



## **Standard Companion Guide**

**Refers to the Implementation Guide Based  
on X12 Version 005010X217  
Request for Review and Response (278)**

**Companion Guide Version Number: 2.0**

August 14, 2011

# Health Care Services Review - Request for Review and Response Companion Guide

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## Preface

This companion guide (CG) to the v5010 ASC X12N Technical Report Type 3 (TR3) adopted under HIPAA clarifies and specifies the data content when exchanging electronically with UnitedHealthcare.

Transmissions based on this companion guide, used in tandem with the TR3, also called Health Care Services Review – Request for Review and Response (278) ASC X12N/005010X217, are compliant with both ASC X12 syntax and those guides. This companion guide is intended to convey information that is within the framework of the ASC X12N 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.

The Technical Report 3 (TR3), also known as X12N Implementation Guides, adopted under HIPAA, here on in within this document will be known as the Implementation Guide.

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## 1. INTRODUCTION

### 1.1. SCOPE

This UnitedHealthcare companion guide is designed to assist those who request reviews in advance to services being rendered. (specialty care, treatment, admission) and those who respond to those request using the 5010 X 217 – Health Care Services Review Information (278) format.

### 1.2. OVERVIEW

This companion guide will replace, in total, the previous UnitedHealth Group companion guide(s) for Health Care Services and Review.

This UnitedHealthcare Request for Review and Response Companion Guide has been written to assist you in designing and implementing Referral and Authorization transactions to meet UnitedHealthcare's processing standards. This companion guide must be used in conjunction with the Health Care Services Review – Request for Review and Response (278) instructions as set forth by the ASC X12 Standards for Electronic Data Interchange (Version 005010X217), May 2006 (referred to hereafter as the Implementation Guide or IG). The UnitedHealthcare companion guide identifies key data elements from the transaction set that we request you provide to us. The recommendations made are to enable you to more effectively complete EDI transactions with UnitedHealthcare.

Updates to this companion guide will occur periodically and new documents will be posted on [www.UnitedHealthcareOnline.com](http://www.UnitedHealthcareOnline.com) > News. These updates will also be available at [http://www.uniprise.com/hipaa/companion\\_docs.html](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 required implementation.

In addition, trading partners can also sign up for email alerts on [www.UnitedHealthcareOnline.com](http://www.UnitedHealthcareOnline.com) > News > Register to receive important news and updates including the Network Bulletin. Information will be included in these alerts anytime an updated 278 document is posted online.

### 1.3. REFERENCE

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

### 1.4. ADDITIONAL INFORMATION

The American National Standards Institute (ANSI) is the coordinator and clearinghouse 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.

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Please note that this is UnitedHealthcare's approach to the 278 authorization and referral transactions. After careful review of the existing IG for the Version 005010X217 we have compiled the UnitedHealthcare specific companion guide. We are not responsible for any changes and updates made to the Implementation Guide.

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## **2. GETTING STARTED**

### **2.1. CONNECTIVITY WITH UNITEDHEALTHCARE**

There are three methods to connect with UnitedHealthcare for submitting and receiving EDI transactions; direct connection, Connectivity Director, or via a clearinghouse. There is no cost imposed on trading partners by UnitedHealthcare to set up or use either the direct connection process or Connectivity Director.

### **2.2. TRADING PARTNER REGISTRATION**

#### **Direct connection to UnitedHealthcare (outside of Connectivity Director):**

Direct connection to UnitedHealthcare for the purpose of the 278 0005010 X217 Health Care Services Review-Request for Review and Response, will be available via an FTP with PGP encryption, SFTP or a web service connection. If choosing a PGP Encryption, UnitedHealth care will also require the trading partner PGP key. A signed “EDI Data Ex Services Agreement” must be completed prior to set up. Both batch and real-time submissions are supported. There is no cost imposed on the trading partner by UnitedHealthcare to set up or use the direct connection process.

If you are interested in this type of direct connect, please contact EDI support at: 1-800-842-1109 or at [SupportEDI@uhc.com](mailto:SupportEDI@uhc.com).

#### **Connectivity Director – a self service tool:**

Trading partners, providers, and hospitals are able to get more information and register for Connectivity Director via this link [www.unitedhealthcarecd.com](http://www.unitedhealthcarecd.com). This link will also bring them to a user guide and other useful documents. They may also call the Connectivity Director Customer Support line at 1-800-445-8174. Connectivity Director supports both batch and real-time. There is no cost imposed on the trading partner by UnitedHealthcare to set up or use Connectivity Director.

#### **Clearinghouse Connections:**

Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss their ability to support the 278 005010X217 Health Care Services Review-Request for Review and Response transaction, as well as associated timeframe, costs, etc. Physicians and Healthcare professionals also have an opportunity to submit and receive a suite of EDI transactions via the OptumInsight (formerly “Ingenix Health Information Network (HIN)”) clearinghouse. For more information, please contact your OptumInsight Account Manager. If you do not have an Account Manager, please contact the OptumInsight Sales Team at (800) 341-6141 for more information.

### **2.3. CERTIFICATION AND TESTING OVERVIEW**

All trading partners who wish to submit 278 Authorizations and Referrals to UnitedHealthcare via the ASC X12 278 (Version 005010X217) and receive corresponding EDI responses must complete testing to ensure that their systems and connectivity are working correctly before any production transactions can be processed.

### **2.4. TESTING WITH UNITEDHEALTHCARE**

#### **Direct connection to UnitedHealthcare (outside of Connectivity Director):**

##### **Submitting a Test File**

To test your connection to UnitedHealthcare, place a T in the ISA 15 segment. This tells our system that this is a TEST only file. This file will therefore NOT be processed in full (i.e. production). This is a test of X12 format and connectivity only. You will receive a 999 back with the T in the ISA 15.

##### **Troubleshooting**

If there is a connection issue (i.e. pass word, file transfer, a response is not received back) please contact 888-848-3375 to open a ticket. Please have this assigned to External Customer Gateway-UHT. Please include your FTP login user name (DO NOT INCLUDE YOUR PASSWORD).

#### **Connectivity Director – a self service tool:**

Connectivity Director allows the user to self-test the 278. Please refer to the Connectivity Director User guide for testing overview. The guide can be found at [www.unitedhealthcarecd.com](http://www.unitedhealthcarecd.com). They may also call the Connectivity Director Customer Support line at 1-800-445-8174.

You may also call the Connectivity Director Customer Support at 1-800-445-8174 between 8 am and 5 pm eastern time, Monday – Friday, for any questions, concerns about setup, training, testing, or issues. You may also send an email to [UnitedHelpDesk@ediconnect.com](mailto:UnitedHelpDesk@ediconnect.com).

#### **Clearinghouse Connection:**

Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss testing.

### **3. CONNECTIVITY WITH THE PAYER / COMMUNICATIONS**

#### **3.1. PROCESS FLOWS**

##### Batched 278 5010 Inquiry and Response:

- Submitter submits a 278 batch request.
- B2B receives a 278 batch request.
- Validation Map is invoked
- If there is not valid data in the ISA/IEA or GS/GE segments, then a TA1 is generated and sent back to the submitter.
- When a batch of 278 transactions is received, the individual transaction within the batch is first checked for format compliance. A 999 Implementation Acknowledgement is created and sent back to the submitter. It will indicate the number of transactions that passed and failed the initial edits. This will be created whether there are format errors or not.
  - The 999 is created the same business day (20 seconds for real-time, 1 hour for batch processing) the file is submitted, unless a TA1 rejection occurred.
  - AK2/IK3/IK4 – Is used as error identification in a data segment and the location of the data segment.
  - IK5 identifies the transaction set response trailer.
  - AK9 indicates the number of transaction sets received and accepted.
  - Any time there are IK3 and IK4 segments in a 999, there is a rejected batch.
  - If there are no IK5 or AK9 segments, there is a problem with the format of the file and file was rejected.
- Transactions that passed the format validation (good transactions) are then de-batched and processed individually
- Transactions that pass the validation edit, but fail further on in the processing (for example; ineligible member) will generate a 278 response including an AAA segment indicating the nature of the error. (See section 10.4 Error Codes and Interpretations.)
- The de-batch map WTX (Websphere Transformation Extender translation) will convert the 278 file submissions into individual XML request for our clinical area.
- B2B will process each XML 278 request separately, in sequential order. This process will continue until all single transaction requests in the batch request are processed. A response is sent back to our B2B area from our clinical area, for each request.
- WTX converts the response to a 278 X12.
- WTX map generates the re-batch map.
- We will hold the individual 278B ACK Responses until the entire batch has finished processing and send the 278B ACK responses to the submitter. (All of the response transactions from each of the 278 requests are batched together and sent to the submitter.)
- Provider receives either a 278 response or a 278 response with an AAA error.

## Real-time 278 5010 Inquiry and Response:

- Submitter submits a 278 real-time request in.
- B2B receives a 278 real time request via Secure HIPAA Services.
- Once B2B has identified the request as a 278, UHG will have a fixed amount of time to process the request. (20 seconds for real-time, 1 hour for batch) Otherwise, a time out situation will exist.
- WTX Validation Map is invoked
- If there is not valid data in the ISA/IEA or GS/GE segments, then a TA1 is generated and sent back to the submitter.
- A real-time (Implementation Guide Acknowledgement) is created and sent back to the submitter if the submitted 278 file failed format edits.
  - The 999 is created the same business day (20 seconds for real-time, 1 hour for batch processing) the file is submitted, unless a TA1 rejection occurred.
  - AK2/IK3/IK4 – Is used as error identification in a data segment and the location of the data segment.
  - IK5 identifies the transaction set response trailer.
  - If there are no IK5 or AK9 segments, there is a problem with the format of the file and file was rejected.
- Transactions that pass the validation edit, but fail further on in the processing (for example; ineligible member) will generate a 278 real-time response including a AAA segment indicating the nature of the error. (See section 10.4 Error Codes and Interpretations.)
- The de-batch map (WTX) will convert the 278 file submissions into an XML request for our clinical area.
- A response is sent back from our clinical area, for each real time request.
- WTX converts the response to a 278 X12.
- Submitter receives either a 278 response or a 278 response with an AAA error.

## **3.2. TRANSMISSION ADMINISTRATIVE PROCEDURES**

The direct connection process can be used in batch mode (FTP or SFTP) and real-time using web services. Using these types of connections, will allow you to either choose a manual process or automate your system

The Connectivity Director system can be used in either batch or real-time modes, either manually via the website (batch only) or programmatically via several different communication protocols.

Physicians and Healthcare professionals should contact their current Clearinghouse Vendor to discuss transmission types and availability.

## **3.3. RE-TRANSMISSION PROCEDURE**

Please follow the instructions within the 278 AAA data segment for information on whether resubmission is allowed or what data corrections need to be made in order for a successful response.

## **3.4. COMMUNICATION PROTOCOL SPECIFICATIONS**

Direct connection currently supports the following communication\_methods.

- FTP with PGP for batch

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- SFTP for batch
- web services for Real-time

Connectivity Director currently supports the following communications methods.

- HTTPS Batch and Real-Time
- FTP + PGP Batch
- FTP over SSL Batch

Clearinghouse Connection: Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss protocol specifications.

### 3.5. PASSWORDS

#### Direct connection

Passwords for direct connections will be supplied upon completion of the direct connect set up. This information will be sent via secure email.

#### Connectivity Director

Submitter if not already set up needs to register online through [www.unitedhealthcarecd.com](http://www.unitedhealthcarecd.com). After your application has been approved, you will receive a username and password by email. Please see CD user guide for more password information

Clearinghouse Connection: Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss passwords.

### 3.6. COSTS TO CONNECT

There is no cost imposed on the trading partners by UnitedHealthcare to set-up or use Connectivity Director or using our direct connection process. There is however a cost for the clearinghouse side. For more information please see Connectivity located in section 2.1

### 3.7. SYSTEM AVAILABILITY & DOWNTIME

UnitedHealthcare's normal business hours for 278 Authorization and Referral EDI processing are as follows:

**Monday through Friday: 7 am – 2 am (Eastern)**

**Saturday: 7 am – 6 pm (Eastern)**

**Sunday: 7 am – 6 pm (Eastern)**

Outside these windows, UnitedHealthcare systems may be down for general maintenance and upgrades. During these times, our ability to process incoming 278 EDI transactions may be impacted. When system resources are unavailable UnitedHealthcare will make every effort to queue incoming transactions and process them as soon as required resources are available. There may be certain rare cases in which the transaction cannot be held and must be resubmitted. The codes returned in the AAA segment of the 278 acknowledgement will instruct the trading partner if any action is required. Please see Appendix section 10.4, Error Codes and Interpretations, for more information.

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In addition, unplanned system outages may also occur occasionally and impact our ability to accept or immediately process incoming 278 transactions. We will send an email communication for scheduled and unplanned outages.

## **4. CONTACT INFORMATION**

### **4.1. EDI CUSTOMER SERVICE**

Most business policy questions can be answered by referencing the materials posted at [www.UnitedHealthcareOnline.com](http://www.UnitedHealthcareOnline.com) (Clinician Resources > Care Management). Updates to companion guide will also be posted at: [http://www.uniprise.com/hipaa/companion\\_docs.html](http://www.uniprise.com/hipaa/companion_docs.html)

If you have questions related to UnitedHealthcare's Authorizations and Referrals, and you use a clearinghouse vendor, please contact them directly.

For connectivity options contact EDI customer service 800-842-1109, extension 3, Monday – Friday: 6 a.m. – 7 p.m. EST.

For questions on the format of the 278 or invalid data in the 278 response, use the Online EDI Issue Reporting at UnitedHealthcareOnline.com: under Contact Us > Service & Support > Electronic Data Interchange (EDI) or click <https://www.unitedhealthcareonline.com/b2c/CmaAction.do?txnType=ProblemReport&forwardToken=ProblemReport>.

For any questions with Connectivity Director, please call the Connectivity Director Customer Support line at 1-800-445-8174 or send an email to [Unitedhelpdesk@ediconnect.com](mailto:Unitedhelpdesk@ediconnect.com)

### **4.2. EDI TECHNICAL ASSISTANCE**

#### UnitedHealthcare EDI (Not Connectivity Director)

- Online EDI Issue Reporting at UnitedHealthcareOnline.com: under Contact Us > Service & Support > Electronic Data Interchange (EDI) or click <https://www.unitedhealthcareonline.com/b2c/CmaAction.do?txnType=ProblemReport&forwardToken=ProblemReport>

#### Connectivity Director

- Email to [Unitedhelpdesk@ediconnect.com](mailto:Unitedhelpdesk@ediconnect.com)
- Connectivity Director Customer Support line at 1-800-445-8174

#### Clearinghouse

- When receiving the 278 from a clearinghouse please contact the clearinghouse.

### **4.3. PROVIDER SUPPORT**

If you have questions regarding the details of a member's benefits, or any other non EDI related issues please contact 877-842-3210. Provider Services is available Monday – Friday, 7 a.m. to 7 p.m. in provider's time zone.

#### **4.4. APPLICABLE WEBSITES/E-MAIL**

For a copy of the 5010 278 Implementation Guide, Health Care Services Review – Request for Review and Response, please visit the Washington Publishing Company at [www.wpc-edi.com](http://www.wpc-edi.com) .

Connectivity Director – [www.unitedhealthcarecd.com](http://www.unitedhealthcarecd.com)

Connectivity Director e-mail – [Unitedhelpdesk@ediconnect.com](mailto:Unitedhelpdesk@ediconnect.com)

Companion Guide – [http://www.uniprise.com/hipaa/companion\\_docs.html](http://www.uniprise.com/hipaa/companion_docs.html)

OptumInsight - [www.ingenix.com](http://www.ingenix.com)

United Healthcare Online – [www.UnitedHealthcareOnline.com](http://www.UnitedHealthcareOnline.com)

EDI Support (not Connectivity Director) Online EDI Issue Reporting at [www.UnitedHealthcareOnline.com](http://www.UnitedHealthcareOnline.com): under Contact Us > Service & Support > Electronic Data Interchange (EDI) or click:

<https://www.unitedhealthcareonline.com/b2c/CmaAction.do?txnType=ProblemReport&forwardToken=ProblemReport>

## 5. CONTROL SEGMENTS / ENVELOPES

### 5.1. ISA-IEA

Transactions transmitted during a session or as a batch are identified by an interchange header segment (ISA) and trailer segment (IEA) which form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission (batch) and provides sender and receiver identification.

### 5.2. GS-GE

EDI transactions of a similar nature and destined for one trading partner may be gathered into a functional group, identified by a functional group header segment (GS) and a functional group trailer segment (GE). Each GS segment marks the beginning of a functional group. There can be many functional groups within an interchange envelope. The number of GS/GE functional groups that exist in the transmission. A 278 Auth and Referral file can only contain 278 Auth and referral transactions.

### 5.3. ST-SE

The beginning of each individual transaction is identified using a transaction set header segment (ST). The end of every transaction is marked by a transaction set trailer segment (SE). For real time transactions, this will always be '1'. **A 278 file can only contain 278 transactions.**

### 5.4. CONTROL SEGMENT HIERARCHY:

ISA – Interchange Control Header segment  
    GS – Functional Group Header segment  
        ST – Transaction Set Header segment  
            First 278 transaction  
        SE – Transaction Set Trailer segment  
        ST – Transaction Set Header segment  
            Second 278 transaction  
        SE – Transaction Set Trailer segment  
        ST – Transaction Set Header segment  
            Third 278 transaction  
        SE – Transaction Set Trailer segment  
    GE – Functional Group Trailer segment  
IEA – Interchange Control Trailer segment

### 5.5. CONTROL SEGMENT NOTES:

- The ISA segment is a fixed length record and all fields must be supplied. Fields not populated with actual data must be space filled.
- The first element separator (byte 4) in the ISA segment defines the element separator to be used through the entire interchange.
- The ISA segment terminator (byte 106) defines the segment terminator used throughout the entire interchange.
- ISA16 defines the component element separator used throughout the entire interchange.

### 5.6. FILE DELIMITERS

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UnitedHealthcare requests that you use the following delimiters on your 278 file. If used as delimiters, these characters (\* ~ :) must not be submitted within the data content of the transaction sets. Please contact UnitedHealthcare if there is a need to use a delimiter other than the following:

**Data Element:** The first element separator following the ISA will define what Data Element Delimiter is used throughout the entire transaction. **The recommended Data Element Delimiter is an asterisk (\*).**

**Segment:** The last position in the ISA will define what Segment Element Delimiter is used throughout the entire transaction. **The recommended Segment Terminator Delimiter is a tilde (~).**

**Component-Element:** Element ISA16 will define what Component-Element Separator is used throughout the entire transaction. **The recommended Component-Element Delimiter is a colon (:).**

## **6. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS**

### **6.1. 278 REQUEST**

1. Please use UM04-2 = A when UM01 = AR (Admissions Review) in loop 2000E. AR is for pre-auth of scheduled inpatient admissions.
2. Please use UM04-2 = B when UM01 = HS (Health Services Review) in loop 2000E. HS is used for pre-auth of outpatient services.
3. Please use UM04-2=B when UM01 = SC (Specialty Care Review) in loop 2000E.
4. It is preferred that you send NPI for authorizations, and Tax id for referrals, to process the transaction correctly.
5. Urgent/Emergency pre-auth requests (i.e. those that are requested on day of service), should be called into the number on the patient's member card.
6. Not all services require a pre authorization. Providers should refer to [www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com) for a complete list of services requiring pre-auth.
7. You can submit a 2000F SV1 (Professional Service) and 2000F SV2 (Institutional Service), but they cannot be submitted on the same authorization. We do not accept SV3 (Dental Service)
8. If 2000E UM03 = 69 (Maternity) both 2000E DTP01 = 484 (Last Menstrual Period date) and DTP01 = ABC (Estimated Date of Birth) are required. If these values cannot be determined, UnitedHealthcare will accept a default value equal to the Admission Date, for both LMP and Estimated Date of Birth.
9. Please submit one Service Level loop (2000F) per referral request.
10. Please submit one Patient Event Provider Name (loop 2010EA) per referral request.

### **6.2. SERVICE TYPE (UM03) & PLACE OF SERVICE (UM04) CODES SUPPORTED BY UHC**

All service type codes (UM03) and place of service (UM04) are **allowed for referrals**. The limited list below pertains to **authorizations**.

The following UM03 codes are accepted by UHG for Authorizations when the **UM04-2 = A** (Uniform Billing Claim Form Bill Type):

#### **PLACE OF SERVICE = INPATIENT HOSPITAL (Including Medicare Part A) (11)**

<b>Service Type Code description</b>	<b>UM03 Code</b>
Medical Care	1
Surgical	2
Hospice	45
Long Term Care	54
Maternity	69
Transplants	70
Well Baby Care	68
Neonatal Intensive Care	NI

**PLACE OF SERVICE = HOSPITAL/OUTPATIENT FACILITY (13)**

<b>Service Type Code description</b>	<b>UM03 Code</b>
Surgical	2

**PLACE OF SERVICE = SNF- INPATIENT (Including Medicare Part A) (21)**

<b>Service Type Code description</b>	<b>UM03 Code</b>
Hospice	45
Chemotherapy	78
Skilled Nursing Care	AG

The following UM03 codes are accepted by UHG for Authorizations when the **UM04-2= B** (Place of Service Codes for Professional or Dental Services)

**PLACE OF SERVICE = OFFICE (11)**

<b>Service Type Code description</b>	<b>UM03 Code</b>
Medical Care	1
Surgical	2
Diagnostic X-Ray	4
Diagnostic Lab	5
Chiropractic	33
Dental Accident	37
Medically Related Transportation	56
Diagnostic Medical	73
Chemotherapy	78
Pharmacy	88
Podiatry	93
Vision (Optometry)	AL

**PLACE OF SERVICE = HOME (12)**

<b>Service Type Code description</b>	<b>UM03 Code</b>
Diagnostic Lab	5
Durable Medical Equipment Purchase	12
Renal Supplies in the Home	14
Durable Medical Equipment Rental	18
Hospice	45
Medically Related Transportation	56
Inhalation Therapy	72
Diagnostic Medical	73
Private Duty Nursing	74
Chemotherapy	78
Pharmacy	88
Occupational Therapy	AD
Speech Therapy	AF
Skilled Nursing Care	AG
Physical Therapy	PT

**PLACE OF SERVICE = OUTPATIENT HOSPITAL (22)**

<b>Service Type Code description</b>	<b>UM03 Code</b>
Medical Care	1
Diagnostic X-Ray	4
Diagnostic Lab	5
Dental Accident	37
Medically Related Transportation	56
Inhalation Therapy	72
Diagnostic Medical	73
Prosthetic Device	75
Chemotherapy	78
Pharmacy	88
Occupational Therapy	AD
Speech Therapy	AF
Physical Therapy	PT

**PLACE OF SERVICE = COMPREHENSIVE INPATIENT REHABILITATION FACILITY (61)**

<b>Service Type Code description</b>	<b>UM03 Code</b>
Rehabilitation	A9

**Place of Service (UM04-1) – For Authorizations**

The place of service codes below (UM04-1) are the only ones allowed when the **UM04-2=A**

**Code Location**

- 11 Hospital – Inpatient (Including Medicare Part A)
- 13 Hospital - outpatient
- 21 Skilled Nursing Facility (SNF) (Including Medicare Part A) – Inpatient

The place of service codes below (UM04-1) are the only ones allowed when the **UM04-2=B**

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Code	Location
11	Office
12	Home
22	Hospital – outpatient
61	Rehab Facility Comprehensive Inpatient

### 6.3. 278 RESPONSE

**Disclaimer:** Information provided in 278 responses is not a guarantee of payment or coverage in any specific amount. Actual benefits depend on various factors, including compliance with applicable administrative protocols; date(s) of services rendered and benefit plan terms and conditions.

1. A referral/authorization transaction which has been successfully processed will be indicated by the presence of a Review Identification Number in HCR02 in either the 2000E or 2000F loops. It does not imply that it was in compliance with UnitedHealthcare's policy requirements. If the referral/authorization was not successfully processed HCR02 will not be populated.
2. For real-time, the response to an unsuccessful referral/authorization will have BHT02 wrapped in a generic XML wrapper. It will contain an "AAA" segment with an indication of the reason for failure along with a message. (Refer to the Error Codes and Interpretations section in the appendix of this guide)
3. It is also possible for another separate 278 response transaction to be returned if the initial request incurred a time out situation and the first 278 sent was identifying that we were unable to respond at the current time.
4. Responses to all 278 initial request (UM02=I) will include an Authorization Receipt Number in a Ref segment in loop 2000E (REF01=NT). Responses may additionally include 2000E (REF01=BB) to reference a previously existing number of a number in loop 2000F (HCR02).

In addition, responses for any authorization transaction that is updating a previous request (UM02=S), the administrative reference number for that case will be included in a REF segment in loop 2000E (REF01=NT). Any authorization transaction that is updating a previously submitted service will also include the authorization number in a REF segment in loops 2000E and 2000F (REF01=BB).

Please refer to these numbers when calling for technical assistance regarding a 278 authorization submission.

#### Response Tracking Numbers:

The following tracking numbers are available in the X12 specification and can be used for research and follow-up:

IG Term	Response Location	Notes
Reference Identification	<b>REF02 in 2000E where REF01=NT</b>	Also known in the implementation guide as “Administrative Reference Number”. When communicating with United Healthcare's EDI Support desk regarding a <u>technical</u> question about a submission, we recommend using this reference number.
Review Identification Number	<b>HCR02 in 2000E or 2000F</b>	Indicates transaction was applied to the database successfully. Also referred to as Reference Identification. This number should be used when discussing referrals/authorizations with United Healthcare’s Customer Service.

**6.4. 278 DUPLICATE PROCESSING**

Authorizations Duplicate Processing – Inpatient Cases:

UnitedHealthcare will consider a 278A a duplicate if the following conditions are ALL true:

1. The submission is an Initial submission (UM02 = I)
2. The submission is an Admission Review (UM01 = AR)
3. The case in our system is not cancelled.
4. There is a match between the submission and the case in our system on member, provider, diagnosis code(s), and all procedure code(s).
5. The Expected Admission Date in the submission is between 7 days less than the Expected Admission Date and Expected Discharge Date in our system.
6. The Expected Discharge Date in the submission is between Expected Admission Date and 7 days greater than the Expected Discharge Date in our system.

Authorizations Duplicate Processing - Outpatient Cases:

UnitedHealthcare will consider a 278A a duplicate if the following conditions are ALL true:

1. The submission is an Initial submission (UM02 = I)
2. The submission is a Health Services Review (UM01 = HS)
3. The case in our system is not cancelled.
4. There is a match between the submission and the case in our system on member, provider, diagnosis code(s), all service code(s), and service quantity/frequency/length (HSD Segment).
5. The Service Start Date in the submission is between 7 days less than the Service Start Date and Service End Date in our system.
6. The Service End Date in the submission is between Service Start Date and 7 days greater than the Service End Date in our system.

If a match is found, we will send back the AAA03 error code of “33”. We will also include the original Administrator’s Reference Number in the 2000E loop (REF01 = NT) and any applicable Authorization Numbers in the 2000E loop (REF01 = BB) and/or 2000F loop (REF01 = BB). If no match is found, we will create a new case and return the current Administrator’s Reference Number in the 2000E loop (REF01 = NT) and any applicable Authorization Numbers in the 2000E loop (REF01 = BB) and/or 2000F loop (REF01 = BB).

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Referral Duplicate Processing – Commercial – There is no specific duplicate referral logic in our commercial platform with the exception of vendor ID MAH. This information is not communicated back to the provider.

Referral Duplicate Processing – Government

There is no specific duplicate referral check logic in our government platform. The only checking that is performed is to verify whether a particular auth audit number has been used already or not. When an audit number already exists, the transaction is processed as a change (Update) instead of an add.

## **6.5. 278 UPDATE PROCESSING**

### AUTHORIZATIONS UPDATE PROCESSING – INPATIENT CASES

UnitedHealthcare will update an existing case if the following conditions are ALL true:

1. The submission is a Revision submission (UM02 = S).
2. The submission is an Admission Review (UM01 = AR).
3. An Administrator's Reference Number is provided in the 2000E loop (REF01 = NT).
4. Authorization Numbers are included in the 2000E loop (REF01 = BB) and the 2000F loop (REF01 = BB).
5. The submitted Authorization Numbers are related to the Administrator's Reference Number.
6. There is a match between the submission and the case in our system on member and provider.
7. No Actual Admission Date exists for the case.
8. The case in our system has not had a decision made.
9. At least one procedure is not denied or cancelled.

If any of these conditions are not met, the update submission will be rejected. If all conditions are met, the case can be updated as shown below. Any other submitted changes will be ignored.

Updatable field(s) to an existing case:

1. Expected Admission Date
2. Expected Discharge Date

Additions to existing case:

1. Additional Procedures (Only allowed if all current procedures are still pending on the case).
2. Additional Diagnoses
3. Additional Contacts

Changes to services where an approval has already been completed:

1. Expected Procedure Date

Changes allowed to services where an approval is pending:

1. Expected Procedure Date
2. Service Provider

Additions allowed where an approval is pending:

1. Service Note

### AUTHORIZATIONS UPDATE PROCESSING – OUTPATIENT CASES:

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UnitedHealthcare will update an existing case if the following conditions are ALL true:

1. The submission is a Revision submission (UM02 = S)
2. The submission is an Admission Review (UM01 = HS)
3. An Administrator's Reference Number is provided in the 2000E loop (REF01 = NT)
4. Authorization Numbers are included in the 2000F loop (REF01 = BB)
5. The submitted Authorization Numbers are related to the Administrator's Reference Number.
6. There is a match between the submission and the case in our system on member and provider.
7. The case in our system has not had a decision made.
8. At least one service is not denied or cancelled.

If any of these conditions are not met, the Update submission will be rejected. If all conditions are met, the case can be updated as shown below. Any other submitted changes will be ignored.

Additions to existing case:

1. Additional Services (Only allowed if all current services are still pending on the case).
2. Additional Diagnoses
3. Additional Contacts

Updatable field(s) to an existing case for service updates:

1. Service Start Date
2. Service End Date

Changes allowed to services where an approval is pending:

1. Service Start Date
2. Service End Date
3. Service Provider
4. Quantity, Frequency, Length (HSD in 2000F loop)

Additions allowed where an approval is pending:

1. Service Note

If all conditions are met and update is successful, we will include the original Administrator's Reference Number in the 2000E loop (REF01 = NT). The current Administrator's Reference Number will be included in the 2000E loop (TRN02). Current Authorization Numbers will be returned in the 2000E loop (REF01 = BB) and/or 2000F loop (REF01 = BB). If a new procedure/service was added, its Authorization Number will be included in the 2000F loop (REF01 = BB).

## Referrals – Update Processing – Commercial

There is update processing capability. The update processing will look for the employee information and the first 3 bytes of the CPT4 code. It will then compare them to the input file referral number against the existing referral number in the database.

There is no update capability for our PPO-One product via the X12 transaction.

## Referrals – Update Processing – Government

When an auth audit number already exist in our government platform, the transaction is processed as an update, instead of add.

## 7. ACKNOWLEDGEMENTS AND OR REPORTS

### 7.1. ACKNOWLEDGEMENTS

#### TA1–Interchange Acknowledgement:

This file will be generated and sent to the submitter only when the data was not valid in the ISA/IEA or the GS/GE segments. This pertains to batch and real-time transactions.

#### 999 – Functional Acknowledgement:

**Batch:** For batch 278 transactions, a 999 (Implementation Guide Acknowledgement) will always be returned. It will contain errors or good responses.

**Real Time:** For real-time 278 transactions, a 999 will be returned only when there are format errors in the inquiry file.

### 7.2. REPORT INVENTORY

There are no known applicable reports.

## 8. TRADING PARTNER AGREEMENTS

An EDI Trading Partner is defined as any UnitedHealth Group customer (provider, billing service, software vendor, 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. The agreement is an entity or a part of a larger agreement, between each party to the agreement.

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

Direct Connection – The Trading Partner Agreement must be signed and completed prior to set up.

Connectivity Director – The Trading Partner Agreement must be clicked through and agreed upon before the registration process can be completed.

## 9. TRANSACTION SPECIFIC INFORMATION

UnitedHealthcare has put together the following grid to assist you in designing and programming the information we would provide in 278 Response to your 278 Request. This Companion Guide is meant to illustrate the data provided by UnitedHealthcare for successful referral and authorization transactions. The table contains a row for each segment that UnitedHealthcare has something additional, over and above, the information in the IG. That information can:

1. Limit the repeat of loops or segments.
2. Limit the length of a simple data element.
3. Specify a subset of the IG internal code listings.
4. Clarify the use of loops, segments, composite and simple data elements.
5. Provide any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with UnitedHealthcare.

All segments, data elements, and codes supported in the X12 IG are acceptable; however, all data may not be used in the processing of this transaction by UnitedHealthcare for a 278 request.

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

Loop Id	Reference	Name	Codes	Notes/Comments
2010B	NM109	Identification Code		NPI-must be padded with leading zeros to equal 10 bytes
2010B	REF01	Supplemental Identification Number	EI ZH	Accept only: EI – Facility Tax Identification Number (TIN) ZH – Unique provider identifier assigned by payer (MPIN)

### 9.1. Data Element Grid

Loop ID	Reference	Name	Codes	Notes/Comments
<b>Header</b>	ISA01	Authorization Information Qualifier	00	
<b>Header</b>	ISA03	Security Information Qualifier	00	
<b>Header</b>	ISA05	Interchange ID Qualifier	ZZ	
<b>Header</b>	ISA07	Interchange ID Qualifier	ZZ	
<b>Header</b>	ISA08	Interchange Receiver ID	87726	Receiver ID. Left justify and pad with spaces to 15 characters.
<b>Header</b>	ISA11	Repetition Separator	^	The delimiter in ISA 11 must be ^
<b>Header</b>	ISA16	Component	:	The delimiter in ISA 16 must be :

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Loop ID	Reference	Name	Codes	Notes/Comments
		Element Separator		(colon)
<b>Header</b>	GS03	Application Receiver's Code	87726	This is the same value as the Receiver's Interchange ID from ISA08 (do not pad with spaces).
<b>Hierarch Trans</b>	BHT02	Transaction Set Purpose Code	13	Accept only 13
<b>2010A</b>	NM101	Entity Identifier Code	X3	
<b>2010A</b>	NM102	Entity Type Qualifier	2	
<b>2010A</b>	NM108	Identification Code Qualifier	PI	Accept only PI
<b>2010B</b>	NM101	Entity Identifier Code	FA 1P	
<b>2010B</b>	NM103	Name Last / Organization Name		The name of the facility submitting the request is required
<b>2010B</b>	NM108	Identification Code Qualifier	XX 24	XX = NPI (Preferably for authorizations) 24 = Tax Identification Number (TIN) (preferably for referrals)  In order to accurately identify the submitting facility, UnitedHealthcare must receive either the NPI or Tax Identification Number (TIN), or both. If sending both, use the following REF segment for the TIN
<b>2010B</b>	REF01	Supplemental Identification Qualifier	EI ZH	Accept only EI = Facility Tax Identification Number (TIN). ZH = Unique provider identifier assigned by payer (MPIN).
<b>2010B</b>	REF02	Supplemental Identifier		Must be padded with leading zeros to equal 9 digits
<b>2010B</b>	N4	City/State/Zip		To assist in data matching, please provide the city, state and zip code of the facility where the patient is being admitted or service is being provided when multiple locations exist.
<b>2010B</b>	PER02	Name		Free-form contact name. This should be the name of an individual at the submitting facility that UnitedHealthcare can contact if there are questions or more information is needed about this admission notification. If an individual contact name cannot be provided, please populate this field with the facility name from NM103.
<b>2010B</b>	PER03	Communication Number Qualifier	TE	At least one contact phone number is required.
<b>2010B</b>	PER04	Communication		Phone number - Format 10 digits

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Loop ID	Reference	Name	Codes	Notes/Comments
		Number		no punctuation or spaces
2010B	PER05		EX	If applicable
2010B	PER06	Communication Number		Extension (numeric only) , if applicable
2010C	NM103	Name Last		Subscriber Last name (Required)
2010C	NM104	Name First		Subscriber First name. Required if member has a legal first name. If member has only 1 legal name, send member name in Last Name and do not populate first name.
2010C	NM108	Identification Code Qualifier	MI	
2010C	NM109	Subscriber Primary Identifier		Submit member ID as printed on the member's ID card.
2010C	REF01	Reference Identification Qualifier	1L 6P IG	6P (preferred)
2010C	REF01	Reference Identification Qualifier	HJ N6 (Referral only)	
2010C	DMG01	Date Time Period Format Qualifier		Subscriber birth date is needed in order to verify subscriber eligibility. (Required if Subscriber is also Patient)
2010C	DMG02	Subscriber Birth Date		
2010C	DMG03	Gender Code		Gender Code is required.
2010D	NM103	Name Last		Dependent's Last Name
2010D	NM104	Name First		Dependent's First Name - Required if dependent has a legal first name. If dependent has only 1 legal name, send dependent name in Last Name and do not populate first name.
2010D	DMG01	Date Time Period Format Qualifier		Dependent's birth date is required if the patient is a dependent
2010D	DMG02	Dependent Birth Date		
2000E	UM01	Request Category Code	AR HS SC	
2000E	UM02	Certification Type Code	I, S	If submitting a change to a previously submitted and approved authorization, please provide the administrative Reference Number from the original authorization in the following REF segment. This is required when submitting a revision or update.)
2000E	UM03	Service Type Code	All types of services are allowed for referrals.	All service type codes (UM03) are allowed for referrals.  Please see section 6.2 for the

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Loop ID	Reference	Name	Codes	Notes/Comments
			Please see section 6.2 for the limited codes accepted for authorizations	limited service type codes accepted for authorizations with the place of service to be used.
2000E	UM04 - 1	Facility Type Code	<p>Acceptable for A</p> <p>11 13 21</p> <p>All professional place of service codes (UM04) are allowed for Referrals. <b>The limited list below pertains to Auths</b></p> <p>Acceptable for B</p> <p>11 12 22 61</p>	<p><b>Uniform Billing Claim Form Bill Type (when UM04-2 = A)</b></p> <p>11 Hospital – Inpatient (Including Medicare Part A)</p> <p>13 Hospital - outpatient</p> <p>21 Skilled Nursing Facility (SNF) (Including Medicare Part A) – Inpatient</p> <p>All professional place of service codes (UM04) are allowed for Referrals. <b>The limited list below pertains to Authorizations</b></p> <p><b>Professional Services (when UM04-2 = B)</b></p> <p>11 Office</p> <p>12 Home</p> <p>22 Hospital – outpatient</p> <p>61 Comprehensive Inpatient Rehab Facility</p>
2000E	UM06	Level of Service Code	E	All non-urgent, non-emergent admissions. This is the only value accepted
2000E	DTP03	Proposed or Actual Event Date		Event Dates must be greater than current date (advance authorization)
2000E	DTP02	Date Time Period Format Qualifier	D8	Range Date not allowed for Admission
2000E	DTP03	Proposed Admission Date	D8	Admission Date must be greater than current date (advance authorization).
2000E	HI01 – 1	Diagnosis Type Code	BF BJ BK	In order to assign appropriate resources to the case, UnitedHealthcare needs to understand why the patient is being treated. A Principal or Admitting diagnosis code is required. Please

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Loop ID	Reference	Name	Codes	Notes/Comments
				send it in this HI segment.
2000E	HI01 – 2	Diagnosis Code		ICD-9 code. Format RRR.SS
2000E	HI02 – 1	Diagnosis Type Code	BF BJ	Additional diagnosis information may be provided if available.
2000E	HI02 – 2	Diagnosis Code		ICD-9 code. Format RRR.SS
2000E	HSD01	Quantity Qualifier	DY	DY is only accepted for Admission Review (AR).
2000E	CL101	Admission Type Code	3	Required for Admission Review (AR), accept Admission Type Code = 3 (Elective)
2010EA	NM101	Entity Identifier Code	FA 71 AAJ SJ	<p>Please identify providers related to this submission that are not identified in a 2010F loop.</p> <p>For UM01=AR (Admission Review)            1 Facility (FA) per case - required            1 Attending (71) per case -optional            1 Admitting (AAJ) per case - optional            1 Servicing Provider(SJ) per service – required</p> <p>For UM01=HS            1 Attending(71) per case -optional            1 Servicing Provider(SJ) per service - required</p>
2010EA	NM103	Name Last or Organization Name		To assist in data matching, it is preferred that this value not contain title or suffix abbreviations such as Dr., MD, OB, etc. either before or after the provider's last name
2010EA	NM104	Name First		To assist in data matching, it is preferred that this value not contain title or suffix abbreviations such as Dr., MD, OB, etc. either before or after the provider's last name
2010EA	NM108	Identification Code Qualifier	XX 24	<p>XX = NPI (Preferably for authorizations)            24 = Tax Identification Number (TIN) (Preferably for referrals)</p> <p>In order to accurately identify the submitting facility, UnitedHealthcare must receive either the NPI or Tax Identification Number (TIN), or both. If sending both, use the following REF segment for the TIN</p>
2010EA	REF01	Supplemental Identification Qualifier	EI ZH	<p>Accept only            EI = Facility Tax Identification Number (TIN).            ZH = Unique provider identifier</p>

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Loop ID	Reference	Name	Codes	Notes/Comments
				assigned by payer (MPIN).
2010EA	REF02	Supplemental Identifier		Must be padded with leading zeros to equal 9 digits.
2010EA	N4	City/State/Zip		To assist in data matching, please provide the city, state and zip code of the provider where the patient is being admitted or service is being provided when multiple locations exist.
2010EA	PER02	Name		Please send the name of the contact if it is different or not sent in the prior name segment (e.g. N1 or NM1)
2010EA	PER03	Communication Number Qualifier	TE	At least one contact phone number is required
2010EA	PER04	Communication Number		Phone number - Format 10 digits with no punctuation or spaces
2010EA	PER05	Communication Number Qualifier	EX	If applicable
2010EA	PER06	Communication Number		Extension Number, if applicable
2000F	UM02	Certification Type Code	I or S	If submitting a change to a previously submitted and approved authorization, please provide the Authorization Number from the original notification in the following REF segment
2000F	UM03	Service Type Code	All types of services are allowed for referrals.  Please see section 6.2 for the limited codes accepted for authorizations	All service type codes (UM03) are allowed for referrals.  Please see section 6.2 for the limited service type codes accepted for authorizations with the place of service to be used.
2000F	UM04 - 1	Facility Type Code	Acceptable for A  11 13 21  All professional services are available for Referrals. <b>The list below refers to</b>	Uniform Billing Claim Form Bill Type (when UM04-2 = A) 11 Hospital – Inpatient (Including Medicare Part A) 13 Hospital - outpatient 21 Skilled Nursing Facility (SNF) (Including Medicare Part A) – Inpatient  All professional services are available for referrals. The list below refers to Authorizations only.  Professional Services (when

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Loop ID	Reference	Name	Codes	Notes/Comments
			<b>Auths only.</b> Acceptable for B 11 12 22	UM04-2 = B) 11 Office 12 Home 22 Hospital - outpatient
2000F	DTP01	Date Time Qualifier		Expected start date must be greater than current date (advance authorization)
2000F	SV101 – 1	Product/Service ID Qualifier	HC	
2000F	SV101 – 8	Product/Service ID		Procedure code ranges are not allowed.
2000F	SV103	Unit or basis for measurement code	UN	
2000F	SV202 – 1	Product/Service ID Qualifier	HC	
2000F	SV202 – 8	Product/Service ID		Procedure code ranges are not allowed.
2000F	SV204	Unit or basis for measurement code	UN	
2000F	HSD01	Quantity Qualifier	DY FL HS VS	Required when requesting services that have a specific pattern of delivery or usage.
2000F	HSD05	Time Period Qualifier	7 34 35	
2010F	NM101	Entity Identifier Code	FA SJ 1T	Please identify providers related to this submission that are not identified in a 2010EA loop. FA = Facility – <b>Use for Authorizations only.</b> SJ = Service Provider – <b>Use for Auths and Referrals</b> 1T = Physician, Clinic, Group Practice – <b>Use for Referrals only.</b>
2010F	NM103	Name Last or Organization Name		To assist in data matching, it is preferred this value not contain title or suffix abbreviations such as Dr., MD, OB, etc. either before or after the provider's last name.
2010F	NM104	Name First		To assist in data matching, it is preferred this value not contain title or suffix abbreviations such as Dr., MD, OB, etc. either before or after the provider's last name.
2010F	NM108	Identification Code Qualifier	XX 24	XX = NPI (Preferably for authorizations) 24 = Tax Identification Number (TIN) (preferably for referrals)

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Loop ID	Reference	Name	Codes	Notes/Comments
				In order to accurately identify the submitting facility, UnitedHealthcare must receive either the NPI or Tax Identification Number (TIN), or both. If sending both, use the following REF segment for the TIN
2010F	REF01	Supplemental Identification Qualifier	EI ZH	Accept only EI = Facility Tax Identification Number (TIN). ZH = Unique provider identifier assigned by payer (MPIN)
2010F	REF02	Supplemental Identifier		Must be padded with leading zeros to equal 9 digits.
2010F	N4	City/State/Zip		To assist in data matching, please provide the city, state and zip code of the provider where the patient is being admitted or service is being provided when multiple locations exist.
2010F	PER03	Communication Number Qualifier	TE	At least one contact phone number is required
2010F	PER04	Communication Number		Phone number - Format 10 digits with no punctuation or spaces
2010F	PER05	Communication Number Qualifier	EX	If applicable

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## **10. APPENDIXES**

### **10.1. IMPLEMENTATION CHECK LIST**

The implementation check list will vary depending on your choice of connection; direct connect Connectivity Director, or clearinghouse. However, a basic check list would be to:

1. Register
2. Contract
3. Set up connections
4. Test
5. If testing results are good, a move to production is discussed/requested.

### **10.2. FILE NAMING CONVENTIONS**

All response files, other than the response file related to a time out situation, will be sent as either zipped or unzipped. If the 278 request was sent zipped, the response file will be sent zipped. If the 278 request was sent unzipped, the response file will be sent unzipped. Time out situation response files will always be sent unzipped.

If a batch is received with an invalid file name according to the specifications in the File Naming Conventions section, the file will not be processed.

#### **Inbound 278 Batch Request to UnitedHealthcare**

For batch transactions, we will receive the following file name. The extension '.BTC' is an abbreviation for batch. The 278 request will be included in the file. We will validate that the submitter id and batch id in the file name match the data in the ISA segment.

**N or Z\_278B\_<Submitter ID>\_<Batch ID>\_<datetimestamp>.BTC.pgp**

#### Example:

N\_278B\_ABC123456789\_000000004\_01102010142034.BTC.pgp

N or Z	Identifies if the file is unzipped (N) or zipped (Z)
278B	Identifies the file represents a 278 batch request.
<submitter ID>	Corresponds to the ISA06 in the 278
<batch ID>	Corresponds to the ISA13 (Interchange Control Number in the 278.
<datetimestamp>	Expressed in CDT/CST as MMDDYYYYHHMMSS. This is an optional field.

#### **Outbound Responses from UnitedHealthcare**

##### **A.) 999 Functional Acknowledgement (Batch Only):**

**Z or N\_278999\_<batch ID>\_<submitter ID >\_<datetimestamp>.RES.pgp**

#### Example:

Z\_2780999\_000000004\_ABC123456789\_01102010142034.RES.pgp

B.) For batch transactions, the naming convention for the 278 acknowledgment file is listed below. The extension '.RES' is an abbreviation for response.

**N or Z\_278BACK\_<batch ID>\_<Submitter ID>\_<datetimestamp>.RES.pgp**

Example:

N\_278BACK\_000000004\_ABC123456789\_01102010142034.RES.pgp

N or Z	Identifies if the file is unzipped (N) or zipped (Z)
278BACK	Identifies that the file represents a 278 the 278 Acknowledgment.
<batch ID>	This value is in the ISA13 (position 86) in the acknowledgement file.
<submitter ID>	The value in the ISA08 (position 50) in the acknowledgement file.
<datetimestamp>	Expressed in CDT/CST as MMDDYYYYHHMMSS. Represents the date and time the response file was created.

C.) A 278 acknowledgement can be sent after a time out has occurred. Each file will contain one single transaction. The extension '.RES' is an abbreviation for response.

**N\_278ACK\_<batch ID>\_<Submitter ID>\_<control number>\_<datetimestamp>.RES.pgp**

N	Represents that file will not be zipped. This will always be valued with N for this scenario.
278ACK	Valued with this value as a default since it is not known if the original request was a real time request or a transaction from a batch request.
<batch ID>	This value is in the ISA13 (position 87) in the 278 acknowledgement file.
<submitter ID>	The value in the ISA08 (position 51) in the 278 acknowledgement file .
<control number>	This field is a counter that is set in the FTP process. The counter starts with 1 and increments to 999 and then is reset. The counter can be a maximum of the bytes and a minimum of 1 byte. The counter is added during the FTP process. The only place the counter will show up is in the file name when the client picks up the file.
<datetimestamp>	Expressed in CDT/CST as MMDDYYYYHHMMSS. Represents the date and time the response file was created.

### 10.3. BUSINESS AND TRANSMISSION EXAMPLES

#### 2000E/HSD Health Care Service Delivery

Use this only to specify an expected length of stay. Please do not use when specifying an expected or actual discharge date.

HSD01 must be "DY"

Example:

"3 Days"

HSD01 = DY

HSD02 = 3

#### 2000F/HSD Health Care Service Delivery

UnitedHealthcare does not process every possible service delivery pattern that can be expressed using a HSD segment. The following rules will allow you to construct HSD segments that we can process.

---

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**Pattern 1: Basic Professional Services**

Use SV103 and SV104. SV103 must be "UN". Use SV102 for DME Cost. Do not use a HSD segment. Specifying nothing is equivalent to "1 Unit".

Examples:

"7 Units"

SV103 = UN

SV104 = 7

"2 Units at a total cost of \$500"

SV102 = 500.0

SV103 = UN

SV104 = 2

**Pattern 2: Basic Institutional Services**

Use SV204 and SV205. SV204 must be "UN". Use SV203 for DME Cost. Do not use a HSD segment. Specifying nothing is equivalent to "1 Unit".

Examples:

"2 Units at a total cost of \$500"

SV203 = 500.0

SV204 = UN

SV205 = 2

**Pattern 3: Units With out Repetition**

HSD02 HSD01s

Professional services only- Do not use SV103.

HSD01 must be one of the following DY=Days, FL=Units, HS=Hours, VS=Visits

Examples:

"7 Units"

HSD01 = FL

HSD02 = 7

"3 Visits"

HSD01 = VS

HSD02 = 3

"12 Days"

HSD01 = DY

HSD02 = 12

"1 Hour"

HSD01 = HS

HSD02 = 1

**Pattern 2: Units with repetition**

HSD02 HSD01s every HSD04 HSD03s for HSD06 HSD05s

Professional services only. Do not use SV103.

HSD01 must be one of the following DY=Days, FL=Units, HS=Hours, VS=Visits

# Health Care Services Review - Request for Review and Response Companion Guide



The units specified in HSD03 must match those in HSD05:  
 Days: HSD03 = DA, HSD05 = 7, HSD04 must be 1 or 2  
 Weeks: HSD03 = WK, HSD05 = 35, HSD04 must be 1 or 2  
 Months: HSD03 = MO, HSD05 = 34, HSD04 must be 1

**Examples:**

"1 Visit every Week for 10 Weeks"

HSD01 = VS  
 HSD02 = 1  
 HSD03 = WK  
 HSD04 = 1  
 HSD05 = 35  
 HSD06 = 10  
 (The calculated total = 10)

"3 Units every other Day for 14 Days"

HSD01 = FL  
 HSD02 = 3  
 HSD03 = DA  
 HSD04 = 2  
 HSD05 = 7  
 HSD06 = 14  
 (The calculated total = 21)

"1 Day every 2 Weeks for 8 Weeks"

HSD01 = DY  
 HSD02 = 1  
 HSD03 = WK  
 HSD04 = 2  
 HSD05 = 35  
 HSD06 = 8  
 (The calculated total = 4)

Example Response Scenarios for authorizations

<b>Case 1: Authorization successfully entered into the system</b>				
<b>278 Response Transaction</b>				
<b>Loop</b>	<b>Segment</b>	<b>Element</b>	<b>Description</b>	<b>Comments</b>
	BHT	BHT02	Transaction Set Purpose Code	11 = Response
2000E	REF	REF01	Reference Identification Qualifier	NT = Administrator's Reference Number
		REF02	Reference ID	Reference Number
	HCR		Health Care Services Review	
		HCR01	Action code	A4 = Pending
		HCR03	Industry Code	0W - Disposition pending review

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<b>Case 1: Authorization successfully entered into the system</b>				
<b>278 Response Transaction</b>				
<b>Loop</b>	<b>Segment</b>	<b>Element</b>	<b>Description</b>	<b>Comments</b>
2000F	REF	REF01	Reference Identification Qualifier	BB = Authorization Number
		REF02	Reference ID	Reference Number

<b>Case 2: Authorization Error</b>				
<b>278 Response Transaction</b>				
<b>Loop</b>	<b>Segment</b>	<b>Element</b>	<b>Description</b>	<b>Comments</b>
	BHT	BHT02	Transaction Set Purpose Code	11 = Response
2000E	HCR		Health Care Services Review	
		HCR01	Action code	A3 = Not Certified
		HCR03	Industry Code	Services were not considered due to other errors in the request
Any	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	See IG for loop
		AAA04	Follow-up action code	C = Correct and Resubmit, N = Resubmission not allowed.

<b>Case 3: Submit authorization to other health plan location.</b>				
<b>278 Response Transaction</b>				
<b>Loop</b>	<b>Segment</b>	<b>Element</b>	<b>Description</b>	<b>Comments</b>
	BHT	BHT02	Transaction Set Purpose Code	11 = Response
2010C	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	78 = Subscriber/Insured not in Group/Plan identified.
		AAA04	Follow-up action code	N = Resubmission not allowed.
2000E	HCR	HCR01	Action Code	A3 = Not Certified
		HCR03	Industry Code	None
	MSG01	MSG01	Free Form Message	Informational Message from UHG

<b>Case 4: Authorization held for Manual Processing</b>				
<b>278 Response Transaction</b>				
<b>Loop</b>	<b>Segment</b>	<b>Element</b>	<b>Description</b>	<b>Comments</b>
	BHT	BHT02	Transaction Set Purpose Code	11 = Response
2010A	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	42 = Unable to respond at the current time

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		AAA04	Follow-up action code	Y = Do not Resubmit; check Unitedhealthcareonline.com the next day.
2000E	HCR	HCR01	Action Code	0W - Disposition pending review
		HCR03	Industry Code	None
	MSG	MSG01	Free Form Message	Case sent to manual processing.

Note: If you receive a “CT” response, you will need to go to UnitedHealthcareOnline.com > Notifications > Notification Status the following day to obtain the Service Reference Number (SRN), it will not be sent to you via a 278ACK response.

<b>Case 5: Authorization Notification</b>				
<b>278 Response Transaction</b>				
<b>Loop</b>	<b>Segment</b>	<b>Element</b>	<b>Description</b>	<b>Comments</b>
	BHT	BHT02	Transaction Set Purpose Code	11 = Response
2000E	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	33 = Input errors
		AAA04	Follow-up action code	N = Resubmission not allowed.
	REF	REF01	Reference Identification Qualifier	NT = Administrator’s Reference Number
		REF02	Reference ID	Reference Number
	REF	REF01	Authorization Number	BB = Previous Review Identification Number
		REF02	Reference ID	Previous Authorization Number

<b>Case 6: Updated Authorization</b>				
<b>278 Response Transaction</b>				
<b>Loop</b>	<b>Segment</b>	<b>Element</b>	<b>Description</b>	<b>Comments</b>
	BHT	BHT02	Transaction Set Purpose Code	11 = Response
2000E	REF	REF01	Reference Identification Qualifier	NT = Administrator’s Reference Number
		REF02	Reference ID	Reference Number
	REF	REF01	Authorization Number	BB = Previous Review Authorization Number
		REF02	Reference ID	Previous Authorization Number

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10.4. ERROR CODES AND INTERPRETATIONS

Loop ID	AAA 03	AAA 04	Error Description	Trading Partner Action Required
2000A	41	N	BHT02 (Purpose Code) is not supported.	Please correct and resend if applicable.
2000A	41	N	Production transaction submitted to test environment. (ISA15)	
2000A	41	N	Test transaction submitted to production environment. (ISA15)	
2010A	42	Y	Case sent to manual processing. Check for number on UHC Online next day.	<u>Check for number on <a href="http://www.unitedhealthcareonline.com">www.unitedhealthcareonline.com</a> the next day.</u>
2010A	42	P	Transaction cannot be processed at this time, due to system unavailability. Please try again later.	UnitedHealthcare is unable to accept the transaction at this time. Please resubmit later.
2010B	15	C	Facility Required for Admissions Review (UM01 = AR).	Please correct and resend.
2010B	33	C	Only one Facility Provider supported.	Please correct and resend.
2010B	33	C	Facility cannot be a person	Please correct and resend.
2010B	33	C	Zip Code must be 5 or 9 digits.	Please correct zip code and resend.
2010B	33	C	Provider Phone Number must be 10 digits.	Please correct and resend.
2010B	33	C	Facility Provider not supported for Professional Service (UM01 = HS).	Please correct and resend if applicable.
2010B	33	C	Admitting Provider not supported for Outpatient Service.	Please correct and resend if applicable.
2010B	42	P	Unable to Respond at Current Time	United Healthcare is unable to accept the transaction at this time. Please resubmit later.
2010B	42	Y	Unable to Respond at Current Time	Some system component(s) is/are unavailable at the current time. <b>Do not resubmit.</b> We will hold your request and respond again shortly.
2010B	43	C	Minimum required Provider Entity Identifiers (NM101) were not submitted. See Companion Guide for supported values.	Please correct and resend
2010B	43	C	Requestor Tax ID or NPI is missing.	Please correct and resend.
2010B	43	C	Tax ID: Must be 9 digits.	Please correct and resend.
2010B	43	C	Provider NPI: Must be 10 digits.	Please correct and resend.
2010B	43	C	Provider MPIN: Must be 9 digits. (REF02)	Please correct and resend.
2010B	44	C	Last Name or Organization Name is required.	Please correct and resend.

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Loop ID	AAA 03	AAA 04	Error Description	Trading Partner Action Required
2010B	44	C	First Name is required when provider is a person.	Please correct and resend.
2010B	44	C	Requestor Contact Name is missing	Please correct and resend.
2010B	46	C	Requester Contact Phone Number is missing	Please correct and resend.
2010B	46	C	Requester Contact Phone Number must be 10 digits	Please correct and resend.
2010B	46	C	Requester Contact phone extension must be numeric	Please correct and resend.
2010B	46	C	Requester Contact Fax Number must be 10 digits	Please correct and resend.
2010B	46	C	Provider Phone Number is missing.	Please correct and resend.
2010B	46	C	Provider Phone Extension must be numeric	Please provide a numeric extension #
2010B	46	C	Provider Secondary Phone must be 10 digits.	Please correct and resend.
2010B	46	C	Provider Fax Number must be 10 numeric digits	Please correct and resend.
2010B	47	C	Invalid Provider State/Province Code	Please correct and resend.
2010B	51	C	Submitting Provider is not authorized to update the case. (UM02=S)	Please correct and resend.
2010B	79	N	Invalid Participant Identification	Invalid Payer ID. You cannot submit Tricare Payer ID 97726.
2010C	15	C	Required application data missing	Subscriber date of birth and subscriber last name must be provided. Please correct and resend.
2010C	58	C	Invalid/Missing Date-of-Birth	Subscriber date of birth is missing or invalid. Please correct and resend.
2010C	58	C	Subscriber Date of Birth is missing.(2010C)	Please correct and resend subscriber date of birth.
2010C	64	C	Invalid/Missing Patient ID	Member Identification Number is required to process the request.
2010C	65	C	Invalid/Missing Patient Name	Subscriber last name is missing/invalid.
2010C	67	N	Patient Name and/or DOB do not match submitted Member ID.	Please correct and resend Patient Name and/or DOB.
2010C	68	C	Duplicate Patient ID Number	Please correct and resend.
2010C	72	C	Subscriber ID is missing. (2010C)	Subscriber ID is required.
2010C	73	C	Subscriber Last Name is missing. (2010C)	Subscriber first and last names are required.
2010C	73	C	Subscriber ID Qualifier is only supported for MI. (2010C)	Please correct and resend.
2010C	75	N	Subscriber/Insured Not Found	The submitted subscriber ID, or subscriber ID/Group Number combination is not on the UnitedHealthcare database.
2010C	76	C	Duplicate Subscriber/Insured ID Number	Multiple matches found. Please resubmit with the subscriber group number in order to

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Loop ID	AAA 03	AAA 04	Error Description	Trading Partner Action Required
				resolve ambiguity.
2010C	78	N	Subscriber Not in Group/Plan Identified	Subscriber is not eligible. Verify correct information was submitted.
2010C	78	N	Message will be variable depending on policy.	Call the phone number in the message.
2010C	78	N	Authorization is not supported for this member, product, and/or group.	Please call the phone number on the back of the member's card.
2010C	95	N	Member not eligible for either beginning service date or end service date	Please verify dates of submission are correct.
2010C	95	N	Patient Not Eligible	The subscriber was found but is not eligible for coverage for the date (s) submitted.
2010D	58	C	Dependent Date of Birth is missing. (2010D)	The dependent's birth date is required if the patient is a dependent.
2010D	65	C	Dependent Last Name is missing. (2010D)	The dependent's first and last names are required if the patient is a dependent.
2010D	67	N	Patient Name and/or DOB do not match submitted Member ID.	Please correct and resend.
2010D	68	C	Duplicate Patient ID Number	Please correct and resend.
2010D	95	N	Member not eligible for either beginning service date or end service date	Please verify dates of submission are correct.
2000E	15	C	2000E UM04 is required for an Admission Review. (UM01=AR)	Please correct and resend.
2000E	15	C	2000E UM03 value is not supported. See Companion Guide for supported values.	Please correct and resend.
2000E	33	C	Unable to Process/Please call.	Please call the phone number on the back of the member's card.
2000E	33	C	Input Errors	An Invalid Diagnosis Code Type value was submitted which does not conform to the Companion Guide specifications. Please correct and resubmit.
2000E	33	C	2000E HSD01 of DY requires an HSD02 Quantity of zero or greater	Please correct and resend.
2000E	33	C	Only "AR" or "HS" are supported for Authorizations. (2000E UM01)	Please correct and resend.
2000E	33	C	2000E UM06 value of "E" only is supported for Authorizations.	Please correct and resend.
2000E	33	C	ICD10 is not supported at this time. (2000E)	Please correct and resend using ICD9
2000E	33	C	For Admission Review (UM01="AR"), if HSD segment sent only supported HSD01 = DY. (2000E)	Please correct and resend.
2000E	33	C	UM04-2 value is not supported for a Professional	Please correct and resend.

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Loop ID	AAA 03	AAA 04	Error Description	Trading Partner Action Required
			Service.	
2000E	33	C	HSD segment does not conform to supported service delivery patterns. See Companion Guide for valid patterns.	Please correct and resend.
2000E	33	N	Previous Review Administrative Reference Number and Authorization Number are not associated. Case cannot be updated. (UM02=S)	No action needed.
2000E	33	N	Previous Review Administrative Reference Number not found. Case cannot be updated. (UM02=S)	No action needed.
2000E	57	C	Event Date Range is missing. (2000E)	See Companion guide. Please correct and resend.
2000E	57	C	Event End Date must be greater than or equal to Start Date. (2000E)	Please correct and resend.
2000E	57	C	Event Dates must be greater than date received (advance authorization). You may call the number on the back of the member's card for further information.	Please correct and resend.
2000E	57	C	HSD02 Quantity does not match with the Admit/Discharge Date range.	Please correct and resend.
2000E	57	C	In order to support Admit / Discharge date range submitted, case must be submitted as Inpatient.	Please correct and resend.
2000E	60	C	Birth Date must be less than or equal to Event Date. (2000E)	Please correct and resend.
2000E	60	C	Birth Date must be less than or equal to Admission Date. (2000E)	Please correct and resend.
2000E	95	N	Case sent to manual processing. Check for number on UHC Online next day.	<u>Check for number on <a href="http://www.unitedhealthcareonline.com">www.unitedhealthcareonline.com</a> the next day.</u>
2000E	95	N	Member not eligible for either beginning Service Date or End Service Date. (Admission Review)	Please verify dates of submission are correct
2000E	AA	N	Actual Admission Date exists for the event. Case cannot be updated. (UM02=S)	Update is not allowed. You may call the number on the back of the member's card for further information
2000E	AA	N	Case is not Open. Update is not allowed. You may call the	Update is not allowed. You may call the number on the back of the member's card for

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Loop ID	AAA 03	AAA 04	Error Description	Trading Partner Action Required
2000E	AA	N	number on the back of the member's card for further information. Case is Cancelled or Denied. Update is not allowed. You may call the number on the back of the member's card for further information.	further information  Update is not allowed. You may call the number on the back of the member's card for further information
2000E	AA	N	A coverage determination has been made. Case cannot be updated. (UM02=S)	Update is not allowed. You may call the number on the back of the member's card for further information
2000E	AA	N	Member does not match previously submitted Member for the event. Case cannot be updated. (UM02=S)	Please verify and resend if applicable.
2000E	AF	C	Unsupported Diagnosis Type Code submitted. Only "BF", "BJ", "BK" are supported for Authorizations. (2000E)	Please correct and resend.
2000E	AF	C	Diagnosis is missing or invalid. (2000E)	A valid ICD-9 diagnosis code is required
2000E	AF	C	Invalid Diagnosis code submitted. (2000E)	A valid ICD-9 diagnosis code is required
2000E	AM	C	Invalid/Missing Admission Date	Admission Date is Required to Process Request. Please correct and resend.
2000E	AM	C	Admission Date range is not supported for Authorizations. (2000E)	Please correct and resend
2000E	AM	C	Admission Date must be greater than current date (advance authorization). You may call the number on the back of the member's card for further information.	Please correct and resend
2000E	AN	C	Discharge Date must be greater than or equal to the Admission Date. (2000E)	Please correct and resend
2000E	T5	C	Administrative Reference Number must be 16 digits. (2000E REF02)	Please correct and resend.
2010EA	15	C	Facility Provider required for Admission Review. (UM01=AR)	Please correct and resend if applicable.
2010EA	33	C	Admitting Provider not supported for Outpatient Service.	Please correct and resend if applicable.
2010EA	33	C	Only one Facility Provider supported.	Please correct and resend.
2010EA	33	C	Facility cannot be a person	Please correct and resend.
2010EA	33	C	Only one Admitting Provider supported.	Please correct and resend.
2010EA	33	C	Only one Attending Provider supported.	Please correct and resend.

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Loop ID	AAA 03	AAA 04	Error Description	Trading Partner Action Required
2010EA	33	C	Zip Code must be 5 or 9 digits.	Please correct zip code and resend.
2010EA	33	C	Provider Phone Number must be 10 digits.	Please correct and resend.
2010EA	33	C	Facility Provider not supported for Professional Service (UM01 = HS).	Please correct and resend if applicable.
2010EA	33	C	Only "I" or "S" are supported. (2000E UM02)	Please correct and resend.
2010EA	33	C	When Certification Type is "I", do not include Administrative Reference Number. (2000E)	Please correct and resend.
2010EA	33	C	2000E UM04-2 is not supported for an Admission Review.	Please correct and resend.
2010EA	33	C	2000E UM04-1 is not supported. See Companion Guide for supported values.	Please correct and resend.
2010EA	33	N	Duplicate request with Administrative Reference Number xxxxxxxxxxxxxxxx.	<b>Duplicate use Admin Ref Number supplied on response.</b>
2010EA	41	N	Authorization / Access Restrictions	"The notification/authorization for this member must be submitted to Harvard Pilgrim Health Care electronically through HPHConnect or NEHEN. Call 1-800-708-4414 if you cannot submit notifications/Authorizations electronically - Provider state is in the request. The provider state is: X restricted state.
2010EA	43	C	Provider Tax ID or NPI is missing.	Please correct and resend.
2010EA	43	C	Tax ID: Must be 9 digits.	Please correct and resend.
2010EA	43	C	Provider NPI: Must be 10 digits.	Please correct and resend.
2010EA	43	C	Provider MPIN: Must be 9 digits. (REF02)	Please correct and resend.
2010EA	43	C	Minimum required Provider Entity Identifiers (NM101) were not submitted. See Companion Guide for supported values.	The NPI or TIN is required.
2010EA	44	C	Last Name or Organization Name is required.	Please correct and resend.
2010EA	44	C	First Name is required when provider is a person.	Please correct and resend.
2010EA	46	C	Provider Phone Number is missing.	Please correct and resend.
2010EA	46	C	Provider Phone Extension must be numeric	Please provide a numeric extension #
2010EA	46	C	Provider Secondary Phone must be 10 digits.	Please correct and resend.
2010EA	46	C	Provider Fax Number must be 10 numeric digits	Please correct and resend.
2010EA	47	C	Invalid Provider	Please correct and resend.

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Loop ID	AAA 03	AAA 04	Error Description	Trading Partner Action Required
			State/Province Code	
2000F	15	C	One Servicing Provider is required for an Authorization submission.	
2000F	15	C	Authorization submission is only supported if Service Level (2000F) is provided when UM02 = I.	Please correct and resend.
2000F	15	C	Professional Service (SV1) is required for Health Service Review (UM01="HS")	Please correct and resend.
2000F	15	C	Institutional Service (SV2) is required for Admission Review (UM01="AR"). (2000F)	Please correct and resend.
2000F	33	C	HSD is not supported for services on an Admission Review. (2000F)	Please correct and resend if applicable.
2000F	33	C	Only "HS" is supported for authorizations. (2000F UM01)	Please correct and resend if applicable.
2000F	33	C	Only "I" or "S" are supported for Authorizations (2000F UM02)	Please correct and resend.
2000F	33	C	When Certification Type is "I", do not include Authorization Number. (2000F)	Please correct and resend.
2000F	33	C	2000F UM03 value is not supported for Authorizations. See Companion Guide for supported values	Please correct and resend if applicable.
2000F	33	C	2000F UM04 is not supported for an Admission Review Authorization.	Please correct and resend.
2000F	33	C	UM04-2 value is not supported for a Professional Service.	Please correct and resend.
2000F	33	C	2000F UM04-1 value is not supported for Authorizations. See Companion Guide for supported values.	Please correct and resend.
2000F	33	C	Institutional Service (SV2) for Health Service Review (UM01="HS") is not supported for authorizations. (2000F)	Please correct and resend.
2000F	33	C	Professional Service (SV2) for Health Service Review (UM01="HS") is not supported for authorizations. (2000F)	Please correct and resend.
2000F	33	C	Dental Service (SV3) is not currently supported. (2000F)	No further action is needed.
2000F	33	C	Unit of Measure Code and	Please correct and resend.

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Loop ID	AAA 03	AAA 04	Error Description	Trading Partner Action Required
			quantity must both be sent. (2000F SV1)	
2000F	33	C	Unsupported Unit of Measure submitted. Only "UN" is supported for authorizations. (2000F SV1)	Please correct and resubmit
2000F	33	C	Provide a Quantity value in either HSD or SV1 but not both. (2000F)	Please correct and resend.
2000F	33	C	Quantity must be greater than zero (2000F SV1)	Please correct and resend
2000F	33	C	Quantity Qualifier is not supported for authorizations. See Companion Guide for values. (2000F HSD01)	Please correct and resend.
2000F	33	C	Only Sample Selection Modulus "1" or "2" are supported when Unit of Measure Code is "DA" or "WK". (2000F)	Please correct and resend.
2000F	33	C	Only Sample Selection Modulus "1" is supported when Unit of Measure Code is "MO". (2000F)	Please correct and resend.
2000F	33	C	Only Time Period Qualifier "7" is supported when Unit of Measure is "DA". (2000F HSD)	Please correct and resend.
2000F	33	C	Only Time Period Qualifier "34" is supported when Unit of Measure is "MO". (2000F HSD)	Please correct and resend
2000F	33	C	Only Time Period Qualifier "35" is supported when Unit of Measure is "WK". (2000F HSD)	Please correct and resend
2000F	33	C	Quantity must be greater than zero (2000F HSD02)	Please correct and resend
2000F	33	C	HSD segment does not conform to supported service delivery patterns. See Companion Guide for valid patterns.	Please correct and resend
2000F	33	C	Number of Periods must be greater than zero (2000F HSD06)	Please correct and resend.
2000F	33	N	Service is cancelled or denied. Update is not supported. You may call the number on the back of the member's card for further information.	
2000F	57	C	Service Start Date is missing.	

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# Health Care Services Review - Request for Review and Response Companion Guide



Loop ID	AAA 03	AAA 04	Error Description	Trading Partner Action Required
			(2000F)	
2000F	57	C	Service Date Range is not supported for Admission Review (UM01=AR). (2000F)	Please correct and resend
2000F	57	C	Service End Date must be greater than or equal to Start Date. (2000F)	Please correct and resend
2000F	57	C	Service Start Date must be greater than current date (advance authorization). You may call the number on the back of the member's card for further information.	Please correct and resend.
2000F	57	C	Service Date must be within the Event Date range. (2000E/2000F)	Please correct and resend.
2000F	57	C	Service Date must be within the Admission and Discharge Dates. (2000E/2000F)	Please correct and resend.
2000F	60	C	Birth Date must be less than or equal to Service Start Date. (2000F)	Please correct and resend.
2000F	AG	C	Unsupported Procedure Code type submitted. Only "HC" is supported for authorizations. (2000F SV101-1)	Please correct and resend.
2000F	AG	C	Procedure Code Range is not supported. (2000F)	Please correct and resend.
2000F	AG	C	Unsupported Procedure Code type submitted. Only "HC" is supported for authorizations. (2000F SV202-1)	Please correct and resend.
2000F	AG	C	Invalid Procedure code submitted. (2000F)	Please correct and resend.
2000F	T5	C	Authorization Number is required for a Revision. (2000F)	Please correct and resend.
2000F	T5	C	Administrative Reference Number is required for a Revision. (2000E REF02)	Please correct and resend.
2000F	T5	C	Authorization Number must be 10 digits. (2000F)	Please correct and resend.
2010F	33	C	Only one Servicing Provider is supported per Service. (2010F)	
2010FA	15	C	Facility Provider required for Admission Review. (UM01=AR)	Please correct and resend if applicable.
2010FA	33	C	Only one Facility Provider supported.	Please correct and resend.
2010FA	33	C	Facility cannot be a person	Please correct and resend.
2010FA	33	C	Zip Code must be 5 or 9 digits.	Please correct zip code and resend.

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2010FA	33	C	Provider Phone Number must be 10 digits.	Please correct and resend.
2010FA	33	C	Facility Provider not supported for Professional Service (UM01 = HS).	Please correct and resend if applicable.
2010FA	33	C	Admitting Provider not supported for Outpatient Service.	Please correct and resend if applicable.
2010FA	33	C	Only "I" or "S" are supported. (2000E UM02)	Please correct and resend.
2010FA	33	C	When Certification Type is "I", do not include Administrative Reference Number. (2000E)	Please correct and resend.
2010FA	33	C	2000E UM04-2 is not supported for an Admission Review.	Please correct and resend.
2010FA	33	C	2000E UM04-1 is not supported. See Companion Guide for supported values.	Please correct and resend.
2010FA	33	N	Duplicate request with Administrative Reference Number xxxxxxxxxxxxxxxx.	<b>Duplicate use Admin Ref Number supplied on response.</b>
2010FA	43	C	Provider Tax ID or NPI is missing.	Please correct and resend.
2010FA	43	C	Tax ID: Must be 9 digits.	Please correct and resend.
2010FA	43	C	Provider NPI: Must be 10 digits.	Please correct and resend.
2010FA	43	C	Provider MPIN: Must be 9 digits. (REF02)	Please correct and resend.
2010FA	43	C	Minimum required Provider Entity Identifiers (NM101) were not submitted. See Companion Guide for supported values.	The NPI or TIN is required.
2010FA	44	C	Last Name or Organization Name is required.	Please correct and resend.
2010FA	44	C	First Name is required when provider is a person.	Please correct and resend.
2010FA	46	C	Provider Phone Number is missing.	Please correct and resend.
2010FA	46	C	Provider Phone Extension must be numeric	Please provide a numeric extension #
2010FA	46	C	Provider Secondary Phone must be 10 digits.	Please correct and resend.
2010FA	46	C	Provider Fax Number must be 10 numeric digits	Please correct and resend.
2010FA	47	C	Invalid Provider State/Province Code	Please correct and resend.

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**10.5. FREQUENTLY ASKED QUESTIONS**

**1. Does this Companion Guide apply to all UnitedHealthcare payers?**

No. The changes will apply to commercial and government business for UnitedHealthcare using payer ID 87726 and 95378.

**10.6. CHANGE SUMMARY**

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

<b>Version</b>	<b>Release date</b>	<b>Changes</b>
1.0		Initial External Release
2.0	9/14/11	<p>Section 10.4 error codes and interpretations have been updated, please refer to the MSG segment for information on why the transaction has rejected.</p> <ul style="list-style-type: none"> <li>○ New (loop, AAA03/AAA04) <ul style="list-style-type: none"> <li>▪ 2000A 41/N</li> <li>▪ 2010A 42/Y</li> <li>▪ 2010B 44/C</li> <li>▪ 2010B 79/N</li> <li>▪ 2010C 67/N</li> <li>▪ 2010C 68/C</li> <li>▪ 2010C 72/C</li> <li>▪ 2010D 68/C</li> <li>▪ 2010D 95/N</li> <li>▪ 2010EA 44/C</li> <li>▪ 2010EA 33/N</li> <li>▪ 2010FA 15/C</li> <li>▪ 2010FA 33/C</li> <li>▪ 2010FA 33/N</li> <li>▪ 2010FA 43/C</li> <li>▪ 2010FA 44/C</li> <li>▪ 2010FA 46/C</li> <li>▪ 2010FA 47/C</li> </ul> </li> <li>○ Eliminated (loop, AAA03/AAA04) <ul style="list-style-type: none"> <li>▪ ISA15 41/C (moved to 2010A 41/N)</li> <li>▪ BHT02 41/N (moved to 2010A 41/N)</li> <li>▪ 2010A 79/N (moved to 2010B 79/N)</li> <li>▪ 2010B 79/C</li> <li>▪ 2010D 78/N</li> <li>▪ 2010EA 97/C (moved to 33/C?)</li> <li>▪ 2000F 95/N</li> <li>▪ 2000F AA/N</li> <li>▪ 2010F 15/C (moved to 2010FA 15/C)</li> <li>▪ 2010F 43/C</li> <li>▪ 2010F 46/C (moved to 2010FA 46/C)</li> <li>▪ 2010F 47/C (moved to 2010FA 47/C)</li> <li>▪ 2010F 51/C</li> <li>▪ 2010F 79/C</li> <li>▪ 2010F 97/C</li> </ul> </li> <li>○ Modified <ul style="list-style-type: none"> <li>▪ 2010A 42/N (changed to 42/Y)</li> </ul> </li> </ul>

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