

**Health Care Services Review-Request for Review and Response
(278)**



Standard Companion Guide

**Refers to the Implementation Guides Based on
X12 version 005010X217E2
Health Care Services Review — Request for
Review and Response (278)**

Companion Guide Version Number: 2.0

September 2010

Change Log

<i>Version</i>	<i>Release date</i>	<i>Changes</i>
1.0		Original Draft
2.0	3/17/2011	Changes to section 10.4

Preface

This Companion Guide to the Technical Report Type 3 (TR3) adopted under HIPAA clarifies and specifies the data content when exchanging electronically with OHP. Transactions based on this companion guide, used in tandem with the TR3, also called 278 Health Care Services Review-Request for Review and Response ASC X12N (005010X217), are compliant with both X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the TR3 adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3.

Table of Contents

1.	INTRODUCTION	5
1.1.	SCOPE	6
1.2.	OVERVIEW	6
1.3.	REFERENCE	6
1.4.	ADDITIONAL INFORMATION	6
2.	GETTING STARTED	7
2.1.	WORKING WITH OHP	7
2.2.	TRADING PARTNER REGISTRATION	7
2.3.	CERTIFICATION AND TESTING OVERVIEW	7
2.4.	TESTING WITH THE PAYER	7
3.	CONNECTIVITY WITH THE PAYER / COMMUNICATIONS	8
3.1.	PROCESS FLOWS	8
3.2.	TRANSMISSION ADMINISTRATIVE PROCEDURES	9
3.3.	RE-TRANSMISSION PROCEDURE	9
3.4.	COMMUNICATION PROTOCOL SPECIFICATIONS	9
3.5.	PASSWORDS	9
3.6.	SYSTEM AVAILABILITY & DOWNTIME	9
4.	CONTACT INFORMATION	9
4.1.	EDI CUSTOMER SERVICE	9
4.2.	EDI TECHNICAL ASSISTANCE	10
4.3.	PROVIDER SERVICE NUMBER	10
4.4.	APPLICABLE WEBSITES / E-MAIL	10
5.	CONTROL SEGMENTS / ENVELOPES	10
5.1.	ISA-IEA	10
5.2.	GS-GE	11
5.3.	ST-SE	12
6.	PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS	12
7.	ACKNOWLEDGEMENTS AND OR REPORTS	13
7.1.	REPORT INVENTORY	13
8.	TRADING PARTNER AGREEMENTS	14
8.1.	TRADING PARTNERS	14
9.	TRANSACTION SPECIFIC INFORMATION	14
10.	APPENDECIES	19
10.1.	IMPLEMENTATION CHECKLIST	19
10.2.	BUSINESS SCENARIOS	19
10.3.	TRANSMISSION EXAMPLES	20
10.4.	FILE NAMING CONVENTIONS	20
10.5.	CHANGE SUMMARY	20

1. INTRODUCTION

This section describes how X12N Implementation Guides (IG's) adopted under HIPAA will be detailed with the use of the table in **Section 9**. The table contains a row for each **OHP** segment where something **additional, over, and above** the information in the TR3. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the TR3 internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with OHP.

In addition to the row for each segment, one or more additional rows are used to describe OHP usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. The table contains a row for each segment that OHP has something additional, over and above, the information in the TR3. The following is just an example of the type of information that would be spelled out or elaborated on in: Section 9 – Transaction Specific Information.

Page#	Loop ID	Reference	Name	Codes	Notes/Comments
	2000A	HL	Hierarchical ID Number (<i>Utilization Management Organization (UMO) Level</i>)		
69	2000A	HL03	Hierarchical Level Code	20	20=Information Source
	2000A	HL04	Hierarchical Child Code	1	1=Additional Subordinate HL Data Segment in This Hierarchical Structure
	2000B	HL	Hierarchical Level Code (<i>Requestor Level</i>)		
75	2000B	HL03	Hierarchical Level Code	21	Information Receiver

This material is provided on the recipient's agreement that it will only be used for the purpose of describing Uniprise products and services to the recipient. Any other use, copying or distribution without the express written permission of UnitedHealthGroup is prohibited.

1.1.SCOPE

This document is to be used for the implementation of the HIPAA 5010 278 Health Care Services Review-Request for Review and Response for the purpose of submitting requests for care from Oxford Health Plans (OHP).

This document is to be used as a Companion Guide (CG) to the **Health Care Services Review — Request for Review and Response (278) Implementation Guide**, also referred to as **Technical Report Type 3 (TR3)**. This guide is not intended to replace the TR3.

1.2.OVERVIEW

This CG will replace, in total, the previous OHP CG for 278 Health Care Services Review-Request for Review and Response and must be used in conjunction with the TR3 instructions. The CG is intended to assist you in implementing the 278 Health Care Services Review-Request for Review and Response transactions that meet OHP processing standards, by identifying pertinent structural and data related requirements and recommendations.

Updates to this companion guide will occur periodically and new documents will be posted on www.oxfordhealth.com; these updates will also be available at http://www.uniprise.com/hipaa/companion_docs.html and distributed to all registered trading partners with reasonable notice, or a minimum of 30 days, prior to implementation.

In addition, all trading partners will receive an email with a summary of the updates and a link to the new documents posted online.

1.3.REFERENCE

For more information regarding the ASC X12 Standards for Electronic Data Interchange 278 Health Care Services Review-Request for Review and Response ASC X12N (005010X217) and to purchase copies of the TR3 documents, consult the Washington Publishing Company web site at <http://www.wpc-edi.com/>.

1.4.ADDITIONAL INFORMATION

The American National Standards Institute (ANSI) is the coordinator for information on national and international standards. In 1979 ANSI chartered the Accredited Standards Committee (ASC) X12 to develop uniform standards for electronic interchange of business transactions and eliminate the problem of non-standard electronic data communication. The objective of the ASC X12 committee is to develop standards to facilitate electronic interchange relating to all types of business transactions. The ANSI X12 standards is recognized by the United States as the standard for North America. Electronic Data Interchange (EDI) adoption has been proved to reduce the administrative burden on providers.

2. GETTING STARTED

2.1. WORKING WITH OHP

OHP is partnered with **Ingenix Connectivity Solutions (ICS)** to streamline EDI workflow processes and reduce transaction costs. Ingenix offers a secure, easy-to-use path to virtually all commercial and government payers. For more information about Ingenix solutions and services, visit www.ingenix.com or call 888-445-8745.

OHP EDI Real-Time Interface via WebMD, Ingenix

OHP has a support call center for all EDI inquiries and issues triaging. Contact **OHP Provider eSolutions Customer Support** at 1-800-599-4334 or email EDIProviderAssistance@OXHP.com.

2.2. TRADING PARTNER REGISTRATION

For Ingenix visit www.ingenix.com or call 888-445-8745.

2.3. CERTIFICATION AND TESTING OVERVIEW

OHP does not certify Providers or Clearinghouses.

2.4. TESTING WITH THE PAYER

OHP does not test directly with Providers. OHP testing is based on the Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process (SNIP) Testing Sub-Workgroups recommendations on the types of testing that need to occur in order to remain in line with the health care industry's testing recommendations.

HIPAA Levels of Compliance Tested:

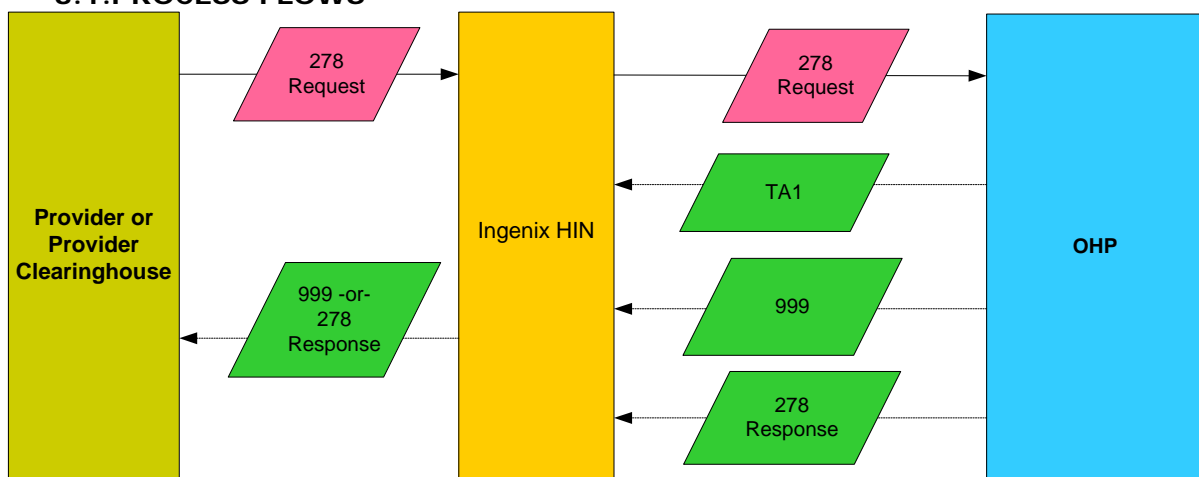
1. Integrity Testing
2. Requirement Testing
3. Balancing
4. Situation Testing
5. Code Set Testing (Partial, see section 6.2))

Other Testing Requirements:

- 1) Production data
- 2) Adequate Volume
- 3) Various Claim Types when applicable

3. CONNECTIVITY WITH THE PAYER / COMMUNICATIONS

3.1. PROCESS FLOWS



The 278 Health Care Services Review-Request for Review and Response transaction for OHP is in Real-time. OHP does not accept this transaction in Batch. OHP will create and respond with the following acknowledgments for Real-time transactions:

- If the 5010 X12 fails compliance after the ISA level, a 999 error will be sent back to the originating Clearinghouse
- OHP will send a negative 999 acknowledgement for every Functional Group (GS-GE envelope) failure.
- OHP will send a 278 Response transaction for every compliant transmission. The 278 Response may contain one or more Request Validation (AAA) Segments for error conditions at the Patient Event Level or Service Level,
- OHP will include a 24 character-length string in front of each real-time transaction. The 24 characters prepended to the X12 files consists of 8 characters detailing the file size (left padded with zeros), followed by 16 characters where the vendor will supply a trace back ID. The 25th character will be the start of the X12 transaction.
 - Following is an example ("571" indicates the file size, including the prepended characters): 000005710000000000000000ISA*...
 - On response from OHP the first 8 characters will contain the length of response, and the next 16 will repeat the tracking string originally sent on request.

*Note – A negative 999 acknowledgement will not be followed by a 278 response.

**Refer to the HIPAA IG for 999 formatting per HIPAA Implementation.

3.2.TRANSMISSION ADMINISTRATIVE PROCEDURES

3.3.RE-TRANSMISSION PROCEDURE

See below

3.4.COMMUNICATION PROTOCOL SPECIFICATIONS

See below

3.5.PASSWORDS

See below

For sections 3.2 – 3.5, Physicians and Healthcare professionals should contact their current clearinghouse vendor for information on the most current process.

3.6.SYSTEM AVAILABILITY & DOWNTIME

Scheduled System Maintenance:

Daily from 1:30 am to 3:30 am EST (instead of 2am to 3am)

Saturday 6:00 pm to Sunday 5:00 am EST (end time instead of Monday 6am)

*For any scheduled changes that require additional downtime, a special Service Notification (“Non-Routine Downtime”) will be posted at least 1 week prior.

4. CONTACT INFORMATION

4.1.EDI CUSTOMER SERVICE

OHP Provider eSolutions Customer Support services are available Monday-Friday from 8:30am to 5:00pm EST to assist with a variety of questions and issues. This includes; general questions about OHP Companion Guides,

transmission related difficulties, electronic setup with vendors or clearinghouse, and clearinghouse and vendor reports.

Contact us at 1-800-599-4334 or via e-mail at EDIProviderAssistance@OXHP.com

4.2.EDI TECHNICAL ASSISTANCE

Physicians and Healthcare professionals should first contact their current clearinghouse vendor should technical issues arise. The clearinghouse will escalate any issue as needed to OHP.

4.3.PROVIDER SERVICE NUMBER

For any EDI issues providers can call the Provider EDI Technical Services line at 1-800-599-4334.

4.4.APPLICABLE WEBSITES / E-MAIL

OHP has a robust website www.oxfordhealth.com where providers can check **Claims** and **Eligibility** status, and submit **Authorizations**, **Notification**, and **Referrals**. A suite of other EDI and provider tools are available.

Other:

OHP Provider eSolutions Customer Support
EDIProviderAssistance@oxhp.com

Ingenix Connectivity Solutions (ICS) visit www.ingenix.com

Washington Publishing Company visit at www.wpc-edi.com

Uniprise visit www.uniprise.co./hipaa/companion_docs.html

5. CONTROL SEGMENTS / ENVELOPES

5.1.ISA-IEA

The ISA and IEA segments (Interchange Control Header) start and identify an interchange of zero or more functional groups and interchange-related control segments. Expected application sender codes are as listed in the 278 Health Care Services Review – Request for Review and Response IG:

- Date (ISA09) format is YYYYMMDD
- Time (ISA10) format is HHMM
- Interchange Control Number (ISA13) must be identical to the associated Interchange Trailer (IEA02).
- Acknowledgement Requested (ISA14) must equal 0 (No)
- Interchange Usage Indicator (ISA15) must equal P (Production) or T (Test)

Page#	Loop ID	Reference	Name	Codes	Notes/Comments
		ISA	INTERCHANGE		

This material is provided on the recipient's agreement that it will only be used for the purpose of describing Uniprise products and services to the recipient. Any other use, copying or distribution without the express written permission of UnitedHealthGroup is prohibited.

**Health Care Services Review-
Request for Review and
Response (278)**



Page#	Loop ID	Reference	Name	Codes	Notes/Comments
			CONTROL HEADER		
		ISA06	Interchange Sender ID		Oxford will be stripping the dash from the FTIN (if submitted) on the 278 request Oxford will be stripping the dash from the FTIN 278 Response.
		ISA09	Interchange Date		The date format is YYMMDD
		ISA10	Interchange Time		The time format is HHMM
		ISA12	Repetition Separator		00501 - Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003
		ISA13	Interchange Control Version Number		The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.
		ISA14	Interchange Control Number	0 - No 1 - TA1	TA1 – N/A as Oxford does not currently support a Batch Transaction
		ISA15	Acknowledgement Requested	P - Production T - Test	

5.2.GS-GE

The GS and GE segments (Functional Group Header/Functional Group Trailer). Indicate the beginning and end of a functional group and provider control information. Expected application sender codes are as listed in the 278 Health Care Services Review – Request for Review and Response IG:

- Date (GS04) format is CCYYMMDD
- Time (GS05) format is HHMM
- Responsible Agency code (GS07) is X (Accredited Standards Committee X12)

Page#	Loop ID	Reference	Name	Codes	Notes/Comments
		GS	FUNCTIONAL GROUP HEADER		
		GS04	Date		Format is CCYYMMDD
		GS05	TIME		Format is HHMM
		GS07	Responsible Agency Code	X - Accredited Standards Committee	

This material is provided on the recipient's agreement that it will only be used for the purpose of describing Uniprise products and services to the recipient. Any other use, copying or distribution without the express written permission of UnitedHealthGroup is prohibited.

Page#	Loop ID	Reference	Name	Codes	Notes/Comments
				X12	
		GS08	Version / Release / Industry Identifier Code		005010X217 -Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003

5.3.ST-SE

Transaction Set Header/Trailer - To indicate the start and end of a transaction set and to assign a control number, provide the count of the transmitted segments (including the beginning of (ST) and ending (SE) segments)

- Transaction Set Identifier Code (ST01)
- Transaction Set Control Number (ST02) (Must be identical to SE02)
- Implementation Convention Reference (ST03) (This field contains the same value as GS08)
- Number of Included Segments (SE01)
- Transaction Set Control Number (SE02) (The Transaction Set Control Numbers in the ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE))

Page#	Loop ID	Reference	Name	Codes	Notes/Comments
	None	ST	Transaction Set Header		
		ST01	Transaction Set Identifier Code		278 - Health Care Services Review Information
		ST02	Transaction Set Control Number		Must be identical to SE02
		ST03	Implementation Convention Reference	005010X217E2	This field contains the same value as GS08. Implementation Guide Version Name

6. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

- The requester may use the paperwork segment (Loops 2000E, 2000F "PWK" segments) to reference an attachment. However, OHP will not be using the new paperwork segment in a response to indicate that specific paperwork is required for the request.

- The TCN number (Loops 2000E, 2000F “TRN” segments Service Trace Number/Patient Event Tracking Number) is a provider-specific Patient Tracking Number, which can now be found at the subscriber and dependent level loops in addition to the service loop. OHP will accept the number and pass it back in the response, but will not be required to report or pull data based on this number.
- The HI segment supports the use of LOINC codes (Logical Observation Identifier Names and Codes). HIPAA does not require the use of LOINC codes. Therefore, OHP is not implementing this functionality at this time.
- Loop PWK02 (Report Transmission Code) of “EM” (E-mail) in Loops 2000E and 2000F is to be used only with encrypted/secure e-mail by the requester in accordance with HIPAA Privacy guidelines.
- When submitting a Request Category Code (UM01) of “AR” (Admission Review) or “HS” (Health Care Services Review) with more than one provider, OHP recommends being as specific as possible as to each individual service provider’s role in Loop 2000E “Patient Event.”
- When submitting a request with Certification Type Code (UM02) of other than “I” (Initial) (i.e., “1” (Appeal-Immediate), “2” (Appeal-Standard), “3” (Cancel), “4” (Extension), “R” (Renewal), or “S” (Revised), OHP recommends that you include the “Previous Review Administrative Reference Number” (REF Segment) from Loop 2000E, 2000F to ensure the request is mapped back to the original Admission Review or Health Care Services Review request.
- OHP requires patient’s Date of Birth (DMG segment) for Admission Review and Health Services Review, but not for Specialty Care Review. If the patient’s OHP Member ID number is not known, and the Dependent Loop is required, Dependent Last Name (NM103), First Name (NM104) and Dependent Birth Date (DMG01 & DMG02) are required by OHP for identification of the dependent.
- If other insurance information (such as auto insurance, workers’ compensation) is available to the requestor of services, it is recommended by OHP that the Related Causes Information and Related Causes Codes within Loop 2000E and 2000F (Segments UM05, UM05-1 – UM05-3) be entered. If requested services are accident or employment related, the date of accident is required as well as related cause.

7. ACKNOWLEDGEMENTS AND OR REPORTS

N/A

7.1.REPORT INVENTORY

N/A

8. TRADING PARTNER AGREEMENTS

This section contains general information concerning Trading Partner Agreements (TPA). An actual TPA may optionally be included in an appendix.

8.1. TRADING PARTNERS

An EDI Trading Partner is defined as any OHP customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from UnitedHealth Group.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

For example, a Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

9. TRANSACTION SPECIFIC INFORMATION

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

Page#	Loop ID	Reference	Name	Codes	Notes/Comments
	2000A	HL	Hierarchical ID Number (<i>Utilization Management Organization (UMO) Level</i>)		
69	2000A	HL03	Hierarchical Level Code	20	20=Information Source
	2000A	HL04	Hierarchical Child Code	1	1=Additional Subordinate HL Data Segment in This Hierarchical Structure
	2000B	HL	Hierarchical Level Code (<i>Requestor Level</i>)		
75	2000B	HL03	Hierarchical Level Code	21	Information Receiver
	2010B		Requester Name		

This material is provided on the recipient's agreement that it will only be used for the purpose of describing Uniprise products and services to the recipient. Any other use, copying or distribution without the express written permission of UnitedHealthGroup is prohibited.

**Health Care Services Review-
Request for Review and
Response (278)**



Page#	Loop ID	Reference	Name	Codes	Notes/Comments
84-86	2010B	PER	REQUESTER CONTACT INFORMATION		Situational Loop but Required by OHP if UM01 is 'AR' or 'HS' and the UMO must direct requests for additional information to a specific requester contact, electronic mail, facsimile, or phone number.
	2010C		Subscriber Name		
	2010C	NM108	Identification Code Qualifier	MI - Member Identification Number	OHP will only accept MI – Identification Number
	2000E		Patient Event Detail		
	2000E	UM01	Request Category Code		Reject when an IN – Individual Request is submitted. OHP does not currently accept electronic Requests for Medical Services Reservations. Please call OHP Medical Management at 800-666-1353 (AAA01 N– Valid Request Indicator, AAA03-33 Input Errors, AAA04-N Resubmission Not Allowed.)
	2000E	UM01	Request Category Code		Only one Request Category Code per patient. Your request cannot be processed. OHP does not accept requests containing multiple category types. Please submit referral requests separately. If you have questions, please call OHP Medical Management at 800-666-1353. (AAA03 33- Input Errors, AAA04 C- Please Correct and Resubmit)
	2000E	UM02	Certificate Type Code		Will reject new code N – Reconsideration. OHP does not accept electronic Requests for Reconsideration. Please

This material is provided on the recipient's agreement that it will only be used for the purpose of describing Uniprise products and services to the recipient. Any other use, copying or distribution without the express written permission of UnitedHealthGroup is prohibited.

**Health Care Services Review-
Request for Review and
Response (278)**



Page#	Loop ID	Reference	Name	Codes	Notes/Comments
					call OHP Medical Management at 800-666-1353. (AAA01 N-Valid Request Indicator, AAA03-33 Input Errors, AAA04-N Resubmission Not Allowed.)
	2000E	UM04	Health Care Service Location Information		Reject if Null. OHP requires a Place of Service Code Please enter a Place of Service code and resubmit your transaction. (AAA01 N-Valid Request Indicator, AAA03 15-Required application data missing, AAA04 C-Please Correct and Resubmit)
	2000E	UM04	Health Care Service Location Information		Reject if invalid Place of Service Code. Your request cannot be processed. The Place of Service Code is not valid. Please enter a valid Place of Service Code and resubmit your transaction. If you have questions, please call OHP Medical Management at 800-666-1353. (AAA03 33-Input Errors, AAA04 C-Please Correct and Resubmit)
	2000E	HI01-1 thru HI12-1	Code List Qualifier Code		OHP does not accept ICD 10 Codes
	2000F		Health Care Services Review Information		
	2000F	UM01	Qualifier HS/SC		Only one Request Category Code per patient. Your request cannot be processed. OHP does not accept requests containing multiple category types. Please submit referral requests separately. If you have questions, please call OHP Medical

This material is provided on the recipient's agreement that it will only be used for the purpose of describing Uniprise products and services to the recipient. Any other use, copying or distribution without the express written permission of UnitedHealthGroup is prohibited.

**Health Care Services Review-
Request for Review and
Response (278)**



Page#	Loop ID	Reference	Name	Codes	Notes/Comments
					Management at 800-666-1353. (AAA03 33-Input Errors, AAA04 C-Please Correct and Resubmit)
	2000F	UM02	Certificate Type Code	N - Reconsideration	Will reject new code N – Reconsideration. OHP does not accept electronic Requests for Reconsideration. Please call OHP Medical Management at 800-666-1353. (AAA01 N–Valid Request Indicator, AAA03-33 Input Errors, AAA04-N Resubmission Not Allowed.)
		UM04-1			Reject if invalid Place of Service Code. Your request cannot be processed. The Place of Service Code is not valid. Please enter a valid Place of Service Code and resubmit your transaction. If you have questions, please call OHP Medical Management at 800-666-1353. (AAA03 33-Input Errors, AAA04 C-Please Correct and Resubmit)
		UM04-1			Reject if invalid Place of Service Code. Your request cannot be processed. The Place of Service Code is not valid. Please enter a valid Place of Service Code and resubmit your transaction. If you have questions, please call OHP Medical Management at 800-666-1353. (AAA03 33-Input Errors, AAA04 C-Please Correct and Resubmit)
		SV101-1 SV201-1	Qualifier – N4		Reject when N4 National Drug Code is submitted.

This material is provided on the recipient's agreement that it will only be used for the purpose of describing Uniprise products and services to the recipient. Any other use, copying or distribution without the express written permission of UnitedHealthGroup is prohibited.

**Health Care Services Review-
Request for Review and
Response (278)**



Page#	Loop ID	Reference	Name	Codes	Notes/Comments
					OHP does not currently accept NDC or any mutually defined procedure codes. (AAA01 N-Valid Request Indicator, AAA03 33-Input Errors, AAA04 C-Please Correct and Resubmit).
		SV101-8 SV202-8	Procedure Code End of Range		Reject when a CPT procedure code range is submitted. OHP currently does not support ranges of service or procedure codes. Please submit a specific procedure code in your request. Contact OHP Medical Management Department at 800-666-1353 with any questions. (AAA01 N-Valid Request Indicator, AAA03 AG-Invalid/Missing Procedure Code(s), AAA04 C-Please Correct and Resubmit).
		SV201	Hosp rev code		Reject when invalid. The Revenue Code submitted is not valid or complete. Please resubmit with a valid and complete Revenue Code. Contact OHP Medical Management Department at 800-666-1353 with any questions. (AAA01 N-Valid Request Indicator, AAA03 AG-Invalid/missing procedure Code(s), AAA04 C-Please Correct and Resubmit).
		SV301-1	Qualifier-AD		Reject when AD-American Dental Association Codes are submitted. OHP does not currently accept

This material is provided on the recipient's agreement that it will only be used for the purpose of describing Uniprise products and services to the recipient. Any other use, copying or distribution without the express written permission of UnitedHealthGroup is prohibited.

Page#	Loop ID	Reference	Name	Codes	Notes/Comments
					precertification requests for Dental Procedures. If this is a Medical issue, please contact OHP Medical Management Department at 800-666-1353. (AAA01 N-Valid Request Indicator, AAA03 AG-Invalid/missing procedure Code(s), AAA04 C-Please Correct and Resubmit).
		SV101-3-6 SV202-3-6	Up to 4 may be submitted per CPT		Reject Invalid Modifier Codes. The Procedure Modifier Code submitted is not valid or complete. Please resubmit with a valid and complete Procedure Modifier Code. Contact OHP Medical Management Department at 800-666-1353 with any questions. (AAA01 N-Valid Request Indicator, AAA03 33-Input Errors, AAA04 C-Please Correct and Resubmit).

10.APPENDICES

This section contains one or more appendices.

10.1. IMPLEMENTATION CHECKLIST

The implementation check list will vary depending on your choice of connection; a basic check list will include, but is not limited to:

1. Register with Trading Partner
2. Create and sign contract with trading partner
3. Establish connectivity
4. Send test transactions
5. If testing succeeds, proceed to send production transactions

10.2. BUSINESS SCENARIOS

This material is provided on the recipient's agreement that it will only be used for the purpose of describing Uniprise products and services to the recipient. Any other use, copying or distribution without the express written permission of UnitedHealthGroup is prohibited.

Please refer to Section 4.4 above, which points to the appropriate website for Washington Publishing where the reader can view the Implementation Guide, which contains various business scenario examples.

10.3. TRANSMISSION EXAMPLES

Please refer to Section 4.4 above, which points to the appropriate website for Washington Publishing where the reader can view the Implementation Guide, which contains various transmission examples.

This appendix contains a compilation of questions and answers relative to Acme Health Plan and its providers. Typical question would involve a discussion about code sets and their effective dates.

10.4. FILE NAMING CONVENTIONS

N/A

10.5. CHANGE SUMMARY

This section describes the differences between the current Companion Guide and previous guide(s).

<i>Version</i>	<i>Release date</i>	<i>Section</i>	<i>Summary of Changes</i>
1.0	009/15/2010	First Draft	

10.7 DEFINITIONS:

Term	<u>Definition</u>
278	Health Care Services Review — Request for Review and Response
999	Functional Acknowledgement for 278 RealTime transaction
4010	The October 1997 ASC X12 standard format Version 4, Release 1, Sub-release 0 (00[4010])

This material is provided on the recipient's agreement that it will only be used for the purpose of describing Uniprise products and services to the recipient. Any other use, copying or distribution without the express written permission of UnitedHealthGroup is prohibited.

**Health Care Services Review-
Request for Review and
Response (278)**



Term	Definition
4010A1	The version of the transactions named in HIPAA is Version 004010 (4010) and its subsequent addenda, 004010A1 (4010A1), are collectively referred to as "4010A1." These electronic transactions were developed by the standards development organization Accredited Standards Committee X12 (ASC X12). Standards development organizations are bodies that develop standards used in various industries, such as banking standards that enable you to use your ATM card in any ATM.
5010	The August 2006 ASC X12 standard format, Version 5, Release 1, Sub-release 0 (00[5010]).
Acknowledgement	The Acknowledgement is the electronic response, or 999, or Functional Acknowledgement for HIPAA 278 file.
ANSI ASC X12 ASC X12 X12	Is the official designation of the U.S. national standards body for the development and maintenance of Electronic Data Interchange (EDI) standards. EDI X12 (Electronic Data Interchange) is a data format based on ASC X12 standards. It is used to exchange specific data between two or more trading partners.
CAQH	Is an unprecedented nonprofit alliance of health plans and trade associations, and is a catalyst for industry collaboration on initiatives that simplify healthcare administration. CAQH solutions promote quality interactions between plans, providers, and other stakeholders; reduce costs and frustrations associated with healthcare administration; facilitate administrative healthcare information exchange and encourage administrative and clinical data integration.
Companion Guide	A handbook that assists with giving information and instructions on the EDI 278 transaction.
EDI	Electronic Data Interchange is the computer-to-computer exchange of business or other information between two organizations (trading partners). The data may be either in a standardized or proprietary format. Also known as electronic commerce.
EDI X12 Standards and Releases	Governed by standards released by ASC X12 (The Accredited Standards Committee). Each release contains set of message types like invoice, purchase order, healthcare claim, etc. Each message type has specific number assigned to it instead of name. For example: Health Care Services Review — Request for Review and Response is 278, healthcare claim is 837, Eligibility is 834 Every new release contains new version number. Version number examples: 4010, 4020, 4030, 5010, 5030, etc. Major releases start with new first number. For example: 4010 is one of the major releases, so is 5010. However 4020 is minor release. Minor releases contain minor changes or improvements over major releases. Understanding the difference between major and minor releases is important. Let say you have working translation for some messages for release 4010, and if you want to upgrade to 4020 you will notice only a few changes between the two, and if you want to upgrade to release 5010 you might need to make a lot of modifications to current translation. At the time of this writing 4010 is most widely used release. It is the first release that is Y2K compliant.

This material is provided on the recipient's agreement that it will only be used for the purpose of describing Uniprise products and services to the recipient. Any other use, copying or distribution without the express written permission of UnitedHealthGroup is prohibited.

**Health Care Services Review-
Request for Review and
Response (278)**



Term	<u>Definition</u>
	Most of HIPAA based systems know and use 4010. Conclusion: to translate or validate EDI X12 data you need to know transaction number (message numeric name) and release version number. Both of those numbers are inside the file.
HIPAA	Health Insurance Portability and Accountability Act of 1996 is a federal law intended to improve the availability and continuity of health insurance coverage that, among other things, places limits on exclusions for pre-existing medical conditions; permits certain individuals to enroll for available group health care coverage when they lose other health coverage or have a new dependent; prohibits discrimination in group enrollment based on health status; provides privacy standards relating to individuals' personally identifiable claim-related information; guarantees the availability of health coverage to small employers and the renewability of health insurance coverage in the small and large group markets; requires availability of non-group coverage for certain individuals whose group coverage is terminated; and establishes standards for electronic transmissions.
Protocols	Protocols are codes of correct conduct for a given situation.
Segment	A string of data elements that contain specific values based on the loop and data element on file which is separated into specific sections.
Trading Partner	A Trading Partner may represent an organization, group of organizations or some other entity. In most cases it is just an organization or company.
Trading Partner Requirements	EDI X12 standard covers number of requirements for data structure, separators, control numbers, etc. However many big trading partners impose they own even more strict rules and requirements. It can be everything: specific data format requirements for some elements, requirement to contain specific segments (segments that are not mandatory in EDI X12 standard being made mandatory), etc. In HIPAA those specific trading partner requirements are usually listed in separate document called Companion Guide. It is essential to follow these documents to the letter when implementing EDI systems.

This material is provided on the recipient's agreement that it will only be used for the purpose of describing Uniprise products and services to the recipient. Any other use, copying or distribution without the express written permission of UnitedHealthGroup is prohibited.