

University of Massachusetts Medical School

COMPANION GUIDE

278 Health Care Services Review –
Request for Review and Response

Document Version 3.0



ASC X12N 278
VERSION 004010 X094A1

TABLE OF CONTENTS

1.0 INTRODUCTION	2
2.0 SPECIAL CONSIDERATIONS FOR 278 REQUEST/RESPONSE TRANSACTIONS	8
3.0 278 PRIOR AUTHORIZATION REQUEST	10
4.0 278 PRIOR AUTHORIZATION RESPONSE	20
5.0 DOCUMENT CHANGE HISTORY:	29

Companion Document For ANSI ASC X12N 278 4010A1

278 - Health Care Services Review Information – Request for Review and Response

1.0 INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires that DUR and other health care providers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI ASC X12N 278 implementation guides have been established as the standards of compliance for Health Care Services Review Information – Request for Review and Response transactions. The Washington Publishing Co. Implementation Guides for each transaction are available electronically at www.wpc-edi.com.

1.1 HIPAA Role in Companion Guide

278 Request for Review & Response to Request for Review

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ASC X12N 278 VERSION 004010 X094A1

The following information is intended to serve only as a companion document to the HIPAA ANSI ASC X12N 278 Implementation Guide. The table contains specific requirements to be used for processing data in the DUR Information System.

The use of this document is solely for the purpose of clarification. This document supplements, but does not contradict, any requirements in the ANSI ASC X12N 278 Implementation Guide.

1.2 Business Events Supported in this Guide -Request and Response

- health care services certification review request and associated response

1.3 Purpose of the 278 Health Care Services Review – Request for Review and Response

The purpose of the 278 is to accommodate the exchange of prior authorization information between providers and DUR in an electronic format.

The 278 Request Transaction will be utilized by physician providers to request prior authorization for medications which are beyond MassHealth Utilization guidelines and therefore are not normally covered by the MassHealth program. These medications require a review of medical necessity in order to be approved for payment. Even though the 278 Transaction is an electronic request and response data exchange, a medical review component will still exist for all PA requests. Initially, a 278 response will be sent indicating a status of Pending. After the review is complete, a final PA decision will be FAXed.

1.4 Maximum Limitations

The developers of the 278 Transaction guide recommend that separate transaction sets be used for different patients and events. The DUR will support the recommendations of the Implementation Guide authors regarding the single patient event per individual transaction set. All transactions submitted to or sent by the DUR will be one transaction set for one patient event. A patient event is considered a single prior authorization request for a single specific medication.

1.5 The structure of the transaction is as follows:

Utilization Management Organization (UMO)

278 Request for Review & Response to Request for Review

UNIVERSITY
OF MASSACHUSETTS
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SCHOOL

ASC X12N 278 VERSION 004010 X094A1

Requester
Subscriber
Service Provider
Service

Each transaction set contains groups of logically related data in units called segments. The number of times a loop or segment may repeat in the transaction set structure is defined in the implementation guide.

1.6 Batch Mode:

The Interchange Control structure (ISA/IEA envelope) will be treated as one file. Each Interchange Control structure may consist of multiple Functional Groups (GS/GE envelopes). UMASS requires that the Interchange Control structure is limited to one type of Functional Group, such as 278 Health Care Services Review – Request for Review transactions. UMASS will validate and accept or reject the entire Interchange Control structure (ISA/IEA envelope)

1.7 Connectivity/Communications

DUR Contact Information

Please use the telephone number below to inquire about all transactions-related questions and communications, including trading partner set up, establishing connectivity, specific submission requirements, trading partner testing, and transactions support.

Drug Utilization Review Program 1-800-745-7318
Monday through Friday, 7:30 AM – 6:00 PM
Saturday, 8:00 AM – 12:00 PM

University of Massachusetts Medical School
Drug Utilization Review Program
100 Century Drive
Worcester, MA 01606-1244

Attn: Steve Edwards – HIPAA Transactions Support

278 Request for Review & Response to Request for Review

UNIVERSITY
OF MASSACHUSETTS
MEDICAL
SCHOOL

ASC X12N 278 VERSION 004010 X094A1

Phone: 1-800-745-7318

Fax : 1-877-208-7428

To become a trading partner, you must provide DUR with the following information:

Trading Partner Name

Trading Partner Address 1

Trading Partner Address 2 (optional, if applicable)

Trading Partner City

Trading Partner State

Trading Partner Zip

Trading Partner Contact Name

Trading Partner Contact Phone

Trading Partner Contact Email Address

Transaction Type Intended

Trading Partner IP Range

Trading Partner Sender ID Number

1.8 Transmission Administrative Procedures

DUR operations personnel will establish logons, passwords and a HIPAA transaction mailbox for each trading partner approved for testing. The provider must register their IP range when signing the trade agreement. Each provider will be given a unique number, which will be their provider number and may also be used as a transmission ID number.

Transmissions will utilize secure ftp technology into the UMASS HIPAA application. It is required that all trading partners have access to the UMASS SFTP server. Each provider's root directory will contain the subdirectories: In, Out. All inbound destined transmissions will be placed in the In sub folder and UMASS will place all outbound transmissions in the Out sub folder. Each subdirectory will also contain a Good and Bad subdirectory, where transmissions will be appropriately moved upon completion of

processing. All transmissions failing compliance or translation will be placed in the Bad folder with an email alert issued to the submitting trading partner for operations intervention.

Read, write and deletion privileges will be granted for the providers on the In folder. However, no deletion rights will be allowed on the Good or Bad folders.

1.9 Definition of Terms:

The participants in the hierarchical level structure described above are as follows:

Utilization Management Organization (UMO) – The UMO refers to insurance companies, health maintenance organizations, preferred provider organizations, etc. The organization that makes the medical decision on a service review request.

Requester – The requester refers to providers who request authorization or certification for a patient to receive health care services.

Patient – There is no HL loop dedicated to the patient,

1. When the patient has a unique identification number only the Subscriber Level loop (2000C) is used. This situation is common when an insurance company issues a unique insurance ID card to each individual insured.
2. In all other cases, loop 2000C is used to identify the subscriber. This structure is more common in traditional group insurance where a patient is uniquely identified within the primary subscriber identifier.
3. DUR does not support Dependent loop.

Service Provider – The service provider is the referred-to provider, specialist, and specialty entity, group or facility where the requested services are to be performed.

Service - Services requested for the identified patient and to be supplied by the identified service provider. In the response transaction the Service Level conveys the outcome of the service review request

1.8 Inbound Transactions Supported

278 Request for Review & Response to Request for Review

ASC X12N 278 VERSION 004010 X094A1

This section is intended to identify the type and version of the ASC X12 278 Health Care Services Review Request transaction that the health plan will accept.

- 278 Health Care Services Review – Request for Review –ASC X12N 278 (004010X094A1)

1.9 Response Transactions Supported

This section is intended to identify the response transactions supported by the health plan.

- 278 Health Care Services Review - Response– ASC X12N 278 (004010X094A1)

1.10 Delimiters Supported

A delimiter is a character used to separate two data elements or sub-elements, or to terminate a segment. Delimiters are specified in the interchange header segment, ISA. The ISA segment is a 105 byte fixed length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator. Once specified in the interchange header, delimiters are not to be used in a data element value elsewhere in the transaction.

Description Default Delimiter

Data element separator	* Asterisk
Sub-element separator	: Colon
Segment Terminator	~ Tilde

1.11 Compliance Checking

DUR will perform HIPAA compliance checking on all transmission files. All HIPAA implementation guide data requirements must be met. If any of these edits fail, a negative 997 functional acknowledgement will be returned to the provider, and the transaction will not be processed. If your submission fails HIPAA compliance, call DUR HIPAA Transactions Support (see section 1.7 above for

contact information). In addition to the negative 997, an email alert will be sent to the email address specified in the trading partner agreement.

2.0 SPECIAL CONSIDERATIONS FOR 278 REQUEST/RESPONSE TRANSACTIONS

2.1 Utilization Management Organization (DUR) Identification= Electronic Transmitter identification Number.

The DUR program does allow the providers to use Electronic Transmitter no. as identification no., to identify the Utilization Management Organization in all the transactions.

2.2 Provider Identification = MassHealth Provider no.

The DUR program will use the DEA number as primary ID and MassHealth Provider number., as Secondary ID., in all instances that require provider identification. At such a time as the National Provider ID is approved and available, that number will be used.

2.3 Provider Contact Information = Electronic Mail, Facsimile, Telephone.

The DUR Program will allow the providers to use Telephone and Facsimile for communication.

2.4 Service Provider Identification= Employer's Identification no.

The DUR program will use the Service provider Federal Tax ID as a primary ID and MassHealth Provider Identification no as Secondary ID in all instances requiring a Service Provider.

2.5 Subscriber, Insured, and Member = Beneficiary in the MassHealth Environment

The DUR program does not allow for dependents to be enrolled under a primary subscriber, rather all enrollees / beneficiaries are primary subscribers within each program. If Dependent Level Segments are received, they will be ignored during processing.

2.6 Transaction ID. Specific to Subscriber = TRN 03

The DUR Program allows using TRN 03 element to identify the transaction specific to subscriber

2.7 Subscriber Diagnosis & Medication information = HI 01 – 2

278 Request for Review & Response to Request for Review

UNIVERSITY
OF MASSACHUSETTS
MEDICAL
SCHOOL

ASC X12N 278 VERSION 004010 X094A1

The DUR Program allows the providers to use ICD-9-CM Codes to identify the Diagnosis and medication information of the subscriber.

DUR will only accept the following Transmission Codes within the PWK02 to support the electronic Prior Authorization Request “BM” – By Mail, “FX” – By Fax.

Detailed related information regarding diagnosis and medication will be faxed separately and referenced within the PWK segment. Only one iteration of the PWK segment in each loop (2000C & 2000F) will be accepted. A fax control number pertaining to the fax containing the detailed information will be sent in the PWK06 element.

Diagnostic information must be sent in the HI 2000C loop and Medication information in the HI 2000F loop. However, the same fax control number may be referenced in both loops.

2.7.1 PWK Segment

The Requester Can use this PWK segment to reference paper documentation or to attach electronic documentation containing additional patient information associated with the services requester. UMO recommends using only the following codes in PWK01

03 Report justifying Treatment Beyond Utilization Guidelines, **04** Drug Administered, **05** Treatment Diagnosis , **08** Plan of Treatment , **09** Progress Report, **10** Continued Treatment, **13** Certified Test Report, **A3** Allergies/sensitivities Document , **D2** Drug Profile Document , **DG** Diagnostic Report, **HR** Health Clinic Records, **LA** laboratory Results, **M1** Medical Record Attachment , **P5** Patient Medical History Document , **PY** Physician’s Report , **RT** Report of Tests and Analysis Report.

2.8 DUR processes for the Situational REF segments:

2.8.1 In 2010B loop REF segment is allowed to repeat 8 times and the 1st occurrence of the Segment will be used by DUR to obtain the MassHealth Provider Number. All of the valid values for this data element will be allowed (N5- Provider Plan Network Identification Number) however for DUR processing this REF segment must always be present, where the 1st occurrence of the segment contains the allowed value of "N5 -Provider Plan Network Identification Number" in REF01 and the MassHealth Provider number in REF02

278 Request for Review & Response to Request for Review

ASC X12N 278 VERSION 004010 X094A1

2.8.2 DUR process for the Situational REF segment of (Service Provider Supplemental Identification) within the 2010E Loop. This REF segment is allowed to repeat 7 times and the 1st occurrence of the Segment will be used by DUR to obtain the MassHealth Id Number. All of the valid values for this data element will be allowed (N5). For DUR processing this REF segment is not required, however if the segment is received the 1st occurrence of the segment must contain the value of "N5 - Provider Plan Network Identification Number" in REF01 and the Mass Identification Number in REF02. If the REF01=N5 is not the first occurrence of the REF segment it will not be used in processing.

2.9 278 Response Only

After the 278 Request is received and successfully translated, an immediate response will be generated with the Prior Authorization Number in the 2000F-HCR02. The request will be parsed for HIPAA compliancy and a 997, functional acknowledgement will be generated, indicating success or failure of the compliance check.

3.0 278 PRIOR AUTHORIZATION REQUEST

ENVELOPE HEADER					
Loop ID	SEG. ID	X12 IG PAGE Ref	Description	DUR Usage	Comments
	ISA01	Appendix B.3	Authorization Information Qualifier	R	Value is '00'.
	ISA02		Authorization Information		Value is 10 spaces.
	ISA03		Security Information Qualifier		Value is '00'.
	ISA04		Security Information		Value is 10 spaces.
	ISA05		Interchange ID Qualifier		Value is 'ZZ'.
	ISA06		Interchange Sender ID		Value is "____" some provider ID number (defined in TPA)
	ISA07		Interchange ID Qualifier		Value is 'ZZ'
	ISA08		Interchange Receiver ID		Value is "MASSHEALTHDUR"
	ISA09		Interchange Date		"YYMMDD"

278 Request for Review & Response to Request for Review

ASC X12N 278 VERSION 004010 X094A1

	ISA10		Interchange Time		"HHMM"
	ISA11		Interchange Control Standards Identifier		"U" - U.S. EDI Community of ASC X 12, TDCC, and UCS
	ISA12		Interchange Control Version Number		"00401"
	ISA13		Interchange Control Number		Value must be identical to IEA02
	ISA14		Acknowledge Requested		"1" Acknowledgement Requested
	ISA15		Usage Indicator		"T" - Test "P" - Production
	ISA16		Sub Element Separator		": "
	GS01	Appendix B.8	Functional Identifier Code	R	HI Health Care Services Review Information (278)
	GS02		Application Sender's Code		The value in this data element should mirror that of ISA06
	GS03		Application Receiver's Code		Value is "DMA7384"
	GS04		Date		"CCYYMMDD"
	GS05		Time		"HHMM"
	GS06		Group Control Number		Unique number
	GS07		Responsible Agency Code		"X" - Accredited Standards Committee X 12
	GS08		Version/Release/Industry Identifier		"004010X094A1"

Table 1 - Header					
Loop ID	SEG. ID	X12 IG PAGE Ref	Description	DUR Usage	DUR Value
	ST01	50	Transaction Set Identifier	R	"278" Health Care Services Review Information
	ST02		Transaction Set Control Number		Unique Number

278 Request for Review & Response to Request for Review

UNIVERSITY
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MEDICAL
SCHOOL

ASC X12N 278 VERSION 004010 X094A1

	BHT01	51	Hierarchical Structure Code	R	Value is "0078"
	BHT02		Transaction Set Purpose Code		"13" Request
	BHT03		Reference Identification		Unique Number
	BHT04		Date		"CCYYMMDD"
	BHT05		Time		"HHMMSSDD"

Table 2 - Detail Drug Utilization Review Organization (DUR) level

Loop ID	SEG. ID	X12 IG PAGE Ref	Description	DUR Usage	DUR Value
2000A	HL01	53	Hierarchical ID Number	R	Unique number assigned by the sender to identify a particular data segment in a hierarchical structure.
	HL03		Hierarchical Level Code		"20" Information Source
	HL04		Hierarchical Child Code		Value is "1"
2010A	NM101	55	Entity Identifier Code	R	X3
	NM102		Entity Type Qualifier		"2" Non-person entity
	NM103		Organization Name		"Mass Health DUR"
	NM108		Identification Code Qualifier		Value is "PI"
	NM109		Identification Code		DUR "PI" Value

Table - 2 Detail, Requester level

Loop ID	SEG. ID	X12 IG PAGE Ref	Description	DUR Usage	DUR Value
2000B	HL01	58	Hierarchical ID Number	R	
	HL02		Hierarchical Parent ID		
	HL03		Hierarchical Level Code		"21"
	HL04		Hierarchical Child Code		Value is "1"

278 Request for Review & Response to Request for Review

UNIVERSITY
OF MASSACHUSETTS
MEDICAL
SCHOOL

ASC X12N 278 VERSION 004010 X094A1

2010B	NM101	60	Entity Identifier Code	R	"1P" Provider "FA" Facility
	NM102		Entity Type Qualifier		"1" Person "2" Non-person entity
	NM103		Organization Name		
	NM108		Identification Code Qualifier		"34" Employers Tax ID
	NM109		Identification Code		Requester's Tax ID
2010B	REF01	63	Reference Identification Qualifier	S	Value is "N5"
	REF02		Reference identification code		Use Mass Health Provider no
2010B	N301	65	Address Information	S	Requester's Address Line 1
	N302		Address Information		Requester's Address Line 2
2010B	N401	66	City information	S	Requester's City
	N402		State information		Requester's State
	N403		Zip Code information		Requester's Zip Code
2010B	PER01	68	Contact information	S	"IC" Requester's Contact Information
	PER02		Name		Requester's Name
	PER03		Communication Number Qualifier		"TE" Telephone
	PER04		Communication Number		Requester's Contact Phone Number

Table-2 Detail Subscriber Level					
Loop ID	SEG. ID	X12 IG PAGE Ref	Description	DUR Usage	DUR Value
2000C	HL01	73	Hierarchical ID Number	R	
	HL02		Hierarchical Parent ID		

278 Request for Review & Response to Request for Review

UNIVERSITY
OF MASSACHUSETTS
MEDICAL
SCHOOL

ASC X12N 278 VERSION 004010 X094A1

	HL03		Hierarchical Level Code		"22" Subscriber
	HL04		Hierarchical Child Code		Value is "1"
2000C	TRN01		Trace Type Code	R	"1" Current Transaction Trace Numbers
	TRN02		Reference identification		Provides Unique identification for the transaction
	TRN03		Originating Company ID		
2000C	HI01-1	80	Diagnosis Type Code	S	"BF" Diagnosis
	HI01-2		Diagnosis Code		
2000C	PWK01		Report type code	S	Additional Patient information
	PWK02		Report Transmission Code		"FX" By Fax
	PWK05		Identification code qualifier		"AC" Attachment Control Number
	PWK06		Identification code		Attachment control number
	PWK07		Description		Attachment Description
2010CA	NM101	89	Entity Identifier Code	R	"IL" Subscriber
	NM102		Entity Type Qualifier		"1" Person
	NM103		Name Last		Subscriber Last Name
	NM104		Name First		Subscriber First Name
	NM105		Name Middle		Subscriber Middle Name or Initial
	NM107		Name Suffix		Subscriber Name Suffix
	NM108		Identification Code Qualifier		"MI" Mass Health No
	NM109		Identification Code		Subscriber's Acc ID number
2010CA	REF01	92	Reference Identification Qualifier	S	"SY"
	REF02		Reference code		Member SSN
2010CA	DMG01	94	Date Time Period Format	S	"D8" Date expressed: CCYYMMDD

278 Request for Review & Response to Request for Review

UNIVERSITY
OF MASSACHUSETTS
MEDICAL
SCHOOL

ASC X12N 278 VERSION 004010 X094A1

			Qualifier		
	DMG02		Date Time Period		Patient's Date of Birth
	DMG03		Gender Code	M	"F" Female "M" Male "U" Unknown

Table 2 - Service Provider Level					
Loop ID	SEG. ID	X12 IG PAGE Ref	Description	DUR Usage	DUR Value
2000E	HL01	121	Hierarchical ID Number	R	
	HL02		Hierarchical Parent ID		
	HL03		Hierarchical Level Code		"19" Service Provider
	HL04		Hierarchical Child Code		
2010E	NM101	124	Entity Identifier Code	R	"FA" Facility
	NM102		Entity Type Qualifier		"2" Non-person entity
	NM103		Organization Name		Service Provider Name
	NM108		Identification Code Qualifier		"24" Employer's Identification Number
	NM109		Identification Code		Service Provider's Tax ID number
2010E	REF01	127	Reference Identification Qualifier	S	"N5" Mass Health service Provider Number
	REF02		Reference Identification		Service Provider's Secondary ID Number (PIN or License Number)
2010E	N301	129	Address Information	S	Service Provider's Address Line 1
	N302		Address Information		Service Provider's Address Line 2
2010E	N401	130	City Name	S	Service Provider's City
	N402		State Code		Service Provider's State Code
	N403		Postal Zip Code		Service Provider's Zip Code

278 Request for Review & Response to Request for Review

UNIVERSITY
OF MASSACHUSETTS
MEDICAL
SCHOOL

ASC X12N 278 VERSION 004010 X094A1

2010E	PER01	132	Contact information Provider	S	"IC" Service Provider's Information Contact
	PER02		Contact Name		
	PER03		Communication Code Qualifier		"TE" Telephone Number
	PER04		Communication Code		Service Provider's Telephone Number

Table 2- Service Level					
Loop ID	SEG. ID	X12 IG PAGE Ref	Description	DUR Usage	DUR Value
2000F	HL01	137	Hierarchical ID Number	R	
	HL02		Parent ID		
	HL03		Hierarchical Level Code		"SS" Service
	HL04		Hierarchical Child Code		"0" NO Subordinate HL data segment in this hierarchical structure
2000F	TRN 01	139	Trace Type code	S	"1"Current Transaction Trace no
	TRN 02		Reference Identification		It provides Unique identification for the transaction
	TRN03		Originating Company ID		First position must be either a "1" if an EIN is used, a "3" if a DUNS is used, or a "9" if a user assigned identifier is used.
2000F	UM 01	141	Request Category Code	R	"HS"Code indicating type of request
	UM 02		Certification Type Code		"I" Initial
	UM03		Service Type Code		"1" Medical Care
	UM09		Release of Information		"1" Informed Consent to Release Medical Information
2000F	REF01	150	Reference Identification Qualifier	S	""BB" Authorization Number

278 Request for Review & Response to Request for Review

UNIVERSITY
OF MASSACHUSETTS
MEDICAL
SCHOOL

ASC X12N 278 VERSION 004010 X094A1

	REF02		Reference Identification		Reference identification
2000F	DTP01	152	Date/Time Qualifier	S	"472" Date of service
	DTP02		Date Time Period Format Qualifier		"D8" Date Expressed: CCYYMMDD
	DTP03		Date Time Period		Date of Service
2000F	HI01-1	159	Service Procedures	S	"NDC" National drug code
	HI01-2		Code		Drug Code
2000F	HSD01	175	Quantity Qualifier	S	"FL" Code indicating type of quantity
	HSD02		Quantity		"4" UNITS
	HSD03		Unit or Basis for Measurement code		"DA" Measurement code
	HSD04		Sample Selection Modules		"1" per day
	HSD05		Time period Qualifier		"7" indicates no. of days
	HSD06		Number of Periods		Number of time periods
2000F	PWK01		Patient Additional Drug information	S	03 Report justifying Treatment Beyond Utilization Guidelines, 04 Drug Administered 05 Treatment Diagnosis, 08 Plan of Treatment, 09 Progress Report, 10 Continued Treatment, 13 Certified Test Report, A3 Allergies/sensitivities Document, D2 Drug Profile Document, DG Diagnostic Report, HR Health Clinic Records, LA Laboratory Results, M1 Medical Record Attachment, P5 Patient Medical History Document, PY Physician's Report,

278 Request for Review & Response to Request for Review

UNIVERSITY
OF MASSACHUSETTS
MEDICAL
SCHOOL

ASC X12N 278 VERSION 004010 X094A1

				RT Report of Tests and Analysis Report.
	PWK02		Transmission Code	"BM" By Mail "FX" By Fax
	PWK05		Identification Code Qualifier	"AC" Attachment Control Number
	PWK06		Code Qualifier	Control Number given to fax or mail paperwork

ENVELOPE TRAILER					
Loop ID	SEG. ID	X12 IG PAGE Ref	Description	DUR Usage	DUR Value
	SE01	212	Number of Included Segments	R	Segment Count
	SE02		Transaction Set Control Number		The transaction set control numbers in ST02 and SE02 must be identical.
	GE01	B.10	Number of Transaction Sets Included	R	Total number of transaction sets
	GE02		Group Control Number		Assigned number by sender
	IEA01	B.7	Number of Included Functional Groups	R	Number of groups
	IEA02		Interchange Control Number		A control number assigned by sender

3.1 Sample Transaction File

```

ISA*00**00**01*901234572000*01*9088877320000 *010919*1223*U*00401*000000001*1*P~
GS*HI*901234572000*908887732000*20010919*1615*1*X*004010X094~
ST*278*0001~
BHT*0078*13*12345678790*20010226*0755~
    
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278 Request for Review & Response to Request for Review

UNIVERSITY
OF MASSACHUSETTS
MEDICAL
SCHOOL

ASC X12N 278 VERSION 004010 X094A1

HL*1**20*1~
NM1*X3*2*MassHealth DUR*****PI*1023877~
HL*2*1*21*1~
NM1*1P*1*Jones*Tom*E**Ph.D.*XX*2198374~
REF*N5*987876987~
HL*3*2*22*1~
TRN*1*2001042801*1222345890~
HI*BJ:BoneSpurs~
PWK*D2*FX***AC*123456*DRUG INFORMATION~
NM1*IL*1*Nelson*John*E***MI*45633309879~
REF*SY*031485050~
DMG*D8*19751010*M~
HL*4*3*19*1~
NM1*FA*2*CVS*****24*98124812~
REF*N5*123456~
N3*989875 E. Some St.*Ste. 200~
N4*Englewood*CO*80111~
PER*IC*Dr. Doris McGillicuddy*TE*303555432*FX*3035556789~
HL*5*4*SS*0~
TRN*1*03218*1876324987 ~
UM*HS* *1***** ~
REF*BB*KOEJJ~
DTP*472*D8*19980723~
HI*NDC:958575*NDC:20010101~
HSD*FL*4*DA*1*7*7~
PWK*D2*FX***AC*fax-control-num~
SE*29*0001~
GE*100*0001~
IEA*5*00001~

278 Request for Review & Response to Request for Review

ASC X12N 278 VERSION 004010 X094A1

4.0 278 PRIOR AUTHORIZATION RESPONSE

ENVELOPE HEADER					
Loop ID	SEG. ID	X12 IG PAGE Ref	Description	DUR Usage	Comments
	ISA01	Appendix B.3	Authorization Information Qualifier	R	Value is '00'.
	ISA02		Authorization Information		Value is 10 spaces.
	ISA03		Security Information Qualifier		Value is '00'.
	ISA04		Security Information		Value is 10 spaces.
	ISA05		Interchange ID Qualifier		Value is '00'
	ISA06		Interchange Sender ID		Value is "DMA7384"
	ISA07		Interchange ID Qualifier		Value is 'ZZ'
	ISA08		Interchange Receiver ID		Value is "DEA#"
	ISA09		Interchange Date		"YYMMDD"
	ISA10		Interchange Time		"HHMM"
	ISA11		Interchange Control Standards Identifier		"U" - U.S. EDI Community of ASC X 12, TDCC, and UCS
	ISA12		Interchange Control Version Number		"00401"
	ISA13		Interchange Control Number		Value must be identical to IEA02
	ISA14		Acknowledge Requested		"1" Acknowledgement Requested
	ISA15		Usage Indicator		"T" - Test "P" - Production
	ISA16		Sub Element Separator		": "
	GS01	Appendix B.8	Functional Identifier Code	R	HI Health Care Services Review Information (278)
	GS02		Application Sender's Code		Value is "DMA7384"
	GS03		Application Receiver's Code		Value is "DEA#"
	GS04		Date		"CCYYMMDD"
	GS05		Time		"HHMM"

278 Request for Review & Response to Request for Review

UNIVERSITY
OF MASSACHUSETTS
MEDICAL
SCHOOL

ASC X12N 278 VERSION 004010 X094A1

	GS06		Group Control Number		Unique number
	GS07		Responsible Agency Code		"X" - Accredited Standards Committee X 12
	GS08		Version/Release/Industry Identifier		"004010X094A1"

Table 1 - Header					
Loop ID	SEG. ID	X12 IG PAGE Ref	Description	DUR Usage	DUR Value
	ST01	218	Transaction Set Identifier	R	"278" Health Care Services Review Information
	ST02		Transaction Set Control Number		Unique Number
	BHT01	219	Hierarchical Structure Code	R	Value is "0078"
	BHT02		Transaction Set Purpose Code		"11" Response
	BHT03		Reference Identification		Unique Number
	BHT04		Date		"CCYYMMDD"
	BHT05		Time		"HHMMSSDD"
	BHT06		Response code		"19" -further updates to follow

Table 2 - Detail Drug Utilization Review Organization (DUR) level					
Loop ID	SEG. ID	X12 IG PAGE Ref	Description	DUR Usage	DUR Value
2000A	HL01	221	Hierarchical ID Number	R	Unique number assigned by the sender to identify a particular data segment in a hierarchical structure.
	HL02		Hierarchical Parent ID		

278 Request for Review & Response to Request for Review

UNIVERSITY
OF MASSACHUSETTS
MEDICAL
SCHOOL

ASC X12N 278 VERSION 004010 X094A1

	HL03		Hierarchical Level Code		"20" Information Source
	HL04		Hierarchical Child Code		Value is "1"
2010A	NM101	225	Entity Identifier Code	R	X3
	NM102		Entity Type Qualifier		"2" Non-person entity
	NM103		Organization Name		"Mass Health DUR"
	NM108		Identification Code Qualifier		Value is "PI"
	NM109		Identification Code		Value is "DES7384"
2010A	PER	228	Contact information	S	Requester Contact Information

Table - 2 Detail, Requester level					
Loop ID	SEG. ID	X12 IG PAGE Ref	Description	DUR Usage	DUR Value
2000B	HL01	234	Hierarchical ID Number	R	Unique number assigned by the sender to identify a particular data segment in a hierarchical structure.
	HL02		Hierarchical Parent ID		
	HL03		Hierarchical Level Code		"21" Information Receiver
	HL04		Hierarchical Child Code		Value is "1"
2010B	NM101	236	Entity Identifier Code	R	"1P" Provider "FA" Facility
	NM102		Entity Type Qualifier		"1" Person "2" Non-person entity
	NM103		Requester Name		
	NM108		Identification Code Qualifier		"24" Employers Identification Number "34" Social Security Number
	NM109		Identification Code		

278 Request for Review & Response to Request for Review

UNIVERSITY
OF MASSACHUSETTS
MEDICAL
SCHOOL

ASC X12N 278 VERSION 004010 X094A1

2010B	REF01	239	Reference Identification Qualifier	S	Value is "N5"
	REF02		Reference identification code		Use Mass Health Provider no

Table-2 Detail Subscriber Level					
Loop ID	SEG. ID	X12 IG PAGE Ref	Description	DUR Usage	DUR Value
2000C	HL01	245	Hierarchical ID Number	R	
	HL02		Hierarchical Parent ID		
	HL03		Hierarchical Level Code		"22" Subscriber
	HL04		Hierarchical Child Code		Value is "1"
2000C	TRN 01		Trace Type Code	R	"2"
	TRN 02		Reference Identification		It provides Unique identification for the transaction
	TRN03		Originating Company ID		First position must be either a "1" if an EIN is used, a "3" if a DUNS is used, or a "9" if a user assigned identifier is used.
2000C	HI01-1	253	Subscriber Diagnosis	S	"BF" Diagnosis
	HI01-2		Diagnosis Code		
2010CA	NM101	262	Entity Identifier Code	R	"IL" Subscriber
	NM102		Entity Type Qualifier		"1" Person "2" Non-person entity
	NM103		Name Last		Subscriber Last Name
	NM104		Name First		Subscriber First Name
	NM105		Name Middle		Subscriber Middle Name or Initial
	NM107		Name Suffix		Subscriber Name Suffix
	NM108		Identification Code Qualifier		"MI" Mass Health No
	NM109		Identification Code		Subscriber's Acc ID number

278 Request for Review & Response to Request for Review

UNIVERSITY
OF MASSACHUSETTS
MEDICAL
SCHOOL

ASC X12N 278 VERSION 004010 X094A1

2010CA	REF01	265	Reference Identification Qualifier	S	"SY"
	REF02		Reference code		Member SSN
2010CA	AAA	267	Request Validation	S	Reject Reason codes
2010CA	DMG01	269	Date Time Period Format Qualifier	S	"D8" Date expressed: CCYYMMDD
	DMG02		Date Time Period		Patient's Date of Birth
	DMG03		Gender Code		"F" Female "M" Male "U" Unknown

278 Request for Review & Response to Request for Review

ASC X12N 278 VERSION 004010 X094A1

Table 2 - Service Provider Level					
Loop ID	SEG. ID	X12 IG PAGE Ref	Description	DUR Usage	DUR Value
2000E	HL01	300	Hierarchical ID Number	R	
	HL02		Hierarchical Parent ID		
	HL03		Hierarchical Level Code		"19" Service Provider
	HL04		Hierarchical Child Code		Value is "1"
2010E	NM101	303	Entity Identifier Code	R	"FA" Facility
	NM102		Entity Type Qualifier		"2" Non-person entity
	NM103		Organization Name		Service Provider Name
	NM108		Identification Code Qualifier		"24" Employer's Identification Number
	NM109		Identification Code		Service Provider's Tax ID number
2010E	REF01	306	Reference Identification Qualifier	S	"N5" Mass Health service Provider Number
	REF02		Reference Identification		Service Provider's Secondary ID Number (PIN or License Number)
2010E	N3	308	Address Information	S	Service Provider's Address Line 1
2010E	N4	309	City Name	S	Service Provider's City
2010E	PER	311	Contact information Provider	S	

Table 2- Service Level		
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278 Request for Review & Response to Request for Review

UNIVERSITY
OF MASSACHUSETTS
MEDICAL
SCHOOL

ASC X12N 278 VERSION 004010 X094A1

Loop ID	SEG. ID	X12 IG PAGE Ref	Description	DUR Usage	DUR Value
2000F	HL01	318	Hierarchical ID Number	R	
	HL02		Hierarchical Parent ID		
	HL03		Hierarchical Level Code		"SS" Service
	HL04		Hierarchical Child Code		"0" NO Subordinate HL data segment in this hierarchical structure
2000F	TRN 01	320	Trace Type code	S	"2" Current Transaction Trace no
	TRN 02		Reference Identification		It provides Unique identification for the transaction
2000F	UM 01	325	Request Category Code	R	"HS"Code indicating type of request
	UM 02		Certification Type Code		"I" Initial
	UM03		Service Type Code		"1" Medical Care
2000F	HCR01	331	Health care Service Review Action Code	S	"A4" Pended
	HCR03		Reject Reason Code		"90" Requested Information Not Received
2000F	REF01	334	Reference Identification Qualifier	S	""BB" Authorization Number
	REF02		Reference Identification		Reference identification
2000F	DTP01	335	Date/Time Qualifier	S	"472" Date of service
	DTP02		Date Time Period Format Qualifier		"D8" Date Expressed: CCYYMMDD
	DTP03		Date Time Period		Date of Service
2000F	HI01-1	346	Service Procedures	S	"NDC" National drug code
	HI01-2		Service Code		Drug Code

278 Request for Review & Response to Request for Review

UNIVERSITY
OF MASSACHUSETTS
MEDICAL
SCHOOL

ASC X12N 278 VERSION 004010 X094A1

2000F	HSD01	362	Quantity Qualifier	S	"FL" Code indicating type of quantity
	HSD02		Quantity		"4" UNITS
	HSD03		Unit or Basis for Measurement code		"DA" Measurement code
	HSD04		Sample Selection Modules		"1" per day
	HSD05		Time period Qualifier		"7" Day
	HSD06		Number of Periods		Number of Days

ENVELOPE TRAILER					
Loop ID	SEG. ID	X12 IG PAGE Ref	Description	DUR Usage	DUR Value
	SE01	384	Number of Included Segments	R	Segment Count
	SE02		Transaction Set Control Number		The transaction set control numbers in ST02 and SE02 must be identical.
	GE01	B.10	Number of Transaction Sets Included	R	Total number of transaction sets
	GE02		Group Control Number		Assigned number by sender
	IEA01	B.7	Number of Included Functional Groups	R	Number of groups
	IEA02		Interchange Control Number		Must be identical to ISA13

278 Request for Review & Response to Request for Review

UNIVERSITY
OF MASSACHUSETTS
MEDICAL
SCHOOL

ASC X12N 278 VERSION 004010 X094A1

4.1 Sample Transaction File

ISA*00* 00* *ZZ*DMA7384 *ZZ*DEA# *010919*1223*U*00401*000000001*1*T*:~
GS*HI*901234572000*908887732000*20010919*1615*1*X*004010X094~
ST*278*0001~
BHT*0078*11*12345678790*20031104*1123*19~
HL*1**20*1~
NM1*X3*2*MassHealth DUR****PI*1023877~
PER*IC*name*TE*8007457318*FX*8772087428~
HL*2*1*21*1~
NM1*1P*1*Jones*Tom*E**Ph.D.*XX*2198374~
REF*N5*987876987~
HL*3*2*22*1~
TRN*2*2001042801*1222345890~
HI*BJ:BoneSpurs~
NM1*IL*1*Nelson*John*E***MI*45633309879~
REF*SY*031485050~
DMG*D8*19751010*M~
HL*4*3*19*1~
NM1*FA*2*CVS*****24*98124812~
REF*N5*123456~
PER*IC*Dr. Doris McGillicuddy*TE*3035555432~
HL*5*4*SS*0~
TRN*2*03218*1876324987~
UM*HS*I~
HCR*A4**90~
REF*BB*KOEJJ~
DTP*472*D8*19980723~
HI*NDC:958575~
HSD*FL*4*DA*1*7~

278 Request for Review & Response to Request for Review

UNIVERSITY
OF MASSACHUSETTS
MEDICAL
SCHOOL

ASC X12N 278 VERSION 004010 X094A1

SE*27*0001~
PER*IC*HAI*TE*12345645467~
AAA*Y**42*Y~
GE*1*0001~
IEA*1*00005~

5.0 DOCUMENT CHANGE HISTORY:

Version	Issue Date	Created By	Comments/Reason
1.0	9/15/03	K.P.	Subject to change
2.0	10/16/03	K.P.	Original Document
3.0	10/20/03	J.G.,B.J.,J.A.,V.S.	Final Document