

**Numeric Codes for HIPAA Mandated Transactions  
and Their Descriptions**

<b>270</b>	Eligibility Inquiry
<b>271</b>	Eligibility Response
<b>276</b>	Claim Status Inquiry
<b>277</b>	Claim Status Response
<b>278</b>	Prior Authorization and Referral
<b>820</b>	Premium Payment
<b>834</b>	Benefit Enrollment and Maintenance
<b>835</b>	Claims Payment Advice
<b>837D</b>	Dental Claim
<b>837I</b>	Institutional Claim
<b>837P</b>	Professional Claim