278 HEALTH CARE SERVICES
REVIEW – REQUEST AND RESPONSE
COMPANION GUIDE

OCTOBER 19, 2012
ASCX12N278 (00501X217)
VERSION 3.0
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1.0 Overview

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) legislation mandates that many of the major health care electronic data exchanges, such as electronic claims and remittance advices, be standardized into the same national format for all payers, providers, and clearinghouses. All providers who submit governed data electronically to CSC must submit in the mandated HIPAA formats. HIPAA specifically names several electronic standards that must be followed when certain health care information is exchanged. These standards are published as National Electronic Data Interchange Transaction Set Implementation Guides. They are commonly called Implementation Guides (IGs) and are referred to as IGs throughout this document. The implementation guide for a 5010 transaction is also known as a Technical Report Type 3 or TR3. The following table lists the adopted standards. The file types that CSC supports for communication to and from Provider Agencies are marked in **bold**.

This document is applicable to HIPAA 5010 standards and, as such, is effective January 1, 2012.

<table>
<thead>
<tr>
<th>Business Category</th>
<th>Transaction Name/Implementation Guide</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims Processing</td>
<td>ASC X12N 837P  (005010X222A1)</td>
<td>Health Care Claim: Professional</td>
</tr>
<tr>
<td>Explanation of Payment/Remittance Advice</td>
<td>ASC X12N 835  (005010X221A1)</td>
<td>Health Care Claim: Payment/Advice</td>
</tr>
<tr>
<td>Claim Status</td>
<td>ASC X12N 276/277  (005010X212)</td>
<td>Health Care Claims Status Request and Response</td>
</tr>
</tbody>
</table>

The Implementation Guides are available for download through the Washington Publishing Company Web site at [http://www.wpc-edi.com](http://www.wpc-edi.com) and other locations. Developers must have copies of the respective Implementation Guides as well as all associated Errata and Addenda prior to beginning the development process.

CSC has developed technical companion guides to assist application developers during the implementation process. In most instances, an existing data exchange format has completely changed, for instance claims. In other cases, a new method for electronic data exchange has been developed, such as prior authorization. The information contained in the CSC Companion Guide is only intended to supplement the adopted Implementation Guides and provide guidance and clarification as it applies to CSC. The CSC Companion Guide is never intended to modify, contradict, or reinterpret the rules established by the Implementation Guides.
2.0 Introduction

The ASC X12N 278 (005010X217) transaction is the HIPAA mandated instrument, which allows bi-directional exchange between interested participants. This document is intended only as a companion guide and is not intended to contradict or replace any information in the IG or the Early Intervention Provider Billing Manual. It is highly recommended that implementers have the following resources available during the development process:

- This document, Companion Guide – 278 Health Care Services Review – Request and Response
- Implementation Guide ASC X12N 278 (005010X217)
- Early Intervention Provider Billing Manual

Additionally, there are several processing assumptions, limitations, and guidelines a developer must be aware of when implementing the 278 transaction. The following list identifies these processing stipulations:

- Patient loops: 2000D is ignored because the CSC members/subscribers are always the same as the patient.
- The IG developers recommend that separate transaction sets be used for different patients and events.
- Negative quantities or amounts are rejected.
- Other data elements with lengths greater than CSC definitions are truncated.
- Qualifier codes are case sensitive and should be presented as they are in the IGs.
- CSC is referred to as CRO-CSC in applicable Receiver segments.
- The 278 Response will be used by CSC as authorization notification. The 278 Request will not be used at this time.
- For Version 5010, the Implementation Guide (IG) is also called the Technical Report 3 (TR3). In this document the terms are treated as synonymous.
3.0 Data Exchange Technical Specifications and Interchange Control

Appendix B, Section B.1.1 of each X12N HIPAA Implementation Guide or TR 3 provides complete detail about the rules for ensuring integrity and maintaining the efficiency of data exchange. Data files are transmitted in an electronic envelope. The communication envelope consists of an interchange envelope and functional groups. The interchange control structure described in the Implementation Guide is used for inbound files. An inbound interchange control structure is the envelope that wraps all transaction data (ST-SE) sent to CSC for processing. The following pages detail specific information about what is required by CSC in certain segments and elements as it relates to outbound communication to CSC. Refer to the Implementation Guide for complete information about all other segments and elements.

3.1 Outbound Transaction Segments

**Segment Name: Interchange Control Header**
Segment ID: ISA
Usage: Required
Segment Notes:
- All positions within each data element in the ISA segment must be filled.
- Delimiters are specified in the interchange header segment.
- ISA01 is populated with “00” to indicate no security.
- ISA03 is populated with “00” to indicate no security.
- ISA05 is populated with “ZZ” to indicate that the value is mutually defined.
- ISA06 is populated with “CRO-CSC”. This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
- ISA07 is populated with “ZZ” to indicate that the value is mutually defined.
- ISA08 is populated with the Payee’s nine digit federal tax ID. This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
- The character immediately following the segment ID, ISA, defines the data elements separator.
- The last character in the segment defines the component element separator.
- The segment terminator is the byte that immediately follows the component element separator.
- Examples of the separators are as follows:

<table>
<thead>
<tr>
<th>Character</th>
<th>Name</th>
<th>Delimiter</th>
</tr>
</thead>
<tbody>
<tr>
<td>*</td>
<td>Asterisk</td>
<td>Data Element Separator</td>
</tr>
<tr>
<td></td>
<td>Pipe</td>
<td>Sub Element Separator</td>
</tr>
<tr>
<td>~</td>
<td>Tilde</td>
<td>Segment Terminator</td>
</tr>
<tr>
<td>^</td>
<td>Caret</td>
<td>Repetition Separator</td>
</tr>
</tbody>
</table>

Example:

ISA*00*   *00*   *ZZ*IN999999 *Z*CRO-CSC *930602*1253**^*00501*000000905*0*P*|~
Segment Name: Functional Group Header
Segment ID: GS
Usage: Required
Segment Notes:
- Element GS02 is populated with the value "CRO-CSC"
- Element GS03 is populated with the Provider’s nine digit federal tax ID

Example:
GS*HI*CRO-CSC*9129363360001*20030808*145901*5*X*005010X217~

3.2 Sample Outbound Interchange Control

This example illustrates a file that includes a 278 transaction.

ISA*00* 00* ZZ*CRO-CSC 447269128 ZZ*930602*1253**00501*00000905*0*P*|~
GS*HI*CRO-CSC*4472691280001*20020606*105531*5*X*005010X217~
ST – 278 TRANSACTION SET HEADER
DETAIL SEGMENTS
SE – 278 TRANSACTION SET TRAILER
GE*1*5~
IEA*2*00000090S~
4.0 Segment Usage - 278 Health Care Services – Request for Review and Response

4.1 Segment Usage Matrix

The following matrix lists segments that CSC utilizes for creation of the 5010 version of the 278 file. Additionally, it includes a CSC Usage column that identifies segments that are required or situational for use by CSC. A required segment must appear on all transactions. Failure to include a required segment results in a compliance error. A situational segment is not required for every transaction. However, it may be required under certain circumstances. Please refer to the Early Intervention Provider Manual for specific billing requirements. Any segment identified in the Usage column as required or situational is explained in the Segment and Data Element Description section of the document.

There are many segments not noted in the grid below that are required by the X12 standard. Refer to the Implementation Guide or TR3 for information regarding these segments. They will exist in files created by CSC, but the Implementation Guide must be consulted for their use and formatting.

<table>
<thead>
<tr>
<th>Segment ID</th>
<th>Loop ID</th>
<th>Segment Name</th>
<th>CSC Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>R</td>
</tr>
<tr>
<td>NM1</td>
<td>2010A</td>
<td>Utilization Management Organization (UMO) Name</td>
<td>R</td>
</tr>
<tr>
<td>PER</td>
<td>2010A</td>
<td>Utilization Management Organization (UMO) Contact Information</td>
<td>R</td>
</tr>
<tr>
<td>NM1</td>
<td>2010B</td>
<td>Requester Name</td>
<td>R</td>
</tr>
<tr>
<td>NM1</td>
<td>2010C</td>
<td>Subscriber Name</td>
<td>R</td>
</tr>
<tr>
<td>DMG</td>
<td>2010C</td>
<td>Subscriber Demographic Information</td>
<td>R</td>
</tr>
<tr>
<td>UM</td>
<td>2000E</td>
<td>Health Care Services Review Information</td>
<td>R</td>
</tr>
<tr>
<td>HCR</td>
<td>2000E</td>
<td>Health Care Services Review</td>
<td>R</td>
</tr>
<tr>
<td>HL</td>
<td>2000F</td>
<td>Service Level</td>
<td>R</td>
</tr>
<tr>
<td>UM</td>
<td>2000F</td>
<td>Health Care Services Review Information</td>
<td>R</td>
</tr>
<tr>
<td>HCR</td>
<td>2000F</td>
<td>Health Care Services Review</td>
<td>R</td>
</tr>
<tr>
<td>DTP</td>
<td>2000F</td>
<td>Service Date</td>
<td>R</td>
</tr>
<tr>
<td>DTP</td>
<td>2000F</td>
<td>Certification Expiration Date</td>
<td>S</td>
</tr>
<tr>
<td>SV1</td>
<td>2000F</td>
<td>Professional Service</td>
<td>R</td>
</tr>
<tr>
<td>HSD</td>
<td>2000F</td>
<td>Health Care Services Delivery</td>
<td>S</td>
</tr>
<tr>
<td>MSG</td>
<td>2000F</td>
<td>Message Text</td>
<td>R</td>
</tr>
<tr>
<td>NM1</td>
<td>2010FA</td>
<td>Service Provider Name</td>
<td>R</td>
</tr>
<tr>
<td>NM1</td>
<td>2010FB</td>
<td>Additional Service Information Contact Name</td>
<td>S</td>
</tr>
<tr>
<td>PER</td>
<td>2010FB</td>
<td>Service Provider Contact Information</td>
<td>S</td>
</tr>
</tbody>
</table>
4.2 Segment and Data Element Description

This section contains information pertaining to any segments that are required or situational for the CSC implementation of the HIPAA 278. Please refer to the Implementation Guide or TR3 for complete information on the elements and specific formatting of these segments.

Segment Name – Industry assigned segment name as identified in the IG
Segment ID – The industry assigned segment ID as identified in the IG.
Loop ID – The loop within which the segment should appear.
Usage – Identifies the segment as required or situational.
Segment Notes – A brief description of the purpose or use of the segment.
Example – An example of complete segment.

Segment Name: Utilization Management Organization (UMO) Name
Segment ID: NM1
Loop ID: 2010A
Usage: Required
Segment Notes:
  • Element NM103 is populated by “CRO-CSC”

Example:
NM1*X3*2*CRO-CSC*****46*123450000~

Segment Name: Utilization Management Organization (UMO) Name
Segment ID: PER
Loop ID: 2010A
Usage: Required
Segment Notes:
  • This segment is used to identify the contact person and communication number of the UMO.
  • Element NM103 is populated by “CRO-CSC”

Example:
PER*IC*SMITH*TE*9135551212~

Segment Name: Requester Name
Segment ID: NM1
Loop ID: 2010B
Usage: Required
Segment Notes:
  • This segment is used to identify the Authorized Provider of the service.
  • Element NM109 is populated by the Provider’s Federal Tax ID + four digit Provider Sequence number.

Example:
NM1*1P*1*PROVIDER*WILLIAM*M**46*1234567890001~
**Segment Name: Subscriber Name**
Segment ID: NM1
Loop ID: 2010C
Usage: Required
Segment Notes:
- This segment is used to identify the Subscriber.
- Element NM109 is populated with the Child’s state Id which is assigned by the Spoe software.

Example:

NM1*IL*1*LAST*FIRST****MI*990001234~

**Segment Name: Subscriber Demographic Information**
Segment ID: DMG
Loop ID: 2010C
Usage: Required
Segment Notes:
- Our Subscriber is the patient. This segment is used to convey birth date and gender information.

Example:

DMG*D8*20130214*F~

**Segment Name: Health Care Services Review Information**
Segment ID: UM
Loop ID: 2000E
Usage: Required
Segment Notes:
- This segment identifies the service request to which this response pertains.

Example:

UM*HS*I~

**Segment Name: Health Care Services Review**
Segment ID: HCR
Loop ID: 2000E
Usage: Required
Segment Notes:
- This segment identifies authorization number assigned by the Spoe software.

Example:

HCR*A1*A99000213415~
Segment Name: Patient Diagnosis
Segment ID: HI
Loop ID: 2000E
Usage: Required
Segment Notes:
- This segment identifies the treatment diagnosis codes. Only the principal diagnosis code is recognized by CSC.

Example:
HI*BF|3159~

Segment Name: Service Level
Segment ID: HL
Loop ID: 2000F
Usage: Required
Segment Notes:
- This segment and loop identifies the authorized services.
- The 2000F Loop will repeat for each CPT code associated with the E.I. Local Code for this authorization.

Example:
HL*5*4*SS*0~

Segment Name: Health Care Services Review Information
Segment ID: UM
Loop ID: 2000F
Usage: Required
Segment Notes:
- This segment identifies the service request to which this response pertains.
- Place of Service will always be relayed as 99.

Example:
UM*HS*I**99|B

Segment Name: Health Care Services Review
Segment ID: HCR
Loop ID: 2000F
Usage: Required
Segment Notes:
- This segment identifies authorization number assigned by the Spoe software.

Example:
HCR*A1*A99000213415~
Segment Name: Service Date
Segment ID: DTP
Loop ID: 2000F
Usage: Required
Segment Notes:
  • This segment identifies the service date range.

Example:

DTP*472*RD8*20130101-20131231

Segment Name: Certification Expiration Date
Segment ID: DTP
Loop ID: 2000F
Usage: Situational
Segment Notes:
  • This segment identifies the cancellation/discontinuation date of the authorization.

Example:

DTP*472*D8*20131231

Segment Name: Health Care Services Delivery
Segment ID: HSD
Loop ID: 2000F
Usage: Situational
Segment Notes:
  • This segment identifies the method of delivery and will be sent if necessary.

Example:

HSD*VS*1*DA*1*7*10~

Segment Name: Professional Service
Segment ID: SV1
Loop ID: 2000F
Usage: Required
Segment Notes:
  • Segment specifies the specific CPT code and units for the service.

Example:

SV1*HC|95851***UN*40~
**Segment Name: Message Text**
Segment ID: MSG
Loop ID: 2000F
Usage: Required
Segment Notes:
- Segment specifies the specific information regarding the Patient/Subscriber, and the Authorization as assigned by the Spoe.

Examples:

MSG*comment=60 minutes  1/Week; eicode=X7022; addr1=7601 WESIT DRIVE; city=FORT WAYNE; state=IN; zip=46819 ; 1 unit is 15 minutes;~

MSG*comment=90 minutes  1/Per Auth; eicode=X8300; addr1=11 NORTH ROAD; city= BUTLER; state=IN; zip=46743 ; 1 unit is 15 minutes;~

**Segment Name: Service Provider Name**
Segment ID: NM1
Loop ID: 2010FA
Usage: Required
Segment Notes:
- The segment conveys the name of the Service Provider.
- NM109 is populated with the Federal Tax ID + four character provider sequence number.

Example:

NM1*SJ*1*PROVIDER*SUSAN****46*99999999990001~

**Segment Name: Additional Service Information Contact Name**
Segment ID: NM1
Loop ID: 2010FB
Usage: Situational
Segment Notes:
- The segment conveys the name of the Service Coordinator.

Example:

NM1*L5*1*COORDINATOR*SYDNEY~

**Segment Name: Additional Service Information Contact Information**
Segment ID: PER
Loop ID: 2010FB
Usage: Situational
Segment Notes:
- The segment conveys the name of the Service Coordinator’s telephone number.

Example:

PER*IC**TE*2605551212~
5.0 File Transfer and Verification

CSC utilizes EDIFECS for testing HIPAA X12 837P files. This site can be accessed by providers once a Trading Partner Agreement has been signed. The website will allow the providers to submit test files. These test files will be processed against the CSC companion guide. Once both parties are confident in the consistency of the test files submitted, the provider will be able to upload 837P claim files, and check the status of files submitted. 278 files and 835 files are available on the Service Matrix website as soon as the Trading Partner Agreement has been received and entered. Testing does not need to be completed to make these available.

Normal processing of 837P files will occur as they are uploaded. It may take up to an hour to process a file, but files are processed in the order they are received from all agencies. The status of the files will be visible as soon as the files are processed. Please be sure that you check the status of your files after they have been processed so that you can fix any data problems that occur in a timely manner.
6.0 Change Log

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version 1.0</td>
<td>01/16/2009</td>
<td>Updated the document – changed the font and enhanced readability of segments</td>
</tr>
<tr>
<td>Version 2.0</td>
<td>05/31/2011</td>
<td>Updated for 5010</td>
</tr>
<tr>
<td>Version 2.1</td>
<td>01/24/2012</td>
<td>Added ‘</td>
</tr>
<tr>
<td>Version 3.0</td>
<td>10/19/2012</td>
<td>Formatting and information changes.</td>
</tr>
</tbody>
</table>
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