278N – 005010X216

278N Health Care Services Review Notification & Acknowledgement Guide — Batch Notification: Referrals

This supplemental guide is for payer specific 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 – Basic Instructions

Section 2 – Checklist for being able to implement the 278N

Section 3 – Enveloping and Charts for Situational Rules

Section 4 – Reading the Response

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Section 1 - Basic Instructions

1.1 Business Events Supported by the 278N Transaction Set

The 278N supports the following events for health plans specific to Medicaid and Medicare policies:

- Notification of Referral decisions by Primary Care Providers (PCPs)

1.2 Business Rules & Limitations

Notifications of UM decisions should be transmitted to the payer within 24 hours of the decision.

1.2.1 Provider Eligibility

The provider must be contracted and eligible to make referrals or the transaction will be rejected/

1.2.2 Service Eligibility

Depending on provider contract, not all service types are allowed to be submitted. Please refer to your provider contract if you have questions about limitations.

1.3 Delegate, Facility, and Provider Identification

Facilities and providers are identified by name, address, and NPI.

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)
- Address in N3 and N4 segments

1.4 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 (NM109)
- Last name (NM103)
- First name (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 use Loop 2010C.

1.5 Special Note about Response Timing

Responses may be returned up to 2 business days after original submission.

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1.6   Setup and Communication Support

All connectivity is provided through Availity, www.availity.com. To begin submitting 278N notifications for contracted facilities, follow the steps below:

Log into Availity| Select My Providers| Enrollment Center| Transaction Enrollment

For support, please contact Availity Client Services at 1-800-282-4548.

Availity's EDI Connection Service Startup Guide will assist you with the process.

When submitting the 278N referral notification, *only batch sftp* submissions are supported.

1.7   Testing with Availity

Prior to going into production, validation testing may be required in the Availity QA environment.

Note: The QA environment is refreshed 3 times a day, therefore test transactions should not be submitted during these times.

Do not submit test transactions from:
- 8:00 AM – 9:00 AM EST
- 12:00 PM – 1:00 PM EST
- 5:00 PM – 6:00 PM EST

1.8   Acknowledgements and/or Reports

The Availity EDI Companion Guide offers documentation for configuring your reporting and response bundling to best meet your needs in the "Set up EDI reporting preferences".

Availity's batch EDI processing generates response files (acknowledgements and reports) for each submitted batch file. The administrator for your organization can set up reporting preferences that specify which response files are generated.

Note: The 278N response may contain MSG segments in both Loops 2000E and 2000F. Since these are not part of the 5010 TR3, your EDI maps may need to be updated.

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Section 2: Onboarding Checklist

To ensure a smooth onboarding process, we've created this checklist to help trading partners prepare for testing while the Trading Partner Agreement (TPA) is finalized with Availity.

1. Ensure you have a copy of this document.

2. Share with your onboarding coordinator (if applicable):

    a. The name of the system/EDI vendor generating your X12 transactions

    b. The name of your EDI clearinghouse (if not a direct connection)

    c. If you are already submitting 278N transactions with another entity

3. Consider the test suite you will want to conduct.

    The point of testing is to ensure that all required data smoothly transfers between systems, so the trading partner is encouraged to review both existing authorizations and their contract to design a representative sample of authorization test cases, covering service types and procedure codes, as well as insert/create and update cases.

    Testing cannot start until after the TPA is signed with Availity.

4. Ensure that your system is setup to include:

    a. Provider loop tax IDs

    b. Correct industry code set mappings where relevant, including decision reason codes, service types, and others.

5. Ensure that your system can receive all relevant response data for errors:

    a. MSG segments in Loops 2000E in the response.
    These segments are not included in the TR3, however, we use them to exchange error details not part of the AAA codes.

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Section 3 – Enveloping and Charts for Situational Rules

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

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

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 the payer.

For more information on submitting claims 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

Listed below are loops, segments, and data elements with additional usage clarifications and restrictions from the TR3. Please refer to the TR3 for complete transaction details.

- Segment Required – Data in this segment must be sent or the transaction will be rejected.
- Refer to TR3 – Use as indicated by X12 005010 x216 TR3.
- Do not use – These segments should not be sent and may result in the transaction being rejected

TR3 Page	Segment	Reference Designator(s)	Value	Notes
**278N Health Care Services Review Notification**
61	**ST** Transaction Set Header			Required per TR3
63	**BHT** Beginning Of Hierarchical Transaction	**BHT02** Transaction Set Purpose Code	**22**	22 – Information Copy
**Loop 2000A – Information Source Detail**
65	**HL** Information Source Level			Segment required.
**Loop 2010A - Information Source Level Name**
67	**NM1** Information Source Name	**NM108** Identification Code Qualifier	**XX**	XX - NPI
		NM109 Identification Code	*<NPI>*	Sender NPI is required.
70	**REF** Information Source Supplemental Identification			Refer to TR3 Not required, but including a tax ID (REF*EI) will help ensure correct provider lookup.

TR3 Page	Segment	Reference Designator(s)	Value	Notes
278N Health Care Services Review Notification				
72	**N3** Information Source Address			Segment required
73	**N4** Information Source City, State, Zip Code			Segment required
75	**PER** Information Source Contact Information			Refer to TR3
78	**PRV** Information Source Provider Information			Refer to TR3
Loop 2000B – information Receiver Detail				
80	**HL** Information Receiver Level			Segment required
Loop 2010B - Information Receiver Level Name				
82	**NM1** Information Receiver Name	**NM101** Entity Identifier Code	**PR**	PR - Payer
		NM108 Identification Code Qualifier	**PI**	PI - Payer Identification
		NM109 Identification Code	*<Availity Payer ID>*	https://apps.availity.com/public-web/payerlist-ui/payerlist-ui/#/
Loop 2000C – Subscriber Detail				
85	**HL** Subscriber Level			Segment required
Loop 2010C – Subscriber Name				
87	**NM1** Subscriber Name	**NM103** Last Name	*<Subscriber First Name>*	Subscriber last name required.
		NM104 First Name	*<Subscriber Last Name>*	Subscriber first name required.
		NM108 Identification Code Qualifier	**MI**	MI - Member Identification Number
		NM109 Identification Code	*<Subscriber Member ID>*	Subscriber member ID, as presented on member card.
90	**REF** Subscriber Supplemental Identification			Refer to TR3
92	**N3** Subscriber Address			Refer to TR3

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TR3 Page	Segment	Reference Designator(s)	Value	Notes
278N Health Care Services Review Notification				
93	**N4** Subscriber City, State, Zip Code			Refer to TR3
95	**DMG** Subscriber Demographic Information	**DMG02** Subscriber Birth Date	*<Subscriber birth date>*	Birth date required.
97	**INS** Subscriber Relationship			Refer to TR3
Loop 2000D – Dependent Detail				
99	**HL** Dependent Level			Refer to TR3
Loop 2010D – Dependent Level				
101	**NM1** Dependent Name			Refer to TR3
103	**REF** Dependent Supplemental Identification			Refer to TR3
105	**N3** Dependent Address			Refer to TR3
106	**N4** Dependent City, State, Zip Code			Refer to TR3
108	**DMG** Dependent Demographic Information			Refer to TR3
110	**INS** Dependent Relationship			Refer to TR3
2000E – Patient Event Level				
112	**HL** Patient Event Level			Segment required
114	**TRN** Patient Event Tracking Number			Refer to TR3
116	**AAA** Patient Event Request Validation			Do not use
118	**UM** Health Care Services Review Information	**UM01** Request Category Code	**SC**	SC - Specialty Care Review
		UM02 Certification Type Code	**I**	I – Initial No updates or cancels are accepted.
		UM04	**11:B**	Office place of service is expected.
		UM06		Will default to Elective if not submitted.

TR3 Page	Segment	Reference Designator(s)	Value	Notes
123	**HCR** Health Care Services Review	**HCR01** Action Code	**A1** **A3**	A1 – Certified in total (Approved) A3 – Not Certified (Denied)
		HCR02 Review Identification Number	*<Certification Number>*	Max length is 30 numeric characters. Alpha characters not accepted. For original approved cases (UM02=I), place vendor case number in HCR02.
125	**REF*BB** Previous Review Authorization Number			Refer to TR3
126	**REF*NT** Administrative Reference Number			Refer to TR3
127	**DTP*439** Accident Date			Refer to TR3
128	**DTP*484** Last Menstrual Period Date			Refer to TR3
129	**DTP*ABC** Estimated Date of Birth			Refer to TR3
130	**DTP*431** Onset of Current Symptoms or Illness Date			Refer to TR3
131	**DTP*AAH** Event Date			Date range the referral is valid.
132	**DTP*435** Admission Date			Do not use
133	**DTP*096** Discharge Date			Do not use
134	**DTP*102** Certification Issue Date			Refer to TR3
135	**DTP*036** Certification Expiration Date			Refer to TR3
136	**DTP*007** Certification Effective Date			Required to communicate referral decision date.
137	**HI** Patient Diagnosis			Segment required. At least 1 valid diagnosis code is required. Per TR3 requirements, do not include the decimal in the diagnosis code.
154	**HSD** Health Care Services delivery			Required to specify number of referral visits authorized.

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TR3 Page	Segment	Reference Designator(s)	Value	Notes
159	**CL1** Institutional Claim Code			Do not use
160	**CR1** Ambulance Transport Information			Do not use
162	**CR2** Spinal Manipulation Service Information			Do not use
166	**CR5** Home Oxygen Therapy Information			Do not use
169	**CR6** Home Health Care Information			Do not use
172	**PWK** Additional Patient Information			Do not use
177	**MSG** Message Text			Refer to TR3
2010EA - Patient Event Provider Name				
178	**NM1** Patient Event Provider Name	**NM101** Entity Identifier Code		At least 2 repeats required with NM101=SJ (Service Provider) and NM101=DN (Referring Provider). Use NM101=SJ to identify the provider being referred to. Use NM101=DN to identify the individual provider making the referral.
182	**REF** Patient Event Provider Supplemental Identification	**REF01** Reference Identification Qualifier	EI	EI – Employer's Identification Number
184	**N3** Patient Event Provider Address			Segment required.
185	**N4** Patient Event Provider City, State, Zip Code			Segment required.
187	**PER** Patient Event Provider Contact Information			Refer to TR3
190	**AAA** Patient Event Provider Request Validation			Refer to TR3

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TR3 Page	Segment	Reference Designator(s)	Value	Notes
192	**PRV** Patient Event Provider Information			Refer to TR3
Loop 2010EB – Additional Patient Contact Name				
194	**NM1** Additional Patient Information Contact Name			Do not use
197	**N3** Additional Patient Information Contact Address			Do not use
198	**N4** Additional Patient Information City, State, Zip Code			Do not use
200	**PER** Additional Patient Information Contact Information			Do not use
Loop 2010EC – Patient Event Transport Information				
203	**NM1** Patient Event Transport Information			Do not use
205	**N3** Patient Event Transport Location Address			Do not use
206	**N4** Patient Event Transport Location City/State/Zip Code			Do not use
208	**AAA** Patient Event Transport Information Request Validation			Do not use
Loop 2010ED – Patient Event Other UMO Name				
210	**NM1** Patient Event Other UMO Name			Do not use
212	**REF** Other UMO Denial Reason			Do not use
215	**DTP** Other UMO Denial Date			Do not use
Loop 2000F – Service Level				

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TR3 Page	Segment	Reference Designator(s)	Value	Notes
216	**HL** Service Level			Do not use
218	**TRN** Service Trace Number			Do not use
220	**AAA** Service Request Validation			Do not use
222	**UM** Health Care Services Review Information			Do not use
228	**HCR** Health Care Services Review			Do not use
230	**REF** Previous Review Authorization Number			Do not use
231	**REF** Administrative Reference Number			Do not use
232	**DTP*472** Service Date			Do not use
233	**DTP*102** Certification Issue Date			Do not use
234	**DTP*036** Certification Expiration Date			Do not use
235	**DTP*007** Certification Effective Date			Do not use
236	**SV1** Professional Service			Do not use
242	**SV2** Institutional Service Line			Do not use
248	**SV3** Dental Service			Do not use
253	**TOO** Tooth Information			Do not use
256	**HSD** Health Care Services Delivery			Do not use
261	**PWK** Additional Service Information			Do not use
266	**MSG** Message Text			Do not use

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TR3 Page	Segment	Reference Designator(s)	Value	Notes
Loop 2010F – Service Provider				
267	**NM1** Service Provider Name			Do not use
271	**REF** Patient Event Provider Supplemental Identification			Do not use
273	**N3** Service Provider Address			Do not use
274	**N4** Service Provider City, State, Zip Code			Do not use
276	**PER** Service Provider Contact Information			Do not use
279	**AAA** Service Provider Request Validation			Do not use
281	**PRV** Service Provider Information			Do not use
283	**SE** Transaction Set Trailer			Required per TR3

Section 4 – Reading the Response

A 278N Acknowledgement will be returned in response to the successful submission of one or more 278N transactions. Refer to the vendor authorization number in the Loop 2000E REF*NT segment for proper transaction matching.

A successful submission will be acknowledged with a BHT02=53 (Completion) message.

A rejected submission will be acknowledged with a BHT02=44 (Rejection) message. Upon receiving a rejection message, the delegate should interrogate the remainder of the message for the following elements:
1. An AAA segment in any loop. The AAA03 will contain the error code that can be used to help identify the source of the error.
2. A MSG segment in Loops 2000E. While not part of the TR3, these segments may include supplemental error description information.

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