identifications, this guide also covers transaction acknowledgements, batch reporting and batched response transactions that you will receive when submitting your batch EDI transactions through the Availity® Health Information Exchange.

[Availity Health Plan Partners List](#)

A listing of the Health Plans that you can send your EDI transactions to and receive responses from through the Availity® Health Information Network. Health Plans are listed in alphabetical order and in addition to the Health Plan ID columns labeled “**Prof**” and “**Inst**” that have a “Yes” indicate that Professional and/or Institutional claims may be submitted to that Health Plan. If a “Yes” is found in the column labeled “**Enroll**” you must be pre-enrolled with the Health Plan prior to submitting transactions to that Plan.

[Payer Specific Transaction Edits](#)

After applying EDI and HIPAA syntax and semantic validations, some of our payers have asked us to perform some Front End edits on their behalf. These Payer Specific edits will validate that your transaction will meet the payers front end validation requires and if an error is found, you will be able to quickly receive notification and be able to make corrections and resubmit your transaction.

[Understanding the 997 Functional Acknowledgement](#)

HIPAA did not mandate the use of any specific X12 standard transactions to acknowledge the receipt of transactions and to report the results of edits and validations. They did recommend the use of the 997 and Availity has adopted that recommendation. The 997 is an X12 standard transaction that is intended to be processed electronically. However with a little practice it can be read in a text editor and the error reported deciphered. This guide offers some tips and explains key elements on the 997 to help you attempt read a 997 transaction.

[Availity CMS-1500 Quick Reference Guide for Electronic Data Elements](#)

Response files can be confusing and contain references to electronic data elements that users may not easily recognize. This document will assist you in “translating” the ANSI X12 837 Professional format field references into the more familiar paper claim fields that you may more easily identify in your practice management software.

[Texas Workers’ Compensation Companion Guide](#)

The purpose of this guide is to describe the processing flow of Texas Workers’ Compensation claims.

[HIPAA and EDI Glossary and Acronyms](#)

The definitions provided in this document have been gathered from various Regulations documents and other public use industry sources and for general reference use only.

[HIPAA EDI External Code Sources](#)

This document outlines Availity's policy with regard to external HIPAA code sets and list approved acquisition sources.

[EDI Documentation Change Log](#)

This document provides a log of changes made to each of the EDI Documents, including the release number, date of the change, and name of document changed and a description of the changes made.