

Frequently Used Billing Terminology

What is an 837 file?

An 837 is a certain kind of electronic claims file that HIPAA requires providers to use to submit claims electronically. There are some older forms of the 837 file, but HIPAA requires that health plans and EDI submitters use the latest version, called “X12N 837 version 4010.” There are very specific rules about what kind of information can go in an 837 and exactly where that information should be put. Doctors who bill using the paper CMS-1500 form would use an 837P (the P is for professional) format; hospitals and facilities that use the paper UB-04 form would use an 837I (the I is for Institutional). Most doctors can’t produce 837 files directly, so if they want to send electronic claims, they must use a clearinghouse or billing agency that can produce the 837 files for them. The current HIPAA-compliant 837 form used to be known as the “Addenda version” and has these numerical designations: 837P: 004010X098A1- 837I: 004010X096A1 (http://www.bmchp.org/pages/providers/provider_edi_faq.aspx#5)

What is the National Provider Identifier (NPI)?

Today, health plans assign identification numbers to health care providers -- individuals, groups, or organizations that provide medical or other health services or supplies. The result is that providers who do business with multiple health plans have multiple identification numbers. The NPI is a unique identification number for health care providers that will be used by all health plans. Health care providers and all health plans and health care clearinghouses will use the NPIs in the administrative and financial transactions specified by HIPAA. The NPI was proposed as an 8-position alphanumeric identifier. However, many commenters preferred a 10-position numeric identifier with a check digit in the last position to help detect keying errors. The NPI contains no embedded intelligence; that is, it contains no information about the health care provider such as the type of health care provider or State where the health care provider is located. (What is the National Provider Identifier (NPI)?

<http://aspe.hhs.gov/admsimp/fagnpi.htm>)

NPIs would be given to health care providers that need them to submit claims or conduct other transactions specified by HIPAA. A health care provider is an individual, group, or organization that provides medical or other health services or supplies. This includes physicians and other practitioners, physician/practitioner groups, institutions such as hospitals, laboratories, and nursing homes, organizations such as health maintenance organizations, and suppliers such as pharmacies and medical supply companies. This does not include health industry workers, such as admissions and billing personnel, housekeeping staff, and orderlies, who support the provision of health care but do not provide health care services.

What is 99211?

The Current Procedural Terminology (CPT) descriptor for code 99211 states, “Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.” Using CPT code 99211 can boost your practice’s revenue and improve documentation: (<http://www.aafp.org/fpm/2004/0600/p32.html>)