

# Instructions for completing the TDH EDI Packet for trading partners who plan to conduct electronic business with the Tennessee Department of Health

You have received the department's Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Packet.

Your packet includes several important documents that need to be returned with original ink signatures to TDH as a complete package of information:

- Trading Partner Agreement
- EDI Submitter
- TDH EDI Request Form
- TDH Security Agreement

**Please remember** that if your originally submitted information changes in anyway, you will need to complete this packet again, check the REVISED box and resubmit to TDH.

Step 1:

1. Complete the Trading Partner Agreement
2. Fill in required information on page 1.
3. Sign and date page 7.
4. Fill in the required information on pages 1 and 2 of EDI Submitter (Exhibit I of the TPA).

Your EDI Submitter is the person or entity authorized by you to conduct your electronic media connection with TDH to conduct EDI transactions.

NOTE: If you submit your own electronic billings, then you are also the EDI Submitter and you will only fill out pages 1 and 2 of the EDI Submitter. STOP HERE.

If a clearinghouse submits your electronic billings on your behalf, then the clearinghouse is the EDI Submitter and the clearinghouse will be required to fill out page 3 of this form. If using a clearing house, submit all three pages completed and signed when you return the EDI packet. If the Trading Partner will be using an Agent as its EDI Submitter, each EDI Submitter shall sign the Certification, page 3, and the Trading Partner should return signed certification when it returns the completed packet.

Step 2:

Completing your TDH EDI Request Form (Exhibit II).

### **1. Trading Partner Information**

Complete this section with your information.

Indicate whether this is a NEW or REVISED registration form.

Complete a separate registration form if you have more than one provider # OR more than one authorized EDI submitter.

### **2. Contact Person Information**

Complete this section with information about who in your organization we can contact regarding billing or claim inquiries about the data submitted.

Check the primary submission method you will use, as well as the method of encryption and the number of the version of the tool you will use.

### **3. Transactions**

Complete this section by checking the transactions that you or your EDI Submitter is authorized to conduct electronically with TDH, based on your provider or contract number.

Indicate which version you have for each transaction.

Please refer to Step 5 of these instructions for additional information on transaction numbers and versions.

You will need to resubmit and retest every time you upgrade to a newer transaction version or add another transaction.

4. Sign and date the form.

Step 3:

Complete the **TDH Security Form** (Exhibit III) by filling in the information requested on pages 1 and 2 and sign and date both pages.

Step 4:

Make copies of the Trading Partner Agreement, EDI Submitter, TDH EDI Request Form, and TDH Security Agreement. Retain copies in your files.

Step 5:

Send **entire** EDI Packet with original signatures to:

**Tennessee Department of Health  
Bureau of Health Informatics  
6<sup>th</sup> Floor Cordell Hull Building  
425 5<sup>th</sup> Avenue North  
Nashville, Tennessee 37247**

If you need further information on how to complete the TDH EDI packet, or have additional questions about the registration or testing process, please call: or

Email:

[EDI.Health@state.tn.us](mailto:EDI.Health@state.tn.us).

Companion guides for these transactions are on our webpage:

[www.2.state.tn.us/health/HIPAA/HIPAA\\_info.htm](http://www.2.state.tn.us/health/HIPAA/HIPAA_info.htm)

Table of current **Versions** accepted by TDH for EDI transactions:

**Transaction Guide Name Version**

837 P (Professional) 837 – Health Care Claim – Professional 004010X098A1

837 I (Institutional) 838 – Health Care Claim – Institutional 004010X096A1

837 D (Dental) 839 – Health Care Claim – Dental 004010X097A1

835 RA 835 – Health Care Claim Payment/Advice 004010X091A1

276 – Health Care Claim Status – Request 004010X093A

277 – Health Care Claim Status – Response 004010X093A

NCPDP Batch Standard Version 1.1 – See the National Council for Prescription Drug Programs website for additional information: [www.ncpdp.org](http://www.ncpdp.org)