



Standard Companion Guide

**Refers to the Implementation Guide Based on
X12 Version 005010X216
Health Care Services Review Notification and
Acknowledgement (278N)**

Companion Guide Version Number: 3.0

January 10, 2012

Preface

This Companion Guide, for use with the Technical Report 3 (TR3) to the ASC X12N clarifies and specifies the data content when exchanging electronically with UnitedHealthcare.

Transmissions based on this Companion Guide, used in tandem with the specified X12N TR3 Guide, is compliant with X12N syntax. The TR3 is intended to convey information that is within the framework of the ASC X12N. The TR3 is not intended to convey information that in any way exceeds the requirements or usages of data expressed.

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 guide is to be used for the development of the 278 0005010 Services Review Notification transaction for the purpose of providing **admission notification** to UnitedHealthcare.

An “admission notification” informs UnitedHealthcare that an enrollee has been admitted to a facility (acute care hospital, skilled nursing facility, acute rehabilitation facility), thus allowing UnitedHealthcare the opportunity to coordinate programs related to the setting of care, discharge planning, and referral to after-care programs.

Timely admission notification allows UnitedHealthcare staff, Physicians and hospital staff to engage in dialogue designed to ensure that the patient’s care path is consistent with evidence-based therapies and management and to coordinate care related to the facility stay. This collaborative dialogue is essential to ensure the well being of our enrollees, and it is extremely important that we be made aware of an admission as soon as possible. This enables us to engage the appropriate resources for a positive affect on clinical outcomes while the patient is in the hospital and to coordinate care after discharge.

If you need to send an advanced notification and/or prior authorization to UnitedHealthcare, please refer to the 0005010X217 Request for Review and Response (278) EDI transaction.

For more specific information regarding the notification protocol, please refer to our website www.UnitedHealthcareOnline.com > Clinician Resources > Care Management > Admission Notification.

1.2 OVERVIEW

This Companion Guide will replace, in total, the previous UnitedHealth Group Companion Guide for Inpatient Admission Notification.

UnitedHealthcare has chosen to adopt the X12 notification transaction named Health Care Services Review Notification and Acknowledgement 278 005010x216 which is designed specifically for **notifications**. X12 has indicated that if and when HIPAA expands its scope to include notifications, this transaction will be the one recommended by X12. In the meantime, this transaction is available for use without penalty or restriction under HIPAA.

This UnitedHealthcare Health Care Services Review Notification and Acknowledgement Companion Guide has been written to assist you in designing and implementing notification transactions to meet UnitedHealthcare’s processing standards. This Companion Guide must be used in conjunction with the Health Care Services Review Notification and Acknowledgement (278N) instructions as set forth by the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (Version 005010X216), 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.

In certain circumstances (refer to the Response section below) UnitedHealthcare will provide either a 997 Functional Acknowledgement or a TA1 Interchange Acknowledgement transaction in response to a submitted 278N. The 997 Functional Acknowledgement transaction is defined in the document ASC X12 Standards for Electronic Data Interchange Technical Report Type 3, (005010X230) Functional Acknowledgement for Health Care Insurance (997). The TA1 Interchange Acknowledgement file informs the submitter that the transaction arrived and provides information about the syntactical quality of the Envelope of the submitted X12 file. United HealthCare will only respond with a TA1 when the X12 contains Envelope errors. If a TA1 is produced then neither the 997 nor 278 response will be sent. The submitted 278N will need to be corrected and resubmitted. Neither the structure nor content of the TA1 or 997 transactions are defined in this Companion Guide.

Updates to this guide will occur periodically and new documents will be posted on www.UnitedHealthcareOnline.com (Clinician Resources > Care Management > Admission Notification) and distributed to all registered trading partners with reasonable notice, or a minimum of 30 days, prior to required implementation.

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In addition, all trading partners will receive an email with a summary of the updates and a link to the new documents posted online. Hospitals can also sign up for email alerts on 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 278N document is posted online

1.3 REFERENCES

For more information regarding the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 — (005010X216) Health Care Services Review Notification and Acknowledgement (278N), or the (005010X230) Functional Acknowledgement for Health Care Insurance (997) and to purchase copies of these 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 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 are recognized by the United States as the standard for North America.

The 5010 (version 216) of Health Care Services Review – Services Review Notification and Acknowledgement is not the same transaction as the HIPAA guide currently being moved through the NPRM (Notice of Proposed Rule Making) process. The notification transaction is not a covered business transaction under HIPAA. HIPAA specifically states that only authorization, pre-certification and referral business transactions are subject to the HIPAA rules. Notifications themselves are not subject to HIPAA, and do not fit into the HIPAA 278 referral and authorization format. However, X12 has also developed a separate implementation of the 278N (not covered by HIPAA) for notifications, which UnitedHealthcare is adopting. Note that X12 has recommended that if and when HIPAA expands its scope to include notifications, this transaction we are adopting is the one recommended by X12.

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 X216 Health Care Services Review Notification and Acknowledgement, 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 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. 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

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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:

Inpatient facilities should contact their current clearinghouse vendor to discuss their ability to support the 278 005010X216 Health Care Services Review Notification and Acknowledgement transaction, as well as associated timeframe, costs, etc. Inpatient facilities also have an opportunity to submit and receive a suite of EDI transactions via the OptumInsight Health Information Network (HIN) clearinghouse. For more information, please contact your OptumInsight EDI Account Manager. If you do not have an Account Manager, please contact the OptumInsight HIN Sales Team at (800) 341-6141 for more information.

2.3 CERTIFICATION AND TESTING OVERVIEW

All trading partners who wish to submit 278 notifications to UnitedHealthcare via the ASC X12 278 (Version 005010X216) 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 ISA15 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 997 back with the T in the ISA 15.

Troubleshooting

If there is a connection issue (i.e. password, 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. They may also call the Connectivity Director Customer Support line 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.

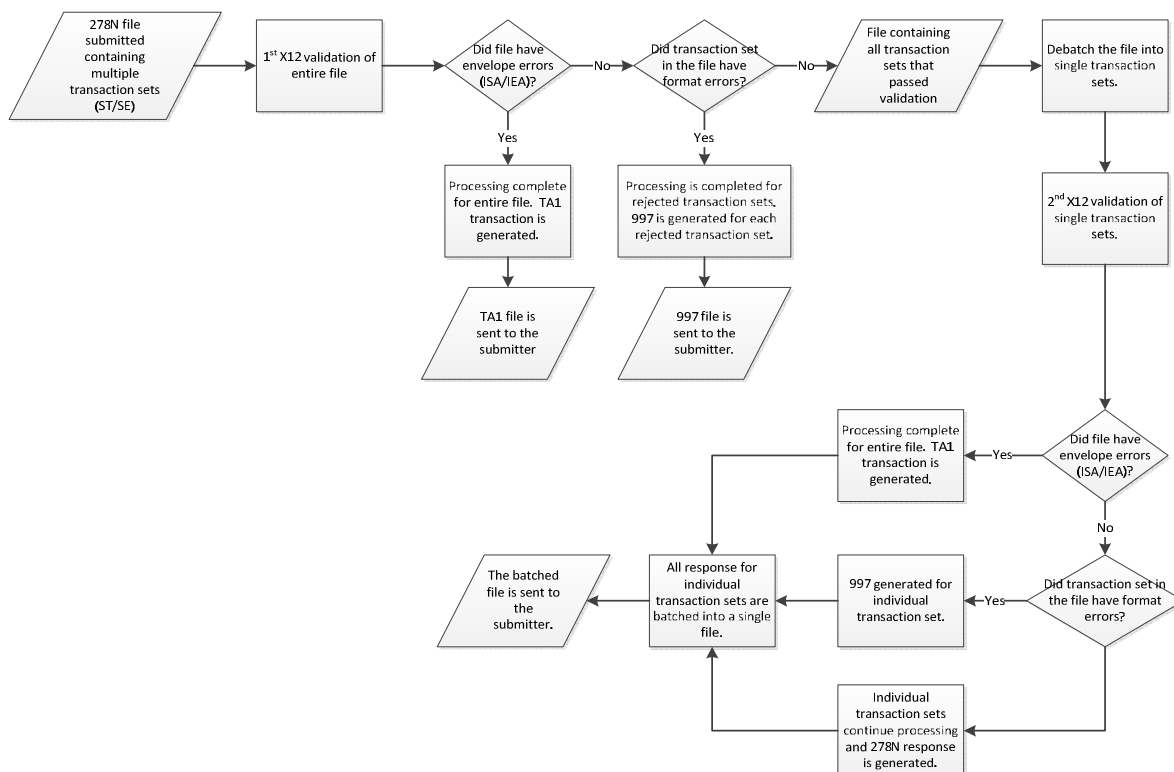
Clearinghouse Connection:

Inpatient facilities should contact their current clearinghouse vendor to discuss testing.

3 CONNECTIVITY WITH THE PAYER / COMMUNICATIONS

Process Flows

High Level Batch 278N Process



The flow pictured above reflects the response process for batch process.

Batched Notifications:

The response to a batch of notification transactions will consist of:

- 1) First level response – TA1 will be generated when errors occur within the envelope.
- 2) Second level response - 997 Functional Acknowledgement may contain both positive and negative responses.
- 3) A second batch containing one 278N or 997 response transaction for each 278N submitted in the batch. It is also possible for another separate (non-batched) 278N response transaction to be returned if the initial request incurred a time out situation and the first 278N sent was identifying that we were unable to respond at the current time.

When a batch of notification transactions is received, the individual transactions within the batch are first checked for format compliance. A 997 Functional Acknowledgement transaction is then created with an AK2/AK5 loop for each submitted transaction in the batch indicating whether the transaction was accepted or rejected, and an AK9 segment containing counts of transactions within the batch that passed and failed the initial edits. If validation errors are identified, the 997 will identify the segment and element level where the error occurred. The 997 Functional Acknowledgement transaction is sent back to the submitter.

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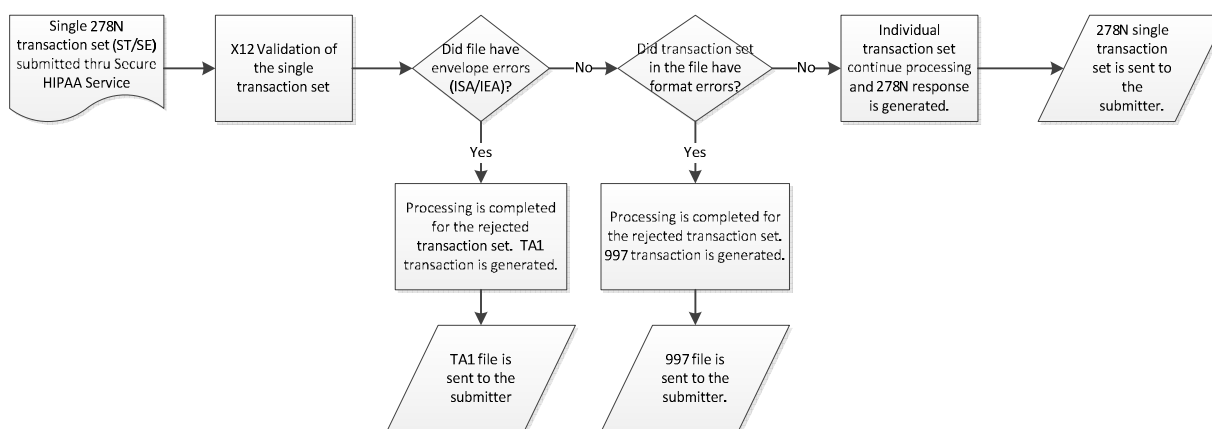
Transactions that passed the format validation are then de-batched and processed individually. Each transaction is sent through another map to validate the individual notification. Transactions that fail this edit will generate a 997 with an error message indicating that there was a map validation error.

Transactions that pass the validation edit, but fail further on in the processing (for example; ineligible member) will generate a 278N response including an AAA segment indicating the nature of the error.

Transactions that passed the validation edits and successfully process are sent for final processing. The system will generate a 278N response for each transaction indicating whether the notification was successfully processed.

All of the response transactions including those resulting from the initial edits (997s and 278Ns) from each of the 278N requests are batched together and sent to the submitter.

High Level Realtime 278N Process



The flow pictured above reflects the response process for Real-time Notifications process.

Real-time Notifications:

The response to a real-time notification transaction will consist of:

- 1) First level response - TA1 will be generated when errors occur within the outer envelope.
- 2) Second level response – A real-time 997 transaction, if the submitted 278N failed format edits,
- 3) If the response is delayed, a real-time 278N response indicating the delay. In this case the actual notification response will be provided when ready via FTP.

Each transaction is first validated to ensure that the 278N contains information needed for processing. Transactions which fail this validation will generate a real-time 997 message back to the sender with an error message indicating that there was a map validation error. Transactions that pass the validation but failed to process (due to member eligibility, for example) will generate a real-time 278N response transaction including an AAA segment indicating the nature of the error.

Transactions which pass initial validation are sent for final processing. As transactions are processed by the systems, a real-time 278N response transaction is generated indicating whether the notification was successfully

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processed. If any processing delays occur which prevent response within a reasonable window, a real-time 278N response will be returned indicating the delay and the actual 278N response will be returned, when ready via an FTP mailbox.

3.1 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.

Inpatient facilities should contact their current Clearinghouse Vendor to discuss transmission types and availability.

3.2 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.

3.3 COMMUNICATION PROTOCOL SPECIFICATIONS

Direct connection currently supports the following communication_methods.

- FTP with PGP for batch
- 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: Inpatient facilities should contact their current clearinghouse vendor to discuss protocol specifications.

3.4 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. 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: Inpatient facilities should contact their current clearinghouse vendor to discuss passwords.

3.5 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.

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3.6 UNITEDHEALTHCARE SYSTEM SERVICE LEVELS

Estimated Response Times:

The following represent estimated average turnaround times for EDI 278N. There are many factors which may impact the speed of response at any given time, such as EDI traffic volume, delays incurred by intermediaries, and system resource availability. In general, responses to batch submissions should be returned within one hour, and responses to real-time submissions within 30 seconds. These time estimates account for the time that the transaction is within the UnitedHealthcare environment, and do not include additional processing time during transmission between the trading partner, clearinghouse(s), various other switches which may be in the communication path and UnitedHealthcare.

System Availability and Downtime Procedures:

UnitedHealthcare’s normal business hours for EDI admission notification 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 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 278N acknowledgement will instruct the trading partner if any action is required. These codes are as follows:

Processing Impact	UnitedHealthcare System Response	Trading Partner Action Required
EDI 278N cannot be accepted	278N Acknowledgement with AAA03 = 42 and AAA04 = P in loop 2010B	Resubmit after the maintenance Window is complete
EDI 278N will be accepted, but not immediately processed	278N Acknowledgement with AAA03 = 42 and AAA04 = Y in loop 2010B	Do not resubmit. UnitedHealthcare will respond as soon as required system resources are available.
EDI 278N will be accepted and processed	See the Response Transactions section in this guide	Based on the response received

In addition, unplanned system outages may also occur occasionally and impact our ability to accept or immediately process incoming transactions. During normal business hours, unplanned outages will be communicated via an email blast to the contacts established during the trading partner on-boarding process from the UnitedHealthcare EDI group. There is currently no communication for unplanned outages that occur outside normal business hours.

4 CONTACT INFORMATION

4.1 EDI CUSTOMER SERVICE

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

If you have questions related to UnitedHealthcare’s Notifications, and you use a clearinghouse vendor, please contact them directly.

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

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For questions on the format of the 278 or invalid data in the 278 response, use the Online EDI Issue Reporting at [UnitedHealthcareOnline.com](https://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>.

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

4.2 EDI TECHNICAL ASSISTANCE

UnitedHealthcare EDI (Not Connectivity Director)

- Online EDI Issue Reporting at [UnitedHealthcareOnline.com](https://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>

Connectivity Director

- Email to 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 – Notification and Acknowledgement, please visit the Washington Publishing Company at www.wpc-edi.com.

Connectivity Director – www.unitedhealthcarecd.com

Connectivity Director e-mail – Unitedhelpdesk@ediconnect.com

Companion Guide – http://www.uniprise.com/hipaa/companion_docs.html

OptumInsight – HIN - www.ingenix.com

United Healthcare Online – www.UnitedHealthcareOnline.com

EDI Support (not Connectivity Director) Online EDI Issue Reporting at [www.UnitedHealthcareOnline.com](https://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. A 278 notification file can only contain 278 notification 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 notification file can only contain 278 notification transactions.

5.4 CONTROL SEGMENT HIERARCHY:

ISA – Interchange Control Header segment
GS – Functional Group Header segment
 ST – Transaction Set Header segment
 First 278N Transaction
 SE – Transaction Set Trailer segment
 ST – Transaction Set Header segment
 Second 278N Transaction
 SE – Transaction Set Trailer segment
 ST – Transaction Set Header segment
 Third 278N 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 that are not populated with actual data must be space filled.

The first element separator (character 4) in the ISA segment defines the element separator to be used through the entire interchange.

The ISA segment terminator (character 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

UnitedHealthcare requires that you use the following delimiters in your 278N file. If used as delimiters, these characters (* ~ :^) must not be submitted within the data content of the transaction sets.

Data Element: The first element separator following the ISA will define what Data Element Delimiter is used throughout the entire transaction. The required 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 required Segment Delimiter is a tilde (~).

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

Repetition Separator: Element ISA11 will define what Repetition Separator is used throughout the entire transaction. The required Repetition Separator is a Caret (^).

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6 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

6.1 NOTIFICATIONS

1. Many providers have multiple NPIs and/or Tax Identification Numbers (TINs) so UnitedHealthcare will use these values as well as various other data elements supplied in the transaction to attempt to unambiguously identify specific hospital facilities and other providers. It is very important that the information provided in the transaction allows UnitedHealthcare to identify the specific geographic location of the admitting facility. Therefore, it is important to include the correct physical address of the facility in the notification transaction.
2. In order to maintain the same level of data integrity that UnitedHealthcare has today with notifications submitted via alternate means, it is important for hospitals to appropriately use the values outlined in UM03 and UM04. Those values can be found in the section below. These values help UnitedHealthcare to distinguish, for example, maternity admissions from hospital inpatient from surgical admissions from skilled nursing admissions, and so on. These values also help us distinguish, for example, an Acute Hospital admission from an Inpatient Rehabilitation admission. Ultimately, these values help us to clinically route our notifications to appropriate parties and enhance our ability to impact clinical outcomes in a timely manner.
3. Each admission notification transaction must identify an admitting or attending provider, or both, in a 2010EA loop, in addition to the admitting facility. As with the admitting facility, due to the potential for multiple NPI/TIN assignments to providers, please include as much information as possible in the transaction, such as accurate physician first and last name, address and phone number if available to help reduce ambiguity.
4. An inpatient admission notification transaction which has been successfully processed and added to the database will be indicated by the presence of a Review Identification Number in HCR02. Presence of a Review Identification Number in the acknowledgement of a notification transaction indicates only that the transaction was processed and added to the database. It does not imply that the notification was in compliance with UnitedHealthcare's inpatient admission notification policy requirements. If the notification was not successfully processed HCR02 will not be populated.
5. The response to an unsuccessful notification will have BHT02=44 and will contain an "AAA" segment with an indication of the reason for failure (Refer to the Error Codes and Interpretations section in the appendix of this guide).
6. A transaction that is successfully processed by our clinical applications, whether submitted via batch or real-time, will contain the UnitedHealthcare received date and time in the BHT04/05 segments of the 278ACK. This date/time are correctly converted and returned to the trading partner in Eastern Time. This is the same date/time that is later used to evaluate timeliness of the notification upon claim submission.
7. Discharge location is required when supplying a discharge date in Loop 2000E — PATIENT EVENT LEVEL DTP segment (DTP = 096). The discharge location should be submitted in Loop 2000E MSG01 segment. The text in the MSG01 segment must begin with "DC=" followed by a discharge location code (see section 9 – Transaction Specific Information for discharge location codes). Note: The Estimated discharge date must be in the future, otherwise it will be considered an Actual discharge date and discharge location will be required in the MSG segment.
8. Guidelines in determining the Level of Service (Loop 2000E UM06 segment) for a 278 Notification Submission:
 - Emergency - The patient required immediate medical intervention as a result of severe, life threatening or potentially disabling conditions. Generally, the patient was admitted through the emergency room.
 - Urgent - The patient required immediate attention for the care and treatment of a physical or mental disorder. Generally, the patient was admitted to the first available, suitable accommodation (direct admits from a Doctor's Office for example).
 - Elective - The patient's condition permitted adequate time to schedule the availability of a suitable accommodation.

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6.2 SERVICE TYPE (UM03) AND PLACE OF SERVICE (UM04) CODES

Service Type (UM03) Codes and Place of Service (UM04) Codes Supported by UnitedHealthcare:

Acute Hospital	Service Type	Service Type Code (UM03)
UM04-1 = 11 (Uniform Billing Claim Form Bill Type) OR UM04-1 = 21 (Professional Services)	Medical Care	1
	Surgical	2
	Hospice	45
	Long Term Care	54
	Maternity	69
	Transplants	70
	Rehabilitation	A9
	Neonatal Intensive Care	NI

Skilled Nursing Facility	Service Type	Service Type Code (UM03)
UM04-1 = 21 (Uniform Billing Claim Form Bill Type) OR UM04-1 = 31 (Professional Services)	Hospice	45
	Chemotherapy	78
	Rehabilitation	A9
	Skilled Nursing Care	AG

When UM03 = 69 (Maternity), per page 128 of the TR3, Last Menstrual Period (LMP) Date and Estimated Date of Birth are required in loop 2000E, segment DTP. 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.

UM03=65 (Newborn Care) is no longer accepted. Instead use UM03=1 for Medical Care along with the appropriate diagnosis code.

6.3 RESPONSE TRANSACTIONS

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.

Responses may consist of multiple transactions and transaction types and will vary depending on how the transactions were submitted. Refer to the 278N Health Care Services Review Information - Acknowledgement section in the IG for response transaction format and content.

All 278N responses will include much of the information from the original transaction, including subscriber, patient, and submitter identifying information, as well as a Notification Receipt Number in a REF segment in Loops 2000C and 2000D (REF01 = BAF) regardless of whether the notification could be successfully processed. In addition, for any transaction that is updating a previously created case, the Administrative Reference Number for that case will be included in a REF segment in Loop 2000E (REF01 = NT). Please refer to these numbers when calling for technical assistance regarding a 278N notification submission. Successfully processed transactions will include a reference number in HCR02. Transactions that pass the validation but fail to process successfully will contain an AAA segment in the response that indicates the nature of the error.

Response Tracking Numbers:

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

TR3 Term	Response Location	Notes
Notification Receipt Number (NRN)	Loop 2000C & 2000D REF02 (where REF01=BAF)	Unique Number assigned to each 278N that comes into UnitedHealthcare. This number can be used to research any transaction whether it was successfully processed or not. When communicating with UnitedHealthcare's EDI Support desk regarding a technical question about a notification (successful or unsuccessful) submission, we recommend using this reference number.
Review Identification Number (RIN)	Loop 2000E HCR02	Indicates transaction was applied to the database successfully. Also referred to as Service Reference Number (SRN) or Notification Number. This number can be used to look up notifications on UnitedHealthcare Online and to communicate with UnitedHealthcare's Customer Service or Notification Operations.
Administrative Reference Number (ARN)	Loop 2000E REF02 (where REF01=NT)	This value will be the equivalent of the RIN or NRN. A successful notification will create the RIN. An unsuccessful notification will create the NRN.

6.4 DUPLICATE PROCESSING:

UnitedHealthcare will consider a 278N a duplicate if: BHT02 = CN, there is an exact match to Facility and Member, and if the Actual Admission Date (from the transaction) equals that Actual Admission Date from a notification already on file.

- If a match is found, we will send back the duplicate error code of 33 in the AAA segment of the response, and include the Review Identification Number, (also known as a Service Reference Number or Notification Number) from the case on file, in the REF segment (REF01 = BB) of the acknowledgement. HCR segment will read: Duplicate 2000E REF01 = BB. See case example #7.
- If no match is found, we will create a new case and return a new Review Identification Number to the submitter. See case example #1.

6.5 UPDATE PROCESSING:

UnitedHealthcare will match a new admission notification submission, to one already on file, if: BHT02 = CN, there is an exact match to Facility and Member, and if the Actual Admission Date (from the transaction) equals that Actual Admission Date from a notification already on file.

- If a match is found and there is no actual discharge date recorded, we will update the Actual Discharge Date (from the transaction) if provided, and include the Review Identification Number, (also known as a Service Reference Number or Notification Number) from the case on file, in the REF segment (REF01 = BB). See Case example #8.
- When actual discharge date is updated, the discharge disposition location is required. (2000E MSG01, prefixed by "DC=")
- Possible values are: 4 , 11, 12, 13, 15, 16, 19, 20, 21 and 26
- If Discharge Disposition Location is not sent or not a valid value, the transaction will be rejected.
- If a match is found, but there is no Actual Discharge Date provided on the transaction, or there is already a discharge date recorded for the case, we will send back the duplicate error code of 33 in the AAA segment of the response, and include the Review Identification Number, (also known as a Service Reference Number or Notification Number) from the case on file, in the REF segment (REF01 = BB). HCR segment will read: Duplicate 2000E REF01 = BB. See Case example #7.
- If no match is found, we will create a new case and return a new Review Identification Number to the submitter. See Case #1.

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7 ACKNOWLEDGEMENTS AND OR REPORTS

7.1 ACKNOWLEDGEMENTS

Batch 278 transactions:

- TA1 - A TA1 (Interchange Acknowledgement) will be returned only when the X12 contains Envelope errors.
- 997 - A 997 (Implementation Guide Acknowledgement) will always be returned. It will contain errors or good responses.

Real Time 278 transactions:

- TA1 - A TA1 (Interchange Acknowledgement) will be returned only when the X12 contains Envelope errors.
- 997 - A 997 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

9.1 TRANSACTION SPECIFIC INFORMATION

UnitedHealthcare has put together the following grid to assist you in designing and programming the information we need in order to apply your 278N file into our Clinical Management System. This Companion Guide is meant to illustrate the data needed by UnitedHealthcare to successfully process an inpatient admission notification. 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

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. 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.

These requirements are in addition to those loops, segments and elements required by the IG which may not be listed in this guide. The absence of required information will cause the notification transaction to fail. Unless specified below, field lengths are as defined in the IG.

9.2 INPATIENT ADMISSION NOTIFICATION DATA ELEMENTS

Note: Specific data element requirements above, beyond or different than those noted below exist in the Implementation Guide (IG) and you should refer to the IG for a complete listing.

Note: Regarding Connectivity Director usage: Specific data element requirements above, beyond, or different than those noted below may exist when connecting to UnitedHealthcare via Connectivity Director. Please use the specifications outlined in the UnitedHealthcare Connectivity Director EDI Connection System User Guide if there are any discrepancies with the information listed in this section.

Loop ID	Element	Name	Supported Codes	Notes/Comments
Header	Interchange Control Header			
	ISA01	Authorization Information Qualifier	00	
	ISA03	Security Information Qualifier	00	
	ISA05	Interchange ID Qualifier	ZZ	
	ISA06	Interchange Sender ID		Direct to UHC = Sender ID will be provided by UnitedHealthcare. Connectivity Director = Send the value entered as your ediID on the registration or settings page. For both, left justify and pad with spaces if necessary to 15 characters.
	ISA07	Interchange ID Qualifier	ZZ	
	ISA08	Interchange Receiver ID	87726 or 9080111864	Left justify and pad with spaces to 15 characters. 87726 = Direct to UHC 9080111864 = Connectivity Director

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Loop ID	Element	Name	Supported Codes	Notes/Comments
	ISA11	Repetition Separator	^	The delimiter in ISA 11 must be ^
	ISA16	Component Element Separator	:	The delimiter in ISA 13 must be :
Header	Functional Group Header			
	GS02	Application Sender's Code		This is the same value as the Sender's Interchange ID from ISA06 (do not pad with spaces)
	GS03	Application Receiver's Code	87726 or 9080111864	This is the same value as the Receiver's Interchange ID from ISA08 (do not pad with spaces). 87726 = Direct to UHC 9080111864 = Connectivity Director
	GS05	Time	HHMM or HHMMSS	
Header	Beginning of Hierarchical Transaction			
	BHT02	Transaction Set Purpose Code	CN	
	BHT03	Reference Identification		This can be used to send patient ID and will be returned within the response.
2000A	Submitter Level			
2010A	Notification Source Name			
2010A	NM1	Source Name		
	NM101	Entity Identifier Code	FA	
	NM102	Entity Type Qualifier	2	
	NM103	Organization Name		The name of the facility submitting the admission notification is required
	NM108	Identification Code Qualifier	24 or XX	In order to accurately identify the submitting facility, UnitedHealthcare <u>must</u> receive either the facility NPI or Tax Identification Number (TIN), or both. If sending both, use the following REF segment for the TIN
	NM109	Identification Code		TIN or NPI, depending on NM108. Preferably NPI
2010A	REF	Supplemental Identification	UHC is requesting that you use this REF segment if sending both an NPI and a Tax Identification Number (TIN)	
	REF01	Supplemental Identification Qualifier	EI	UHC is requesting this information if a REF segment is present. EI = Facility Tax Identification Number (TIN)
	REF02	Supplemental Identifier		UHC is requesting this information if a REF segment is present. Facility Tax Identification Number (TIN) (If available and not provided in NM108)
2010A	REF	Supplemental Identification	UHC is requesting that you use this REF segment if sending the unique provider identifier assigned by UnitedHealthcare	
	REF01	Supplemental Identification Qualifier	ZH	UHC is requesting this information if a REF segment is present. Unique provider identifier assigned by payer
	REF02	Supplemental Identifier		UHC is requesting this information if a REF segment is present. Unique identifier provided by UnitedHealthcare
2010A	PER	Sender Contact Information	UHC is requesting that you provide a Facility contact for further information. Please provide a contact name and phone number, if available.	

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Loop ID	Element	Name	Supported Codes	Notes/Comments
	PER02	Name		UHC is requesting this information if a PER segment is present. 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.
	PER03	Communication Number Qualifier	TE	UHC is requesting this information if a PER segment is present. At least one contact phone number is required
	PER04	Communication Number		UHC is requesting this information if a PER segment is present.
	PER05	Communication Number Qualifier	EX	UHC is requesting this information if a PER segment is present and this field is applicable.
	PER06	Communication Number		UHC is requesting this information if a PER segment is present and this field is applicable.
2000B	Receiver Level			
2010B	Notification Receiver Name			
2010B	NM1	Receiver Name		
	NM101	Entity Identifier Code	PR	
	NM102	Entity Type Qualifier	2	
	NM108	Identification Code Qualifier	PI	
	NM109	Identification Code	87726	87726 = UnitedHealthcare
2000C	Subscriber Level One and only one subscriber loop per admission notification is always required. It is very important to include the subscriber information in the 2000C loop and dependent information (if the patient is a dependent) in the 2000D loop. Do not submit dependent information in the 2000C loop.			
2010C	Subscriber Name			
2010C	NM1	Subscriber Name		
	NM103	Name Last		
	NM104	Name First		
	NM108	Identification Code Qualifier	MI	
2010C	REF	Subscriber Group Number	UHC is requesting this information, please supply if available. Subscriber Group Number from card.	
	REF01	Reference Identification Qualifier	1L 6P IG	UHC is requesting this information, please supply if available.
	REF02	Reference Identification		UHC is requesting the Group Number from card (Include any leading zeros), please supply if available.
2010C	DMG	Subscriber Demographic Information	Subscriber birth date is needed in order to verify subscriber eligibility.	
	DMG01	Date Time Period Format Qualifier		
	DMG02	Subscriber Birth Date		
	DMG03	Subscriber Gender		If the subscriber is the patient, UHC is requesting subscriber gender.
2000D	Dependent Level If the patient is a dependent of the subscriber identified in loop 2000C, then one 2000D loop is required to identify the dependent.			
2010D	Dependent Name			
2010D	NM1	Dependent name	Required if the patient is a dependent	

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Loop ID	Element	Name	Supported Codes	Notes/Comments
	NM103	Name Last		
	NM104	Name First		
2010D	DMG	Dependent Demographic Information	Dependent's birth date is required if the patient is a dependent	
	DMG01	Date Time Period Format Qualifier		
	DMG02	Dependent Birth Date		
	DMG03	Dependent Gender		If the dependent is the patient, UHC is requesting patient gender.
2010D	INS	Dependent relationship		UHC is requesting the dependent's relationship to the subscriber, if known
	INS01	Insured Indicator		UHC is requesting this information if the INS segment is present.
	INS02	Individual Relationship Code		UHC is requesting this information if the INS segment is present.
2000E	Patient Event Level Exactly one Patient Event loop is Required for Admission Notifications (UM01 = AR)			
2000E	UM	Health Care Services Review Info	Please supply for identification of admission type and refer to section 6.2 for valid UM03 & UM04 values.	
	UM01	Request Category Code	AR	
	UM02	Certification Type Code	I or S	If submitting a change to a previously submitted and approved notification, please provide the Administrative Reference Number from the original notification in the following REF segment. This is required when submitting a revision or update.
	UM03	Service Type Code		Refer to Standard Service Type and Facility Type Codes in section 6.2. These are the only codes that will be supported.
	UM04 - 1	Facility Type Code		Refer to Standard Service Type and Facility Type Codes in section 6.2. These are the only codes that will be supported.
	UM04 - 2	Facility Code Qualifier		Refer to Standard Service Type and Facility Type Codes in section 6.2. These are the only codes that will be supported.
2000E	REF	Previous Administrative Reference Number	Use this REF segment only for submitting an update or revision to a previously submitted and approved notification	
	REF01	Reference ID Qualifier		Please provide the Administrative Reference Number when submitting a revision or update.
	REF02	Administrative Reference Number		The Administrative Reference Number (REF01) from the response to the original notification transaction. This is required when submitting a revision or update.
2000E	DTP	Admission Date	Required for Admission Notifications (UM01 = AR)	
	DTP02	Date Time Period Format Qualifier	D8	
2000E	DTP	Discharge Date	*Please supply estimated discharge date, if known. Estimated discharge date must be in the future, otherwise it will be considered an Actual discharge date and discharge location will be required in the MSG segment.	
	DTP01	Date Time Qualifier		UHC is requesting this information if available.
	DTP02	Date Time Period Format Qualifier		UHC is requesting this information if available.
	DTP03	Proposed or Actual Discharge Date		UHC is requesting this information if available.

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Loop ID	Element	Name	Supported Codes	Notes/Comments
2000E	HI	Patient Diagnosis		In order to assign appropriate resources to the case, UnitedHealthcare needs to understand why the patient is being admitted. If an admitting diagnosis code is available, please send it in this HI segment with qualifier BJ. Additional diagnosis codes may be sent as well, if available. If the actual admitting diagnosis code is not available, do not send the HI segment. Instead, use the MSG segment in this loop to send the textual reason for admission or chief complaint.
	HI01 – 1	Diagnosis Type Code		UHC is requesting this information if the HI segment is present.
	HI01 – 2	Diagnosis Code		UHC is requesting this information if the HI segment is present.
	HI02 – 1	Diagnosis Type Code	BJ or BF	UHC is requesting this information if the HI segment is present.
	HI02 – 2	Diagnosis Code		UHC is requesting this information if the HI segment is present.
	HI03 – 1	Diagnosis Type Code	BF	UHC is requesting this information if the HI segment is present.
	HI03 – 2	Diagnosis Code		UHC is requesting this information if the HI segment is present.
2000E	HSD	Healthcare Services Delivery		Please supply if available
	HSD01	Quantity Qualifier	DY	UHC is requesting this information if available.
2000E	CL1	Institutional Claim Code		Required for Admission Notifications (UM01 = AR)
	CL101	Admission Type Code	1, 2, 3, 4	1=Emergency, 2=Urgent, 3=Elective, 4=Newborn
2000E	MSG	Message Text		<p>Admit Time: Please provide Admit Time in this MSG segment.</p> <p>Diagnosis: See note for admitting diagnosis above (2000E/HI). If the actual admitting diagnosis code is not available, this MSG segment must contain text indicating the reason for admission or chief complaint. Please do not use local abbreviations or acronyms.</p> <p>Discharge Location: If providing a Discharge Date in the DTP segment, please provide discharge location code in this segment.</p>
				<p>AT=HHMMSS;ICD=____; DC=____;</p> <p><u>Examples:</u> MSG*AT=134405;ICD=BROKEN LEG~ MSG*AT=220959;DC=12~ MSG*DC=26~</p> <p><u>Format notes:</u> 1) AT= HHMMSS = Admit Time (If available), 2) ICD= If the admitting diagnosis code was not sent in the HI segment, then use this field to provide free form diagnosis text (admitting reason, chief complaint, etc.) up to 180 characters. Please use English descriptions or common industry terminology. Do not use facility-specific acronyms, terminology or abbreviations. 3) DC= If 2000E DTP – Discharge Date (DTP = 096) is present, a discharge location is required. The discharge location should be submitted in Loop 2000E MSG01 segment. The text in the MSG01 segment must begin with “DC=” followed by one of the discharge location codes:</p>

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Loop ID	Element	Name	Supported Codes	Notes/Comments
				<u>Discharge codes:</u> 4 - Comprehensive Inpatient Rehabilitation Facility 11 - Home with Home Care and/or DME 12 - Home/Against Medical Advice 13 - Hospice 15 - Inpatient Hospital 16 - Inpatient Psychiatric Facility 19 - Military Treatment Facility 20 - Expired 21 - No Services/Home 26 - Skilled Nursing Facility
2010EA	NM1	Facility name	This loop is required for the admitting facility.	
	NM101	Entity Identifier Code	FA	
	NM102	Entity Type Qualifier	2	
	NM103	Organization Name		
	NM108	Identification Code Qualifier	24 or XX	In order to accurately identify the submitting facility, UnitedHealthcare must receive either the facility NPI or Tax Identification Number (TIN), or both. If sending both, use the following REF segment for the TIN
	NM109	Identification Code		TIN or NPI, depending on NM108. Preferably NPI
2010EA	REF	Supplemental Identification	Use this REF segment if sending both an NPI and a Tax Identification Number (TIN)	
	REF01	Supplemental Identification Qualifier	EI	UHC is requesting the Facility Tax Identification Number (TIN) if REF segment is present.
	REF02	Supplemental Identifier		UHC is requesting the Facility Tax Identification Number (TIN) (If available and not provided in NM108) if REF segment is present.
2010EA	REF	Supplemental Identification	Use this REF segment if sending the unique provider identifier assigned by UnitedHealthcare (MPIN)	
	REF01	Supplemental Identification Qualifier	ZH	UHC is requesting the Unique provider identifier assigned by payer (MPIN) if the REF segment is present. This value must be padded with leading zeros to equal 9 digits.
	REF02	Supplemental Identifier		UHC is requesting the Unique identifier provided by UnitedHealthcare (MPIN) if the REF segment is present.
2010EA	N3	Service Provider Address	Please provide the physical address of the facility where the patient is being admitted. This should not be a P.O. box.	
	N301	Address Information		UHC is requesting the Facility address line 1 if available.
	N302	Address Information		UHC is requesting Facility address line 2, if applicable
2010EA	N4	City/State/Zip	UHC is requesting this information if available.	
	N401	City Name		UHC is requesting this information if available.
	N402	State or Province Code		UHC is requesting this information if available.
	N403	Postal Code		UHC is requesting this information if available.
2010EA	PER	Contact Information	UHC is requesting Facility contact for further information if available.	
	PER01	Contact Function Code		HC is requesting this information if PER segment is present.

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Loop ID	Element	Name	Supported Codes	Notes/Comments
	PER02	Name		UHC is requesting this information if PER segment is present. 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 "Not Available".
	PER03	Communication Number Qualifier	TE	UHC is requesting at least one contact phone number if available.
	PER04	Communication Number		UHC is requesting if available.
	PER05	Communication Number Qualifier	EX	UHC is requesting if available and applicable
	PER06	Communication Number		UHC is requesting if available and applicable
2010EA	NM1	Admitting or Attending Physician name	Please identify other providers (Admitting or Attending Physician) related to this admission that are not identified in a 2000F loop. UnitedHealthcare requires either the admitting physician, attending physician, or both for a successful admission notification.	
	NM101	Entity Identifier Code	71 or AAJ	
	NM102	Entity Type Qualifier	1	
	NM103	Name Last or Organization Name		It is preferred that this value does not contain title or suffix abbreviations such as Dr., MD, OB, etc. either before or after the physician's last name
	NM104	Name First		It is preferred that this value does not contain title or suffix abbreviations such as Dr., MD, OB, etc. either before or after the physician's first name
	NM108	Identification Code Qualifier	24 or XX	In order to accurately identify the physician, UnitedHealthcare must receive either the physician's NPI or Tax Identification Number (TIN), or both. If sending both, use the following REF segment for the TIN
	NM109	Identification Code		TIN or NPI, depending on NM108
2010EA	REF	Supplemental Identification	Use this REF segment if sending both an NPI and a Tax Identification Number (TIN)	
	REF01	Supplemental Identification Qualifier	EI	Physician's Tax Identification Number (TIN); please provide if available.
	REF02	Supplemental Identifier		Physician's Tax Identification Number (TIN) (If available and not provided in NM108). Please provide, if available.
2010EA	N3	Service Provider Address	Please provide the physician's address, if available	
	N301	Address Information		UHC is requesting this information; please provide
	N302	Address Information		UHC is requesting this information; please provide
2010EA	N4	City/State/Zip	UHC is requesting this information; please provide, if available	
	N401	City Name		UHC is requesting this information; please provide
	N402	State or Province Code		UHC is requesting this information; please provide
	N403	Postal Code		UHC is requesting this information; please provide
2010EA	PER	Contact Information	UHC is requesting Provider contact information, if available	
	PER01	Contact Function Code		

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Loop ID	Element	Name	Supported Codes	Notes/Comments
	PER02	Name		UHC is requesting this information; please provide
	PER03	Communication Number Qualifier	TE or FX	UHC is requesting this information; please provide
	PER04	Communication Number		UHC is requesting this information; please provide
	PER05	Communication Number Qualifier		UHC is requesting this information; please provide
	PER06	Communication Number		UHC is requesting this information; please provide, if available and applicable
2000F	Service Level Use the 2000F loop to identify the type of services to be provided and the 2010F loop to identify the servicing provider, if not identified in the first 2010EA loop.			
2000F	UM	Health Care Services Review Info		
	UM01	Request Category Code	HS	Required qualifier code when Loop 2000F is present
	UM02	Certification Type Code	I or S	If submitting a change to a previously submitted and approved notification, please provide the Notification Service Reference Number from the original notification in the following REF segment
	UM03	Service Type Code		Refer to Standard Service Type and Facility Type Codes in section 6.2. These are the only codes that will be supported. Please provide if available.
2000F	DTP	Service Date	Required for any service being submitted	
	DTP01	Date Time Qualifier		UHC is requesting this information; please provide if the DTP segment is present.
	DTP02	Date Time Period Format Qualifier	D8	UHC is requesting this information; please provide if the DTP segment is present.
	DTP03	Service Date		UHC is requesting this information; please provide if the DTP segment is present.
2000F	SV1	Procedures (Professional)	Required when identifying a specific Professional Service.	
	SV101 – 1	Code List Qualifier Code	HC or N4	
	SV101 – 2	Procedure Code		UHC is requesting this information; please provide if the SV1 segment is present.
	SV101 – 3-6	Modifier(s)		UHC is requesting this information; please provide if the SV1 segment is present.
	SV101-7	Description		UHC is requesting this information; please provide if the SV1 segment is present.
	SV102	Monetary Amount		UHC is requesting this information; please provide if the SV1 segment is present.
	SV103	Unit or basis for measurement code	MJ or UN	UHC is requesting this information; please provide if the SV1 segment is present.
	SV104	Quantity		UHC is requesting this information; please provide if the SV1 segment is present.
2000F	SV2	Procedures (Institutional)	Institutional procedure information; please provide if available.	
	SV202 – 1	Code List Qualifier Code	HC	UHC is requesting this information; please provide if the SV2 segment is present.
	SV202 – 2	Procedure Code		UHC is requesting this information; please provide if the SV2 segment is present.
	SV202-3-6	Modifier(s)		UHC is requesting this information; please provide if the SV2 segment is present.
	SV203	Monetary Amount		UHC is requesting this information; please provide if the SV2 segment is present.

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Loop ID	Element	Name	Supported Codes	Notes/Comments
	SV204	Unit or basis for measurement code	DA or UN	UHC is requesting this information; please provide if the SV2 segment is present.
	SV205	Quantity		UHC is requesting this information; please provide if the SV2 segment is present.
	SV209	Nursing Home Residential Status		UHC is requesting this information; please provide if the SV2 segment is present.
	SV210	Nursing Home Level of Care		UHC is requesting this information; please provide if the SV2 segment is present.
2010F	Service Provider		2010F is required if the provider delivering the service described in the previous 2000F loop is different from the provider described in the first 2010EA loop (Facility).	
2010F	NM1	Provider name		
	NM102	Entity Type Qualifier	1	Required qualifier code when Loop 2010F is present
	NM103	Name Last or Organization Name		Provider's last name or organization name
	NM104	Name First		Physician first name (if applicable)
	NM108	Identification Code Qualifier	24 or XX	In order to accurately identify the provider, UnitedHealthcare must receive either the provider's NPI or Tax Identification Number (TIN), or both. If sending both, use the following REF segment for the TIN
	NM109	Identification Code		TIN or NPI, depending on NM108
2010F	REF	Supplemental Identification	Use this REF segment if sending both an NPI and a Tax Identification Number (TIN)	
	REF01	Supplemental Identification Qualifier	EI	Provider's Tax Identification Number (TIN). Please provide if the REF segment is present.
	REF02	Supplemental Identifier		Provider's Tax Identification Number (TIN) (Please provide if available and not provided in NM108). Please provide if the REF segment is present.
2010F	N3	Service Provider Address	Please provide the provider's address, if available	
	N301	Address Information		UHC is requesting this information; please provide
	N302	Address Information		UHC is requesting this information; please provide
2010F	N4	City/State/Zip	UHC is requesting this information; please provide, if available	
	N401	City Name		UHC is requesting this information; please provide
	N402	State or Province Code		UHC is requesting this information; please provide
	N403	Postal Code		UHC is requesting this information; please provide
2010F	PER	Contact Information	UHC is requesting this information; please provide if available	
	PER01	Contact Function Code		UHC is requesting this information; please provide
	PER02	Name		UHC is requesting this information; please provide
	PER03	Communication Number Qualifier	TE or FX	UHC is requesting this information; please provide, if available.
	PER04	Communication Number		UHC is requesting this information; please provide, if available.

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10 APPENDICES

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 notification was sent zipped, the response file will be sent zipped. If the 278 notification 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 Batch Notification Submission 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_278NB_<Submitter ID>_<Submitter assigned batch ID>.btc.pgp

Example: N_278NB_ABC123456789_000000004.btc.pgp

Outbound Responses from UnitedHealthcare

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

A.) 997 Functional Acknowledgement (Batch Only):

N or Z_278NB997_<batch ID>_<submitter ID >_<datetimestamp>.RES.pgp

Example: N_278NB997_000000004_ABC123456789_01102008142034.res.pgp

B.) 278 Acknowledgment (Batch Only): (May contain 997 transactions too)

N or Z_278NBACK_<batch ID>_< submitter ID >_<datetimestamp>.RES.pgp

Example: N_278NBACK_000000004_ABC123456789_01102008142034.res.pgp

C.) 278N Acknowledgment

N 278NACK <batch ID> <submitter ID>_<transaction ID>_<datetimestamp>.RES.pgp

Example: N_278NACK_000000004_ABC123456789_01102008142034.res.pgp

D.) Error Scenario

N or Z_278NBERR_<batch ID>_<submitter ID>_<datetimestamp>.RES.pgp

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Example: N 278NBERR_00000004_ABC123456789_01102008142034.res.pgp

File Naming Notes:

1. The Date/Time format used in the file names is as follows: MMDDYYYYHHMMSS (Time is expressed in military format based on central time zone).
2. The batch number in the notification submission file name must be equal to ISA13 in the Interchange Control Header within the file.
3. The submitter ID in the notification submission file name must be equal to ISA06 in the Interchange Control Header within the file.
4. The names of the 997 Functional Acknowledgement file and the B2B Gateway Response file will include the batch number from the inbound batch file.
5. All response files, other than the response file related to a time out situation, will be sent as either zipped or unzipped. The file will be sent back to the customer in the same way that it was sent to UnitedHealthcare. If the 278N request was sent zipped, B2B will send the response file zipped. Time out situation response files will always be sent unzipped.
6. 'N' identifies the file as being unzipped and 'Z' identifies the file as being zipped. The extension '.BTC' is an abbreviation for batch.
7. If a batch is received with an invalid file name according to the specifications in the File Naming Conventions section in this guide, technical resources within UnitedHealthcare will be alerted to follow-up with the submitter for correction.
8. The file naming conventions outlined in this companion guide refer only to direct connect files to and from UnitedHealthcare. Files received via other methods may use a different naming convention, for more information contact the appropriate connection area listed in section 2.0 of this guide.

10.3 BUSINESS AND TRANSACTION EXAMPLES

The following pages display a batch 278N with two notifications. These examples are provided as guidance for formatting only and do not necessarily contain valid identifier values.

Following the batch example are the Response Scenario examples.

Loop	Loop Name	Segment	Input
ISA	Interchange Control Header		ISA*00* *00* *ZZ*BPR219997000 *ZZ*87726 *080114*1837*^*00501*000000 011*0*T*~
GS	Functional Group Header		GS*HI*BPR219997000*87726*20080114*183724*1*X*005010X216~
ST	Transaction Set Header		ST*278*0001*005010X216~
BHT	Begin Hierarchical Transaction		BHT*0007*CN*12345678*20080114*183724*NO~
2000A	Source	Hierarchical Level	HL*1**20*1~
		Name	NM1*FA*2*Hospital Name****XX*5566778899~
		Contact	PER*IC*Hospital Contact Name*TE*8885551212*EX*1234~
2000B	Receiver	Hierarchical Level	HL*2*1*21*1~
		Name	NM1*PR*2*UnitedHealth Group****PI*87726~
		2000C	Subscriber
		Name	NM1*IL*1*PATIENT1*TEST****MI*999999999~
		Reference (Group number)	REF*6P*888888~
		Demographics	DMG*D8*19600406*M~
2000E	Patient Event	Hierarchical Level	HL*4*3*EV*1~

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Loop	Loop Name	Segment	Input
		Health Care Services Review Info	UM*AR*I*2*11:A**03~
		Date / Time	DTP*435*D8*20070913~
		Institutional Claim Code	CL1*3~
		MSG (Reason for admission if ICD-9 code is not available)	MSG*ICD=Chest Pains~
2010EA	Facility Name	Name	NM1*FA*2*Hospital Name****XX*5566778899~
		Reference (TIN)	REF*EI*123456789~
		Reference (Payer assigned)	REF*ZH*987654321~
		Address	N3*1234 Acme Blvd.*Unit 303~
		Address	N4*San Sickville*CA*95467~
		Contact	PER*IC*Phil Uppe*TE*2321234567*FX*2321236899~
2010EA	Other Provider(s)	Name	NM1*71*1*Doctor Last*Doctor First****XX*9876543211~
		Reference	REF*EI*666555444~
		Address	N3*5678 Acme Blvd.*Unit 404~
		Address	N4*San Sickville*CA*95467~
		Contact	PER*IC*Office Admin Name*TE*8885551212*FX*8885551313~
2000F	Service	Hierarchical Level	HL*5*4*SS*0~
		Trace	TRN*1*666777888*1234567893~
		Health Care Services Review Info	UM*HS*I*1*21:A~
		Date / Time	DTP*472*D8*20070915~
		Institutional Service	SV2**HC:12345~
		Transaction Set Trailer	SE*33*0001~
		Transaction Set Header	ST*278*0002*005010X216~
		Begin Hierarchical Transaction	BHT*0007*CN*12345678*20080114*183724*NO~
2000A	Source	Hierarchical Level	HL*1**20*1~
		Name	NM1*FA*2*Hospital Name****XX*5566778899~
		Contact	PER*IC*Hospital Contact Name*TE*8885551212*EX*1234~
2000B	Receiver	Hierarchical Level	HL*2*1*21*1~
		Name	NM1*PR*2*UnitedHealth Group****PI*87726~
2000C	Subscriber	Hierarchical Level	HL*3*2*22*1~
		Name	NM1*IL*1**PATIENT2*TEST****MI*888888888~
		Reference (Group number)	REF*6P*888888~
		Demographics	DMG*D8*19620507*F~
2000E	Service Facility	Hierarchical Level	HL*4*3*EV*0~
		Health Care Services Review Info	UM*AR*I*69*11:A**E~
		Date / Time	DTP*484*D8*20080101~

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Loop	Loop Name	Segment	Input
		Date / Time	DTP*ABC*D8*20080613~
		Date / Time	DTP*435*D8*20080613~
		Institutional Claim Code	CL1*3~
		MSG (Reason for admission if ICD-9 code is not available)	MSG*ICD=Delivery~
2010EA	Facility Name	Name	NM1*FA*2*Hospital Name*****XX*5566778899~
		Reference (TIN)	REF*EI*123456789~
		Reference (Payer assigned)	REF*ZH*987654321~
		Address	N3*1234 Acme Blvd.*Unit 303~
		Address	N4*San Sickville*CA*95467~
		Contact	PER*IC*Phil Uppe*TE*2321234567*FX*2321236899~
2010EA	Other Provider(s)	Name	NM1*71*1*Doctor Last*Doctor First*****XX*9876543211~
		Reference	REF*EI*666555444~
		Address	N3*5678 Acme Blvd.*Unit 404~
		Address	N4*San Sickville*CA*95467~
		Contact	PER*IC*Office Admin Name*TE*8885551212*FX*8885551313~
SE	Transaction Set Trailer		SE*30*0002~
GE	Functional Group Trailer		GE*2*1~
IEA	Interchange Control Trailer		IEA*1*000000011~

ISA*00* *00* *ZZ*BPR219997000 *ZZ*87726 *080114*1837*A*00501*000000011*0*T*:
GS*HI*BPR219997000*87726*20080114*183724*1*X*005010X216
ST*278*0001*005010X216
BHT*0007*CN*12345678*20080114*183724*NO
HL*1**20*1
NM1*FA*2*Hospital Name*****XX*5566778899
PER*IC*Hospital Contact Name*TE*8885551212*EX*1234
HL*2*1*21*1
NM1*PR*2*UnitedHealth Group*****PI*87726
HL*3*2*22*1
NM1*IL*1*PATIENT1*TEST****MI*999999999
REF*6P*888888
DMG*D8*19600406*M
HL*4*3*EV*1
UM*AR*I*2*11:A**03
DTP*435*D8*20070913
CL1*3
MSG*ICD=Chest Pains
NM1*FA*2*Hospital Name*****XX*5566778899
REF*EI*123456789
REF*ZH*987654321
N3*1234 Acme Blvd.*Unit 303
N4*San Sickville*CA*95467
PER*IC*Phil Uppe*TE*2321234567*FX*2321236899
NM1*71*1*Doctor Last*Doctor First*****XX*9876543211
REF*EI*666555444
N3*5678 Acme Blvd.*Unit 404
N4*San Sickville*CA*95467
PER*IC*Office Admin Name*TE*8885551212*FX*8885551313

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HL*5*4*SS*0
 TRN*1*666777887*1234567893
 UM*HS*I*1*21:A
 DTP*472*D8*20070915
 SV2**HC:12345
 SE*33*0001
 ST*278*0002*005010X216
 BHT*0007*CN*12345678*20080114*183724*NO
 HL*1**20*1
 NM1*FA*2*Hospital Name*****XX*5566778899
 PER*IC*Hospital Contact Name*TE*8885551212*EX*1234
 HL*2*1*21*1
 NM1*PR*2*UnitedHealth Group*****PI*87726
 HL*3*2*22*1
 NM1*IL*1*PATIENT2*TEST****MI*888888888
 REF*6P*888888
 DMG*D8*19620507*F
 HL*4*3*EV*0
 UM*AR*I*69*11:A**E
 DTP*484*D8*20080101
 DTP*ABC*D8*20080613
 DTP*435*D8*20080613
 CL1*3
 MSG*ICD=Delivery
 NM1*FA*2*Hospital Name*****XX*5566778899
 REF*EI*123456789
 REF*ZH*987654321
 N3*1234 Acme Blvd.*Unit 303
 N4*San Sickville*CA*95467
 PER*IC*Phil Uppe*TE*2321234567*FX*2321236899
 NM1*71*1*Doctor Last*Doctor First*****XX*9876543211
 REF*EI*666555444
 N3*5678 Acme Blvd.*Unit 404
 N4*San Sickville*CA*95467
 PER*IC*Office Admin Name*TE*8885551212*FX*8885551313
 SE*30*0002
 GE*2*1
 IEA*1*000000011

EXAMPLE RESPONSE SCENARIOS

CASE 1: This example includes response file name examples and response examples for a 997; a 278NBACK showing a delayed response; and a 278NACK final successful response.

Case 1: Notification successfully entered into the system				
278N Response Transaction (Example in table refers to the 278NACK follow-up below)				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	53 = Completion
2000E	REF	REF01	Reference Identification Qualifier	NT = Administrative Reference Number
		REF02	Reference ID	8500122235376134
	HCR		Health Care Services Review	
		HCR01	Action code	A6 = Modified
		HCR02	Review Identification Number	1811307384

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997 Received

N_278NB997_BFT219997000_000000000_09252008040505
ISA*00* *00* *33*87726 *ZZ*BFT219997000 *080925*1024*^*00501*000002057*0*P*:
GS*FA*87726*1234567890*20080925*1024*100005
ST*997*000000001*005010X230
AK1*HI*100005*005010X216
AK2*278*0001*005010X216
AK5*A
AK9*A*1*1*1
SE*6*000000001
GE*1*100005
IEA*1*000002057

278NBACK Received

N_278NBACK_BFT219997000_000002057__09252008040505
ISA*00* *00* *33*87726 *ZZ*BFT219997000 *080925*1024*^*00501*000002057*0*T*:
GS*HI*87726*1234567890*20080925*1024*100005*X*005010X216
ST*278*0001*005010X216
BHT*0007*53*117900*20080925*121726
HL*1**20*1
NM1*FA*2*MEDICAL CENTER OF SICKVILLE*****24*123456789
HL*2*1*21*1
NM1*X3*2*****PI*87726
PER*IC*PHIL UPPE*TE*2147733765
AAA*N**42*Y
HL*3*2*22*1
REF*BAF*8500122235376134
NM1*IL*1*DOE*JANE*B***MI*987654321
REF*6P*12345
DMG*D8*19990101
HL*4*3*EV*0
TRN*2*2001042801*9012345678*CARDIOLOGY
UM*AR*1*2*11:A**03
DTP*435*D8*20080915
SE*18*0001
GE*1*100005
IEA*1*000002057

278NACK Received

N_278NACK_BFT219997000_000002057_09252008040505
ISA*00* *00* *33*87726 *ZZ*BFT219997000 *080925*1028*^*00501*000002057*0*T*:
GS*HI*87726*1234567890*20080925*1028*100005*X*005010X216
ST*278*0001*005010X216
BHT*0007*53*117900*20080925*1219
HL*1**20*1
NM1*FA*2*MEDICAL CENTER OF SICKVILLE*****24*123456789
HL*2*1*21*1
NM1*X3*2*****PI*87726
HL*3*2*22*1
REF*BAF*8500122235376134
NM1*IL*1*DOE*JANE*B***MI*987654321
REF*6P*12345
DMG*D8*19990101*F
HL*4*3*EV*0
TRN*1*2001042801*9012345678*CARDIOLOGY
UM*AR*1*2*11:A**03
HCR*A6*1811307384*

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REF*NT*8500122235376134
 DTP*435*D8*20080915
 SE*18*0001
 GE*1*100005
 IEA*1*000002057

CASE 2: This is an example of a submission where the Admitting/Attending physician TIN or NPI was not provided.

Case 2: Notification Error				
278N Response Transaction				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	44 = Rejection
Any	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	See IG for loop. 43 in this example
		AAA04	Follow-up action code	C = Correct and Resubmit, N = Resubmission not allowed.

278NBACK Received

ISA*00* *00* *33*87726 *ZZ*BFT219997000 *081014*1559*^*00501*000009909*0*T*:
 GS*HI*87726*1234567890*20081014*15593809*1*X*005010X216
 ST*278*0001*005010X216
 BHT*0007*44*117900*20081014*165931
 HL*1**20*1
 NM1*FA*2*MEMORIAL HOSPITAL OF SICKVILLE*****24*621795584
 HL*2*1*21*1
 NM1*X3*2*UNITED HEALTHGROUP*****PI*87726
 HL*3*2*22*1
 REF*BAF*8500122400854741
 NM1*IL*1*DOE*JOHN*****MI*100000000
 REF*6P*22010
 DMG*D8*19990101*M
 HL*4*3*EV*1
 TRN*1*2001042801*9012345678*CARDIOLOGY
 UM*AR*I*2*11:A**E
 DTP*435*D8*20081013
 NM1*71*1*DOCLASTNAME*PAUL
 REF*ZH*000000000
AAA*N43*C**
 SE*19*0001
 GE*1*1
 IEA*1*000009909

CASE 3: This is an example of a submission whose member was not eligible.

Case 3: Blocked				
278N Response Transaction				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	44 = Rejection
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.

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Case 3: Blocked				
278N Response Transaction				
Loop	Segment	Element	Description	Comments
2000E	HCR	HCR01	Action Code	A3 = Not Certified
		HCR03	Review Decision Reason	CALL NUMBER ON ENROLLEE CARD

278NBACK Received

ISA*00* *00* *33*87726 *ZZ*BFT219997000 *081107*1134**^00501*000009035*0*T*:
 GS*HI*87726*1234567890*20081107*11345951*1*X*005010X216
 ST*278*0001*005010X216
 BHT*0007*44*117900*20081107*1234
 HL*1**20*1
 NM1*FA*2*MEDICAL CENTER OF SICKVILLE*****24*123456789
 HL*2*1*21*1
 NM1*X3*2*UNITED HEALTHGROUP*****PI*87726
 HL*3*2*22*1
 REF*BAF*8500122591664453
 NM1*IL*1*DOCLASTNAME*PAUL****MI*000000001
 REF*6P*100000
 AAA*N**78*N
 DMG*D8*19460311*M
 HL*4*3*EV*1
 TRN*1*2001042801*9012345678*CARDIOLOGY
 UM*AR*1*2*11:A**03
 HCR*A3**CALL NUMBER ON ENROLLEE CARD
 DTP*435*D8*20081107
 SE*18*0001
 GE*1*1
 IEA*1*000009035

CASE 4: This is an example of a 278NBACK that resulted in a notification that was submitted with UM03-68 (Well Baby) which is not allowed.

Case 4: Notification Not Required for Well Baby				
278N Response Transaction				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	44 = Rejection
2000E	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	84 = Certification not required
		AAA04	Follow-up action code	N = Resubmission not allowed.

278NBACK Received

ISA*00* *00* *33*87726 *ZZ*BFT219997000 *091028*1302**^00501*000009001*0*T*:
 GS*HI*87726*1234567890*20091028*13024645*1*X*005010X216
 ST*278*0001*005010X216
 BHT*0007*44*117900*20091028*1402
 HL*1**20*1
 NM1*FA*2* MEDICAL CENTER OF SICKVILLE*****24*123456789
 HL*2*1*21*1
 NM1*X3*2*UNITED HEALTHGROUP*****PI*87726
 HL*3*2*22*1
 REF*BAF*0500125675002250
 NM1*IL*1*LASTNAME*BILL****MI*987654321
 REF*6P*101000

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DMG*D8*19770101*M
 HL*4*3*23*1
 REF*BAF*0500125675002250
 NM1*QC*1*LASTNAME*BETTY
 DMG*D8*19860101*F
 INS*N*G8
 HL*5*4*EV*1
 TRN*1*2001042801*9012345678*CARDIOLOGY
 AAA*N**84*N
 UM*AR*I*68*11:A
 DTP*435*D8*20091021
 SE*22*0001
 GE*1*1
 IEA*1*000009001

CASE 5: This is an example of a 278NBACK that resulted in a notification that experienced a delay for a submission that occurred during a maintenance window.

Case 5: Timeout / Notification Held for Retry				
278N Response Transaction				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	53 = Completion
2010B	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	42 = Unable to respond at the current time
		AAA04	Follow-up action code	Y = Do not resubmit

278NBACK Received

ISA*00* *00* *33*87726 *ZZ*BFT219997000 *081017*0133**00501*000009011*0*T*:
 GS*HI*87726*1234567890*20081017*01330582*1*X*005010X216
 ST*278*0001*005010X216
 BHT*0007*53*117900*20081017*023028
 HL*1**20*1
 NM1*FA*2*MEDICAL CENTER OF SICKVILLE*****24*123456789
 HL*2*1*21*1
 NM1*X3*2*****PI*87726
 PER*IC*UPPE PHIL*TE*2145551212
 AAA*N**42*Y
 HL*3*2*22*1
 REF*BAF*8500122419381165
 NM1*IL*1*DOE*JANE*****MI*000000001
 REF*6P*12345
 HL*4*3*23*1
 REF*BAF*8500122419381165
 NM1*QC*1*DOE*BABY
 HL*5*4*EV*0
 TRN*2*2001042801*9012345678*CARDIOLOGY
 UM*AR*I*NI*11:A**03
 DTP*435*D8*20081016
 SE*20*0001
 GE*1*1
 IEA*1*000009011

CASE 6: This is an example 278NBACK that resulted in a notification that went to manual processing because of an issue with member eligibility.

Case 6: Notification Held for Manual Processing

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278N Response Transaction				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	53 = Completion
2010B	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	42 = Unable to respond at the current time
		AAA04	Follow-up action code	Y = Do not resubmit
2000E	HCR	HCR01	Action Code	CT = Contact Payer
		HCR03	Review Decision Reason	GET NTF NMBR NEXT DAY ON UHCOL

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

278NBACK Received

```

ISA*00*      *00*      *33*87726      *ZZ*BFT219997000 *081016*1721*^*00501*000009011*0*T*:
GS*HI*87726*1234567890*20081016*17211115*1*X*005010X216
ST*278*0001*005010X216
BHT*0007*53*117900*20081016*1821
HL*1**20*1
NM1*FA*2*MEDICAL CENTER OF SICKVILLE*****24*123456789
HL*2*1*21*1
NM1*X3*2*UNITED HEALTHGROUP*****PI*87726
AAA*N**42*Y
HL*3*2*22*1
REF*BAF*8500122419380902
NM1*IL*1*DOE*JANE*****MI*000000001
REF*6P*12345
DMG*D8*19990101*F
HL*4*3*23*1
REF*BAF*8500122419380902
NM1*QC*1*DOE*BABY
DMG*D8*20081016*F
INS*N*19
HL*5*4*EV*1
TRN*1*2001042801*9012345678*CARDIOLOGY
UM*AR*1*NI*11:A**03
HCR*CT**GET NTF NMBR NEXT DAY ON UHCOL
DTP*435*D8*20081016
SE*23*0001
GE*1*1
IEA*1*000009011
    
```

CASE 7: This is a response to a duplicate submission

Case 7: Duplicate Notification				
278N Response Transaction				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	44 = Rejection
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 = Administration Reference Number

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		REF02	Reference ID	8500122400855276
	REF	REF01	Administrative Reference Number	BB = Previous Review Authorization Number
		REF02	Reference ID	1811307833
	HCR	HCR01	Action Code	NA
		HCR03	Review Decision Reason	DUPLICATE 2000E REF01 = BB

278NBACK Received

ISA*00* *00* *33*87726 *ZZ*BFT219997000 *081015*1250*^*00501*000009003*0*T*:
 GS*HI*87726*1234567890*20081015*12502351*1*X*005010X216
 ST*278*0001*005010X216
 BHT*0007*44*117900*20081015*1349
 HL*1**20*1
 NM1*FA*2*MEMORIAL HOSPITAL OF SICKVILLE*****24*123456789
 HL*2*1*21*1
 NM1*X3*2*UNITED HEALTHGROUP*****PI*87726
 HL*3*2*22*1
 REF*BAF*8500122408241586
 NM1*IL*1*DOE*JOHN****MI*900000000
 REF*6P*12345
 DMG*D8*19990101*M
 HL*4*3*EV*1
 TRN*1*2001042801*9012345678*CARDIOLOGY
 AAA*N**33*N
 UM*AR*I*1*11:A**03
 REF*NT*8500122400855276
 REF*BB*1811307833
 HCR*NA**DUPLICATE 2000E REF01 = BB
 DTP*435*D8*20081016
 HL*5*4*SS*0
 UM*HS*I*1*21:B
 DTP*472*D8*20081016
 SV2**HC:33518
 SE*23*0001
 GE*1*1
 IEA*1*000009003

CASE 8: This is a response to an updated submission

Case 8: Updated Notification				
278N Response Transaction				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	53
2000E	REF	REF01	Reference Identification Qualifier	NT = Administration Reference Number
		REF02	Reference ID	8500125787073603
	REF	REF01	Administrative Reference Number	BB = Previous Review Authorization Number
		REF02	Reference ID	0194921202

The two examples below show the original response to the submitted 278N and then the response to the 278N that was updated to include a discharge date.

Response to the original 278N that was submitted:

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ISA*00* *00* *33*87726 *ZZ*BFT219997000 *091110*1534*^*00501*000007016*0*T*:
 GS*HI*87726*1234567890*20091110*15340790*1*X*005010X216
 ST*278*0001*005010X216
 BHT*0007*53*117900*20091110*163346
 HL*1**20*1
 NM1*FA*2*MEMORIAL HOSPITAL OF SICKVILLE****24*123456789
 HL*2*1*21*1
 NM1*X3*2*UNITED HEALTHGROUP*****PI*87726
 HL*3*2*22*1
 REF*BAF*8500125787073603
 NM1*IL*1*DOE*JANE****MI*123456789
 DMG*D8*19591206*F
 HL*4*3*EV*1
 TRN*1*2001042801*9012345678*CARDIOLOGY
 UM*AR*1*2*11:A
 HCR*A6*0194921202
 REF*NT*8500125787073603
 DTP*435*D8*20091016
 SE*17*0001
 GE*1*1
 IEA*1*000007016

Response to the updated 278N that was submitted to include a discharge date:

ISA*00* *00* *33*87726 *ZZ*BFT219997000 *091110*1554*^*00501*000007016*0*T*:
 GS*HI*87726*1234567890*20091110*15545287*1*X*005010X216
 ST*278*0001*005010X216
 BHT*0007*53*117900*20091110*165448
 HL*1**20*1
 NM1*FA*2*MEMORIAL HOSPITAL OF SICKVILLE****24*123456789
 HL*2*1*21*1
 NM1*X3*2*UNITED HEALTHGROUP*****PI*87726
 HL*3*2*22*1
 REF*BAF*8500125787073611
 NM1*IL*1*DOE*JANE****MI*123456789
 DMG*D8*19591206*F
 HL*4*3*EV*1
 TRN*1*2001042801*9012345678*CARDIOLOGY
 UM*AR*1*2*11:A
 HCR*A6*0194921202*
 REF*NT*8500125787073603
 REF*BB*0194921202
 DTP*435*D8*20091016
DTP*096*D8*20091017
 MSG*ICD=CHF*DC=4
 SE*19*0001
 GE*1*1
 IEA*1*000007016

Updated response includes the original HCR-02 Reference Number (0194921202) and the original's transaction identifier (REF*NT*8500125787073603). You will also see the update which is the discharge date (DTP*096*D8*20091017)

10.4 ERROR CODES AND INTERPRETATIONS

Please refer to the HCR03 segment in loops E and/or F for information on the reason for the rejection of the transaction.

Loop	AAA03	AAA04	Notes/Comments
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Loop	AAA03	AAA04	Notes/Comments
2000A	33	C	Unable to Process/Please call.
2000A	41	N	BHT02 (Purpose Code) is not supported.
2000A	42	Y	Case sent to manual processing. Check for number on UHC Online next day.
2010A	41	N	Test transaction submitted to production environment. (ISA15)
2010A	43	C	Provider Tax ID or NPI is missing.
2010A	43	C	Tax ID must be 9 digits
2010A	43	C	Provider NPI: Must be 10 digits.
2010A	43	C	Provider MPIN: Must be 9 digits.
2010A	44	C	Last Name or Organization Name is required.
2010A	44	C	Requester Contact Name is missing.
2010A	46	C	Requester Contact Phone Number must be 10 digits.
2010A	46	C	Requestor Contact Phone Extension must be numeric.
2010A	46	C	Requester Contact Fax Number must be 10 digits.
2010A	46	C	Provider Phone Extension must be numeric.
2010A	46	C	Provider Secondary Phone must be 10 digits.
2010A	46	C	Provider Fax Number must be 10 numeric digits.
2010A	47	C	Invalid Provider State/Province Code
2010A	51	C	Submitting Provider is not authorized to update the case. (UM02=S)
2010A	43	C	Requestor Tax ID or NPI is missing.
2010B	42	P	Transaction cannot be processed at this time, due to system unavailability. Please try again later.
2010B	42	Y	Case sent to manual processing. Check for number on UHC Online next day.
2010B	42	Y	Some system component(s) is/are unavailable at the current time. Do not resubmit. The transaction will be processed as soon as system resources are available. (See Case 5 of Example Response Scenarios)
2010B	79	N	Invalid Participant Identification
2010C	15	C	Date of birth and subscriber name are both required if the subscriber level is the patient.
2010C	58	C	Subscriber Date of Birth is missing.(2010C)
2010C	64	C	Member Identification Number is required for all transactions.
2010C	65	C	Subscriber first and last names are required.
2010C	67	N	Patient Name and/or DOB do not match submitted Member ID.
2010C	68	C	Duplicate Patient ID Number
2010C	71	C	Patient DOB in Loop2010C (Subscriber) does not match that for the patient on the database
2010C	72	C	The subscriber ID from the ID card is always required.
2010C	72	C	Invalid/Missing Subscriber/Insured ID
2010C	73	C	Subscriber Last Name is missing.
2010C	73	C	Subscriber ID Qualifier is only supported for MI.
2010C	75	N	The submitted subscriber ID, or subscriber ID/Group Number combination is not on the UnitedHealthcare database.
2010C	76	C	Please resubmit with the subscriber group number in order to resolve ambiguity.
2010C	78	N	Notification not supported for this member, product, and/or group.
2010C	95	N	Member not eligible for either beginning Service Date or End Service Date. (Admission Review)
2010D	58	C	Dependent Date of Birth is missing. (2010D)
2010D	65	C	Dependent Last Name is missing. (2010D)

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Loop	AAA03	AAA04	Notes/Comments
2010D	67	N	Patient Name and/or DOB do not match submitted Member ID.
2010D	68	C	Duplicate Patient ID Number
2010D	95	N	Member not eligible for either beginning Service Date or End Service Date. (Admission Review)
2000E	15	C	2000E UM04 is required for an Admission Review. (UM01=AR)
2000E	15	C	2000E UM03 value is not supported. See Companion Guide for supported values.
2000E	15	C	Admission Review (UM01=AR) requires at least an Admitting or Attending Physician.
2000E	33	C	Only AR is supported for Notifications. (2000E UM01)
2000E	33	C	Only one Facility Provider supported.
2000E	33	C	2000E HSD01 of DY requires an HSD02 Quantity of zero or greater.
2000E	33	C	Invalid or missing Service Descriptor (Admission Type or Level of Service)
2000E	33	C	Only I or S are supported. (2000E UM02)
2000E	33	C	When Certification Type is I, do not include Administrative Reference Number. (2000E)
2000E	33	C	2000E UM04-2 is not supported for an Admission Review.
2000E	33	C	2000E UM04-1 is not supported. See Companion Guide for supported values.
2000E	33	C	Previous Review Administrative Reference Number and Authorization Number are not associated. Case cannot be updated. (UM02=S)
2000E	33	C	Previous Review Administrative Reference Number not found. Case cannot be updated. (UM02=S)
2000E	33	C	ICD10 is not supported at this time. (2000E)
2000E	33	C	For Admission Review (UM01=AR), if HSD segment sent only supported HSD01 = DY. (2000E)
2000E	33	C	Unable to Process/Please call.
2000E	33	C	Unknown Discharge Disposition.
2000E	33	C	Discharge Disposition missing
2000E	33	C	A value was submitted which does not conform to the Companion Guide specifications.
2000E	33	N	Duplicate request with Administrative Reference Number xxxxxxxxxxxxxxxx.
2000E	33	N	A coverage determination has been made. Updates to case are not supported. (UM02=S)
2000E	57	C	Service Date must be within the Admission and Discharge Dates. (2000E/2000F)
2000E	57	C	2000E HSD02 Quantity does not match with the Admit/Discharge Date range.
2000E	60	C	Birth Date must be less than or equal to Admission Date. (2000E)
2000E	84	N	Notification is not required for this service
2000E	AF	C	Diagnosis is missing or invalid. (2000E)
2000E	AF	C	Unsupported Diagnosis Type Code submitted. Only BF, BJ, BK are supported. (2000E)
2000E	AF	C	Invalid Diagnosis code submitted. (2000E)
2000E	AH	C	Invalid date of initial treatment
2000E	AM	C	Late notification (2000E)
2000E	AM	C	Admission Date range is not supported. (2000E)
2000E	AM	C	Invalid Admission date for a Completion Notification
2000E	AN	C	Discharge Date must be greater than or equal to the Admission Date. (2000E)
2000E	T5	C	Administrative Reference Number is required for a Revision. (2000E REF02)
2000E	T5	C	Administrative Reference Number must be 16 digits. (2000E REF02)
2010E	15	C	Facility Provider required for Admission Review. (UM01=AR)
2010E	33	C	Facility cannot be a person.

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Loop	AAA03	AAA04	Notes/Comments
2010E	33	C	Zip Code must be 5 or 9 digits.
2010E	33	C	Provider Phone Number must be 10 digits.
2010E	33	C	Only one Admitting Provider supported.
2010E	33	C	Only one Attending Provider supported.
2010E	41	N	Case is not Open. Updates are not supported. You may call the number on the back of the member id card for further information. (IP Only)
2010E	41	N	Case is Cancelled or Denied. Update is not supported. You may call the number on the back of the member id card for further information.
2010E	41	N	Member does not match previously submitted Member for the event. Case cannot be updated. (UM02=S)
2010E	41	N	The notification 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 electronically.
2010E	43	C	Provider Tax ID or NPI is missing.
2010E	43	C	Tax ID must be 9 digits
2010E	43	C	Provider NPI: Must be 10 digits.
2010E	43	C	Provider MPIN: Must be 9 digits.
2010E	44	C	Last Name or Organization Name is required.
2010E	44	C	First Name is required when provider is a person.
2010E	46	C	Provider Phone Extension must be numeric.
2010E	46	C	Provider Secondary Phone must be 10 digits.
2010E	46	C	Provider Fax Number must be 10 numeric digits.
2010E	47	C	Invalid Provider State/Province Code
2000F	15	C	2000F UM04-1 value is not supported for Notifications. See Companion Guide for supported values.
2000F	15	C	SV1 (Professional Service) is required when requesting a Professional Service. (2000F)
2000F	33	C	HSD is not supported for services on an Admission Review. (2000F)
2000F	33	C	Facility Provider not supported for Professional Service (UM01 = HS).
2000F	33	C	Only HS is supported. (2000F UM01)
2000F	33	C	Only I or S are supported. (2000F UM02)
2000F	33	C	When Certification Type is I, do not include Authorization Number. (2000F)
2000F	33	C	2000F UM03 value is not supported. See Companion Guide for supported values.
2000F	33	C	2000F UM04 is not supported for an Admission Review.
2000F	33	C	2000F UM04-1 value is not supported. See Companion Guide for supported values.
2000F	33	C	Dental Service (SV3) is not currently supported. (2000F)
2000F	33	C	Unable to Process/Please call.
2000F	33	C	HSD segment does not conform to supported service delivery patterns. See Companion Guide for valid patterns.
2000F	33	N	A coverage determination has been made. Updates to case are not supported. (UM02=S)
2000F	33	N	Service is cancelled or denied. Update is not supported. You may call the number on the back of the member id card for further information.
2000F	57	C	Service Start Date is missing. (2000F)
2000F	57	C	Late notification (2000F)
2000F	57	C	Service Date must be within the Admission and Discharge Dates. (2000E/2000F)
2000F	57	C	Service Date Range is not supported for Admission Review (UM01=AR). (2000F)
2000F	60	C	Birth Date must be less than or equal to Service Start Date. (2000F)

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Loop	AAA03	AAA04	Notes/Comments
2000F	AG	C	Invalid Procedure code submitted. (2000F)
2000F	AG	C	Unsupported Procedure Code type submitted. Only HC is supported for authorizations. (2000F SV101-1)
2000F	AG	C	Procedure Code Range is not supported. (2000F)
2000F	AG	C	Unsupported Procedure Code type submitted. Only HC is supported for authorizations. (2000F SV202-1)
2000F	AG	C	Invalid Procedure code submitted. (2000F)
2000F	T5	C	Authorization Number is required for a Revision. (2000F)
2000F	T5	C	Authorization Number must be 10 digits. (2000F)
2010F	33	C	Only one Servicing Provider is supported per Service. (2010F)
2010F	33	C	Facility cannot be a person.
2010F	33	C	Zip Code must be 5 or 9 digits.
2010F	33	C	Provider Phone Number must be 10 digits.
2010F	43	C	Provider Tax ID or NPI is missing.
2010F	43	C	Tax ID must be 9 digits
2010F	43	C	Provider NPI: Must be 10 digits.
2010F	43	C	Provider MPIN: Must be 9 digits.
2010F	44	C	Last Name or Organization Name is required.
2010F	44	C	First Name is required when provider is a person.
2010F	46	C	Provider Phone Extension must be numeric.
2010F	46	C	Provider Secondary Phone must be 10 digits.
2010F	46	C	Provider Fax Number must be 10 numeric digits.
2010F	47	C	Invalid Provider State/Province Code

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10.5 FREQUENTLY ASKED QUESTIONS

1. At which point of the transaction flow, is the notification requirement considered fulfilled?

Formally, the 278ACK response sent to the submitter from our clinical systems, containing the Review Identification Number, would indicate that the notification was processed. The fulfillment of the notification requirement itself is a combination of the receipt of the 278ACK response with the Review Identification Number (HCR02), a BHT04 (date) and BHT05 (time) value in the response within 24 hours of the admission date/time reported on the claim, and accurate and compliant submission of data elements required by the Administrative Guide.

2. Will the 278N support admission notification submissions for members where a UnitedHealthcare plan, subject to notification protocol, is secondary?

Yes.

3. How often should a notification batch be submitted?

Because a notification is required to be received by UnitedHealthcare within 24 hours of inpatient admission, we recommend submitting at least 2 batches per day. We prefer the hospital submits batches more often than that to ensure the 24 hour window is met as well as it can have a more effective impact on care management.

4. How can hospital reconcile the 278ACK generated by this transaction?

Submitters can use the required Submitter Transaction ID (BHT03) to reconcile the response.

5. Not all facilities that share NPIs between locations/departments perform a discharge and new inpatient admission at time of transfer. Do we meet the requirement by only notifying within 24 hours of the first inpatient admission and not notifying when a transfer occurs?

If a patient is transferred between two locations, the second facility/location is responsible for submitting another admission notification when the patient is admitted at that facility. If a patient is transferred between levels of care, as outlined below, a second admission notification is required. Claim payment is dependant on having an admission notification on file under the TIN/NPI that is billed on the related claim for the level of care submitted.

A second notification is generally required when:

- Patient transfers from Acute IP to SNF
- Patient transfers from Acute IP to Inpatient Rehab
- Patient transfers from Inpatient Rehab to Skilled Nursing
- Patient transfers from Acute IP to a different Acute IP facility (patient changes locations – even if TIN of NPI is same at the new facility)
- Patient discharges and readmits to same facility or different facility

6. Can notifications be submitted for newborns via the 278N?

Notifications are only required for sick/NICU newborns, see section 6.2.

7. UnitedHealthcare has indicated that it is important they be able to identify the physical hospital a patient has been admitted to (if multiple locations share FTIN/NPI). Does the 278N include fields for submitting this information?

Yes, this would be in 2010EA segment N3 and N4. Starting from page 184 of the Implementation Guide or Segment 2010EA in the "Inpatient Admission Notification Data Elements" section of this Companion Guide.

8. Can we use the admitting facility TIN as the TIN for the admitting/attending physician?

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No. Per our Administrative Guide, we require at least the physician first and last name, and either TIN or NPI, to identify the physician.

9. Can trading partners submit one notification per batch?

Yes.

10. Is UnitedHealthcare requiring a follow-up transaction to provide discharge information?

No.

11. Can rejected transactions be resubmitted?

Yes. For rejected transactions, the AAA04 Follow-up Action Code will identify scenarios where notification can be corrected and resubmitted. These transactions can be resubmitted via 278N, UHCOnline.com, fax, or phone.

12. Does the Submitter ID have to be assigned by UnitedHealthcare?

Yes. This ID will be sent to you from UnitedHealthcare during the connectivity set up process.

13. Are inpatient psychiatric services a separate service type/UM03 or included under medical?

Inpatient psychiatric services are covered under United Behavioral Health, which is not subject to this Admission Notification Protocol. See the UBH Administrative Guide for information on their admission notification policy.

14. If we are connecting via a clearinghouse, is testing required only with the clearinghouse?

Hospitals using a clearinghouse will be responsible for testing the transaction with the clearinghouse and the clearinghouse will be responsible for testing with UnitedHealthcare. In addition, UnitedHealthcare will be validating the data submitted within UM03/04 and the diagnosis code to confirm that the data being submitted is appropriate. If data integrity issues are uncovered, UnitedHealthcare will work directly with the hospital to resolve the issues.

15. Are the ante partum and postpartum inpatient admissions considered a code 69 for maternity or are they are code 1 for medical care? In addition, if the mother starts out as ante partum service with a medical care code of 1, and then changes to maternity because the birth is happening, do you need another transaction that tells you it is now a maternity code 69?

The UM03 value should always reflect the Service Type of the admission. A pregnant woman, receiving non-maternity medical care, should be sent with a value 1. A pregnant woman, receiving non-maternity care, who goes into labor, should also be sent with a value 1. A value of 69 should be sent for routine maternity admission only.

16. What if a data element does not match UnitedHealthcare's database? For example, if the patient name is misspelled?

We have implemented changes to the matching logic in order to minimize the need for resubmission and be as "forgiving" as possible without creating inappropriate matches. However, if a data element, used for facility, physician, or member does not match the information in our database, it is possible that the transaction will reject and require resubmission. The match is dependant on the specific data element and where it falls in our matching logic. For example, to find a member, UnitedHealthcare will first match on the Subscriber ID and the first 3 alpha-only characters of the last and first names of the member. If there is a match, the file will continue processing. Scenarios for each type of data element vary.

17. Does the 5010 version of the 278N support ICD-9 or only ICD-10?

The transaction supports both, however, UnitedHealthcare has not moved to ICD-10 at this time. Migration to ICD-10 is slated for 2013.

18. How often can a facility submit a batch submission?

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There is no restriction to how many batches may be sent in a single day. We recommend hospitals submit a batch at least twice per day.

19. What is the difference between the 278N response and a 278ACK?

The 278NBACK is the first response you will receive and contains a batch of responses to each submission notification. If the 278NBACK contains an AAA segment error of "42" in AAA03 and a "Y" in AAA04 (indicating a delay in processing) for any of the submissions you will get a second file called 278NACK once the submissions are processed. This 278NACK will contain the responses for those submissions that were delayed and queued up and finally processed.

20. Is there an identifying factor that can be used to distinguish between the 1st 997 file and the potential 2nd 997 file? If they are not picked up sequentially by the hospital, they may be processed out of order.

The first 997 will be named distinctively different from any subsequent 997s contained within the batched 278NBACK file.

For example, the first response file is named: N_278NB997_000000004_ABC123456789_01102008142034.res.pgp

The second file you might receive can have 997s in it but will be a batch named:
N_278NBACK_000000004_ABC123456789_01102008142034.res.pgp

21. Could there be multiple AAA segments if there are multiple errors?

Yes

10.6 CHANGE LOG

Version	Release date	Document Changes
2.5	February 1, 2011	<ul style="list-style-type: none"> Updated the Error Code and Interpretations table by adding 95N to loop 2010D and 51C to 2010E while changing 41N from loop 2010E to loop 2010EA.
2.6	March 25, 2011	<ul style="list-style-type: none"> Removed the ability to submit an admission type code of 9 (N/A) for CL101 value. Addition of HCR03 messages for AAA03 values of 15 & 33 (loops 2000E, 2000F) in the Error Code and Interpretations table. Added the need to provide at least one procedure code when UM03 = Surgical
2.7	April 14, 2011	<ul style="list-style-type: none"> Removed the need to provide at least one procedure code when UM03=Surgical. This was originally slated for a 5/20/2011 release as indicated in version 2.6.
2.8	September 14, 2011	<ul style="list-style-type: none"> Update made to the 2000E loop for duplicate responses. The value in the HCR01 element changed from A3 to NA. A chart was created to display valid UM03/UM04 values. Please note the UM03 New Born Baby value of 65 is no longer valid and Chemotherapy 78 has been added. Element REF01 in loop 2010C can now be populated with the values of 1L & IG; Element HSD01 in loop 2000E being requested by UHC. Element HSD01 in loop 2000E can now be populated with the value of DY. Section 10.4 error codes and interpretations have been updated, please refer to the HCR03 segment for information on why the transaction has rejected. <ul style="list-style-type: none"> New (loop AAA03/AAA04) <ul style="list-style-type: none"> 2000A 41/N 2010A 46/C 2010A 51/C 2010C 67/N 2010C 68/C 2010D 68/C 2000E 57/C 2010E 15/C 2010E 41/N 2000F 33/N 2000F T5/C 2010F 15/C 2010F 46/C Eliminated <ul style="list-style-type: none"> 2000A 42/Y 2010B 41/N (moved to loop 2010A) 2010E 51/C (moved to loop 2010A) 2010EA 15/C (moved to loop 2010E) 2010EA 33/C (moved to loop 2010E) 2010EA 41/N (moved to loop 2010E) 2000F 62/C Modified <ul style="list-style-type: none"> 2010B 79/P changed to 79/N
2.9	December 8, 2011	<ul style="list-style-type: none"> Section 1.2 – Overview has been updated with TA1 information. Section 3 – Connectivity with the Payer/Communication has been updated with TA1 information. Section 6 – Payer Specific Business Rules & Limitations updated with: <ul style="list-style-type: none"> Discharge Location Information/Codes (Loop 2000E MSG Segment) Guidelines in determining the Level of Service (Loop 2000E UM06 segment) for a 278 Notification Submission. Section 6.3 – Response Tracking Numbers – updated definition for ARN Section 6.5 – Update Processing – updated with Discharge Location information Section 7.1 – Acknowledgements has been updated with TA1 information Section 9.2 - Inpatient Admission Notification Data Elements table updated with the below codes: <ul style="list-style-type: none"> ISA14 – Removed row that addressed non-support of TA1. 2000E/DTP: Updated with note regarding usage of Estimated vs Actual Discharge Date. 2000E/MSG: Updated with note regarding Discharge Location. <i>If 2000E DTP – Discharge Date (DTP = 096) is present, a discharge location is required. The discharge location should be submitted in Loop 2000E MSG01 segment. The</i>

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Version	Release date	Document Changes
		<p><i>text in the MSG01 segment must begin with "DC=" followed by one of the discharge location codes:</i></p> <p><i>Discharge codes:</i></p> <ul style="list-style-type: none"> 4 - Comprehensive Inpatient Rehabilitation Facility 11 - Home with Home Care and/or DME 12 - Home/Against Medical Advice 13 - Hospice 15 - Inpatient Hospital 16 - Inpatient Psychiatric Facility 19 - Military Treatment Facility 20 - Expired 21 - No Services/Home 26 - Skilled Nursing Facility <ul style="list-style-type: none"> o 2010F/NM102 qualifier must = 1 if this Loop is submitted <p>*Please note in section 9.2 - Inpatient Admission Notification Data Elements table - the required data elements for Loop 2000F if it is submitted. These requirements have always been in place, were not systematically enforced until the 9/28/2011 release.</p> <ul style="list-style-type: none"> • Section 10.3 Business And Transaction Examples <ul style="list-style-type: none"> o Added examples for Loop 2000E – Institutional Claim Code Segment o Updated Case #8 with Discharge Location MSG segment • Section 10.4 - Error Codes and Interpretations table. <ul style="list-style-type: none"> o The below Loops and error codes have been added or changed: <ul style="list-style-type: none"> • AAA03=33 - Loop 2000A • AAA03=41 - Loop 2010A • AAA03=43 - Loop 2010A • AAA03=44 - Loop 2010A • AAA03=71 - Loop 2010C • AAA03=33 - Loop 2000E • AAA03=57 - Loop 2000E • AAA03=T5 - Loop 2000E • AAA03=46 - Loop 2010E • AAA03=33 - Loop 2000F • AAA03=43 - Loop 2010F • Section 10.4 - Error Codes and Interpretations table <ul style="list-style-type: none"> o The below Loops and error codes have been removed: <ul style="list-style-type: none"> • AAA03=15 - Loop 2010F • AAA03=33 - Loop 2010F
3.0	January 10, 2012	<ul style="list-style-type: none"> • Section 9.2 - Inpatient Admission Notification Data Elements table updated with the below codes: <ul style="list-style-type: none"> o GS05 – Added requirement for time as HHMM or HHMMSS.

10.7 DEVELOPMENT CHANGE LOG

Version	Release Date/Notice Date	Development Changes	Implementation Date
2.5	February 1, 2011	<ul style="list-style-type: none"> • Updated the Error Code and Interpretations table by adding 95N to loop 2010D and 51C to 2010E while changing 41N from loop 2010E to loop 2010EA. 	February 4, 2011
2.6	March 25, 2011	<ul style="list-style-type: none"> • Removed the ability to submit an admission type code of 9 (N/A) for CL101 value. • Addition of HCR03 messages for AAA03 values of 15 & 33 (loops 2000E, 2000F) in the Error Code and Interpretations table. • Added the need to provide at least one procedure code when UM03 = Surgical 	May 20, 2011
2.7	April 14, 2011	<ul style="list-style-type: none"> • Removed the need to provide at least one procedure code when UM03=Surgical. This was originally slated for a 5/20/2011 release as indicated in version 2.6. 	N/A

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Version	Release Date/Notice Date	Development Changes	Implementation Date
2.8	September 14, 2011	<ul style="list-style-type: none"> • Update made to the 2000E loop for duplicate responses. The value in the HCR01 element changed from A3 to NA. • A chart was created to display valid UM03/UM04 values, please note the UM03 New Born Baby value of 65 is no longer valid and Chemotherapy 78 has been added. • Element REF01 in loop 2010C can now be populated with the values of 1L & IG; Element HSD01 in loop 2000E being requested by UHC. • Element HSD01 in loop 2000E can now be populated with the value of DY. • Section 10.4 error codes and interpretations have been updated, please refer to the HCR03 segment for information on why the transaction has rejected. <ul style="list-style-type: none"> ○ New (loop AAA03/AAA04) <ul style="list-style-type: none"> ▪ 2000A 41/N ▪ 2010A 46/C ▪ 2010A 51/C ▪ 2010C 67/N ▪ 2010C 68/C ▪ 2010D 68/C ▪ 2000E 57/C ▪ 2010E 15/C ▪ 2010E 41/N ▪ 2000F 33/N ▪ 2000F T5/C ▪ 2010F 15/C ▪ 2010F 46/C ○ Eliminated <ul style="list-style-type: none"> ▪ 2000A 42/Y ▪ 2010B 41/N (moved to loop 2010A) ▪ 2010E 51/C (moved to loop 2010A) ▪ 2010EA 15/C (moved to loop 2010E) ▪ 2010EA 33/C (moved to loop 2010E) ▪ 2010EA 41/N (moved to loop 2010E) ▪ 2000F 62/C ○ Modified <ul style="list-style-type: none"> ▪ 2010B 79/P changed to 79/N 	September 14, 2011
2.9	December 8, 2011	<ul style="list-style-type: none"> • Section 1.2 – Overview has been updated with TA1 information. • Section 3 – Connectivity with the Payer/Communication has been updated with TA1 information • Section 6 – Payer Specific Business Rules & Limitations updated with <ul style="list-style-type: none"> ○ Discharge Location Information/Codes (Loop 2000E MSG Segment) ○ Guidelines in determining the Level of Service (Loop 2000E UM06 segment) for a 278 Notification Submission • Section 6.3 – Response Tracking Numbers – updated definition for ARN • Section 6.5 – Update Processing – updated with Discharge Location information • Section 7.1 – Acknowledgements has been updated with TA1 information • Section 9.2 - Inpatient Admission Notification Data Elements table updated with the below codes: <ul style="list-style-type: none"> ○ ISA14 – Removed row that addressed non-support of TA1. ○ 2000E/DTP: Updated with note regarding usage of Estimated vs Actual Discharge Date. ○ 2000E/MSG: Updated with note regarding Discharge Location. <i>If 2000E DTP – Discharge Date (DTP = 096) is present, a discharge location is required. The</i> 	December 8, 2011

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Version	Release Date/Notice Date	Development Changes	Implementation Date
		<p>discharge location should be submitted in Loop 2000E MSG01 segment. The text in the MSG01 segment must begin with "DC=" followed by one of the discharge location codes: <u>Discharge codes:</u> 4 - Comprehensive Inpatient Rehabilitation Facility 11 - Home with Home Care and/or DME 12 - Home/Against Medical Advice 13 - Hospice 15 - Inpatient Hospital 16 - Inpatient Psychiatric Facility 19 - Military Treatment Facility 20 - Expired 21 - No Services/Home 26 - Skilled Nursing Facility</p> <ul style="list-style-type: none"> o 2010F/NM102 qualifier must = 1 if this Loop is submitted • *Please note in section 9.2 - Inpatient Admission Notification Data Elements table - the required data elements for Loop 2000F if it is submitted. These requirements have always been in place, were not systematically enforced until the 9/28/2011 release. • Section 10.3 Business And Transaction Examples <ul style="list-style-type: none"> o Added examples for Loop 2000E – Institutional Claim Code Segment o Updated Case #8 with Discharge Location MSG segment • Section 10.4 - Error Codes and Interpretations table. The below Loops and error codes have been added or changed: <ul style="list-style-type: none"> o AAA03=33 - Loop 2000A o AAA03=41 - Loop 2010A o AAA03=43 - Loop 2010A o AAA03=44 - Loop 2010A o AAA03=71 - Loop 2010C o AAA03=33 - Loop 2000E o AAA03=57 - Loop 2000E o AAA03=T5 - Loop 2000E o AAA03=46 - Loop 2010E o AAA03=33 - Loop 2000F o AAA03=43 - Loop 2010F • Section 10.4 - Error Codes and Interpretations table The below Loops and error codes have been removed: <ul style="list-style-type: none"> o AAA03=15 - Loop 2010F o AAA03=33 - Loop 2010F 	
3.0	January 10, 2012	<ul style="list-style-type: none"> • Section 9.2 - Inpatient Admission Notification Data Elements table updated with the below codes: <ul style="list-style-type: none"> o GS05 – Added requirement for time as HHMM or HHMMSS. 	December 5, 2011

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