

Standardized Transaction Code Sets

Who Requires What?

Required by:

Code Set	Name	Description	HIPPA	CHI eGov	NCVHS
ICD-9-CM (vol. 1 & 2)	International Classification of Diseases, Volume 9 Clinical Modification.	Diseases, injuries, impairments, other health related problems, their manifestations, and causes of injury, disease, impairment, or other health-related problems.	X	X	X
ICD-9-CM (vol. 3)	International Classification of Diseases, Volume 9 Clinical Modification.	Facility and Inpatient procedures or other actions taken to prevent, diagnose, treat, or manage diseases, injuries and impairments	X	X	X
Current Procedure Terminology (CPT) HCPCS Level I	(Healthcare Common Procedural Coding System Level I)	Physician and outpatient procedures or other actions taken to prevent, diagnose, treat, or manage diseases, injuries and impairments	X	X	X
CDT	Current Dental Terminology	Codes for Dental Procedures and Nomenclature, maintained by the American Dental Association, for dental services.	X	X	X
NDC - drugs	National Drug Codes	Drugs and Biologics for retail pharmacy drug transactions, maintained and distributed by HHS, in collaboration with drug manufacturers.	X	X	X
HCPCS Level II Codes	Healthcare Common Procedural Coding System Level II	Other health related services, other substances, equipment, supplies, or other items used in health care services	X	X	X
Health care claims or coordination of benefits: ASC X12N 837:	Coordination of Benefits	The transmission of claims or payment information from any entity to a health plan for the purpose of determining the relative payment responsibilities of the health plan.	X		X
Dental claim ASC X12N 837: dental	Dental Health Care Claims.	Health Care Claims or Equivalent Encounter Information. This is a transaction code set used in electronic data interchange (EDI) Claims submission	X		X
Professional claim ASC X12N 837: professional	Professional Health Care Claims.	Health Care Claims or Equivalent Encounter Information. This is a transaction code set used in electronic data interchange (EDI) Claims submission	X		X

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Institutional claim ASC X12N 837: institutional	Institutional Health Care Claims.	Health Care Claims or Equivalent Encounter Information. This is a transaction code set used in electronic data interchange (EDI) Claims submission	X		X
Retail drug NCPCP v. 32	Retail pharmacy drug claims per The National Council for Prescription Drug Programs (NCPDP)	Health Care Claims or Equivalent Encounter Information. This is a transaction code set used in electronic data interchange (EDI) Claims submission	X		X
Payment & remittance advice ASC X12N 835	Health Care Payment and Remittance Advice	The transmission of payment, information about the transfer of funds, or payment processing information from a health plan to a healthcare provider's financial institution; or, the transmission of explanation of benefits (EOBs) or remittance advice from a health plan to a healthcare provider.	X		X
Health claim status ASC X12N 276/277	Health Care Claim Status	The transmission of either an inquiry to determine the status of a healthcare claim or a response about the status of a healthcare claim.	X		X
Plan enrollment ASC X12 834	Enrollment and Disenrollment in a Health Plan	Use for transmission of subscriber enrollment information to a health plan to establish or terminate insurance coverage.	X		X
Plan eligibility ASC X12 270/271	Eligibility for a Health Plan	An inquiry from a healthcare provider to a health plan, or from one health plan to another, to obtain eligibility, coverage or benefit information under the health plan and the health plan's response to the healthcare provider's inquiry.	X		X

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Plan premium payments ASC X12 820	Health Plan Premium Payment	The transmission of either an inquiry to determine the status of a healthcare claim or a response about the status of a healthcare claim.	X		X
Referral certification ASC X12 N 278	Referral Certification and Authorization	Any of the following transmissions: (1) a request for the review of healthcare to obtain an authorization for the healthcare; (2) a request to obtain authorization for referring an individual to another healthcare provider; or (3) a response to a request of either (1) or (2).	X		X
Plan premium payments ASC X12 820	Premium payment to health insurance plans	Used by employers, employees, unions and associations to make and track premium payments to their health insurers.	X		X
Health claims attachments ASC X12 275 & HL7 TBD	Claims attachment	Some insurers also require additional records for each claim submitted. For example, the insurer may wish to review subscriber, patient,	X	X	X
HL7	Health Level 7	Messaging Standards (scheduling, medical record/image management, patient administration, observation reporting, financial management, patient care)	X	X	X
First report of injury ASC X12-820	First report of injury	This transaction will be used to report information pertaining to an injury, illness or incident to entities interested in the information for statistical, legal, claims and risk management processing requirements.	X		X
SNOWMED CT	Systematized Nomenclature of Medicine--Clinical Terms	Comprehensive clinical terminology, used in U.S. Federal Government systems for the electronic exchange of clinical health information (and also used internationally)		X	

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LOINC [®]	Logical Observation Identifiers Names and Codes	LOINC is one of a suite of designated standards for used in U.S. Federal Government systems for the electronic exchange of clinical health information.		X	
RxNorm	Prescription Normalize	Provides standard names for clinical drugs (active ingredient + strength + dose form) and for dose forms as administered to a patient, used in U.S. Federal Government systems for the electronic exchange of clinical health information.		X	
IEEE 1073	Institute of Electrical and Electronics Engineers, Inc	Messaging Standard for medical device connectivity		X	
DICOM	Digital Imaging and Communications in Medicine	Messaging Standard for inter-agency sharing of imaging data, example, radiology		X	
ICD-10-CM	Classification of Diseases, Tenth Revision, Clinical Modification	ICD-10 CM used for morbidity by NCVHS			X
ICD-10-PCS	ICD-10 Procedure Coding System	The NCHS has the responsible from the WHO for creating the ICD-10-PCS as a successor to Volume 3 of ICD-9-CM, however, it has not been accepted to date.			X
References:					
NCHS	http://www.ncvhs.hhs.gov/				
CHI eGov	http://ts.nist.gov/Standards/E-Gov/index.cfm				
HIPAA	http://www.cms.hhs.gov/hipaaGenInfo/				