Infinedi

ELECTRONIC DATA INTERCHANGE

Glossary of Terms

TERM	DEFINITION
Account Number/Client Code	This is the number you will see in the welcome letter you receive upon enrolling with Infinedi. You will also see this number on your invoice each month. Example: P999-AAA the last three letters are your client code.
Adjudication	The claim process used for verification of eligibility, level of benefits available and determination of reimbursement amount.
ANSI	American National Standard Institute (ANSI) is a private, not for profit organization that sets and approves standards for many industries. Healthcare ANSI Standards are approved by the ANSI organization and are published by the Washington Publishing Company. www.ansi.org or www.wpc-edi.com
Assignment of Benefits	A patient request for health benefit payments to be made directly to a designated person or facility, such as a physician or hospital.
Billing Provider/Pay-to-Provider	The entity or provider the payer issues payment to.
Billing Service	A company contracted by a healthcare provider to perform day to day medical billing operations such as; submitting and following up on medical claims on their behalf to facilitate payment for service rendered.
Business Associate Agreement	A signed privacy agreement between Infinedi and the provider.
Clean Claim	A claim submitted to Infinedi that passes the scrubbing process and does not reject for errors.
Clearing house	An entity that accepts electronic transaction from other organizations, performs high-level edits, translates data from one format to another and routes transactions electronically to a receiving entity.
CLIA Number (Clinical Laboratory Improvement	A ten digit number issued to all facilities that perform even one test on “materials derived from the human body for the purpose of providing information for the diagnosis, prevention or treatment of any disease or impairment of, or the assessment of the health of, human beings”. If a facility performs tests for these purposes, it is considered a laboratory under CLIA and must apply and obtain a certificate from the CLIA program that corresponds to the complexity of tests performed.
CLP-01 Segment	A patient account number that is returned in the X835 transaction for ERAs. This information is used for invoicing ERAs.
CMS (Centers for Medicare and Medicare Services)	The federal agency that runs the Medicare program. In addition, CMS works with the states to run the Medicaid program. CMS works to make sure the beneficiaries in these programs are able to get high quality health care.
CMS-1500/Paper Claim	The government mandated uniform professional claim form used to request payment for services from an insurance carrier. Infinedi will print and mail paper claims received from clients. This service is optional and additional fees apply.

TERM	DEFINITION
Connect2Infinedi	The software you receive in the mail that is used to transmit electronic claims to Infinedi.
CPT Code (Common Procedural Terminology)	CPT codes are reported on healthcare claims to indicate nature of procedures performed for a specific patient on a specific date of service. The maintenance of these codes is the responsibility of the American Medical Association with consultation from the AMA CPT Editorial Panel, Advisory Committee and the AMA CPT Health Care Professionals Advisory Committee. CPT codes are five-character all numeric configurations (e.g., 909215)/ Codes are reviewed annually for additions and revisions.
Crossover Claim	A claim submitted to Medicare that is automatically forwarded (by Medicare) to the secondary payer.
Crosswalk	A verification process used by Medicare and other payers which checks for a three-way match on NPPES Registry, claim submitted, provider data on file with the payer or some combination thereof. When this information does not match, this can cause crosswalk errors on your payer reports and cause cash flow to back up.
DMERC (Durable Medical Equipment Regional Carrier)	Medicare Carrier for DME (Durable Medical Equipment)
EDI (Electronic Data Interchange)	The electronic exchange, conversion and translation of business information in a standard format for purposes of transmission to one or more trading partners
EFT (Electronic Funds Transfer)	Direct deposit of insurance payments to provider bank account
EHNAC (Electronic Healthcare National Accreditation Commission)	An organization that insures compliance with HIPAA requirements and certifies entities submitting electronic transactions, i.e., payers, clearinghouses, providers and employer groups. Infinedi, LLC is currently EHNAC accredited.
Electronic Claim/Paperless Claim	Infinedi will process and submit the claims received from client directly to the appropriate carrier or gateway via modem or secure FTP in an acceptable format to the appropriate carrier in lieu of processing paper claims provided: A) The appropriate carrier accepts electronic claims. B) The appropriate carrier has in force a contract with client and Infinedi to accept such paperless claims when submitted to Infinedi. C) The transaction contains all data required in an electronic claim by the carrier.
Eligibility Verification	Optional online request for patient eligibilty and benefit information with participating payers. Additional fees apply.
EOB (Explanation of Benefits)	The remittance advice sent with payment from a payer.
EOP (Explanation on Paper)	The remittance advice sent with payment from a payer.
ERA (Electronic Remittance Advice X835 transaction)	Electronic explanation of claims payment (ANSI 835) received by the provider from the payer. Requires a set up fee and is a billed per transactions. (For every CLP-01 segment (patient account number) returned to Infinedi from payer, a transaction fee will apply.)
Federal Tax ID Number (EIN or TIN)	A number issued to a provider by the Federal Government for the purpose of reporting tax information.
FQHC (Federally Qualified Health Center)	A facility located in a medically undeserved area that provides Medicare beneficiaries preventive primary medical care under the general supervision of a physician. FQHC's include community health center, tribal health clinics, migrant health services and health centers for the homeless.
HCPCS Code (Healthcare Common Procedure Coding System)	HCPCS codes are reported on healthcare claims to indicate nature of procedures performed for a specific patient on a specific date of service. The maintenance of these codes is the responsibility of the Health Care Financing Adminstration-CMS. HCPCS codes are five characters with one alpha and four numeric configuration (e.g.,A0042). Codes are reviewed annually for additions and revisions.

TERM	DEFINITION
Healthcare Provider	Individual or entity that provides medical services to patients.
HIPAA (Health Insurance Portability and Accountability Act)	Federal Legislation enacted by Congress in 1996, that consists of two parts: • Title I of the act is a protection for workers and their dependents from the loss of medical coverage in the event of job loss or change of employment. • Title II of the act mandates national standards for electronic health care transactions, as well as national identities for providers of healthcare, medical insurance companies and employers. Also, Title II provides for privacy and security for protected health information (PHI).
ICD-9-CM Code (International Classification of Diseases 9th Revision Clinical Modification)	ICD-CM-I codes are reported on healthcare claims to indicate nature of a condition, disease, disorder or symptom for a specific patient on a specific date of service. The maintenance of these codes is the responsibility of the American Medical Association. Diagnosis codes can contain up to five-characters, all numeric or alpha-numeric configurations (e.g. 376.81 to E929.1). Codes are reviewed annually for additions and revisions.
Legacy Provider Number	Pre-NPI provider numbers used by payers to identify providers.
Line Item	Service line or item specific detail on a claim or remittance advice.
Medicare Part A	Hospital insurance that pays for inpatient hospital stays, care in a skilled nursing facility, hospice care and some home health care.
Medicare Part B	Medicare medical insurance that helps pay for doctors' services, outpatient hospital care, durable medical equipment and some medical service that are not covered by Part A
Modifier	Modifiers, as part of the Current Procedural Terminology (CPT), indicate a service was altered in some way from the stated CPT descriptor without changing the definition. The American Medical Association CPT modifiers are two-digit numeric codes listed after a procedure of Evaluation and Management (E/M) code (e.g., 92506 22). Specific usage criteria are associated with each modifier and appending it to the wrong code will result in a denial.
MSP (Medicare Secondary Payer)	When another payer is responsible for your bills BEFORE Medicare.
Mutual Agreement	Provider business contract with Infinedi.
NDC Number (National Drug Code	A medical code set maintained by the Food and Drug Administration that contains codes for drugs that are FDA-approved. The secretary of HHS adopted this code set as the standard for reporting drugs and biologics on standard transactions.
Network	A group of doctors, hospitals, pharmacies and other health care experts hired by a health plan to take care of its members.
NPI Number (National Provider Identifier)	A standard unique health identifier for health care providers that is all-numeric 10-digit number used by insurance carriers to identify providers. NPI designations are made and maintained by NPPES. The NPI number was mandated by the federal government to replace all other provider numbers on claims as of 05/23/08. Provider numbers used prior to this mandate are commonly called Legacy Numbers.
NPPES (National Plan and Provider Enumeration system)	https://nppes.cms.hhs.gov/NPPES/Welcome.do Entity responsible for assigning NPI numbers and maintaining provider data and updates.
Paper Claim	See definition for CMS-1500 and UB-04
Patient Statements	Optional print and mail service for patient billing statements/invoices (not claims). Additional fees apply.
Payer	Health Insurance Company
Payer Agreement/Approval	Payer has accepted agreedment for Infinedi to be your submitted for electronic claims. Usually Government payers are the only payers that require EDI enrollment/agreement. A few commercial payers may have this requirement also.
Payer ID Number	An alpha-numeric, numeric or alpha code used for the routing of electronic claims to a specific payer. Usually the back of a patient ID card will advice if payer can receive electronic claims.

TERM	DEFINITION
PHI (Protected Health Information	Healthcare industry entities use PHI or confidential patient information to perform critical daily business operations. Examples of PHI: Name,Address, SSN, DOB, Medical Records and Account Information.
PMS (Practice Management Software)	Medical billing software used by medical providers for management of medical claims and accounts receivable.
POS	Place of Service
Pre-Authorization Number	A number issued by an insurance company approving a provider/patient to proceed with a surgery or procedure.
Pricer or Re-pricer	A person, an organization or a software package that reviews procedures, diagnoses, fee schedules and other data and determines the eligible amount for a given health care service or supply. Additional criteria can then be applied to determine the actual allowance, or payment, amount.
Primary Payer	An insurance policy, plan or program that pays first on a claim for medical care. This could be Medicare or other health insurance.
Print Image	A claim submitted to Infinedi in text format instead of ANSI format.
PTAN Number (Provider Transaction Access Number)	Medicare assigned provider number used to identify provider Pre-NPI. Since implementation of NPI only methodology in May 2008, PTAN number are not used for claims filing, however, they are used for EDI enrollment and inquiries with Medicare. Sometimes referred to as a Medicare legacy number.
Referring/Supervising/Ordering Provider	The provider who referred and/or supervised care to the patient.
Rendering Provider	The provider who rendered the care to the patient
Secondary Payer	An insurance policy, plan or program that pays second on a claim for medical care. This could be Medicare, Medicaid, or other insurance depending on the situation.
Set-Up Fee/Enrollment Fee	An initial one-time fee is charged upon enrollment with Infinedi which includes: software for one computer, processing of this agreement, carrier agreements, contracts and set-up for one provider.
Subscriber	The owner of the insurance policy. (parent, spouse or self)
Taxonomy Code	An administrative code set that classifies health care providers by type, classification and specialization.
Tertiary Payer	An insurance policy,plan or program that pays third and/or last on a claim for medical care. This could be Medicare, Medicaid or other insurance, depending on the situation. Example: Medicaid will always be the payer of last resort.
Timely Filing	The time period allowed for filing a claim to an insurance company for reimbursement. Timely filing limitations vary from payer to payer.
Trading Partner (Gateway)	An entity that exchanges electronic transactions with Infinedi. A payer's preferred clearinghouse would be a Trading Partner (Gateway) with Infinedi since they facilitate the transmission of claims for a particular payer.
Trouble Ticket Number	Each time you call Infinedi with a new problem or issue a trouble ticket is created. If the Infinedi representative you reach does not give you a trouble ticket number, ask for one. The trouble ticket number enables us to track and route your problems to the appropriate support staff. Knowing your trouble ticket number each time you call will allow our receptionist to route your call more efficiently, which will save you valuable time.
UB-04/Paper Claim	The government mandated uniform institutional claim form used to request payment for services from an insurance carrier. Infinedi will print and mail paper claims received from clients. This service is optional and additional fees apply.

ALLOWED ABBREVIATIONS

C2I - Connect to Infinedi
CI - Client Implementation
COV Letter - Change of Vendor Letter
CMS - Center for Medicare/Medicaid Services
CS - Customer Service
DOB - Date of Birth
DOS - Date of Service
Dr. - Doctor
EDI - Electronic Data Interchange
EOB - Explanation of Benefits (paper version)
ERA - Electronic Remittance Advice (electronic version)
FF - First File
IT - Information Technology
MCR = Medicare
MDC = Medicaid
MSG = Message
UHC = United Healthcare
VM - Voicemail
- Number

IHS SPECIFIED ABBREVIATIONS

FQHC = Federal Qualified Health Center
IHS = Indian Health Services
RPMS = Resource Patient Management System

For additional assistance, please visit www.infinedi.net or call the Infinedi customer service department at 800-688-8087.