

X12 Implementation Guide Unique Identifiers

X12 implementation guides are identified by the version number of the underlying EDI Standard, a unique identifier, and a title. Historically, new versions of an implementation guide have been assigned a new unique identifier. Some stakeholders find this naming methodology challenging.

X12 has received many requests to create a clearer link between iterative versions of its implementation guides. We've also heard from industry stakeholders that learning a new set of identifiers for each version of an implementation guide is challenging and seems unnecessary.

With that feedback in mind, X12 is changing the way we identify implementation guides. Starting with version 007030, new versions of published implementation guides will be differentiated by the version number and will retain the same unique identifier.

This will make it easy for anyone, whether they are a member representative, implementer, or other stakeholder, to identify the sequential versions of the implementation guide.

The following table shows the implementation guide title and identifier for each X12N implementation guide published in 005010, along with the go-forward identifier.

Implementation Guide Title	005010 ID	GoForward
Health Care Claim Payment/Advice (835)	X221	X322
Health Care Claim: Professional (837)	X222	X323
Health Care Claim: Institutional (837)	X223	X324
Health Care Claim: Dental (837)	X224	X325
Data Reporting Acknowledgment (837)	X364	X326
Health Care Services Review – Inquiry and Response (278)	X215	X327
Health Care Services Review – Notification and Acknowledgment (278)	X216	X328
Health Care Claim Status Request and Response (276/277)	X212	X329
Health Care Claim Acknowledgment (277)	X214	X330
Health Care Claim Pending Status Information (277)	X228	X331
Benefit Enrollment and Maintenance (834)	X220	X333
Health Care Claim Request for Additional Information (277)	X213	X340
Additional Information to Support a Health Care Claim or Encounter (275)	X210	X341
Health Care Services Review – Request for Review and Response (278)	X217	X342
Additional Information to Support a Health Care Services Review (275)	X211	X343
Health Care Eligibility/Benefit Inquiry and Information Response (270/271)	X279	X332
Post-adjudicated Claims Data Reporting: Professional (837)	X298	X298
Post-adjudicated Claims Data Reporting: Institutional (837)	X299	X299
Post-adjudicated Claims Data Reporting: Dental (837)	X300	X300

In summary, this new naming methodology was implemented to:

- Simplify implementation guide naming
- Ease the adjustment to new versions
- Provide a clear link between different versions of the same implementation guide