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278 Health Care Services Review—Request for Review and Response: Batch and Real-Time

This companion document is for informational purposes only to describe certain aspects and expectations regarding the transaction and is not a complete guide. The details contained in this document are supplemental and should be used in conjunction with the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) as published by the Washington Publishing Company.

Section 1 – 278 Health Care Services Review: Basic Instructions

Section 2 – 278 Health Care Services Review: Enveloping

Section 3 – 278 Health Care Services Review: Charts for Inbound Transactions

Section 4 – 278 Health Care Services Review: Charts for Response Transactions

NOTE: Availity has been designated to serve as our Electronic Data Interchange (EDI) partner for all electronic data and transactions.

Get Started With Availity

Use the Availity Companion Guide to connect to the Availity EDI Gateway for your EDI transmissions.

Also, the Availity Quick Start Guide will assist you with any EDI connection questions.

If you're a provider and wish to use a Clearinghouse or Billing company, please work with them to ensure connectivity.

Need Assistance?

For questions about signing up, contact Availity Client Services
1-800-AVAILITY (1-800-282-4548) or visit www.availity.com

Section 1 - Basic Instructions

1 Business Events Supported

This companion document supports the following health care service review business events:

- Outpatient Service Review
- Inpatient Service Review
- Specialty Care Referral

2 Contact for Signup and Support

To start submitting 278 x217 requests, contact Availity at www.availity.com.

3 Business Rules and Limitations

Admissions and discharges should be transmitted to the Payer within 24 hours of admission or discharge to facilitate these use cases.

Inpatient admission reviews submitted more than 5 days after the date of admission will not be accepted.

4 Taxonomy Codes (PRV)

The Healthcare Provider Taxonomy code set divides health care providers into hierarchical groupings by type, classification, and specialization, and assigns a code to each grouping. The Taxonomy consists of two parts: individuals (e.g., physicians) and non-individuals (e.g., ambulatory health care facilities). All codes are 10-alphanumeric positions in length. Health care providers select the taxonomy code(s) that most closely represents their education, license, or certification. If a health care provider has more than one taxonomy code associated with it, please use the taxonomy code most relevant for the service(s) provided.

It is strongly recommended that the taxonomy be populated in PRV segments. Refer to the X12 website for a listing of codes, Provider Taxonomy.

5 Attachment/Supplemental Documentation

When submitting additional documentation to support a request (ex. medical records), the PWK segment is available to identify the type of documentation, and unique identification number to correctly match up to the specific request.

The 275 Companion Document assists with specific attachment requirements and enables providers to electronically submit attachments based on their business needs.

When attachments are sent electronically (PWK02 = EL) and transmitted in an X12 275, PWK06 is used to identify the attached electronic documentation. The number in PWK06 of the 278 authorization request is carried in the TRN segment of the 275 attachment transaction.

(1) Unsolicited

When the provider knows that the payer requires additional information to process the authorization request

- Provider sends additional information when submitting the authorization request
- Provider sends the 278 authorization request with the Loop 2000E PWK segment:
  - PWK02 = EL (electronically only)
  - PWK05 = AC (Identification Code Qualifier); required if PWK02 = EL
  - PWK06 = Identification Code (Attachment Control #) assigned by the provider or their clearinghouse vendor
- Provider then sends the 275 attachment transaction (TRN02 = Attachment Control #)
- Provider PWK06 Attachment Control # is the key to unsolicited transaction matching
- When the attachment is unsolicited the Attachment Control # = X12 278 PWK06 = X12 275 TRN02

(2) Solicited

When the payer requests additional information from the provider to process an authorization request

- Provider sends an authorization request.
- When Payer determines not enough information exists to process the authorization request, Payer sends a 278 response requesting the additional information.
  - The Certification Action Code (HCR01) will be PEND (A4).
  - The Review Decision Reason Code (HCR03) will be "Additional Patient Information required" (0U)
  - The response will contain an Additional Service Information (PWK) segment in Loop 2000E or Loop 2000F.
  - Specific Logical Observation Identifiers Names and Codes (LOINC) may be requested in the Request For Additional Information (Loop 2000F HI) segment.
- Provider uses the X12 275 to respond to the response request
- Payer Attachment Control # (PWK06) is the key to solicited transaction matching.
- When the attachment is solicited, the Attachment Control # (PWK06) is in both the Payer request and the Provider Attachment response (X12 275 TRN02)
- The Attachment Control # (PWK06) is assigned by Payer

6 Diagnosis Information

DX code must be included as ICD-10.

- ***Do not include the decimal in the X12 278.***

7 Facility and Provider Identification

Facilities and providers are identified by name, address, NPI, Tax ID, payer provider ID.
In each loop identifying a provider use elements as follows:

- Last Name (NM103)
- First Name, if individual (NM104)
- NPI (NM109, use "XX" qualifier in NM108)
- Tax ID (REF02, use "EI' qualifier in REF01)
- Payer Provider ID (REF02, use "ZH" qualifier in REF01)
- Address in N3 and N4 segments

8 Patient Identification

Patients are identified by Health Care ID (HCID). This identification number generally appears on the patient's insurance ID card. The HCID assigned, however, applies both to the member and to qualified dependents, so it does not uniquely identify covered individuals. The following information must be sent to identify the patient:

- HCID, including member prefix, if present on card (NM109)
- Last Name (NM103)
- First Name, if individual (NM104)
- Date of Birth (DMG02)

HCID is always sent in Subscriber Name Loop 2010C.

If the patient is known to be the primary subscriber, then the patient's name and DOB are also sent in Subscriber Name Loop 2010C. If the patient is known to be a dependent of the subscriber, then Patient Name and DOB are sent in Dependent Name Loop 2010D. If it is unknown whether the patient is the subscriber or a dependent, then either loop may be used.

9 Social Security Number

Unless requested, ***do not send the social security number*** referenced in the below segments of the TR3:

- Loop 2010A NM108 Utilization Management Organization (UMO) Name
- Loop 2010B NM108 Requester Name
- Loop 2010B REF01 Requester Supplemental Identification
- Loop 2010C REF01 Subscriber Supplemental Identification
- Loop 2010D REF01 Dependent Supplemental Identification
- Loop 2000E PWK01 Additional Patient Information
- Loop 2010EA NM108 Patient Event Provider Name
- Loop 2010EA REF01 Patient Event Provider Supplemental Information
- Loop 2000F PWK01 Additional Service Information

- Loop 2010F NM108 Service Provider Name
- Loop 2010F REF01 Service Provider Supplemental Identification

10 Encounter Identification

Encounter identifier assigned by the facility to uniquely identify the encounter should be sent in the patient's loop 2010C or 2010D in a REF segment with REF01 = 'EJ' (Patient Account Number).

11 Update Case Creation

It is sometimes necessary to modify an authorization after approval.
The authorization case number should be submitted in Previous Review Authorization Number (Loop 2000E REF*BB) and the Certificate Type Code (Loop 2000E UM02) should be "S" (Revised).
Other data elements that may be added/updated in Loop 2000E:

- Additional diagnosis codes in the HI segment (up to 12 total codes)
- A change of services dates in Event Date (DTP*AAH)
- A change of inpatient dates in Admission Date (DTP*435) and/or Discharge Date (DTP*096)

To add a procedure or service line

Additional iterations of the Service line (Loop 2000F) can be submitted. The Certificate Type Code (UM02) should be "I" (Initial") for service lines added in this transaction.
Procedure codes may be submitted in either the SV101 or SV202 elements.

To add additional length of stay

When an inpatient admission is being extended, a new service line (Loop 2000F) will be submitted for each extension. Each extension service line will require 2 segments:

- Service Dates - DTP*472
- Health Care Services Delivery - HSD

For example, if a patient is already admitted and is having their admission extended by 2 days the following Service Line (Loop 2000F) would be sent:

```
HL*5*4*SS*0~
DTP*472*RD8*20220102-20220104~
HSD*DY*2~
```

12 Special Note about Response Timing

When submitting real-time/B2B

- An immediate response will be returned with basic information. Further updates are available through the 278 inquiry process.

When submitting batch mode

- File acknowledgement response files will be returned within a few minutes. A 278 response file will be returned within a few hours. Further updates are available through the 278 inquiry process.

- Note: Responses are made available as they are ready. Transactions submitted as a batch may have responses returned in any order and some responses may be delayed. Please consult with the Availity documentation on how to group your responses.

13 Inpatient Length of Stay

- Date range is submitted in Service Level loop 2000F – using segment DTP*472 (Service Date).
- Quantity is submitted in the Service Level Loop 2000F - using HSD01 and HDS02 segment (Health Care Service Delivery).

14 Uppercase Letters, Special Characters, and Delimiters

As specified in the TR3, the basic character set includes uppercase letters, digits, space, and other special characters.

* All alpha characters must be submitted in UPPERCASE letters only.

* Suggested delimiters for the transaction are assigned as part of the trading partner set up.

o Data Element Separator, Asterisk (*)

o Repetition Separator (ISA11), Caret (^)

o Sub-Element Separator, Colon (:)

o Segment Terminator, Tilde (~)

* To avoid syntax errors, hyphens, parentheses and spaces are not recommended to be used in values for identifiers.

Examples: Recommended: Zip Code 123456789 Medical Record # 1234567

* Since originally submitted values may be returned on outbound transactions, Payer encourages trading partners to not use the following special characters as part of the value: asterisk (*), less than/greater than signs (<, >), colon (:), and slash (/). This minimizes the risk for a special character to be recognized as a delimiter.

Example: Provider assigns a Patient Control Number '12*3456789'. Although an asterisk (*) is a valid special character, it adversely affects processing since it is also a common delimiter. The value '12*3456789' may process incorrectly as two separate values '12' and '3456789'.

Section 2 – Enveloping and File Submission

EDI envelopes control and track communications between you and Payer. One envelope may contain many transaction sets grouped into the following:

- Interchange Control Header (ISA)
- Functional Group Header (GS)
- Functional Group Trailer (GE)
- Interchange Control Trailer (IEA)

The payer has designated Availity to operate and serve as Payer's EDI Gateway (entry point) as a no-cost option to our Trading Partners. Availity has specific requirements that must be adhered to and should be reviewed in order to ensure transactions are accepted, processed and ultimately delivered to Payer.

For more information on submitting transactions and the required ISA and GS envelope values, review the following topics in the Availity EDI Guide.

- Uploading and downloading EDI files
- Control Segments/Envelopes
- FTP Client Confirmation
- Acknowledgements and Reports

Section 3 - Charts for Inbound Transactions

Listed below are loops, segments, and data elements required for processing by payer per the situational rules in the 278 TR3.

278 Health Care Services Review Request				
TR3	**Segment**	**Reference Designator(s)**	**Value(s) Accepted**	**Definitions and Notes Specific to Payer**
P.65	**ST** *Transaction Set Header – Refer to TR3*			
P.67	**BHT** Beginning of Hierarchical Transaction	**BHT02** Transaction Set Purpose Code	***01*** ***13***	01 – Cancellation 13 – Request
Loop ID 2000A—Utilization Management Organization Level				
P.69	**HL** *Utilization Management Organization (UMO) Level – Refer to TR3*			
Loop ID 2010A—Utilization Management Organization Name				
NOTE: Refer to Availity guidelines for submissions through the Availity EDI Gateway				
P.71	**NM1** Utilization Management Organization (UMO) Name	**NM101** Entity Identifier Code	***PR***	PR - Payer
		NM102 Entity Type Qualifier	***2***	2 – Non-Person Entity
		NM103 Name Last or Organization Name	***(Information Source Last or Org Name)***	Corresponds to Receiver/Sender ID populated in NM109.
		NM108 ID Code Qualifier	***PI***	PI - Payor Identification **Unless requested, do not send SSN (34 – Social Security Number)**
		NM109 Identification Code	***(UMO Identifier)***	Availity Payer ID
Loop ID 2000B—Requester Level				
P.74	**HL** *Requester Level – Refer to TR3*			
Loop ID 2010B—Requester Name				
P.76	**NM1** Requester Name	**NM101** Entity Identifier Code	***1P*** ***FA***	1P – Provider FA – Facility
		NM108 ID Code Qualifier	***XX***	XX – Centers for Medicare and Medicaid Services National Provider Identifier **Unless requested, do not send SSN (34 – Social Security Number)**
		NM109 Identification Code	***(Requester Identifier)***	NPI
P.79	**REF** Requester Supplemental Identification	**REF01** Reference ID Qualifier	***EI***	EI – Employer's Identification Number **Unless requested, do not send SSN (SY – Social Security Number)**
		REF02 Reference Identification	***(Requester Supplemental Identifier)***	Submitting the associated tax ID can ensure more accurate provider identification

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TR3	**Segment**	**Reference Designator(s)**	**Value**	**Definitions and Notes Specific to Payer**
Loop ID 2010B—Information Receiver Name (cont'd)				
Segments N3 and N4 required as part of provider identification				
P.81	**N3**	*Requester Address – Refer to TR3*		
P.82	**N4**	*Requester City, State, ZIP Code – Refer to TR3*		
P.84	**PER** Requester Contact Information			Please include the name and direct contact information of the individual to contact with questions specific to this request.
P.87	**PRV**	*Requester Provider Information – Refer to TR3*		
Loop ID 2000C—Subscriber Level				
P.89	**HL**	*Subscriber Level – Refer to TR3*		
Loop ID 2010C—Subscriber Name				
P.91	**NM1** Subscriber Name	**NM103** Name Last or Organization Name	***(Subscriber Last Name)***	First and Last name of the subscriber exactly as they appear on the Payer ID card. Populated for finding match for subscriber.
		NM104 Name First	***(Subscriber First Name)***	
		NM108 ID Code Qualifier	***MI***	MI - Member Identification Number
		NM109 Identification Code	***(Subscriber Primary Identifier)***	Submit the ID number exactly as it appears on the Payer ID card, including any alphanumeric prefix, which is required when present. • ID number must be left justified. • ID number must not contain all alpha characters, leading spaces, embedded spaces, or special characters. • ID body must not contain literals equal to UNKNOWN, UNK, INDIVIDUAL, SELF, NONE Format examples: **XXX#########** **XXXX#########** **XXX###X#####** **R########** **J##########**
P.94	**REF** **REF01**	*Subscriber Supplemental Identification – Refer to TR3* Unless requested, do not send SSN (SY – Social Security Number)		
P.96	**N3**	*Subscriber Address – Refer to TR3*		
P.97	**N4**	*Subscriber City, State, ZIP Code – Refer to TR3*		
P.99	**DMG** Subscriber Demographic Information	**DMG02** Date Time Period	***(Subscriber Birth Date)***	Populated for positive identification when subscriber is the patient.
		DMG03 Gender Code	***(Subscriber Gender Code)***	M – Male, F – Female, U – Unknown
P.101	**INS**	*Subscriber Relationship – Refer to TR3*		
Loop ID 2000D—Dependent Level				
P.103	**HL**	*Dependent Level – Refer to TR3*		
Loop ID 2010D—Dependent Name				

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TR3	**Segment**	**Reference Designator(s)**	**Value**	**Definitions and Notes Specific to Payer**
P.105	**NM1** Dependent Name	**NM103** Name Last or Organization Name	***(Dependent Last Name)***	Populated for positive identification of the dependent.
P.107	**REF** **REF01**	*Dependent Supplemental Identification – Refer to TR3* Unless requested, do not send SSN (SY – Social Security Number)		
P.109	**N3**	*Dependent Address – Refer to TR3*		
P.110	**N4**	*Dependent City, State, ZIP Code – Refer to TR3*		
P.112	**DMG** Dependent Demographic Information	**DMG02** Date Time Period	***(Dependent Birth Date)***	Populated for positive identification when dependent is the patient.
		DMG03 Gender Code	***(Dependent Gender Code)***	M – Male, F – Female, U – Unknown
P.114	**INS**	*Dependent Relationship – Refer to TR3*		
Loop ID 2000E—Patient Event Level				
P.116	**HL**	*Patient Event Level – Refer to TR3*		
P.118	**TRN**	*Patient Event Tracking Number – Refer to TR3*		
P.120	**UM** Health Care Services Review Information	***For UM01=AR, defined values of UM06 of CL101 must match***		
		UM01 Request Category Code	***AR*** ***HS*** ***SC***	AR – Admission Review HS – Health Services Review SC – Specialty Care Review
		UM02 Certification Type Code	***3*** ***I*** ***S***	3 – Cancel I – Initial S – Revised
		UM03 Service Type Code		Required *Refer to TR3 for allowed codes.*
		UM06 Level of Service Code	***03*** ***E*** ***U***	03 – Emergency E – Elective U – Urgent
P.128	**REF** Previous Review Authorization Number	**REF02** Reference Identification	***(Previous Review Authorization Number)***	Required when UM02 = **3** (Cancel) or **S** (Revised). Value is returned in Response, Loop 2000E HCR02 for Approved or Partially Approved cases, and in Loop 2000E REF02 for all other cases.
P.129	**REF**	*Previous Review Administrative Reference Number – Refer to TR3*		
P.130	**DTP**	*Accident Date – Refer to TR3*		
P.131	**DTP**	*Last Menstrual Period Date – Refer to TR3*		
P.132	**DTP**	*Estimated Date of Birth – Refer to TR3*		
P.133	**DTP**	*Onset of Current Symptoms or Illness Date – Refer to TR3*		
P.134	**DTP** Event Date	**DTP03** Date Time Period	***(Proposed or Actual Event Date)***	Required when UM01= **HS** (Health Services Review) or **SC** (Specialty Care Review) Dates on current date or future are proposed event dates.
P.135	**DTP** Admission Date	**DTP03** Date Time Period	***(Proposed or Actual Admission Date)***	Required when UM01= **AR** (Admission Review)

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TR3	**Segment**	**Reference Designator(s)**	**Value**	**Definitions and Notes Specific to Payer**
P.136	**DTP** Discharge Date	**DTP03** Date Time Period	***(Proposed or Actual Discharge Date)***	Required when UM01=AR (Admission Review) Dates on current date or future are proposed discharge dates.
P.137	**HI** Patient Diagnosis	**HI01-1** Code List Qualifier Code	***(Diagnosis Type Code)***	At least one ICD10 diagnosis code must be sent. The code sent in HI01 will be treated as primary no matter what qualifier is used. Do not include the decimal in the ICD10 code.
		HI01-2 Industry Code	***(Diagnosis Code)***	
P.155	**HSD** Health Care Services Delivery			Use only when UM01=SC (Specialty Care Review)
P.160	**CRC**	*Ambulance Certification Information – Refer to TR3*		
P.163	**CRC**	*Chiropractic Certification Information – Refer to TR3*		
P.166	**CRC**	*Durable Medical Equipment Information – Refer to TR3*		
P.170	**CRC**	*Oxygen Therapy Certification Information – Refer to TR3*		
Loop ID 2000E—Patient Event Level (cont'd)				
P.173	**CRC**	*Functional Limitations Information – Refer to TR3*		
P.177	**CRC**	*Activities Permitted Information – Refer to TR3*		
P.180	**CRC**	*Mental Status Information – Refer to TR3*		
When UM01=AR, the defined values of CL101 and UM06 must match				
P.183	**CL1** Institutional Claim Code	**CL101** Admission Type Code	***1*** ***2*** ***3***	1 – Emergency 2 – Urgent 3 – Scheduled
		CL102 Admission Source Code		Required for urgent and emergency admissions.
P.185	**CR1**	*Ambulance Transport Information – Refer to TR3*		
P.188	**CR2**	*Spinal Manipulations Service Information – Refer to TR3*		
P.192	**CR5**	*Home Oxygen Therapy Information – Refer to TR3*		
P.197	**CR6**	*Home Health Care Information – Refer to TR3*		
P.203	**PWK** **PWK01**	*Additional Service Information – Refer to TR3* Unless requested, do not send SSN (48 – Social Security Benefits Letter)		
P.208	**MSG** Message Text	**MSG01** Free-form Message Text	***(Free Form Message Text)***	Include Level of Care code (refer to Basic Instructions)
Loop ID 2010EA—Patient Event Provider Name				
P.209	**NM1** **NM108**	*Patient Event Provider Name – Refer to TR3* Unless requested, do not send SSN (34 – Social Security Number)		
P.213	**REF** Patient Event Provider Supplemental Information	**REF01** Reference ID Qualifier	***EI***	EI – Employer's Identification Number **Unless requested, do not send SSN (SY – Social Security Number)**
		REF02 Reference Identification	***(Patient Event Provider Supplemental Identifier)***	Submitting the associated tax ID can ensure more accurate provider identification

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TR3	**Segment**	**Reference Designator(s)**		**Value**	**Definitions and Notes Specific to Payer**
P.215	**N3**	*Patient Event Provider Address – Refer to TR3*			
P.216	**N4**	*Patient Event Provider City, State, ZIP Code – Refer to TR3*			
P.218	**PER**	*Patient Event Provider Contact Information – Refer to TR3*			
P.221	**PRV** Patient Event Provider Information	**PRV03** Reference Identification		***(Provider Taxonomy Code)***	Taxonomy code required
Loop ID 2010EB—Patient Event Transport Information					
P.223	**NM1**	*Patient Event Transport Information – Refer to TR3*			
P.225	**N3**	*Patient Event Transport Location Address – Refer to TR3*			
P.226	**N4**	*Patient Event Transport Location City/State/ZIP Code – Refer to TR3*			
Loop ID 2010EC—Patient Event Other UMO Name					
P.228	**NM1**	*Patient Event Other UMO Name – Refer to TR3*			
P.230	**REF**	*Other UMO Denial Reason – Refer to TR3*			
P.233	**DTP**	*Other UMO Denial Date – Refer to TR3*			
Loop ID 2000F—Service Level					
P.234	**HL**	*Service Level – Refer to TR3*			
P.236	**TRN**	*Service Trace – Refer to TR3*			
P.238	**UM** Health Care Services Review Information	**UM01** Request Category Code		***AR*** ***HS*** ***SC***	AR – Admission Review HS – Health Services Review SC – Specialty Care Review
		UM02 Certification Type Code		***3*** ***I*** ***S***	3 – Cancel I – Initial S – Revised
P.244	**REF**	*Previous Review Authorization Number – Refer to TR3*			
P.245	**REF**	*Previous Review Administrative Reference Number – Refer to TR3*			
P.246	**DTP**	*Service Date – Refer to TR3*			
P.247	**SV1**	*Professional Service – Refer to TR3*			
P.253	**SV2** Institutional Service Line	**SV201** Product Service ID-Revenue Code		***Service Line Revenue Code***	Required when requesting approval on a revenue code.
		SV202 Composite Medical Procedure Identifier		**Service Line Procedure Code**	Required when requesting approval for a specific procedure code ***Note- If both SV201 and SV202 are populated, only SV201 will be used.***
P.259	**SV3**	*Dental Service – Refer to TR3*			
P.264	**TOO**	*Tooth Information – Refer to TR3*			
P.266	**HSD**	*Health Care Services Delivery – Refer to TR3*			
P.271	**PWK** **PWK01**	*Additional Service Information – Refer to TR3* Unless requested, do not send SSN (48 – Social Security Benefits Letter)			

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TR3	**Segment**	**Reference Designator(s)**	**Value**	**Definitions and Notes Specific to Payer**
P.276	**MSG**	*Message Text – Refer to TR3*		
Loop ID 2010F—Service Provider Name				
P.277	**NM1** **NM108**	*Service Provider Name – Refer to TR3* Unless requested, do not send SSN (34 – Social Security Number)		
P.281	**REF** Service Provider Supplemental Identification	**REF01** Reference ID Qualifier	***EI***	EI – Employer's Identification Number **Unless requested, do not send SSN (SY – Social Security Number)**
		REF02 Reference Identification	***(Service Provider Supplemental Identifier)***	Submitting the associated tax ID can ensure more accurate provider identification
P.283	**N3**	*Service Provider Address – Refer to TR3*		
P.284	**N4**	*Service Provider City, State, ZIP Code – Refer to TR3*		
P.286	**PER**	*Service Provider Contact Information – Refer to TR3*		
P.289	**PRV** Service Provider Information	**PRV03** Reference Identification	***(Provider Taxonomy Code)***	Taxonomy code required
P.291	**SE**	*Transaction Set Trailer – Refer to TR3*		

Section 4 - Charts for Response Transactions

Case Status

Each 278 response will return a current case status. Case status will either be reporting with a Loop 2000E HCR segment or a AAA segment in

Case Numbers

When approved (partially or fully), the authorization number will be returned in the Review Identification Number (HCR02).

Requesting Supporting Documentation

On a PENDED (HCR01=A4) response, supporting documentation may be required to allow processing of the request. Details on the type of documentation being requested will be send in either a:

- PWK segment using the PWK01 to specify the report type
- HI segment using a LOINC to specify the requested document type

Rejections

When a case or service line is rejected (as opposed to denied), an AAA segment will be returned in the loop that triggered the error. The error codes available in the Reject Reason Code (AAA03) are often too generic to be actionable by a submitter. To assist in error identification and correction, a MSG segment will be populated in either Loop 2000E or Loop 2000F with the Payer Error code and description.
Please refer to the text in the MSG segment for guidance on correcting and resubmitting the transaction.

278 Health Care Services Review Response				
TR3	**Segment**	**Reference Designator(s)**	**Value**	**Definitions and Notes Specific to Payer**
P.302	**ST** *Transaction Set Header – Refer to TR3*			
P.304	**BHT** Beginning of Hierarchical Transaction	**BHT02** Transaction Set Purpose Code	***11***	11 - Response
		BHT06 Transaction Type Code	***18*** ***19*** ***AT*** ***RU***	18 - Response- No Further Updates to Follow 19 - Response- Further Updates to Follow AT - Administrative Action RU - Medical Service Reservation
Loop ID 2000A—Utilization Management Organization Level				
P.306	**HL** *Utilization Management Organization (UMO) Level – Refer to TR3*			
P.308	**AAA** *Request Validation – Refer to TR3*			
Loop ID 2010A—Utilization Management Organization Name				
NOTE: Refer to Availity guidelines for submission of claims through the Availity EDI Gateway				

P.310	**NM1** Utilization Management Organization Name	**NM103** Name Last or Organization Name	***(Information Source Last or Org Name)***	Receiver/Sender ID populated in NM109 of 278 Request.
		NM108 ID Code Qualifier	***PI***	PI - Payor Identification
P.313	**PER**	*UMO Contact Information – Refer to TR3*		

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Payer
P.316	**AAA**	*UMO Request Validation – Refer to TR3*		
Loop ID 2000B—Requester Level				
P.318	**HL**	*Requester Level – Refer to TR3*		
Loop ID 2010B—Requester Name				
P.320	**NM1**	*Requester Name – Refer to TR3*		
P.323	**REF**	*Requester Supplemental Identification – Refer to TR3*		
P.325	**AAA**	*Requester Request Validation – Refer to TR3*		
P.327	**PRV**	*Requester Provider Information – Refer to TR3*		
Loop ID 2000C—Subscriber Level				
P.329	**HL**	*Subscriber Level – Refer to TR3*		
Loop ID 2010C—Subscriber Name				
P.331	**NM1** Subscriber Name	**NM103** Name Last or Organization Name	***(Subscriber Last Name)***	First and Last name of the subscriber on the Payer ID card.
		NM104 Name First	***(Subscriber First Name)***	
		NM108 ID Code Qualifier	***MI***	MI - Member Identification Number
		NM109 Identification Code	***(Subscriber Primary ID)***	ID number on the Payer ID card, including any alphanumeric prefix, which is required when present.
P.334	**REF**	*Subscriber Supplemental Identification – Refer to TR3*		
P.336	**N3**	*Subscriber Address – Refer to TR3*		
P.337	**N4**	*Subscriber City, State, ZIP Code – Refer to TR3*		
P.339	**AAA**	*Subscriber Request Validation – Refer to TR3*		
Loop ID 2010C—Subscriber Name (cont'd)				
P.341	**DMG** Subscriber Demographic Information	**DMG02** Date Time Period	***(Subscriber Birth Date)***	Populated for positive identification of the subscriber.
P.343	**INS**	*Subscriber Relationship – Refer to TR3*		
Loop ID 2000D—Dependent Level				
P.345	**HL**	*Dependent Level – Refer to TR3*		
Loop ID 2010D—Dependent Name				
P.347	**NM1** Dependent Name	**NM103** Name Last or Organization Name	***(Dependent Last Name)***	Last name of dependent submitted on 278 Request
P.350	**REF**	*Dependent Supplemental Identification – Refer to TR3*		
P.352	**N3**	*Dependent Address – Refer to TR3*		
P.353	**N4**	*Dependent City, State, ZIP Code – Refer to TR3*		

P.355	**AAA**	*Dependent Request Validation – Refer to TR3*			
P.357	**DMG**	*Dependent Demographic Information – Refer to TR3*			
P.359	**INS**	*Dependent Relationship – Refer to TR3*			
Loop ID 2000E—Patient Event Level					
P.361	**HL**	*Patient Event Level – Refer to TR3*			

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TR3	Segment		Reference Designator(s)	Value	Definitions and Notes Specific to Payer
P.363	**TRN**	*Patient Event Tracking Number – Refer to TR3*			
P.365	**AAA**	*Patient Event Request Validation – Refer to TR3*			
P.367	**UM**	*Health Care Services Review Information – Refer to TR3*			
P.373	**HCR**	Health Care Services Review	**HCR01** Action Code	***(Certification Action Code)***	Represents authorization number for approved or partially approved cases; when HCR01 = A1 (Certified in total), A2, (Certified – partial), A4 (pended) or A6 (Modified).
			HCR02 Reference Identification	***(Review Identification Number)***	Returned when HCR01 = A1, A2 or A6 Submitters must include this number on all updates.
			HCR03 Industry Code	***(Review Decision Reason Code)***	Returned when HCR01=A3 or A4
P.376	**REF**	*Administrative Reference Number - Refer to TR3*			
P.377	**REF**	Previous Review Authorization Number	**REF02** Reference Identification	***(Previous Review Authorization Number)***	Represents service case number when HCR01 **is not** A1 (Certified in total), A2, (Certified – partial), or A6 (Modified).
P.377	**REF**	*Previous Review Authorization Number – Refer to TR3*			
P.378	**DTP**	*Accident Date – Refer to TR3*			
P.379	**DTP**	*Last Menstrual Period Date – Refer to TR3*			
P.380	**DTP**	*Estimated Date of Birth – Refer to TR3*			
P.381	**DTP**	*Onset of Current Symptoms or Illness Date – Refer to TR3*			
P.382	**DTP**	*Event Date – Refer to TR3*			
P.383	**DTP**	*Admission Date – Refer to TR3*			
P.384	**DTP**	*Discharge Date – Refer to TR3*			
P.385	**DTP**	*Certification Issue Date – Refer to TR3*			
P.386	**DTP**	*Certification Expiration Date – Refer to TR3*			
P.387	**DTP**	*Certification Effective Date – Refer to TR3*			
Loop ID 2000E—Patient Event Level (cont'd)					
P.388	**HI**	*Patient Diagnosis – Refer to TR3*			
P.408	**HSD**	*Health Care Services Delivery – Refer to TR3*			
P.413	**CL1**	*Institutional Claim Code – Refer to TR3*			
P.414	**CR1**	*Ambulance Transport Information – Refer to TR3*			
P.416	**CR2**	*Spinal Manipulations Service Information – Refer to TR3*			

P.420	**CR5**	*Home Oxygen Therapy Information – Refer to TR3*		
P.423	**CR6**	*Home Health Care Information – Refer to TR3*		
P.426	**PWK**	*Additional Patient Information – Refer to TR3*		
P.431	**MSG** Message Text	**MSG01** Free-form Message Text	***(Free Form Message Text)***	Populated when requesting additional documentation or when supplemental error information is available

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Payer
Loop ID 2010EA—Patient Event Provider Name				
P.432	**NM1**	*Patient Event Provider Name – Refer to TR3*		
P.435	**REF**	*Patient Event Provider Supplemental Information – Refer to TR3*		
P.437	**N3**	*Patient Event Provider Address – Refer to TR3*		
P.438	**N4**	*Patient Event Provider City, State, ZIP Code – Refer to TR3*		
P.440	**PER**	*Patient Event Provider Contact Information – Refer to TR3*		
P.441	**AAA**	*Patient Event Provider Request Validation – Refer to TR3*		
P.445	**PRV**	*Patient Event Provider Information – Refer to TR3*		
Loop ID 2010EB—Additional Patient Information Contact Information				
P.447	**NM1**	*Additional Patient Information Contact Name – Refer to TR3*		
P.450	**N3**	*Additional Patient Information Contact Address – Refer to TR3*		
P.451	**N4**	*Additional Patient Information Contact City/State/ZIP Code – Refer to TR3*		
P.453	**PER**	*Additional Patient Information Contact Information – Refer to TR3*		
Loop ID 2010EC—Patient Event Transport Information				
P.456	**NM1**	*Patient Event Transport Information – Refer to TR3*		
P.458	**N3**	*Patient Event Transport Location Address – Refer to TR3*		
P.459	**N4**	*Patient Event Transport Location City/State/ZIP Code – Refer to TR3*		
P.461	**AAA**	*Patient Event Transport Location Request Validation – Refer to TR3*		
Loop ID 2100F—Service Level				
P.463	**HL**	*Service Level – Refer to TR3*		
P.465	**TRN**	*Service Trace Number – Refer to TR3*		
P.467	**AAA**	*Service Request Validation – Refer to TR3*		
P.469	**UM**	*Health Care Services Review Information – Refer to TR3*		
P.474	**HCR**	*Health Care Services Review – Refer to TR3*		
P.477	**REF**	*Administrative Reference Number – Refer to TR3*		
P.478	**REF**	*Previous Review Authorization Number – Refer to TR3*		
P.479	**DTP**	*Service Date – Refer to TR3*		
P.480	**DTP**	*Certification Issue Date – Refer to TR3*		
P.481	**DTP**	*Certification Expiration Date – Refer to TR3*		
P.482	**DTP**	*Certification Effective Date – Refer to TR3*		
P.483	**HI**	*Request for Additional Information – Refer to TR3*		
P.493	**SV1**	*Professional Service – Refer to TR3*		
P.398	**SV2**	*Institutional Service Line – Refer to TR3*		
P.503	**SV3**	*Dental Service – Refer to TR3*		

P.508	**TOO**	*Tooth Information – Refer to TR3*		
P.510	**HSD**	*Health Care Services Delivery – Refer to TR3*		
P.515	**PWK**	*Additional Service Information – Refer to TR3*		
P.520	**MSG** Message Text	**MSG01** Free-form Message Text	***(Free Form Message Text)***	Populated when requesting additional documentation or when supplemental error information is available

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Payer
Loop ID 2010FA—Service Provider Name				
P,521	**NM1**	*Service Provider Name – Refer to TR3*		
P.524	**REF**	*Service Provider Supplemental Identification – Refer to TR3*		
P.526	**N3**	*Service Provider Address – Refer to TR3*		
P.527	**N4**	*Service Provider City, State, ZIP Code – Refer to TR3*		
P.529	**PER**	*Service Provider Contact Information – Refer to TR3*		
P.532	**AAA**	*Service Provider Request Validation – Refer to TR3*		
P.534	**PRV**	*Service Provider Information – Refer to TR3*		
Loop ID 2010FB—Additional Service Information Contact Name				
P.536	**NM1**	*Additional Service Information Contact Name – Refer to TR3*		
P.539	**N3**	*Additional Service Information Contact Name Address – Refer to TR3*		
P.540	**N4**	*Additional Service Information Contact Name City, State, ZIP Code – Refer to TR3*		
P.542	**PER**	*Additional Service Information Contact Information – Refer to TR3*		
P.545	**SE**	*Transaction Set Trailer – Refer to TR3*		

Release Notes		
Number	**Page(s)**	**Description**
1.1	**Initial**	
2		*Section 1 – Social Security Number added* *Section 3 – corrected Loop 2100B to 2010B*