



Companion Guide – 278 Prior Authorization Review Request and Response Transaction

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Version 1.0		August 2004	All	New document. Formerly section 4 of the 278 companion guide. New document contains 278 transaction information only.	Systems/HIPAA Publications
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Section 1: Introduction

Overview

The Indiana Health Coverage Programs (IHCP) has developed technical companion guides to assist application developers during the implementation process. The information contained in the *Companion Guide – 278 Prior Authorization Review Request and Response Transaction* is only intended to supplement the adopted *National Electronic Data Interchange Transaction Set Implementation Guides (IGs)* and provide guidance and clarification as it applies to the IHCP. The *Companion Guide – 278 Prior Authorization Review Request and Response Transaction* is never intended to modify, contradict, or reinterpret the rules established by the *IGs*.

The companion guide is categorized into three sections:

1. Introduction to the 278
2. Interchange Control
3. Transaction Specifications

This section, *Introduction*, provides a general description of the inbound and outbound 278 Prior Authorization Review Request and Response Transactions. *Section 2* describes data exchange options and both inbound and outbound interchange control structures. *Section 3* contains transaction specific documentation, including segment usage, to assist developers with coding each transaction.

278 Health Care Services Request for Review and Response

The *ASC X12N 278 (004010X094)* transaction is the Health Information Portability and Accountability Act (HIPAA)-mandated method for submitting a health care services review request and returning a health care services review response. This section is intended only as a companion guide and is not intended to contradict or replace any information in the *IG* or the *IHCP Provider Manual*.

It is highly recommended that implementers have the following resources available during the development process:

- This document, *Companion Guide – 278 Prior Authorization Review Request and Response Transaction*
- *National Electronic Data Interchange Transaction Set Implementation Guide: Health Care Services Review—Request for Review and Response: 278: ASC X12N 278 (004010X094) and (004010X094A1) Addenda*
- *IHCP Provider Manual*

The 278 transaction includes both request and response components. The purpose of a 278 request is to submit information to support a request for prior authorization for a medical service or certification for long-term care or hospice care. The 278 response is used to provide the requester with the outcome of the internal review of the request.

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:

- The IHCP has adopted the *IG* recommendation to limit each request to a single patient event.

- Certain required provider/subscriber data elements submitted on a 278 request may or may not match exactly the values returned on the 278 response. This includes the following:
 - Subscriber Demographic Information, 2010CA loop, DMG02, and DMG03
 - Subscriber Name, 2010CA loop and NM103-5

In these cases, the IHCP returns the values currently contained in IndianaAIM records.

- Dependent loops, 2000D and 2010DA, are ignored because the IHCP members are always the same as the patient.
- All monetary amounts have explicit decimals. The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer (decimal point at the right end), the decimal point should be omitted. See the *IG* for additional clarification.
- Data elements with the IHCP lengths specified in the *Companion Guide*, such as the IHCP member ID is 12 bytes, are truncated.
- Two industry workarounds have been adopted to accommodate current processing limitations of the 278 transaction.

First, requesters should use the MSG segment of the 2000F loop to list modifiers to procedures identified in the corresponding HI segment.

Secondly, the IHCP return a separate 2000F loop for each service code identified in the HI segment. In accordance with the NMEH-approved workaround, the 2000F Service Level loop repeats for each service code submitted in the HI segment of the request. For example, a request that contains one HI segment with four procedures would generate a response in which the 2000F loop repeats 4 times.

Additional information about these workarounds is included within the specific segment notes section in this companion guide.

Section 2: Data Exchange Technical Specifications and Interchange Control Structure

Overview

Appendix A, Section A.1.1 of each X12N HIPAA IG provides 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 following tables define the use of this control structure as it relates to communication with the Indiana Health Coverage Programs (IHCP) for the inbound and outbound 278 transaction.

Inbound Transactions

Table 2.1 – Interchange Control Header

Segment Name	Interchange Control Header														
Segment ID	ISA														
Loop ID	N/A														
Usage	Required														
Segment Notes	<p>All positions within each data element in the ISA segment must be filled. Delimiters are specified in the interchange header segment.</p> <p>The character immediately following the segment ID, <i>ISA</i>, defines the data elements separator. The last character in the segment defines the component element separator, and the segment terminator is the byte that immediately follows the component element separator. The following are examples of the separators:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d3d3d3;">Character</th> <th style="background-color: #d3d3d3;">Name</th> <th style="background-color: #d3d3d3;">Delimiter</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">*</td> <td>Asterisk</td> <td>Data Element Separator</td> </tr> <tr> <td style="text-align: center;">:</td> <td>Colon</td> <td>Subelement Separator</td> </tr> <tr> <td style="text-align: center;">~</td> <td>Tilde</td> <td>Segment Terminator</td> </tr> </tbody> </table>			Character	Name	Delimiter	*	Asterisk	Data Element Separator	:	Colon	Subelement Separator	~	Tilde	Segment Terminator
Character	Name	Delimiter													
*	Asterisk	Data Element Separator													
:	Colon	Subelement Separator													
~	Tilde	Segment Terminator													
While it is not required that submitters use these specific delimiters, these are the ones that the IHCP uses for all outbound transactions.															
Example	<pre>ISA* 00** 00*.....* ZZ* P123 .* ZZ*IHCP.....* 930602* 1253* U* 00401* 000000905* 1* P* :~</pre>														

Table 2.2 – Element ID ISA01-ISA16

Element ID	Usage	Guide Description and Valid Values	Comments
ISA01	R	Authorization Information Qualifier 00 – No Authorization Information Present	
ISA02	R	Authorization Information Insert 10 blanks	Always blank. Insert 10 blank spaces.
ISA03	R	Security Information Qualifier 00 – No Security Information Present	
ISA04	R	Security Information Insert 10 blanks	Always blank. Insert 10 blank spaces.
ISA05	R	Interchange ID Qualifier ZZ – Mutually Defined	
ISA06	R	Interchange Sender ID	For batch transactions, this is the eight-byte sender ID (four to eight characters) assigned by the IHCP. For interactive transactions, this is the eight-byte assigned terminal ID (IN followed by six digits). This field has a required length of 15 bytes; therefore, the field must be blank-filled to the right.
ISA07	R	Interchange ID Qualifier ZZ – Mutually Defined	
ISA08	R	Interchange Receiver ID IHCP	This field has a required length of 15 bytes; therefore, the field must be blank-filled to the right.
ISA09	R	Interchange Date	The date format is YYMMDD.
ISA10	R	Interchange Time	The time format is HHMM.
ISA11	R	Interchange Control Standards Identifier U – U.S. EDI Community of ASC X12, TDCC, and UCS	
ISA12	R	Interchange Control Version Number 00401 – Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	
ISA13	R	Interchange Control Number	The interchange control number is created by the submitter and must be identical to the associated Interchange Trailer (IEA02). This is a numeric field and must be zero-filled. This number should be unique and the IHCP recommends that it be incremented by one with each ISA segment.

Table 2.2 – Element ID ISA01-ISA16

Element ID	Usage	Guide Description and Valid Values	Comments
ISA14	R	Acknowledgment Requested 0 – No acknowledgment requested 1 – Interchange Acknowledgment Requested	The IHCP always creates an acknowledgment file for each file received.
ISA15	R	Usage Indicator P – Production Data T – Test Data	During testing the usage indicator entered must be T . After testing approval, P must be entered for production transactions.
ISA16	R	Component Element Separator	The component element separator is a delimiter and not a data element. This field provides the delimiter used to separate component data elements within a composite data structure; this value must be different from the data element separator and the segment terminator.

Table 2.3 – Functional Group Header

Segment Name	Functional Group Header
Segment ID	GS
Loop ID	N/A
Usage	Required
Segment Notes	
Example	GS*HS*P123*IHCP*20020606*105531*5*X*004010X094A1~

Table 2.4 – Element ID GS01-GS08

Element ID	Usage	Guide Description and Valid Values	Comments
GS01	R	Functional Identifier Code HI – Health Care Services Review Information (278)	Use the appropriate identifier to designate the type of transaction data to follow the GS segment.
GS02	R	Application Sender’s Code	For batch transactions, this is the eight-byte sender ID assigned by the IHCP. For interactive transactions, this is the eight-byte assigned terminal ID (IN followed by six digits).
GS03	R	Application Receiver’s Code IHCP	
GS04	R	Date	The date format is CCYYMMDD.
GS05	R	Time	The time format is HHMMSS
GS06	R	Group Control Number	Assigned number originated and maintained by the sender. This must match the number in the corresponding GE02 data element on the GE group trailer segment.
GS07	R	Responsible Agency Code X – Accredited Standards Committee X12	
GS08	R	Version/Release/Industry Identifier Code 004010X094A1 – 278	Use the appropriate identifier to designate the type of transaction data to follow the GS segment.

Table 2.5 – Functional Group Trailer

Segment Name	Functional Group Trailer
Segment ID	GE
Loop ID	N/A
Usage	Required
Segment Notes	
Example	GE*1*5~

Table 2.6 – Element ID GE01-GE02

Element ID	Usage	Guide Description and Valid Values	Comments
GE01	R	Number of Transaction Sets Included	Use the number of transaction sets included in this functional group.
GE02	R	Group Control Number	Group control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.

Table 2.7 – Interchange Control Trailer

Segment Name	Interchange Control Trailer
Segment ID	IEA
Loop ID	N/A
Usage	Required
Segment Notes	
Example	IEA*1*000000905~

Table 2.8 – Element ID IEA01-IEA02

Element ID	Usage	Guide Description and Valid Values	Comments
IEA01	R	Number of Included Functional Groups	Use the number of functional groups included in this interchange envelope.
IEA02	R	Interchange Control Number	Interchange control number IEA02 in this trailer must be identical to the same data element in the associated interchange control header, ISA13, including padded zeros.

Sample Inbound Interchange Control

Figure 2.1 illustrates a file that includes 270 and 278 transactions.

```

ISA* 00* .....* 00*.....* ZZ* P123    ..* ZZ*IHCP.....* 930602*
1253* U* 00401* 000000905* 1* P* :~
GS*HS*P123*IHCP*20020606*105531*5*X*004010X092A1~
ST - 270 TRANSACTION SET HEADER
DETAIL SEGMENTS
SE - 270 TRANSACTION SET TRAILER

GE*1*5~
GS*HI*P123*IHCP*20020606*105531*5*X*004010X094A1~
ST - 278 TRANSACTION SET HEADER
DETAIL SEGMENTS
SE - 278 TRANSACTION SET TRAILER
GE*1*5~

IEA*2*000000905~
    
```

Figure 2.1 – File with 270 and 278 Transactions

Outbound Transactions

Table 2.9 – Interchange Control Header

Segment Name	Interchange Control Header		
Segment ID	ISA		
Loop ID	N/A		
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. The character immediately following the segment ID, <i>ISA</i> , defines the data elements separator. The last character in the segment defines the component element separator, and the segment terminator is the byte that immediately follows the component element separator. The following are examples of the separators:		
	Character	Name	Delimiter
	*	Asterisk	Data Element Separator
	:	Colon	Subelement Separator
	~	Tilde	Segment Terminator
Example	ISA* 00** 00*.....* ZZ* IHCP ..* ZZ* X222.....* 930602* 1253* U* 00401* 000000905* 1* P* :~		

Table 2.10 – Element ID ISA01-ISA16

Element ID	Usage	Guide Description and Valid Values	Comments
ISA01	R	Authorization Information Qualifier 00 – No Authorization Information Present	
ISA02	R	Authorization Information	This field always includes 10 blank spaces.
ISA03	R	Security Information Qualifier 00 – No Security Information Present	
ISA04	R	Security Information	This field always contains 10 blank spaces.
ISA05	R	Interchange ID Qualifier ZZ – Mutually Defined	
ISA06	R	Interchange Sender ID IHCP	This field has a required length of 15 bytes; therefore, the field is blank-filled to the right.
ISA07	R	Interchange ID Qualifier ZZ – Mutually Defined	
ISA08	R	Interchange Receiver ID	For batch transactions, this is the eight-byte sender ID (four to eight characters) assigned by the IHCP. For interactive transactions, this is the eight-byte assigned terminal ID (IN followed by six digits). This field has a required length of 15 bytes; therefore, the field must be blank-filled to the right.
ISA09	R	Interchange Date	The date format is YYMMDD.
ISA10	R	Interchange Time	The time format is HHMM.
ISA11	R	Interchange Control Standards Identifier U – U.S. EDI Community of ASC X12, TDCC, and UCS	
ISA12	R	Interchange Control Version Number 00401 – Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	
ISA13	R	Interchange Control Number	This number is unique and increments by 1 with each ISA segment. It also matches the interchange control number of the IEA02 of the interchange control trailer.

Table 2.10 – Element ID ISA01-ISA16

Element ID	Usage	Guide Description and Valid Values	Comments
ISA14	R	Acknowledgment Requested 0 – No Acknowledgment Requested 1 – Interchange Acknowledgment Requested	
ISA15	R	Usage Indicator P – Production Data T – Test Data	During testing the usage indicator is T . After the trading partner is approved, the usage indicator is P .
ISA16	R	Component Element Separator	The component element separator is a delimiter and not a data element. This is always a colon (:).

Table 2.11 – Functional Group Header

Segment Name	Functional Group Header
Segment ID	GS
Loop ID	N/A
Usage	Required
Segment Notes	
Example	GS*HI*IHCP*X222*20020606*105531*5*X*004010X094A1~

Table 2.12 – Element ID GS01-GS08

Element ID	Usage	Guide Description and Valid Values	Comments
GS01	R	Functional Identifier Code HI – Health Care Services Review Information (278)	The data element contains the appropriate identifier to designate the type of transaction data to follow the GS segment.
GS02	R	Application Sender’s Code IHCP	
GS03	R	Application Receiver’s Code	For batch transactions, this is the eight-byte sender ID assigned by the IHCP. For interactive transactions, this is the eight-byte assigned terminal ID (IN followed by six digits).
GS04	R	Date	The date format is CCYYMMDD.
GS05	R	Time	The time format is HHMMSS.
GS06	R	Group Control Number	This data element contains a uniquely-assigned number and matches the number in the corresponding GS02 data element on the GE group trailer segment.
GS07	R	Responsible Agency Code X – Accredited Standards Committee X12	
GS08	R	Version/Release/Industry Identifier Code 004010X094A1 – 278	This data element contains the appropriate identifier to designate the identifier code for the type of transaction data to follow the GS segment.

Table 2.13 – Functional Group Trailer

Segment Name	Functional Group Trailer
Segment ID	GE
Loop ID	N/A
Usage	Required
Segment Notes	
Example	GE*1*5~

Table 2.14 – Element ID GE01-GE02

Element ID	Usage	Guide Description and Valid Values	Comments
GE01	R	Number of Transaction Sets Included	This data element contains the number of transaction sets included in this functional group.
GE02	R	Group Control Number	Group control number GE02 in this trailer is identical to the same data element in the associated functional group header, GS06.

Table 2.15 – Interchange Control Trailer

Segment Name	Interchange Control Trailer
Segment ID	IEA
Loop ID	N/A
Usage	Required
Segment Notes	
Example	IEA*1*000000905~

Table 2.16 – Element ID IEA01-IEA02

Element ID	Usage	Guide Description and Valid Values	Comments
IEA01	R	Number of Included Functional Groups	This data element contains the number of functional groups included in this interchange envelope.
IEA02	R	Interchange Control Number	The interchange control number IEA02 in this trailer is identical to the same data element in the associated interchange control header, ISA13 (including padded zeros).

Sample Outbound Interchange Control

Figure 2.2 illustrates a file that includes a 278 transaction.

```
ISA* 00* .....* 00*.....* ZZ* IHCP    .* ZZ* X222.....* 930602*  
1253* U* 00401* 000000905* 1* P* :~  
GS*HI*IHCP*X222*20020606*105531*5*X*004010X094A1~  
  
ST - 278 TRANSACTION SET HEADER  
DETAIL SEGMENTS  
SE - 278TRANSACTION SET TRAILER  
  
GE*1*5~  
  
IEA*1*000000905~
```

Figure 2.2 – File with 278 Transaction

Section 3: Health Care Services Request for Review and Response

Segment Usage – 278 Request for Review

The following matrix lists all segments available for submission with the 4010 version of the *National Electronic Data Interchange Transaction Set Implementation Guide: Health Care Services Review—Request for Review and Response: 278: ASC X12N 278 (004010X094) and (004010X094A1) Addenda (IG)*. It includes a *Usage* column identifying segments that are required (**R**), situational (**S**), or not used (**N/A**) by the Indiana Health Coverage Programs (IHCP). A required segment element must appear on all transactions. Failure to include a required segment results in a compliance error. A situational segment is not required on every type of transaction; however, a situational segment may be required under certain circumstances. Any data in a segment identified in the *Usage* column with an **X** is ignored by the IHCP. Any segment identified in the *Usage* column as required, or situational, is explained in detail in this section. Any element identified as *Not Used by the IHCP* is not required for processing by the IHCP.

Table 3.1 – 278 Segments

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
ST	N/A	Transaction Set Header	R
BHT	N/A	Beginning of Hierarchical Transaction	R
HL	2000A	Utilization Management Organization (UMO) Level	R
NM1	2010A	Utilization Management Organization (UMO) Name	R
HL	2000B	Requester Level	R
NM1	2010B	Requester Name	R
REF	2010B	Requester Supplemental Identification	R
N3	2010B	Requester Address	S
N4	2010B	Requester City/State/ZIP Code	S
PER	2010B	Requester Contact Information	S
PRV	2010B	Requester Provider Information	S
HL	2000C	Subscriber Level	R
TRN	2000C	Patient Event Tracking Number	S – New segment per addenda
DTP	2000C	Accident Date	S
DTP	2000C	Last Menstrual Period Date	S
DTP	2000C	Estimated Date of Birth	S
DTP	2000C	Onset of Current Symptoms or Illness Date	S
HI	2000C	Subscriber Diagnosis	S
PWK	2000C	Additional Patient Information	S

Table 3.1 – 278 Segments

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
NM1	2010CA	Subscriber Name	R – New segment per addenda
REF	2010CA	Subscriber Supplemental Information	S
DMG	2010CA	Subscriber Demographic Information	R
HL	2000D	Dependent Level	X
TRN	2000D	Patient Event Tracking Number	X – New segment per addenda
DTP	2000D	Accident Date	X
DTP	2000D	Last Menstrual Period Date	X
DTP	2000D	Estimated Date of Birth	X
DTP	2000D	Onset of Current Symptoms or Illness Date	X
HI	2000D	Dependent Diagnosis	X
PWK	2000D	Additional Patient Information	X – New segment per addenda
NM1	2010DA	Dependent Name	X
REF	2010DA	Dependent Supplemental Identification	X
DMG	2010DA	Dependent Demographic Information	X
INS	2010DA	Dependent Relationship	X
HL	2000E	Service Provider Level	R
MSG	2000E	Message Text	S
NM1	2010E	Service Provider Name	R
REF	2010E	Service Provider Supplemental Identification	R
N3	2010E	Service Provider Address	S
N4	2010E	Service Provider City/State/ZIP Code	S
PER	2010E	Service Provider Contact Information	S
PRV	2010E	Service Provider Information	S
HL	2000F	Service Level	R
TRN	2000F	Service Trace Number	S
UM	2000F	Health Care Services Review Information	R
REF	2000F	Previous Certification Identification	S
DTP	2000F	Service Date	S
DTP	2000F	Admission Date	S
DTP	2000F	Discharge Date	S
DTP	2000F	Surgery Date	S
HI	2000F	Procedures	S
HSD	2000F	Health Care Services Delivery	X
CRC	2000F	Patient Condition Information	S

Table 3.1 – 278 Segments

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
CL1	2000F	Institutional Claim Code	S
CR1	2000F	Ambulance Transport Information	S
CR2	2000F	Spinal Manipulation Service Information	X
CR5	2000F	Home Oxygen Therapy Information	S
CR6	2000F	Home Health Care Information	S
PWK	2000F	Additional Patient Information	S – New segment per addenda
MSG	2000F	Message Text	S
SE	N/A	Transaction Set Trailer	R

Segment and Data Element Description

This section contains tables representing segments required (**R**) or situational (**S**) for the IHCP implementation of the 278 transaction. Each segment table contains rows and columns describing different elements of the segment.

Table 3.2 – Segment and Data Element Description

Segment/Data Element	Description
Segment Name	The industry assigned segment name identified in the <i>IG</i> .
Segment ID	The industry assigned segment ID identified in the <i>IG</i> .
Loop ID	The loop where the segment should appear.
Usage	This identifies the segment as required or situational.
Segment Notes	A brief description of the purpose or use of the segment including IHCP-specific usage.
Example	An example of complete segment.
Element ID	The industry assigned element ID identified in the <i>IG</i> .
Usage	This identifies the data element as R -required, S -situational, or N/A -not used.
Guide Description and Valid Values	Industry name associated with the data element. If no industry name exists, this is the <i>IG</i> data element name. This column also lists in bold the values and code sets to use.
Comments	Description of the contents of the data elements, including field lengths.

Table 3.3 – Transaction Set Header

Segment Name	Transaction Set Header
Segment ID	ST
Loop ID	N/A
Usage	Required
Segment Notes	This segment indicates the start of the transaction.
Example	ST*278*152790~

Table 3.4 – Element ID ST01-ST02

Element ID	Usage	Guide Description and Valid Values	Comments
ST01	R	Transaction Set Identifier Code 278 – Health Care Services Review Information	
ST02	R	Transaction Set Control Number	This number is assigned locally by the sender and must match the value in the corresponding SE02 segment.

Table 3.5 – Beginning of Hierarchical Transaction

Segment Name	Beginning of Hierarchical Transaction
Segment ID	BHT
Loop ID	N/A
Usage	Required
Segment Notes	This segment identifies the transaction as a request and contains the transaction creation date and time.
Example	BHT*0078*13**20030402*070100~

Table 3.6 – Element ID BHT01-BHT06

Element ID	Usage	Guide Description and Valid Values	Comments
BHT01	R	Hierarchical Structure Code 0078 – Information Source, Receiver, Provider of Service, Subscriber, Dependent	
BHT02	R	Transaction Set Purpose Code 13 – Request	
BHT03	R	Submitter Transaction Identifier	The value submitted in this field is returned in the BHT03 element on the response transaction.
BHT04	R	Transaction Set Creation Date	The date format is CCYYMMDD.
BHT05	R	Time	See <i>IG</i> for time format.
BHT06	N/A	Transaction Type Code	Not used

Table 3.7 – Utilization Management Organization (UMO) Level

Segment Name	Utilization Management Organization (UMO) Level
Segment ID	HL
Loop ID	2000A
Usage	Required
Segment Notes	This segment defines the UMO level hierarchy.
Example	HL*1**20*1~

Table 3.8 – Element ID HL01-HL04

Element ID	Usage	Guide Description and Valid Values	Comments
HL01	R	Hierarchical ID Number 1	
HL02	N/A	Hierarchical Parent ID Number	Not used
HL03	R	Hierarchical Level Code 20 – Information Source	
HL04	R	Hierarchical Child Code 1 – Additional Subordinate HL Data Segment in this hierarchical structure	

Table 3.9 – Utilization Management Organization (UMO) Name

Segment Name	Utilization Management Organization (UMO) Name
Segment ID	NM1
Loop ID	2010A
Usage	Required
Segment Notes	This segment identifies EDS/IHCP/HCE reviewing organization.
Example	NM1*X3*2*Health Care Excel*****PI*HCE~

Table 3.10 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code X3 – Utilization Management Organization	
NM102	R	Entity Type Qualifier 2 – Non-Person Entity	
NM103	R	Utilization Management Organization (UMO) Last or Organization Name HEALTH CARE EXCEL or LONG TERM CARE UNIT	This field contains the values Health Care Excel or Long Term Care Unit depending on the entity that evaluated the request.
NM104	S	Utilization Management Organization (UMO) First Name	Not used by the IHCP
NM105	S	Utilization Management Organization (UMO) Middle Name	Not used by the IHCP
NM106	N/A	Name Prefix	Not used.
NM107	S	Utilization Management Organization (UMO) Name Suffix	Not used by the IHCP
NM108	R	Identification Code Qualifier PI – Payer ID	PI is the only value recognized by the IHCP.
NM109	R	UMO Identifier HCE – Prior Authorization and Hospice LTC – Long Term Care	This is a three-character identifier. The field should contain the value representing the type of request. Use HCE for all PA and hospice requests and LTC for long-term care review requests. This field should be submitted exactly as defined. Failure to do so results in the rejection of the transaction.
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.11 – Requester Level

Segment Name	Requester Level
Segment ID	HL
Loop ID	2000B
Usage	Required
Segment Notes	This segment defines the requester level hierarchy.
Example	HL*2*1*21*1~

Table 3.12 – Element ID HL01-HL04

Element ID	Usage	Guide Description and Valid Values	Comments
HL01	R	Hierarchical ID Number	
HL02	R	Hierarchical Parent ID Number	
HL03	R	Hierarchical Level Code 21 – Information Receiver	
HL04	R	Hierarchical Child Code 1 – Additional Subordinate HL Data Segment in this Hierarchical Structure	

Table 3.13 – Requester Name

Segment Name	Requester Name
Segment ID	NM1
Loop ID	2010B
Usage	Required
Segment Notes	This segment identifies the entity initiating the health care services request. In the case of an IHCP health care provider, requesters must submit their NPI here. In the case of an IHCP atypical provider, requesters must submit their federal tax ID in this segment. In the case of a non-IHCP provider, requesters must submit their federal tax ID here or in the REF segment below.
Example	Health Care Provider NM1*1P*2*Anderson Medical Group*****XX*1234567890~ Atypical Provider or Non-IHCP Provider NM1*1P*2*Anderson Medical Group*****24*603546785~

Table 3.14 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code 1P – Provider FA – Facility	
NM102	R	Entity Type Qualifier 1 – Person 2 – Non-Person Entity	
NM103	S	Requester Last or Organization Name	Non-IHCP providers should use name information.
NM104	S	Requester First Name	
NM105	S	Requester Middle Name	Not used by the IHCP
NM106	N/A	Name Prefix	Not used
NM107	S	Requester Name Suffix	Not used by the IHCP
NM108	R	Identification Code Qualifier XX – NPI 24 – TAX ID	XX - NPI required for healthcare providers. 24 – Tax ID used by atypical providers or non-IHCP providers.
NM109	R	Identification Code	If XX is in NM108, the 10-digit NPI is shown here. If 24 is in NM108 the 9 digit TAX ID is shown here.
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.15 – Requester Supplemental Identification

Segment Name	Requester Supplemental Identification
Segment ID	REF
Loop ID	2010B
Usage	Situational
Segment Notes	This segment contains the IHCP provider number if the requester is an IHCP-enrolled, atypical provider. In this case, providers should submit ZH in REF01 and their IHCP legacy provider number in REF02. In the case of a non-IHCP provider, requesters must use qualifier EI in REF01 and the federal tax ID in REF02 or provide tax id in the above NM1 segment.
Example	Atypical Provider REF*ZH*100999099B~ Non-IHCP Provider REF*EI*603546785~

Table 3.16 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier ZH – Carrier Assignment Reference Number EI – Employer’s Identification Number	ZH – Used by an atypical provider. EI – Used by a non-IHCP provider
REF02	R	Requester Supplemental Identifier	If ZH is used in REF01 enter the nine-digit IHCP provider ID plus the one-digit location code. If EI is used in REF01, enter the federal tax ID.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.17 – Requester Address

Segment Name	Requester Address
Segment ID	N3
Loop ID	2010B
Usage	Situational
Segment Notes	This segment submits the requester’s street address. Non-IHCP provider should submit this segment.
Example	N3*22560 N. Broadway~

Table 3.18 – Element ID N301-N302

Element ID	Usage	Guide Description and Valid Values	Comments
N301	R	Requester Address Line	
N302	S	Requester Address Line	

Table 3.19 – Requester City/State/ZIP Code

Segment Name	Requester City/State/ZIP Code
Segment ID	N4
Loop ID	2010B
Usage	Situational
Segment Notes	This segment submits the requester’s city, state, and ZIP Code. Non-IHCP providers should submit this segment. When using an NPI for the provider identification code, the nine-digit ZIP Code may be needed for a successful NPI to Legacy Provider Identifier (LPI) crosswalk. The crosswalk must successfully identify a unique provider.
Example	N4*Indianapolis*IN*46204~

Table 3.20 – Element ID N401-N406

Element ID	Usage	Guide Description and Valid Values	Comments
N401	S	Requester City Name	
N402	S	Requester State or Province Code	
N403	S	Requester Postal Zone or ZIP Code	The nine-digit ZIP Code may be needed for a successful NPI to Legacy Provider Identifier (LPI) crosswalk.
N404	S	Requester Country Code	Not used by the IHCP
N405	N/A	Location Qualifier	Not used
N406	N/A	Location Qualifier	Not used

Table 3.21 – Requester Contact Information

Segment Name	Requester Contact Information
Segment ID	PER
Loop ID	2010B
Usage	Situational
Segment Notes	This segment submits the requester’s contact information.
Example	PER*IC*JAN ANDERSON*TE*3172221515~

Table 3.22 – Element ID PER01-PER09

Element ID	Usage	Guide Description and Valid Values	Comments
PER01	R	Contact Function Code IC – Information Contact	
PER02	S	Requester Contact Name	
PER03	S	Communication Number Qualifier EM – Electronic Mail FX – Facsimile TE – Telephone	
PER04	S	Requester Contact Communication Number	
PER05	S	Communication Number Qualifier EM – Electronic Mail EX – Telephone Extension FX – Facsimile TE – Telephone	
PER06	S	Requester Contact Communication Number	
PER07	S	Communication Number Qualifier EM – Electronic Mail EX – Telephone Extension FX – Facsimile TE – Telephone	
PER08	S	Requester Contact Communication Number	
PER09	N/A	Contact Inquiry Reference	Not used

Table 3.23 – Requester Provider Information

Segment Name	Requester Provider Information
Segment ID	PRV
Loop ID	2010B
Usage	Situational
Segment Notes	This segment submits provider taxonomy information. When an NPI is used for the provider identification, the taxonomy code may be needed for a successful NPI to Legacy Provider Identifier (LPI) crosswalk. The crosswalk must successfully identify a unique provider.
Example	PRV*PC*ZZ*404FX0500D~

Table 3.24 – Element ID PRV01-PRV06

Element ID	Usage	Guide Description and Valid Values	Comments
PRV01	R	Provider Code	See the <i>IG</i> for list of valid values.
PRV02	R	Reference Identification Qualifier ZZ – Mutually Defined	
PRV03	R	Provider Taxonomy Code	Refer to the <i>IHCP Provider Manual</i> for instructions about when to submit taxonomy information. The taxonomy code may be needed for a successful NPI to Legacy Provider Identifier (LPI) crosswalk.
PRV04	N/A	State or Province Code	Not used
PRV05	N/A	Provider Specialty Information	Not used
PRV06	N/A	Provider Organization Code	Not used

Table 3.25 – Subscriber Level

Segment Name	Subscriber Level
Segment ID	HL
Loop ID	2000C
Usage	Required
Segment Notes	This segment defines the subscriber level hierarchy.
Example	HL*3*2*19*1~

Table 3.26 – Element ID HL01-HL04

Element ID	Usage	Guide Description and Valid Values	Comments
HL01	R	Hierarchical ID Number	
HL02	R	Hierarchical Parent ID Number	
HL03	R	Hierarchical Level Code 22 – Subscriber	
HL04	R	Hierarchical Child Code 1 – Additional Subordinate HL Data Segment in This Hierarchical Structure	

Table 3.27 – Patient Event Tracking Number

Segment Name	Patient Event Tracking Number
Segment ID	TRN
Loop ID	2000C
Usage	Situational
Segment Notes	This segment allows a requester to submit a unique value to assist with tracking a transaction. Values entered in this segment are returned on the response exactly as submitted on the request.
Example	TRN*1*1222401*33432345~

Table 3.28 – Element ID TRN01-TRN04

Element ID	Usage	Guide Description and Valid Values	Comments
TRN01	R	Trace Type Code 1 – Current Transaction Trace Numbers	
TRN02	R	Patient Event Tracking Number	
TRN03	R	Trace Assigning Entity Identifier	
TRN04	S	Trace Assigning Entity Additional Identifier	

Table 3.29 – Accident Date

Segment Name	Accident Date
Segment ID	DTP
Loop ID	2000C
Usage	Situational
Segment Notes	This segment indicates an accident date, if applicable.
Example	DTP*439*D8*20030501~

Table 3.30 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/Time Qualifier 439 – Accident	
DTP02	R	Date/Time Period Qualifier D8 – Date Expressed in Format CCYYMMDD	
DTP03	R	Accident Date	

Table 3.31 – Last Menstrual Period Date

Segment Name	Last Menstrual Period Date
Segment ID	DTP
Loop ID	2000C
Usage	Situational
Segment Notes	This segment indicates the date of subscriber’s last menstrual period, if necessary for processing the request.
Example	DTP*484*D8*20030501~

Table 3.32 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/Time Qualifier 484 – Last Menstrual Period	
DTP02	R	Date/Time Period Qualifier D8 – Date Expressed in Format CCYYMMDD	
DTP03	R	Last Menstrual Period Date	

Table 3.33 – Estimated Date of Birth

Segment Name	Estimated Date of Birth
Segment ID	DTP
Loop ID	2000C
Usage	Situational
Segment Notes	This segment indicates the member’s estimated delivery date.
Example	DTP*ABC*D8*20030501

Table 3.34 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/Time Qualifier ABC – Estimated Date of Birth	
DTP02	R	Date/Time Period Qualifier D8 – Date Expressed in Format CCYYMMDD	
DTP03	R	Estimated Delivery Date	

Table 3.35 – Onset of Current Symptoms or Illness Date

Segment Name	Onset of Current Symptoms or Illness Date
Segment ID	DTP
Loop ID	2000C
Usage	Situational
Segment Notes	This segment indicates the date of onset of current symptoms or illness.
Example	DTP*431*D8*20030501~

Table 3.36 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/Time Qualifier 431 – Onset of Current Symptoms or Illness	
DTP02	R	Date/Time Period Qualifier D8 – Date Expressed in Format CCYYMMDD	
DTP03	R	Onset Date	

Table 3.37 – Subscriber Diagnosis

Segment Name	Subscriber Diagnosis
Segment ID	HI
Loop ID	2000C
Usage	Situation
Segment Notes	This segment provides diagnosis information about the request.
Example	HI*BF*51881*D8*20030501~

Table 3.38 – Element ID HI01-HI01-7

Element ID	Usage	Guide Description and Valid Values	Comments
HI01	R	Health Care Code Information	This is a composite data element. The seven data elements in this composite occur 12 times in this segment. Only the first occurrence is used in this illustration. See the <i>IG</i> for complete details.
HI01-1	R	Diagnosis Type Code BF – Diagnosis BJ – Admitting Diagnosis BK – Principal Diagnosis	These are the only three values recognized by the IHCP.
HI01-2	R	Diagnosis Code	If using a decimal point, the decimal must be in the correct position per the code set guidelines, or it may result in request rejection.
HI01-3	S	Date/Time Period Format Qualifier D8 – Date Expressed in Formal CCYYMMDD	
HI01-4	S	Diagnosis Date	
HI01-5	N/A	Monetary Amount	Not used
HI01-6	N/A	Quantity	Not used
HI01-7	N/A	Version Identifier	Not used

Table 3.39 – Additional Patient Information

Segment Name	Additional Patient Information
Segment ID	PWK
Loop ID	2000C
Usage	Situational
Segment Notes	This segment indicates additional information is required to process the request and the information must be sent to the IHCP.
Example	PWK*AS*BM***AC*1522353~

Table 3.40 – Element ID PWK01-PWK09

Element ID	Usage	Guide Description and Valid Values	Comments
PWK01	R	Attachment Report Type Code	See <i>IG</i> for list of valid type codes
PWK02	R	Attachment Transmission Code AA – Available on Request at Provider Site BM – By Mail EL – Electronically Only EM – E-mail FX – By Fax VO – Voice	Even though all Attachment Transmission Codes are accepted, requests in review that require an attachment are only resolved by sending the attachment by mail or fax.
PWK03	N/A	Report Copies Needed	Not used
PWK04	N/A	Entity Identifier Code	Not used
PWK05	S	Identification Code Qualifier AC – Attachment Control Number	
PWK06	S	Attachment Control Number	Use the attachment control number of up to 30-characters from the paper documentation sent by mail or fax. This number is used to link the request with the paper documentation and must be unique per document.
PWK07	S	Attachment Description	
PWK08	N/A	Actions Indicated	Not used
PWK09	N/A	Request Category Code	Not used

Table 3.41 – Subscriber Name

Segment Name	Subscriber Name
Segment ID	NM1
Loop ID	2010CA
Usage	Required
Segment Notes	This segment contains the IHCP member name and ID number. Even though NM103 and NM104 are marked as situational, they are required in the case of a long-term care provider who submits a request for an individual not yet enrolled in the IHCP.
Example	NM1*IL*1*HARRISON*WILLIAM****MI*100234009099~

Table 3.42 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code IL – Insured or Subscriber	
NM102	R	Entity Type Qualifier 1 – Person	
NM103	S	Subscriber Last Name	Use the last name of the IHCP member. This field is required for all non-IHCP members.
NM104	S	Subscriber First Name	Use the first name of the IHCP member. This field is required for all non-IHCP members.
NM105	S	Subscriber Middle Name	Not used by the IHCP
NM106	N/A	Subscriber Name Prefix	Not used
NM107	S	Subscriber Name Suffix	Not used by IHCP
NM108	R	Identification Code Qualifier MI – Member Identification Number	
NM109	R	Subscriber Primary Identifier	This field contains the 12-digit IHCP member ID. Long-term care providers who are requesting long-term care for individuals not yet enrolled in Medicaid must use the code 999999999999 in this field.
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.43 – Subscriber Supplemental Identification

Segment Name	Subscriber Supplemental Identification
Segment ID	REF
Loop ID	2010CA
Usage	Situational
Segment Notes	This segment submits the patient account number.
Example	REF*EJ*4478767CB01~

Table 3.44 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier EJ – Patient Account Number	
REF02	R	Subscriber Supplemental Identifier	
REF03	N/A	Description	
REF04	N/A	Reference Identifier	

Table 3.45 – Subscriber Demographic Information

Segment Name	Subscriber Demographic Information
Segment ID	DMG
Loop ID	2010CA
Usage	Situational
Segment Notes	This segment provides the member birth date. The IHCP requires a birth date on all 278 request transactions.
Example	DMG*D8*19620308~

Table 3.46 – Element ID DMG01-DMG09

Element ID	Usage	Guide Description and Valid Values	Comments
DMG01	R	Date/Time Period Format Qualifier D8 – Date expressed in format CCYYMMDD	
DMG02	R	Subscriber Birth Date	
DMG03	S	Subscriber Gender Code	Not used by the IHCP
DMG04	N/A	Marital Status Code	Not used
DMG05	N/A	Race or Ethnicity Code	Not used
DMG06	N/A	Citizenship Status Code	Not used
DMG07	N/A	Country Code	Not used
DMG08	N/A	Basis of Verification Code	Not used
DMG09	N/A	Quantity	Not used

Table 3.47 – Service Provider Level

Segment Name	Service Provider Level
Segment ID	HL
Loop ID	2000E
Usage	Required
Segment Notes	This segment defines the service provider level hierarchy.
Example	HL*3*2*19*1~

Table 3.48 – Element ID HL01-HL04

Element ID	Usage	Guide Description and Valid Values	Comments
HL01	R	Hierarchical ID Number	
HL02	R	Hierarchical Parent ID Number	
HL03	R	Hierarchical Level Code 19 – Provider of Service	
HL04	R	Hierarchical Child Code 1 – Additional Subordinate HL Data Segment in This Hierarchical Structure	

Table 3.49 – Message Text

Segment Name	Message Text
Segment ID	MSG
Loop ID	2000E
Usage	Situational
Segment Notes	This segment contains additional information to support the request but is not necessarily required for submission as an attachment.
Example	MSG*THIS PATIENT HAS BEEN TRANSFERRED FROM AN INPATIENT SETTING TO A REHABILITATION CENTER~

Table 3.50 – Element ID MSG01-MSG03

Element ID	Usage	Guide Description and Valid Values	Comments
MSG01	R	Free-Form Message Text	
MSG02	N/A	Printer Carriage Control Code	
MSG03	N/A	Number	

Table 3.51 – Service Provider Name

Segment Name	Service Provider Name
Segment ID	NM1
Loop ID	2010E
Usage	Required
Segment Notes	This segment identifies the service provider performing the service(s) indicated in the following 2000F – Service Loop(s).
Example	NM1*SJ*2*Anderson Medical Group*****XX*1234567890~

Table 3.52 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code 1T – Physician, Clinic, or Group Practice FA – Facility SJ – Service Provider	The IHCP only captures and stores one NM101 value. The SJ value and accompanying NM102 data element are captured by the IHCP if it exists. If SJ does not exist, the FA value and accompanying NM102 data element are captured. If SJ and FA do not exist, the 1T value and accompanying NM102 data element are captured.
NM102	R	Entity Type Qualifier 1 – Person 2 – Non-Person Entity	
NM103	S	Service Provider Last or Organization Name	
NM104	S	Service Provider First Name	
NM105	S	Service Provider Middle Name	Not used by the IHCP
NM106	N/A	Name Prefix	Not used
NM107	S	Service Provider Name Suffix	Not used by the IHCP
NM108	S	Identification Code Qualifier	XX or 24
NM109	S	Service Provider Identifier XX – NPI 24 – Employer Identification Number	XX - NPI required for health care providers. Atypical, non-health care providers may continue to send either their EIN.or SSN.
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.53 – Service Provider Supplemental Identification

Segment Name	Service Provider Supplemental Identification
Segment ID	REF
Loop ID	2010E
Usage	Situational
Segment Notes	This segment contains the IHCP provider number if the requester is an IHCP-enrolled, atypical provider. In this case, providers should submit ZH in REF01 and their IHCP legacy provider number in REF02. In the case of a non-IHCP provider, requesters must use qualifier EI in REF01 and the federal tax ID in REF02 or provide tax id in the above NM1 segment.
Example	Atypical Provider REF*ZH*100999099B~ Non-IHCP Provider REF*EI*603546785~

Table 3.54 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier ZH – Carrier Assignment Reference Number EI – Employer’s Identification Number	ZH – Used by an atypical provider. EI – Used by a non-IHCP provider
REF02	R	Service Provider Supplemental Identifier	If ZH is used in REF01 enter the nine-digit IHCP provider ID plus the one-digit location code. If EI is used in REF01, enter the federal tax ID.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.55 – Service Provider Address

Segment Name	Service Provider Address
Segment ID	N3
Loop ID	2010E
Usage	Situational
Segment Notes	This segment indicates the service provider’s street address
Example	N3*22276 Medical Drive~

Table 3.56 – Element ID N301-N302

Element ID	Usage	Guide Description and Valid Values	Comments
N301	R	Service Provider Address Line	
N302	S	Service Provider Address Line	

Table 3.57 – Service Provider City/State/ZIP Code

Segment Name	Service Provider City/State/ZIP Code
Segment ID	N4
Loop ID	2010E
Usage	Situational
Segment Notes	This segment indicates the service provider’s city, state, and ZIP Code. When using an NPI for the provider identification code, the nine-digit ZIP Code may be needed for a successful NPI to Legacy Provider Identifier (LPI) crosswalk. The crosswalk must successfully identify a unique provider.
Example	N4*Indianapolis*IN*462041234~

Table 3.58 – Element ID N401-N406

Element ID	Usage	Guide Description and Valid Values	Comments
N401	S	Service Provider City Name	
N402	S	Service Provider State or Province Code	
N403	S	Service Provider Postal Zone or ZIP Code	The nine-digit ZIP Code may be needed for a successful NPI to Legacy Provider Identifier (LPI) crosswalk.
N404	S	Service Provider Country Code	Not used by the IHCP
N405	N/A	Location Qualifier	Not used
N406	N/A	Location Qualifier	Not used

Table 3.59 – Service Provider Contact Information

Segment Name	Service Provider Contact Information
Segment ID	PER
Loop ID	2010E
Usage	Situational
Segment Notes	This segment indicates the service provider’s contact information.
Example	PER*IC*JEAN WILSON*TE*3172221515~

Table 3.60 – Element ID PER01-PER09

Element ID	Usage	Guide Description and Valid Values	Comments
PER01	R	Contact Function Code IC – Information Contact	
PER02	S	Service Provider Contact Name	
PER03	S	Communication Number Qualifier EM – Electronic Mail FX – Facsimile TE – Telephone	
PER04	S	Service Provider Contact Communication Number	
PER05	S	Communication Number Qualifier EM – Electronic Mail EX – Telephone Extension FX – Facsimile TE – Telephone	
PER06	S	Service Provider Contact Communication Number	
PER07	S	Communication Number Qualifier EM – Electronic Mail EX – Telephone Extension FX – Facsimile TE – Telephone	
PER08	S	Service Provider Contact Communication Number	
PER09	N/A	Contact Inquiry Reference	Not used

Table 3.61 – Service Provider Information

Segment Name	Service Provider Information
Segment ID	PRV
Loop ID	2010E
Usage	Situational
Segment Notes	This segment submits provider taxonomy information. When an NPI is used for the provider identification, the taxonomy code may be needed for a successful NPI to Legacy Provider Identifier (LPI) crosswalk. The crosswalk must successfully identify a unique provider.
Example	PRV*AD*ZZ*424BF0411F~

Table 3.62 – Element ID PRV01-PRV05

Element ID	Usage	Guide Description and Valid Values	Comments
PRV01	R	Provider Code	See <i>IG</i> for list of valid values
PRV02	R	Reference Identification Qualifier ZZ – Mutually Defined	
PRV03	R	Provider Taxonomy Code	Use the provider taxonomy code for the service provider. See the <i>IHCP Provider Manual</i> for details about when taxonomy information is required. The taxonomy code may be needed for a successful NPI to Legacy Provider Identifier (LPI) crosswalk.
PRV04	N/A	State or Province Code	Not used
PRV05	N/A	Provider Specialty Information	Not used
PRV06	N/A	Provider Organization Code	Not used

Table 3.63 – Service Level

Segment Name	Service Level
Segment ID	HL
Loop ID	2000F
Usage	Required
Segment Notes	This segment defines the service level hierarchy.
Example	HL*3*2*SS*0~

Table 3.64 – Element ID HL01-HL04

Element ID	Usage	Guide Description and Valid Values	Comments
HL01	R	Hierarchical ID Number	
HL02	R	Hierarchical Parent ID Number	
HL03	R	Hierarchical Level Code SS – Services	
HL04	R	Hierarchical Child Code 0 – No Subordinate HL Data Segment in This Hierarchical Structure	

Table 3.65 – Service Trace Number

Segment Name	Service Trace Number
Segment ID	TRN
Loop ID	2000F
Usage	Situational
Segment Notes	This segment allows a requester to submit a unique value to assist in tracking a service level request. Values entered in this segment are returned on the response exactly as submitted on the request.
Example	TRN*1*7888892638~

Table 3.66 – Element ID TRN01-TRN04

Element ID	Usage	Guide Description and Valid Values	Comments
TRN01	R	Trace Type Code 1 – Current Transaction Trace Numbers	
TRN02	R	Service Trace Number	The value submitted here is returned on the 278 response.
TRN03	R	Trace Assigning Entity Identifier	
TRN04	S	Reference Identification	

Table 3.67 – Health Care Services Review Information

Segment Name	Health Care Services Review Information
Segment ID	UM
Loop ID	2000F
Usage	Required
Segment Notes	This segment contains information regarding the type of health care services review request.
Example	UM*AR*I*45~

Table 3.68 – Element ID UM01-UM10

Element ID	Usage	Guide Description and Valid Values	Comments
UM01	R	Request Category Code AR – Admission Review HS – Health Services Review SC – Specialty Care Review	
UM02	R	Certification Type Code 1 – Appeal – Immediate 2 – Appeal – Standard 3 – Cancel 4 – Extension I – Initial R – Renewal S – Revised	Certification codes 1 and 2 are treated as administrative reviews. Certification code 3 is considered an update. Code 4 is considered an update extension to dates. Hospices requesting an extension to an existing hospice should use Certification Type Code 4 . Code I is considered a new request. Code R is considered a new request. Code S is considered an update. Long Term Care providers making changes to an existing level of care should use Certification Type Code S .
UM03	S	Service Type Code	See <i>IG</i> for list of valid service type codes. Hospice should use Service Type Code 45 in this element. Long Term Care should use Service Type Code 54
UM04	S	Health Care Service Location Information	This is a composite data element.
UM04-1	R	Facility Type Code	This data element contains either the place of service code or the type of bill depending on the value in UM04-2.
UM04-2	R	Facility Code Qualifier A – Uniform Billing Claim Form Bill Type B – Place of Service code from the FAO record of the Electronic Media Claims National Standard Format	
UM04-3	N/A	Claim Frequency Type Code	Not used
UM05	S	Related Causes Information	This is a composite data element.
UM05-1	R	Related Causes Code AA – Auto Accident AP – Another Party Responsible EM – Employment	

Table 3.68 – Element ID UM01-UM10

Element ID	Usage	Guide Description and Valid Values	Comments
UM05-2	S	Related Causes Code AP – Another Party Responsible EM – Employment	
UM05-3	S	Related Causes Code EM – Employment	
UM05-4	S	State Code	Not used by the IHCP
UM05-5	S	Country Code	Not used by the IHCP
UM06	S	Level of Service Code 03 – Emergency U – Urgent	
UM07	S	Current Health Condition Code	See <i>IG</i> for list of valid health condition codes.
UM08	S	Prognosis Code	See <i>IG</i> for list of valid health condition codes.
UM09	R	Release of Information Code	See <i>IG</i> for list of valid release of information codes.
UM10	S	Delay Reason Code	See <i>IG</i> for list of valid delay reason codes.

Table 3.69 – Previous Certification Identification

Segment Name	Previous Certification Identification
Segment ID	REF
Loop ID	2000F
Usage	Situational
Segment Notes	This segment contains any previously obtained prior authorization number or certification number related to this request. This segment is used only when the Certification Type in UM02 is <i>I</i> , <i>2</i> , <i>3</i> , <i>4</i> , <i>R</i> , or <i>S</i> . If there are multiple 2000F loops, the REF segments should contain the same value in each.
Example	REF*BB*34545601~

Table 3.70 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier BB – Authorization Number	
REF02	R	Previous Certification Identifier	
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.71 – Service Date

Segment Name	Service Date
Segment ID	DTP
Loop ID	2000F
Usage	Situational
Segment Notes	This segment contains the hospice service date(s).
Example	DTP*RD8*20030401-20030406~

Table 3.72 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/Time Qualifier 472 – Service	
DTP02	R	Date/Time Period Qualifier D8 – Date Expressed in Format CCYYMMDD RD8 – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
DTP03	R	Proposed or Actual Service Date	

Table 3.73 – Admission Date

Segment Name	Admission Date
Segment ID	DTP
Loop ID	2000F
Usage	Situational
Segment Notes	This segment contains admission date(s).
Example	DTP*D8*20030406~

Table 3.74 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/Time Qualifier 435 – Admission	
DTP02	R	Date/Time Period Qualifier D8 – Date Expressed in Format CCYYMMDD RD8 – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
DTP03	R	Proposed or Actual Admission Date	

Table 3.75 – Discharge Date

Segment Name	Discharge Date
Segment ID	DTP
Loop ID	2000F
Usage	Situational
Segment Notes	This segment contains the inpatient discharge date.
Example	DTP*D8*20030410~

Table 3.76 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/Time Qualifier 096 – Discharge	
DTP02	R	Date/Time Period Qualifier D8 – Date Expressed in Format CCYYMMDD	
DTP03	R	Proposed or Actual Discharge Date	

Table 3.77 – Surgery Date

Segment Name	Surgery Date
Segment ID	DTP
Loop ID	2000F
Usage	Situational
Segment Notes	This segment contains the surgery date.
Example	DTP*D8*20030406~

Table 3.78 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/Time Qualifier 456 – Surgery	
DTP02	R	Date/Time Period Qualifier D8 – Date Expressed in Format CCYYMMDD	
DTP03	R	Proposed or Actual Surgery Date	

Table 3.79 – Procedures

Segment Name	Procedures
Segment ID	HI
Loop ID	2000F
Usage	Situational
Segment Notes	This segment provides service code information about a prior authorization request.
Example	HI*BO:32850:RD8:20030401-20030401~

Table 3.80 – Element ID HI01-HI01-7

Element ID	Usage	Guide Description and Valid Values	Comments
HI01	R	Health Care Code Information	This is a composite data element. The seven data elements in this composite occur 12 times in this segment. Only the first occurrence is used in this illustration. See the <i>IG</i> for complete details.
HI01-1	R	Code List Qualifier Code ABR – Assigned by Receiver BO – Health Care Financing Administration Common Procedural Coding System	These are the only code list qualifier codes recognized by the IHCP.
HI01-2	R	Procedure Code	If using a decimal point, the decimal must be in the correct position per the code set guidelines, or it may result in request rejection.
HI01-3	S	Date/Time Period Qualifier D8 – Date Expressed in Format CCYYMMDD RD8 – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
HI01-4	S	Procedure Date	
HI01-5	S	Procedure Monetary Amount	Format 9(7)V99
HI01-6	S	Procedure Quantity	Format 9(7)V999
HI01-7	S	Version, Release, or Industry Identifier	Not used by the IHCP

Table 3.81 – Patient Condition Information

Segment Name	Patient Condition Information
Segment ID	CRC
Loop ID	2000F
Usage	Situational
Segment Notes	This segment provides patient condition information necessary to support the review request.
Example	CRC*75*Y*12~

Table 3.82– Element ID CRC01-CRC07

Element ID	Usage	Guide Description and Valid Values	Comments
CRC01	R	Code Category	See <i>IG</i> for list of valid code categories.
CRC02	R	Certification Condition Indicator N – No Y – Yes	
CRC03	R	Condition Code	See <i>IG</i> for list of valid condition codes.
CRC04	R	Condition Code	See <i>IG</i> for list of valid condition codes.
CRC05	R	Condition Code	See <i>IG</i> for list of valid condition codes.
CRC06	R	Condition Code	See <i>IG</i> for list of valid condition codes.
CRC07	R	Condition Code	See <i>IG</i> for list of valid condition codes.

Table 3.83 – Institutional Claim Code

Segment Name	Institutional Claim Code
Segment ID	CL1
Loop ID	2000F
Usage	Situational
Segment Notes	This segment contains admission information necessary to support the review request.
Example	

Table 3.84 – Element ID CL101-CL104

Element ID	Usage	Guide Description and Valid Values	Comments
CL101	S	Admission Type Code	See the <i>IHCP Provider Manual</i> for valid list of codes.
CL102	S	Admission Source Code	See the <i>IHCP Provider Manual</i> for valid list of codes.
CL103	S	Patient Status Code	See the <i>IHCP Provider Manual</i> for valid list of codes.
CL104	S	Nursing Home Residential Status Code	See <i>IG</i> for list of valid nursing home residential status codes.

Table 3.85 – Ambulance Transport Information

Segment Name	Ambulance Transport Information
Segment ID	CR1
Loop ID	2000F
Usage	Situational
Segment Notes	This segment contains non-emergency ambulance information necessary to support the review request.
Example	CR1***I**DH*50~

Table 3.86 – Element CR101-CR110

Element ID	Usage	Guide Description and Valid Values	Comments
CR101	S	Unit or Basis for Measurement Code	Not used by the IHCP.
CR102	S	Patient Weight	Not used by the IHCP.
CR103	R	Ambulance Transport Code	See <i>IG</i> for list of valid values.
CR104	R	Ambulance Transport Reason Code	See <i>IG</i> for list of valid values.
CR105	S	Unit or Basis for Measurement Code DH – Miles	
CR106	S	Transport Distance	Transport distance format is 9(7)V999
CR107	S	Ambulance Trip Origin Address	
CR108	S	Ambulance Trip Destination Address	
CR109	S	Round Trip Purpose Description	
CR110	S	Stretcher Purpose Description	

Table 3.87 – Home Oxygen Therapy Information

Segment Name	Home Oxygen Therapy Information
Segment ID	CR5
Loop ID	2000F
Usage	Situational
Segment Notes	This segment contains home oxygen therapy information necessary to support the review request.
Example	CR5***D***1*****2*A~

Table 3.88 – Element ID CR501-CR518

Element ID	Usage	Guide Description and Valid Values	Comments
CR501	N/A	Certification Type Code	Not used
CR502	N/A	Quantity	Not used
CR503	S	Oxygen Equipment Type Code	See <i>IG</i> for list of valid values.
CR504	S	Oxygen Equipment Type Code	See <i>IG</i> for list of valid values.
CR505	S	Equipment Reason Description	
CR506	S	Oxygen Flow Rate	Format is 9(7)V999
CR507	S	Daily Oxygen Use Count	Format is 9(7)V999
CR508	S	Oxygen Use Period Hour Count	Format is 9(7)V999
CR509	S	Respiratory Therapy Order Text	
CR510	S	Arterial Blood Gas Quantity	Format is 9(7)V999
CR511	S	Oxygen Saturation Quantity	Format is 9(7)V999
CR512	S	Oxygen Test Condition Code	See <i>IG</i> for list of valid values.
CR513	S	Oxygen Test Findings Code	See <i>IG</i> for list of valid values.
CR514	S	Oxygen Test Findings Code	See <i>IG</i> for list of valid values.
CR515	S	Oxygen Test Findings Code	See <i>IG</i> for list of valid values.
CR516	S	Portable Oxygen System Flow Rate	Format is 9(7)V999
CR517	R	Oxygen Delivery System Code	
CR518	S	Oxygen Equipment Type Code	See <i>IG</i> for list of valid values.

Table 3.89 – Home Health Care Information

Segment Name	Home Health Care Information
Segment ID	CR6
Loop ID	2000F
Usage	Situational
Segment Notes	This segment contains home health care information necessary to support the review request.
Example	CR6*7*20030501~

Table 3.90 – Element ID CR601-CR621

Element ID	Usage	Guide Description and Valid Values	Comments
CR601	R	Prognosis Code 1 – Poor 2 – Guarded 3 – Fair 4 – Good 5 – Very Good 6 – Excellent 7 – Less than Six Months to Live 8 – Terminal	
CR602	R	Service From Date	
CR603	S	Date/Time Period Qualifier RD8 – Date Expressed in Format CCYYMMDD-CCYYMMDD	
CR604	S	Date/Time Period	
CR605	N/A	Date	Not used
CR606	S	Skilled Nursing Facility Indicator N – No U – Unknown Y – Yes	
CR607	S	Medicare Coverage Indicator N – No U – Unknown Y – Yes	
CR608	R	Certification Type Code 1 – Appeal – Immediate 2 – Appeal – Standard 3 – Cancel 4 – Extension I – Initial R – Renewal S – Revised	Certification codes 1 and 2 are treated as administrative reviews. Certification code 3 is considered an update. Code 4 is considered an update extension to dates. Hospices requesting an extension to an existing hospice should use Certification Type Code 4 . Code I is considered a new request. Code R is considered a new request. Code S is considered an update. Long Term Care providers making changes to an existing level of care should use Certification Type Code S .
CR609	S	Surgery Date	

Table 3.90 – Element ID CR601-CR621

Element ID	Usage	Guide Description and Valid Values	Comments
CR610	S	Product or Service ID Qualifier HC – Health Care Financing Administration Common Procedural coding System (HCPCS) Codes ID – International Classification of Diseases Clinical Modification (<i>ICD-9-CM</i>) Procedure Codes	
CR611	S	Surgical Procedure Code	
CR612	S	Physician Order Date	
CR613	S	Last Visit Date	
CR614	S	Physician Contact Date	
CR615	S	Date/Time Format Qualifier RD8 – Date Expressed in Format CCYYMMDD-CCYYMMDD	
CR616	S	Last Admission Period	
CR617	S	Patient Discharge Facility Type Code	See <i>IG</i> for list of valid facility type codes.
CR618	N/A	Date	Not used
CR619	N/A	Date	Not used
CR620	N/A	Date	Not used
CR621	N/A	Date	Not used

Table 3.91 – Additional Patient Information

Segment Name	Additional Patient Information
Segment ID	PWK
Loop ID	2000F
Usage	Situational
Segment Notes	This segment provides additional information required to process the service request. The information must be sent to the IHCP.
Example	PWK*08*BM***C356475~

Table 3.92 – Element ID PWK01-PWK09

Element ID	Usage	Guide Description and Valid Values	Comments
PWK01	R	Attachment Report Type Code	See <i>IG</i> for list of valid type codes.
PWK02	R	Attachment Transmission Code AA – Available on Request at Provider Site BM – By Mail EL – Electronically Only EM – E-mail FX – By Fax VO – Voice	Even though all Attachment Transmission Codes are accepted, requests in review requiring an attachment are only resolved by sending the attachment by mail or fax.
PWK03	N/A	Report Copies Needed	Not used
PWK04	N/A	Entity Identifier Code	Not used
PWK05	S	Identification Code Qualifier AC – Attachment Control Number	
PWK06	S	Attachment Control Number	Use the attachment control number of up to 30-characters from the paper documentation sent by mail or fax. This number links the request with the paper documentation and must be unique per document.
PWK07	S	Attachment Description	
PWK08	N/A	Actions Indicated	Not used
PWK09	N/A	Request Category Code	Not used

Table 3.93 – Message Text

Segment Name	Message Text
Segment ID	MSG
Loop ID	2000F
Usage	Situational
Segment Notes	<ul style="list-style-type: none"> □ This segment submits modifiers corresponding to procedure codes in the HI segment. It can also contain explanatory text. This is an industry-accepted workaround to 278 limitations related to procedure modifiers. □ The official workaround states: “The procedure for which the modifier is being reported will be identified in the MSG segment by the corresponding HI element for which that procedure is located. The following eight bytes are allocated for up to four modifiers for that procedure. If that procedure has less than four modifiers, the remaining bytes are spaced filled. In the event that 12 procedures are reported in the HI and all 12 procedures have at least one modifier, a total of 144 bytes of the MSG segment are used for this workaround.” □ If there is a text message that must be sent, begin the text message with the word, TEXT. This allows the text to be parsed more easily. □ The following example reflects an HI segment containing 12 procedures and all 12 procedures have at least one modifier. □ There is a text message that states, <i>Note: XX represent blank fill or spaces.</i>
Example	<p>MSG*HI01M1M2XXXXTEXT</p> <p>This is a retrospective request for MM/DD/YYYY service dates.</p>

Table 3.94 – Element ID MSG01-MSG03

Element ID	Usage	Guide Description and Valid Values	Comments
MSG01	R	Free-Form Message Text	
MSG02	N/A	Printer Carriage Control Code	
MSG03	N/A	Number	

Table 3.95 – Transaction Set Trailer

Segment Name	Transaction Set Trailer
Segment ID	SE
Loop ID	N/A
Usage	Required
Segment Notes	This segment ends the transaction.
Example	SE*52*152790~

Table 3.96 – Element ID SE01-SE02

Element ID	Usage	Guide Description and Valid Values	Comments
SE01	R	Transaction Segment Count	
SE02	R	Transaction Set Control Number	The value in this data element must match the value submitted in ST02.

Example of 278 Request Transaction

```

ST*278*0001~
BHT*0078*13*12345678790*20010226*0755~
HL*1**20*1~
NM1*X3*2*HEALTH CARE EXCEL*****PI*HCE~
HL*2*1*21*1~
NM1*1P*1*JONES*TOM*E**PH.D.*XX*1234567890~
REF*1J*123456789A~
N3*950 N MERIDIAN ST.*STE. 1100~
N4*INDIANAPOLIS*IN*46204~
PER*IC*DR. TOM JONES*TE*3035559876*FX*3035556789*FX*3035555555~
PRV*PC*ZZ*2198374~
HL*3*2*22*1~
TRN*1*2001042801*9012345678*CARDIOLOGY~
DTP*439*D8*20030103~
HI*BF:3899:D8:20001216~
PWK*04*EM***AC*26544565A*OP REPORT 1~
PWK*04*EL***AC*26544565B*OP REPORT 2~
NM1*IL*1*NELSON*JOHN*E***MI*123456789012~
REF*EJ*9459174917~
DMG*D8*19710101*M~
HL*4*3*19*1~
MSG*ATTACHMENT IS BEING MAILED~
NM1*1T*1*MCGILLICUDDY*DORIS*L**PH.D.~
REF*EI*995695860~
N3*989875 E. SOME ST.*STE. 200~
N4*ANDERSON*IN*46012~
PER*IC*DR. DORIS
MCGILLICUDDY*TE*3035555432*FX*3035556789*EM*DorisM@hotmail.com~
PRV*OT*ZZ*98124812~
HL*5*4*SS*0~
UM*SC*2*3*****3**A~
REF*BB*5555555555~
DTP*472*RD8*20030101-20030201~
DTP*435*D8*20030101~
DTP*096*D8*20030115~
DTP*456*D8*20030105~
HI*BO:D5211:RD8:20030101-20030201:2750.4:1~
CRC*75*Y*12*12~
CR5**D*D**1*****87*N*2*2*2*1*A*D~
PWK*04*EM***AC*23265445*PHYSICIAN REPORT 1~
PWK*04*EL***AC*23265446*PHYSICIAN REPORT 2~
MSG* HI01M1M2~
SE*42*0001~
    
```

Figure 3.1 – 278 Transaction Request

Segment Usage – 278 Response to Request for Review

The following matrix lists all segments available for submission on the 4010 version of the *National Electronic Data Interchange Transaction Set Implementation Guide: Health Care Services Review—Request for Review and Response: 278: ASC X12N 278 (004010X094) and (004010X094A1) Addenda (IG)*. It includes a *Usage* column that identifies segments as required (**R**), situational (**S**), or not used (**N/A**) by the Indiana Health Coverage Programs (IHCP). A required segment element must appear on all transactions. Failure to include a required segment results in a compliance error. A situational segment is not required for every type of transaction; however, a situational segment may be required under certain circumstances. Any data in a segment identified in the *Usage* column with an **X** is ignored by the IHCP. Any segment identified in the *Usage* column as required or situational is explained in detail in this section.

Table 3.97 – 278 Response Segments

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
ST	N/A	Transaction Set Header	R
BHT	N/A	Beginning of Hierarchical Transaction	R
HL	2000A	Utilization Management Organization Level	R
AAA	2000A	Request Validation	X
NM1	2010A	Utilization Management Organization Name	R
PER	2010A	Utilization Management Organization Contact Information	R
AAA	2010A	Request Validation	S
HL	2000B	Requester Level	R
NM1	2010B	Requester Name	R
REF	2010B	Requester Supplemental Identification	R
AAA	2010B	Request Validation	S
PRV	2010B	Requester Provider Information	S
HL	2000C	Subscriber Level	R
TRN	2000C	Patient Event Tracking Number	S – New segment per addenda
AAA	2000C	Request Validation	S
DTP	2000C	Accident Date	S
DTP	2000C	Last Menstrual Period Date	S
DTP	2000C	Estimated Date of Birth	S
DTP	2000C	Onset of Current Symptoms or Illness Date	S
HI	2000C	Subscriber Diagnosis	S
PWK	2000C	Additional Patient Information	S – New segment per addenda
NM1	2010CA	Subscriber Name	R
REF	2010CA	Subscriber Supplemental Information	S
AAA	2010CA	Subscriber Request Validation	S
DMG	2010CA	Subscriber Demographic Information	R

Table 3.97 – 278 Response Segments

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
NM1	2010CB	Additional Patient Information Contact Name	X – New segment per addenda
N3	2010CB	Additional Patient Information Contact Address	X – New loop/segment per addenda
N4	2010CB	Additional Patient Information Contact City/State/ZIP Code	X – New loop/segment per addenda
PER	2010CB	Additional Patient Information Contact Information	X – New loop/segment per addenda
HL	2000D	Dependent Level	X
TRN	2000D	Patient Event Tracking Number	X – New segment per addenda
AAA	2000D	Dependent Request Validation	X
DTP	2000D	Accident Date	X
DTP	2000D	Last Menstrual Period Date	X
DTP	2000D	Estimated Date of Birth	X
DTP	2000D	Onset of Current Symptoms or Illness Date	X
HI	2000D	Dependent Diagnosis	X
PWK	2000D	Additional Patient Information	X – New segment per addenda
NM1	2010DA	Dependent Name	X
REF	2010DA	Dependent Supplemental Identification	X
AAA	2010DA	Dependent Request Validation	X
DMG	2010DA	Dependent Demographic Information	X
INS	2010DA	Dependent Relationship	X
NM1	2010DB	Additional Patient Information Contact Name	X – New loop/segment per addenda
N3	2010DB	Additional Patient Information Contact Address	X – New loop/segment per addenda
N4	2010DB	Additional Patient Information Contact City/State/ZIP Code	X – New loop/segment per addenda
PER	2010DB	Additional Patient Information Contact Information	X – New loop/segment per addenda
HL	2000E	Service Provider Level	R
MSG	2000E	Message Text	S
NM1	2010E	Service Provider Name	R
REF	2010E	Service Provider Supplemental Identification	R
N3	2010E	Service Provider Address	S
N4	2010E	Service Provider City/State/ZIP Code	S
PER	2010E	Service Provider Contact Information	S
AAA	2010E	Request Validation	X
PRV	2010E	Service Provider Information	S
HL	2000F	Service Level	R
TRN	2000F	Service Trace Number	S
AAA	2000F	Service Request Validation	S

Table 3.97 – 278 Response Segments

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
UM	2000F	Health Care Services Review Information	R
HCR	2000F	Health Care Service Review	S
REF	2000F	Previous Certification Identification	S
DTP	2000F	Service Date	S
DTP	2000F	Admission Date	S
DTP	2000F	Discharge Date	S
DTP	2000F	Surgery Date	S
DTP	2000F	Certification Issue Date	X
DTP	2000F	Certification Expiration Date	X
DTP	2000F	Certification Effective Date	S
HI	2000F	Procedures	S
HSD	2000F	Health Care Services Delivery	X
CL1	2000F	Institutional Claim Code	S
CR1	2000F	Ambulance Transport Information	S
CR2	2000F	Spinal Manipulation Service Information	X
CR5	2000F	Home Oxygen Therapy Information	S
CR6	2000F	Home Health Care Information	S
PWK	2000F	Additional Patient Information	X – New segment per addenda
MSG	2000F	Message Text	S
NM1	2010F	Additional Service Information Contact Name	X – New loop/segment per addenda
REF	2010F	Additional Service Information Supplemental Identification	X
N3	2010F	Additional Service Information Address	X– New loop/segment per addenda
N4	2010F	Additional Service Information City/State/ZIP Code	X – New loop/segment per addenda
PER	2010F	Additional Service Information Contact Information	X – New loop/segment per addenda
SE	N/A	Transaction Set Trailer	R

Segment and Data Element Description

This section contains tables representing segments required or situational for the IHCP implementation of the 278 transaction. Each segment table contains rows and columns describing different elements of the segment.

Table 3.98 – Segment and Data Element Description

Segment/Data Element	Description
Segment Name	The industry assigned segment name identified in the <i>IG</i> .
Segment ID	The industry assigned segment ID identified in the <i>IG</i> .
Loop ID	The loop where the segment should appear.
Usage	This identifies the segment as required or situational.
Segment Notes	A brief description of the purpose or use of the segment including IHCP-specific usage.
Example	An example of complete segment.
Element ID	The industry assigned element ID identified in the <i>IG</i> .
Usage	This identifies the data element as R -required, S -situational, or N/A -not used.
Guide Description and Valid Values	Industry name associated with the data element. If no industry name exists, this is the <i>IG</i> data element name. This column also lists in bold the values and/or code sets to use.
Comments	Description of the contents of the data elements, including field lengths.

Table 3.99 – Transaction Set Header

Segment Name	Transaction Set Header
Segment ID	ST
Loop ID	N/A
Usage	Required
Segment Notes	This segment indicates the start of the transaction.
Example	ST*278*152790~

Table 3.100 – Element ID ST01-ST02

Element ID	Usage	Guide Description and Valid Values	Comments
ST01	R	Transaction Set Identifier Code 278 – Health Care Services Review Information	
ST02	R	Transaction Set Control Number	This number is generated by the IHCP and matches the value in the corresponding SE02 segment.

Table 3.101 – Beginning of Hierarchical Transaction

Segment Name	Beginning of Hierarchical Transaction
Segment ID	BHT
Loop ID	N/A
Usage	Required
Segment Notes	This segment identifies the transaction as a request and contains the transaction creation date and time.
Example	BHT*0078*11**20030402*081700~

Table 3.102 – Element ID BHT01-BHT06

Element ID	Usage	Guide Description and Valid Values	Comments
BHT01	R	Hierarchical Structure Code 0078 – Information Source, Receiver, Provider of Service, Subscriber, Dependent	
BHT02	R	Transaction Set Purpose Code 11 – Response	
BHT03	R	Submitter Transaction Identifier	This field contains the value submitted in the BHT03 element on the request transaction.
BHT04	R	Transaction Set Creation Date	Format is CCYYMMDD
BHT05	R	Time	See <i>IG</i> for time format.
BHT06	S	Transaction Type Code 18 – Response – No Further Updates to Follow 19 – Response – Further Updates to Follow AT – Administrative Action	

Table 3.103 – Utilization Management Organization (UMO) Level

Segment Name	Utilization Management Organization (UMO) Level
Segment ID	HL
Loop ID	2000A
Usage	Required
Segment Notes	This segment defines the utilization management organization (UMO) level hierarchy.
Example	HL*1**20*1~

Table 3.104 – Element ID HL01-HL04

Element ID	Usage	Guide Description and Valid Values	Comments
HL01	R	Hierarchical ID Number 1	
HL02	N/A	Hierarchical Parent ID Number	Not used
HL03	R	Hierarchical Level Code 20 – Information Source	
HL04	R	Hierarchical Child Code 1 – Additional Subordinate HL Data Segment in this hierarchical structure	

Table 3.105 – Utilization Management Organization (UMO) Name

Segment Name	Utilization Management Organization (UMO) Name
Segment ID	NM1
Loop ID	2010A
Usage	Required
Segment Notes	This segment identifies EDS/IHCP/HCE reviewing organization.
Example	NM1*X3*2*HEALTH CARE EXCEL*****PI*HCE~

Table 3.106 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code X3 – Utilization Management Organization	
NM102	R	Entity Type Qualifier 2 – Non-Person Entity	
NM103	R	Utilization Management Organization (UMO) Last or Organization Name HEALTH CARE EXCEL or LONG TERM CARE UNIT	This field contains the values Health Care Excel or Long Term Care Unit depending on the entity that evaluated the request.
NM104	S	Utilization Management Organization First Name	Not used by the IHCP
NM105	S	Utilization Management Organization Middle Name	Not used by the IHCP
NM106	N/A	Name Prefix	Not used
NM107	S	Utilization Management Organization Name Suffix	Not used by the IHCP
NM108	R	Identification Code Qualifier PI – Payer Identifier	
NM109	R	UMO Identifier HCE – Health Care Excel LTC – Long Term Care	
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.107 – Utilization Management Organization (UMO) Contact Information

Segment Name	Utilization Management Organization (UMO) Contact Information
Segment ID	PER
Loop ID	2010A
Usage	Required
Segment Notes	This segment submits the UMO's contact information. <i>Note: Contact phone numbers are being determined and will be included at a later date.</i>
Example	PER*IC***TE*3172221515~

Table 3.108 – Element ID PER01-PER09

Element ID	Usage	Guide Description and Valid Values	Comments
PER01	R	Contact Function Code IC – Information Contact	
PER02	S	Requester Contact Name	
PER03	S	Communication Number Qualifier TE – Telephone	
PER04	S	Requester Contact Communication Number 3173474511	
PER05	S	Communication Number Qualifier FX – Facsimile	
PER06	S	Requester Contact Communication Number 317347XXXX	
PER07	S	Communication Number Qualifier	Not used by the IHCP
PER08	S	Requester Contact Communication Number	Not used by the IHCP
PER09	N/A	Contact Inquiry Reference	Not used

Table 3.109 – Utilization Management Organization (UMO) Request Validation

Segment Name	Utilization Management Organization (UMO) Request Validation
Segment ID	AAA
Loop ID	2010A
Usage	Situational
Segment Notes	This segment is used to report reasons the original request could not be processed based on UMO information in the 2010A loop. The IHCP only returns this segment if the request is not valid at this level.
Example	AAA*N**79*C~

Table 3.110 – Element ID AAA01-AAA04

Element ID	Usage	Guide Description and Valid Values	Comments
AAA01	R	Valid Request Indicator N – No	
AAA02	N/A	Agency Qualifier Code	Not used
AAA03	R	Reject Reason Code 79 – Invalid Participant Identification T4 – Payer Name or Identifier Missing	These codes are returned if the UMO ID submitted is either missing or invalid.
AAA04	R	Follow-up Action Code P – Please Resubmit Original Transaction	The UMO loop did not contain accurate information necessary to process this transaction. Correct the information in this loop and resubmit a new transaction.

Table 3.111 – Requester Level

Segment Name	Requester Level
Segment ID	HL
Loop ID	2000B
Usage	Required
Segment Notes	This segment defines the requester level hierarchy.
Example	HL*2*1*21*1~

Table 3.112 – Element ID HL01-HL04

Element ID	Usage	Guide Description and Valid Values	Comments
HL01	R	Hierarchical ID Number	
HL02	R	Hierarchical Parent ID Number	
HL03	R	Hierarchical Level Code 21 – Information Receiver	
HL04	R	Hierarchical Child Code 1 – Additional Subordinate HL Data Segment in This Hierarchical Structure	

Table 3.113 – Requester Name

Segment Name	Requester Name
Segment ID	NM1
Loop ID	2010B
Usage	Required
Segment Notes	This segment identifies the entity that initiated the health care service request.
Example	NM1*IP*2*Anderson Medical Group*****XX*1234567890~

Table 3.114 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code 1P – Provider	
NM102	R	Entity Type Qualifier 2 – Non-Person Entity	
NM103	S	Requester Last or Organization Name	This data element is only returned if the requester is a non-Medicaid provider. The data from this NM1 segment on the request transaction is returned here.
NM104	S	Requester First Name	Not used by the IHCP
NM105	S	Requester Middle Name	Not used by the IHCP
NM106	N/A	Name Prefix	Not used
NM107	S	Requester Name Suffix	Not used by the IHCP
NM108	R	Identification Code Qualifier XX – NPI 24 – TAX ID	
NM109	R	Requester Identifier	If XX is sent in NM108 the 10 digit NPI is shown here If 24 is sent in NM108 the 9 digit Tax ID is shown here
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.115 – Requester Supplemental Identification

Segment Name	Requester Supplemental Identification
Segment ID	REF
Loop ID	2010B
Usage	Situational
Segment Notes	<ul style="list-style-type: none"> □ This segment contains the IHCP provider number if the requester is an IHCP-enrolled provider. The IHCP returns <i>ZH</i> in REF01 and the IHCP provider number in REF02. □ In the case of a non-IHCP provider, the IHCP returns qualifier <i>EI</i> in REF01 and the federal tax ID in REF02.
Example	REF*ZH*100999099B~

Table 3.116 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier ZH – Carrier Assignment Reference Number EI – Employer’s Identification Number	
REF02	R	Requester Supplemental Identifier	
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.117 – Requester Request Validation

Segment Name	Requester Request Validation
Segment ID	AAA
Loop ID	2010B
Usage	Situational
Segment Notes	This segment reports reasons the original request could not be processed based on requester name information in the 2010B loop. The IHCP only returns this segment if the request is not valid at this level.
Example	AAA*N*51*C~

Table 3.118 – Element ID AAA01-AAA04

Element ID	Usage	Guide Description and Valid Values	Comments
AAA01	R	Valid Request Indicator N – No	
AAA02	N/A	Agency Qualifier Code	Not used
AAA03	R	Reject Reason Code 43 – Invalid/Missing Provider Identification	Use Reject Reason Code 43 when the federal tax ID for a non-IHCP provider submitted in REF02 of the Requester Supplemental Identification segment in 2010B is missing.
		51 – Provider Not On File	Use Reject Reason Code 51 when the IHCP provider number submitted in REF02 of the Requester Supplemental Identification segment in 2010B is not found in IndianaAIM records.
AAA04	R	Follow-up Action Code C – Please Correct and Resubmit	

Table 3.119 – Requester Provider Information

Segment Name	Requester Provider Information
Segment ID	PRV
Loop ID	2010B
Usage	Situational
Segment Notes	This segment submits provider taxonomy information. Data in this segment is identical to data submitted on the request transaction.
Example	PRV*AD*ZZ*404FX0500D~

Table 3.120 – Element ID PRV01-PRV06

Element ID	Usage	Guide Description and Valid Values	Comments
PRV01	R	Provider Code	See IG for list of valid values.
PRV02	R	Reference Identification Qualifier ZZ – Mutually Defined	
PRV03	R	Provider Taxonomy Code	
PRV04	N/A	State or Province Code	Not used
PRV05	N/A	Provider Specialty Information	Not used
PRV06	N/A	Provider Organization Code	Not used

Table 3.121 – Subscriber Level

Segment Name	Subscriber Level
Segment ID	HL
Loop ID	2000C
Usage	Required
Segment Notes	This segment defines the subscriber level hierarchy.
Example	HL*3*2*19*1~

Table 3.122 – Element ID HL01-HL04

Element ID	Usage	Guide Description and Valid Values	Comments
HL01	R	Hierarchical ID Number	
HL02	R	Hierarchical Parent ID Number	
HL03	R	Hierarchical Level Code 22 – Subscriber	
HL04	R	Hierarchical Child Code 1 – Additional Subordinate HL Data Segment in This Hierarchical Structure	

Table 3.123 – Patient Event Tracking Number

Segment Name	Patient Event Tracking Number
Segment ID	TRN
Loop ID	2000C
Usage	Situational
Segment Notes	This segment contains trace values submitted on the original request transaction.
Example	TRN*1*1222401*ZH202~

Table 3.124 – Element ID TRN01-TRN04

Element ID	Usage	Guide Description and Valid Values	Comments
TRN01	R	Trace Type Code 2 – Referenced Transaction Trace Numbers	
TRN02	R	Patient Event Tracking Number	
TRN03	R	Trace Assigning Entity Identifier	
TRN04	S	Trace Assigning Entity Additional Identifier	

Table 3.125 – Subscriber Request Validation

Segment Name	Subscriber Request Validation
Segment ID	AAA
Loop ID	2000C
Usage	Situational
Segment Notes	This segment reports reasons the original request could not be processed based on subscriber information in the 2000C loop. The IHCP only returns this segment if the request is not valid at this level.
Example	AAA*N**33*C~

Table 3.126 – Element ID AAA01-AAA04

Element ID	Usage	Guide Description and Valid Values	Comments
AAA01	R	Valid Request Indicator N – No	
AAA02	N/A	Agency Qualifier Code	Not used
AAA03	R	Reject Reason Code 15 – Required application data missing 33 – Input Errors	Use Reject Reason Code 15 when a Hospice Long-Term Care request does not contain at least one diagnosis code and date in the HI segment. Reject Reason Code 33 is returned if the diagnosis code submitted in the HI segment is invalid.
AAA04	R	Follow-up Action Code C – Please Correct and Resubmit	

Table 3.127 – Accident Date

Segment Name	Accident Date
Segment ID	DTP
Loop ID	2000C
Usage	Situational
Segment Notes	This segment contains an accident date if applicable. Data in this segment is identical data submitted on the request transaction.
Example	DTP*439*D8*20030501~

Table 3.128 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/Time Qualifier 439 – Accident	
DTP02	R	Date/Time Period Qualifier D8 – Date Expressed in Format CCYYMMDD	
DTP03	R	Accident Date	

Table 3.129 – Last Menstrual Period Date

Segment Name	Last Menstrual Period Date
Segment ID	DTP
Loop ID	2000C
Usage	Situational
Segment Notes	This segment contains the subscriber’s last menstrual period date, if necessary for processing the request. Data in this segment is identical to data submitted on the request transaction.
Example	DTP*484*D8*20030501~

Table 3.130 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/Time Qualifier 484 – Last Menstrual Period	
DTP02	R	Date/Time Period Qualifier D8 – Date Expressed in Format CCYYMMDD	
DTP03	R	Last Menstrual Period Date	

Table 3.131 – Estimated Date of Birth

Segment Name	Estimated Date of Birth
Segment ID	DTP
Loop ID	2000C
Usage	Situational
Segment Notes	This segment contains the member’s estimated date of delivery. Data in this segment is identical to data submitted on the request transaction.
Example	DTP*ABC*D8*20030501

Table 3.132 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/Time Qualifier ABC – Estimated Date of Birth	
DTP02	R	Date/Time Period Qualifier D8 – Date Expressed in Format CCYYMMDD	
DTP03	R	Estimated Delivery Date	

Table 3.133 – Onset of Current Symptoms or Illness Date

Segment Name	Onset of Current Symptoms or Illness Date
Segment ID	DTP
Loop ID	2000C
Usage	Situational
Segment Notes	This segment contains the date of onset for current symptoms or illness. Data in this segment is identical to data submitted on the request transaction.
Example	DTP*431*D8*20030501

Table 3.134 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/Time Qualifier 431 – Onset of Current Symptoms or Illness	
DTP02	R	Date/Time Period Qualifier D8 – Date Expressed in Format CCYYMMDD	
DTP03	R	Onset Date	

Table 3.135 – Subscriber Diagnosis

Segment Name	Subscriber Diagnosis
Segment ID	HI
Loop ID	2000C
Usage	Situation
Segment Notes	This segment provides diagnosis information about the request. Data in this segment is identical to data submitted on the request transaction with the exception of LOINC [®] codes. Since the IHCP does not use LOINC codes, LOINC data from the request is ignored.
Example	HI*BF*51881*D8*20030501~

Table 3.136 – Element ID HI01-HI01-7

Element ID	Usage	Guide Description and Valid Values	Comments
HI01	R	Health Care Code Information	This is a composite data element. The seven data elements in this composite occur 12 times in this segment. Only the first occurrence is used in this illustration. See the <i>IG</i> for complete details.
HI01-1	R	Diagnosis Type Code BF – Diagnosis BJ – Admitting Diagnosis BK – Principal Diagnosis	
HI01-2	R	Diagnosis Code	
HI01-3	S	Date/Time Period Format Qualifier D8 – Date Expressed in Formal CCYYMMDD	
HI01-4	S	Diagnosis Date	
HI01-5	N/A	Monetary Amount	Not used
HI01-6	N/A	Quantity	Not used
HI01-7	N/A	Version Identifier	Not used

Table 3.137 – Additional Patient Information

Segment Name	Additional Patient Information
Segment ID	PWK
Loop ID	2000C
Usage	Situational
Segment Notes	This segment indicates additional information, not indicated as forthcoming on the original request, is required to process the request. This information must be sent to the IHCP for further consideration.
Example	PWK*AS*BM***AC*1522353~

Table 3.138 – Element ID PWK01-PWK09

Element ID	Usage	Guide Description and Valid Values	Comments
PWK01	R	Attachment Report Type Code	See <i>IG</i> for a list of valid type codes.
PWK02	R	Attachment Transmission Code BM – By Mail EL – Electronically Only EM – E-mail FX – By Fax VO – Voice	
PWK03	N/A	Report Copies Needed	Not used
PWK04	N/A	Entity Identifier Code	Not used
PWK05	S	Identification Code Qualifier AC – Attachment Control Number	
PWK06	S	Attachment Control Number	Providers must include this number on all documentation sent to satisfy this request for additional information. It is used to link the documentation with the original request.
PWK07	S	Attachment Description	
PWK08	N/A	Actions Indicated	Not used
PWK09	N/A	Request Category Code	Not used

Table 3.139 – Subscriber Name

Segment Name	Subscriber Name
Segment ID	NM1
Loop ID	2010CA
Usage	Required
Segment Notes	This segment contains the IHCP member name and ID number. Subscriber name information is obtained from IndianaAIM records based on the IHCP member number submitted on the 278. Name data on this response may or may not match exactly the name data submitted on the original request. If the request contained an invalid IHCP-member ID, NM103-NM105 is blank.
Example	NM1*IL*1*HARRISON*WILLIAM*****MI*100234009099~

Table 3.140 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code IL – Insured or Subscriber	
NM102	R	Entity Type Qualifier 1 – Person	
NM103	S	Subscriber Last Name	This field contains the last name of the IHCP member. If the individual is not an IHCP member, such as long-term care, subscriber last name and first name data is returned exactly as submitted on the 278 request.
NM104	S	Subscriber First Name	This field contains the first name of the IHCP member.
NM105	S	Subscriber Middle Name	
NM106	N/A	Subscriber Name Prefix	Not used
NM107	S	Subscriber Name Suffix	Not used by the IHCP
NM108	R	Identification Code Qualifier MI – Member Identification Number	
NM109	R	Subscriber Primary Identifier	This field contains the 12-digit IHCP member ID.
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.141 – Subscriber Supplemental Identification

Segment Name	Subscriber Supplemental Identification
Segment ID	REF
Loop ID	2010CA
Usage	Situational
Segment Notes	This segment provides the patient account number. Data in this segment is identical to the data submitted on the request transaction. An exception exists if the IHCP member ID submitted on the 278 request is linked to another member ID in IndianaAIM. In this case, an additional REF segment is created containing the ID submitted on the request. The current IHCP member ID resides in NM109 in this loop.
Example	REF*EJ*4478767CB01~

Table 3.142 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier EJ – Patient Account Number NQ – Medicaid Recipient Identification Number	NQ identifies an IHCP member ID that has been linked to another ID in IndianaAIM.
REF02	R	Subscriber Supplemental Identifier	
REF03	N/A	Description	
REF04	N/A	Reference Identifier	

Table 3.143 – Subscriber Request Validation

Segment Name	Subscriber Request Validation
Segment ID	AAA
Loop ID	2010CA
Usage	Situational
Segment Notes	This segment reports reasons the original request did not process based on subscriber information in the 2010CA loop. The IHCP only returns this segment if the request is not valid at this level.
Example	AAA*N*71*C~

Table 3.144 – Element ID AAA01-AAA04

Element ID	Usage	Guide Description and Valid Values	Comments
AAA01	R	Valid Request Indicator N – No	
AAA02	N/A	Agency Qualifier Code	Not used
AAA03	R	Reject Reason Code 65 – Invalid/Missing Patient Name	Reject Reason Code 65 is returned when the Subscriber Name in NM103-4 is missing for a non-IHCP member.
		71 – Patient Date of Birth Does Not Match That for the Patient on the Database	
		72 – Invalid/Missing Subscriber/Insurer ID	Reject Reason Code 72 is returned when the IHCP member name in NM109 in the Subscriber Name segment is missing.
		75 – Subscriber/Insured Not Found	The value 75 is returned when the value submitted in NM109 is not found in IndianaAIM records.
AAA03 (Continued)	R	95 – Patient Not Eligible	Reason code 95 is returned when the IHCP member identified in NM109 is not eligible for IHCP services on the date the IHCP received the 278.
AAA04	R	Follow-up Action Code C – Please Correct and Resubmit	

Table 3.145 – Subscriber Demographic Information

Segment Name	Subscriber Demographic Information
Segment ID	DMG
Loop ID	2010CA
Usage	Situational
Segment Notes	This segment provides the member birth date and gender code. This segment is only returned when date of birth is submitted on the request transaction. Gender code is retrieved from the IHCP records.
Example	DMG*D8*19620308*M~

Table 3.146 – Element ID DMG01-DMG09

Element ID	Usage	Guide Description and Valid Values	Comments
DMG01	R	Date/Time Period Format Qualifier D8 – Date expressed in format CCYYMMDD	
DMG02	R	Subscriber Birth Date	
DMG03	S	Subscriber Gender Code	
DMG04	N/A	Marital Status Code	Not used
DMG05	N/A	Race or Ethnicity Code	Not used
DMG06	N/A	Citizenship Status Code	Not used
DMG07	N/A	Country Code	Not used
DMG08	N/A	Basis of Verification Code	Not used
DMG09	N/A	Quantity	Not used

Table 3.147 – Service Provider Level

Segment Name	Service Provider Level
Segment ID	HL
Loop ID	2000E
Usage	Required
Segment Notes	This segment defines the service provider level hierarchy.
Example	HL*3*2*19*1~

Table 3.148 – Element ID HL01-HL04

Element ID	Usage	Guide Description and Valid Values	Comments
HL01	R	Hierarchical ID Number	
HL02	R	Hierarchical Parent ID Number	
HL03	R	Hierarchical Level Code 19 – Provider of Service	
HL04	R	Hierarchical Child Code 1 – Additional Subordinate HL Data Segment in This Hierarchical Structure	

Table 3.149 – Message Text

Segment Name	Message Text
Segment ID	MSG
Loop ID	2000E
Usage	Situational
Segment Notes	This segment communicates miscellaneous information from the UMO to the requester. If requesting prior authorization for a National Drug Code (NDC), the line item is denied and the following message is returned in this segment, <i>Request for prior authorization of NDC type procedures should be sent to ACS. Please resubmit to ACS.</i>
Example	MSG*REQUEST FOR PRIOR AUTHORIZATION FOR NDC TYPE PROCEDURES SHOULD BE SENT TO ACS. PLEASE RESUBMIT TO ACS.~

Table 3.150 – Element ID MSG01-MSG03

Element ID	Usage	Guide Description and Valid Values	Comments
MSG01	R	Free-Form Message Text	
MSG02	N/A	Printer Carriage Control Code	
MSG03	N/A	Number	

Table 3.151 – Service Provider Name

Segment Name	Service Provider Name
Segment ID	NM1
Loop ID	2010E
Usage	Required
Segment Notes	This segment identifies the service provider performing the service(s) requested in the 2000F – Service Loop(s)
Example	NM1*41*2*Anderson Medical Group*****XX*8888888888~

Table 3.152 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code 1T – Physician, Clinic, or Group Practice FA – Facility SJ – Service Provider	The IHCP only returns one iteration of the NM1 segment in this loop regardless of the number of repeats. If value SJ is originally submitted, that value and accompanying NM102 data element is returned by the IHCP. If SJ did not exist, the FA value and accompanying NM102 data element is returned. If SJ and FA do not exist, the 1T value and accompanying NM102 data element are returned.
NM102	R	Entity Type Qualifier 2 – Non-Person Entity	
NM103	S	Service Provider Last or Organization Name	This data element is only returned if the requester is a non-Medicaid provider. In this case, the data from this NM1 segment on the request transaction is returned here.
NM104	S	Service Provider First Name	Not used by the IHCP
NM105	S	Service Provider Middle Name	Not used by the IHCP
NM106	N/A	Name Prefix	Not used
NM107	S	Service Provider Name Suffix	Not used by the IHCP
NM108	S	Identification Code Qualifier XX – NPI 24 – TAX ID	
NM109	S	Identification Code	If XX is in NM108, the 10-digit NPI is shown here. If 24 is in NM108 the 9 digit TAX ID is shown here.
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.153 – Service Provider Supplemental Identification

Segment Name	Service Provider Supplemental Identification
Segment ID	REF
Loop ID	2010E
Usage	Situational
Segment Notes	Data in this segment is identical to data submitted on the request transaction. This segment is not returned if the IHCP service provider submitted in this segment on the request is invalid.
Example	REF*ZH*100999099B~

Table 3.154 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier ZH – Carrier Assignment Reference Number EI – Employer’s Identification Number	
REF02	R	Service Provider Supplemental Identifier	
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.155 – Service Provider Address

Segment Name	Service Provider Address
Segment ID	N3
Loop ID	2010E
Usage	Situational
Segment Notes	This segment contains the service provider’s street address. This segment is only used when the service provider is a non-IHCP provider. Data in this segment is identical to data submitted on the request transaction.
Example	N3*22276 Medical Drive~

Table 3.156 – Element ID N301-N302

Element ID	Usage	Guide Description and Valid Values	Comments
N301	R	Service Provider Address Line	
N302	S	Service Provider Address Line	

Table 3.157 – Service Provider City/State/ZIP Code

Segment Name	Service Provider City/State/ZIP Code
Segment ID	N4
Loop ID	2010E
Usage	Situational
Segment Notes	Service Provider Address Information
Example	N4*Indianapolis*IN*46204~

Table 3.158 – Element ID N401-N406

Element ID	Usage	Guide Description and Valid Values	Comments
N401	S	Service Provider City Name	
N402	S	Service Provider State or Province Code	
N403	S	Service Provider Postal Zone or ZIP Code	
N404	S	Service Provider Country Code	Not used by the IHCP
N405	N/A	Location Qualifier	Not used
N406	N/A	Location Qualifier	Not used

Table 3.159 – Service Provider Contact Information

Segment Name	Service Provider Contact Information
Segment ID	PER
Loop ID	2010E
Usage	Situational
Segment Notes	This segment contains the service provider’s contact information. Data in this segment is identical to data submitted on the request transaction.
Example	PER*IC*JEAN WILSON*TE*3172221515~

Table 3.160 – Element ID PER01-PER09

Element ID	Usage	Guide Description and Valid Values	Comments
PER01	R	Contact Function Code IC – Information Contact	
PER02	S	Service Provider Contact Name	
PER03	S	Communication Number Qualifier EM – E-mail FX – Facsimile TE – Telephone	
PER04	S	Service Provider Contact Communication Number	
PER05	S	Communication Number Qualifier EM – E-mail EX – Telephone Extension FX – Facsimile TE – Telephone	
PER06	S	Service Provider Contact Communication Number	
PER07	S	Communication Number Qualifier EM – E-mail EX – Telephone Extension FX – Facsimile TE – Telephone	
PER08	S	Service Provider Contact Communication Number	
PER09	N/A	Contact Inquiry Reference	Not used

Note: In accordance with the NMEH approved workaround, the 2000F Service Level loop repeats for each service code submitted in the HI segment on the request. For example, a request that contains one HI segment with four procedures would generate a response repeating the 2000F loop four times.

Table 3.161 – Service Level

Segment Name	Service Level
Segment ID	HL
Loop ID	2000F
Usage	Required
Segment Notes	This segment defines the service level hierarchy.
Example	HL*3*2*SS*0~

Table 3.162 – Element ID HL01-HL04

Element ID	Usage	Guide Description and Valid Values	Comments
HL01	R	Hierarchical ID Number	
HL02	R	Hierarchical Parent ID Number	
HL03	R	Hierarchical Level Code SS – Services	
HL04	R	Hierarchical Child Code 0 – No Subordinate HL Data Segment in this Hierarchical Structure	

Table 3.163 – Service Trace Number

Segment Name	Service Trace Number
Segment ID	TRN
Loop ID	2000F
Usage	Situational
Segment Notes	This segment contains trace values submitted on the original request transaction.
Example	TRN*2*7888892638*65661~

Table 3.164 – Element ID TRN01-TRN04

Element ID	Usage	Guide Description and Valid Values	Comments
TRN01	R	Trace Type Code 2 – Referenced Transaction Trace Numbers	
TRN02	R	Service Trace Number	The value returned comes directly from the 278 request.
TRN03	R	Trace Assigning Entity Identifier	
TRN04	S	Reference Identification	

Table 3.165 – Service Request Validation

Segment Name	Service Request Validation
Segment ID	AAA
Loop ID	2000F
Usage	Situational
Segment Notes	This segment reports reasons why the original request could not be processed based on service information in the 2000F loop. The IHCP only returns this segment if the request is not valid at this level.
Example	AAA*N**15*C~

Table 3.166 – Element ID AAA01-AAA04

Element ID	Usage	Guide Description and Valid Values	Comments
AAA01	R	Valid Request Indicator N – No	
AAA02	N/A	Agency Qualifier Code	Not used
AAA03	R	Reject Reason Code 15 – Required application data missing	Reject Reason Code 15 returns when a prior authorization request is submitted with no Service Code and Service Date in the HI segment. The IHCP returns a value of 15 if a Long-Term Care request does not include a valid Admission Date on the DTP segment.
		33 – Input Errors	The IHCP returns Reject Reason Code 33 under several circumstances. These situations include: <ol style="list-style-type: none"> 1. When the 278 request has an invalid value in a quantity field. A value is considered invalid for the following reasons: <ul style="list-style-type: none"> • <i>The value is negative</i> • <i>The value contains too many digits to the left of the decimal point</i> The value contains too many digits to the right of the decimal point 2. When a request has multiple 2000F loops and one 2000F loop has a Certification Type Code of Appeal, Value 1 or 2 in UM02 while another 2000F loop has a Certification Type Code of something other than Appeal. 3. When the HI segment does not have a requested date in HI01-4, or any subsequent iteration of this composite data element. 4. When the HI segment does not contain a valid procedure code, NDC code, or revenue code in HI01-2, or any subsequent iteration of this composite data element 5. When the HI segment contains a value in HI01-1 that is not supported by the IHCP.

Table 3.166 – Element ID AAA01-AAA04

Element ID	Usage	Guide Description and Valid Values	Comments
AAA03 (Continued)	R	T5 – Certification Information Missing	The IHCP returns Reject Reason Code T5 if REF02 of the Previous Certification Identification segment contains a previous authorization number that is not found in IndianaAIM records.
AAA04	R	Follow-up Action Code C – Please Correct and Resubmit	

Table 3.167 – Health Care Services Review Information

Segment Name	Health Care Services Review Information
Segment ID	UM
Loop ID	2000F
Usage	Required
Segment Notes	This segment contains information about the type of health care services review request. Data in this segment is identical to the data submitted on the request transaction.
Example	UM*AR*I*1*11:A**03~

Table 3.168 – Element ID UM01-UM10

Element ID	Usage	Guide Description and Valid Values	Comments
UM01	R	Request Category Code AR – Admission Review HS – Health Services Review SC – Specialty Care Review	
UM02	R	Certification Type Code	See <i>IG</i> for list of valid certification type codes.
UM03	S	Service Type Code	See <i>IG</i> for list of valid service type codes.
UM04	S	Health Care Service Location Information	This is a composite data element.
UM04-1	R	Facility Type Code	This data element contains either the place of service code, such as professional and dental, or the type of bill, such as institutional, depending on the value in UM04-2.

Table 3.168 – Element ID UM01-UM10

Element ID	Usage	Guide Description and Valid Values	Comments
UM04-2	R	Facility Code Qualifier A – Uniform Billing Claim Form Bill Type B – Place of Service code from the FAO record of the Electronic Media Claims National Standard Format	
UM04-3	N/A	Claim Frequency Type Code	Not used
UM05	S	Related Causes Information	This is a composite data element.
UM05-1	R	Related Causes Code AA – Auto Accident AP – Another Party Responsible EM – Employment	
UM05-2	S	Related Causes Code AP – Another Party Responsible EM – Employment	
UM05-3	S	Related Causes Code EM – Employment	
UM05-4	S	State Code	Not used by the IHCP
UM05-5	S	Country Code	Not used by the IHCP
UM06	S	Level of Service Code 03 – Emergency U – Urgent	
UM07	S	Current Health Condition Code	See <i>IG</i> for list of valid health condition codes.
UM08	S	Prognosis Code	See <i>IG</i> for list of valid health condition codes.
UM09	R	Release of Information Code	See <i>IG</i> for list of valid release of information codes.
UM10	S	Delay Reason Code	See <i>IG</i> for list of valid delay reason codes.

Table 3.169 – Health Care Services Review

Segment Name	Health Care Services Review
Segment ID	HCR
Loop ID	2000F
Usage	Situational
Segment Notes	This segment provides review outcome information and an authorization number.
Example	HCR*A1*34545601~

Table 3.170 – Element ID HCR01-HCR04

Element ID	Usage	Guide Description and Valid Values	Comments
HCR01	R	Action Code A1 – Certified in Total A3 – Not Certified A4 – Pended A5 – Modified CT – Contact Payer NA – No Action Required	
HCR02	S	Certification Number	This field contains the IHCP issued prior authorization number or certification number for long-term care or hospice requests.
HCR03	S	Reject Reason Code	See the <i>IG</i> for list of valid values.
HCR04	S	Second Surgical Opinion Indicator N – No Y – Yes	

Table 3.171 – Previous Certification Identification

Segment Name	Previous Certification Identification
Segment ID	REF
Loop ID	2000F
Usage	Situational
Segment Notes	This segment contains any previously obtained prior authorization numbers. Data in this segment is identical to data submitted on the request transaction unless data submitted is incorrect.
Example	REF*BB*34545601~

Table 3.172 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier BB – Authorization Number	
REF02	R	Previous Certification Identifier	This field contains the previously issued prior authorization number or certification number for hospice and LTC requests.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.173 – Service Date

Segment Name	Service Date
Segment ID	DTP
Loop ID	2000F
Usage	Situational
Segment Notes	This segment contains the hospice service date(s). Data in this segment is identical to data submitted on the request transaction.
Example	DTP*RD8*20030401-20030406~

Table 3.174 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/Time Qualifier 472 – Service	This segment contains the hospice service date(s).
DTP02	R	Date/Time Period Qualifier D8 – Date Expressed in Format CCYYMMDD RD8 – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
DTP03	R	Proposed or Actual Service Date	

Table 3.175 – Admission Date

Segment Name	Admission Date
Segment ID	DTP
Loop ID	2000F
Usage	Situational
Segment Notes	This segment contains the admission date(s). Data in this segment is identical to data submitted on the request transaction.
Example	DTP*D8*20030406~

Table 3.176 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/Time Qualifier 435 – Admission	
DTP02	R	Date/Time Period Qualifier D8 – Date Expressed in Format CCYYMMDD RD8 – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
DTP03	R	Proposed or Actual Admission Date	

Table 3.177 – Discharge Date

Segment Name	Discharge Date
Segment ID	DTP
Loop ID	2000F
Usage	Situational
Segment Notes	This segment contains the inpatient discharge date(s). Data in this segment is identical to data submitted on the request transaction.
Example	DTP*D8*20030410~

Table 3.178 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/Time Qualifier 096 – Discharge	
DTP02	R	Date/Time Period Qualifier D8 – Date Expressed in Format CCYYMMDD	
DTP03	R	Proposed or Actual Discharge Date	

Table 3.179 – Surgery Date

Segment Name	Surgery Date
Segment ID	DTP
Loop ID	2000F
Usage	Situational
Segment Notes	This segment contains the surgery date(s). Data in this segment is identical to data submitted on the request transaction.
Example	DTP*D8*20030406~

Table 3.180 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/Time Qualifier 456 – Surgery	
DTP02	R	Date/Time Period Qualifier D8 – Date Expressed in Format CCYYMMDD	
DTP03	R	Proposed or Actual Surgery Date	

Table 3.181 – Certification Effective Date

Segment Name	Certification Effective Date
Segment ID	DTP
Loop ID	2000F
Usage	Situational
Segment Notes	This segment provides effective dates for long-term care or hospice approval.
Example	DTP*007*RD8*20030701-20030731~

Table 3.182 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/Time Qualifier 007 – Issue	
DTP02	R	Date/Time Period Format Qualifier D8 – Date Express in Format CCYYMMDD RD8 – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
DTP03	R	Certification Effective Date	

Table 3.183 - Procedures

Segment Name	Procedures
Segment ID	HI
Loop ID	2000F
Usage	Situational
Segment Notes	<ul style="list-style-type: none"> □ This segment provides the service codes, dates, amounts or quantities corresponding to the decision or action in the HCR segment of this 2000F loop. □ <i>Note that this HI segment only has one procedure code on the response, as opposed to the 278 request that can contain up to 12.</i> □ The 2000F loop is repeated for each service code submitted on the request.
Example	HI*BO:32850:RD8:20030401-20030401~

Table 3.184 – Element ID HI01-HI01-7

Element ID	Usage	Guide Description and Valid Values	Comments
HI01	R	Health Care Code Information	This is a composite data element. The seven data elements in this composite occur 12 times in this segment. Only the first occurrence is used in this illustration. See the <i>IG</i> for complete details.
HI01-1	R	Code List Qualifier Code ABR – Assigned by Receiver BO – Health Care Financing Administration Common Procedural Coding System NDC – National Drug Code	Since pharmacy services (NDCs) are prior authorized by ACS, the only time the NDC qualifier code is returned is when the line item is denied, and the requester is instructed to submit the request to ACS.
HI01-2	R	Procedure Code	If using a decimal point, the decimal must be in the correct position per the code set guidelines, or it may result in request rejection.
HI01-3	S	Date/Time Period Qualifier D8 – Date Expressed in Format CCYYMMDD RD8 – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
HI01-4	S	Procedure Date	
HI01-5	S	Procedure Monetary Amount	This element contains a value of -1 when the 278 request has an invalid value in an amount field. A value is considered invalid for the following reasons: <ul style="list-style-type: none"> • Value is negative • Value contains too many digits to the left of the decimal point • Value contains too many digits to the right of the decimal point
HI01-6	S	Procedure Quantity	This element contains a value of -1 when the 278 request has an invalid value in a quantity field. A value is considered invalid for the following reasons: <ul style="list-style-type: none"> • Value is negative • Value contains too many digits to the left of the decimal point • Value contains too many digits to the right of the decimal point
HI01-7	S	Version, Release, or Industry Identifier	Not used by the IHCP

Table 3.185 – Institutional Claim Code

Segment Name	Institutional Claim Code
Segment ID	CL1
Loop ID	2000F
Usage	Situational
Segment Notes	This segment is returned only if data is received on the 278 request. Data in this segment is identical to data submitted on the request transaction.
Example	CL1***20~

Table 3.186 – Element ID CL101-CL104

Element ID	Usage	Guide Description and Valid Values	Comments
CL101	S	Admission Type Code	See <i>IHCP Provider Manual</i> for list of valid codes
CL102	S	Admission Source Code	See <i>IHCP Provider Manual</i> for list of valid codes
CL103	S	Patient Status Code	See <i>IHCP Provider Manual</i> for list of valid codes
CL104	S	Nursing Home Residential Status Code	See <i>IG</i> for list of valid codes

Table 3.187 – Ambulance Transport Information

Segment Name	Ambulance Transport Information
Segment ID	CR1
Loop ID	2000F
Usage	Situational
Segment Notes	This segment is returned only if data is received on the 278 request. Data in this segment is identical to data submitted on the request transaction.
Example	CR1***I**DH*50~

Table 3.188 – Element ID CR101-CR110

Element ID	Usage	Guide Description and Valid Values	Comments
CR101	N/A	Unit or Basis for Measurement Code	Not used
CR102	N/A	Weight	Not used
CR103	R	Ambulance Transport Code	See <i>IG</i> for list of valid values
CR104	R	Ambulance Transport Reason Code	See <i>IG</i> for list of valid values
CR105	S	Unit or Basis for Measurement Code DH – Miles	
CR106	S	Transport Distance	This element contains a value of -1 when the 278 request has an invalid value in a quantity field. A value is considered invalid for the following reasons: <ul style="list-style-type: none"> • Value is negative • Value contains too many digits to the left of the decimal point • Value contains too many digits to the right of the decimal point
CR107	S	Ambulance Trip Origin Address	
CR108	S	Ambulance Trip Destination Address	
CR109	S	Round Trip Purpose Description	Not used by the IHCP
CR110	S	Stretcher Purpose Description	Not used by the IHCP

Table 3.189 – Home Oxygen Therapy Information

Segment Name	Home Oxygen Therapy Information
Segment ID	CR5
Loop ID	2000F
Usage	Situational
Segment Notes	This segment is returned only if data is received on the 278 request. Data in this segment is identical to data submitted on the request transaction.
Example	CR5***D***1*****2*A~

Table 3.190 – Element ID CR501-CR518

Element ID	Usage	Guide Description and Valid Values	Comments
CR501	N/A	Certification Type Code	Not used
CR502	N/A	Quantity	Not used
CR503	S	Oxygen Equipment Type Code	See <i>IG</i> for list of valid values
CR504	S	Oxygen Equipment Type Code	See <i>IG</i> for list of valid values
CR505	S	Equipment Reason Description	
CR506	S	Oxygen Flow Rate	This element contains a value of -1 when the 278 request has an invalid value in a quantity field. A value is considered invalid for the following reasons: <ul style="list-style-type: none"> • Value is negative • Value contains too many digits to the left of the decimal point • Value contains too many digits to the right of the decimal point
CR507	S	Daily Oxygen Use Count	This element contains a value of -1 when the 278 request has an invalid value in a quantity field. A value is considered invalid for the following reasons: <ul style="list-style-type: none"> • Value is negative • Value contains too many digits to the left of the decimal point • Value contains too many digits to the right of the decimal point
CR508	S	Oxygen Use Period Hour Count	This element contains a value of -1 when the 278 request has an invalid value in a quantity field. A value is considered invalid for the following reasons: <ul style="list-style-type: none"> • Value is negative • Value contains too many digits to the left of the decimal point • Value contains too many digits to the right of the decimal point
CR509	S	Respiratory Therapy Order Text	
CR510	N/A	Quantity	Not used
CR511	N/A	Quantity	Not used
CR512	N/A	Oxygen Test Condition Code	Not used
CR513	N/A	Oxygen Test Findings Code	Not used
CR514	N/A	Oxygen Test Findings Code	Not used
CR515	N/A	Oxygen Test Findings Code	Not used

Table 3.190 – Element ID CR501-CR518

Element ID	Usage	Guide Description and Valid Values	Comments
CR516	N/A	Portable Oxygen System Flow Rate	Not used
CR517	R	Oxygen Delivery System Code	
CR518	S	Oxygen Equipment Type Code	

Table 3.191 – Home Health Care Information

Segment Name	Home Health Care Information
Segment ID	CR6
Loop ID	2000F
Usage	Situational
Segment Notes	This segment is returned only if data is received on the 278 request. Data in this segment is identical to data submitted on the request transaction.
Example	CR6*7*20030501~

Table 3.192 – Element ID CR601-CR621

Element ID	Usage	Guide Description and Valid Values	Comments
CR601	R	Prognosis Code 1 – Poor 2 – Guarded 3 – Fair 4 – Good 5 – Very good 6 – Excellent 7 – Less than six months to live 8 – Terminal	
CR602	R	Service From Date	
CR603	S	Date/Time Period Qualifier RD8 – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
CR604	S	Home Health Certification Period	
CR605	N/A	Date	Not used
CR606	N/A	Yes/No Condition or Response Code	Not used
CR607	S	Medicare Coverage Indicator N – No U – Unknown Y – Yes	
CR608	R	Certification Type Code 1 – Appeal – immediate 2 – Appeal – standard 3 – Cancel 4 – Extension I – Initial R – Renewal S – Revised	Certification codes 1 and 2 are treated as administrative reviews. Certification code 3 is considered an update. Code 4 is considered an update extension to dates. Hospices requesting an extension to an existing hospice should use Certification Type Code 4 . Code I is considered a new request. Code R is considered a new request. Code S is considered an update. Long Term Care providers making changes to an existing level of care should use Certification Type Code S .
CR609	N/A	Date	Not used
CR610	N/A	Product or Service ID Qualifier	Not used
CR611	N/A	Medical Code Value	Not used
CR612	N/A	Date	Not used

Table 3.192 – Element ID CR601-CR621

Element ID	Usage	Guide Description and Valid Values	Comments
CR613	N/A	Date	Not used
CR614	N/A	Date	Not used
CR615	N/A	Date/Time Format Qualifier	Not used
CR616	N/A	Date/Time Period	Not used
CR617	N/A	Patient Location Code	Not used
CR618	N/A	Date	Not used
CR619	N/A	Date	Not used
CR620	N/A	Date	Not used
CR621	N/A	Date	Not used

Table 3.193 – Message Text

Segment Name	Message Text
Segment ID	MSG
Loop ID	2000F
Usage	Situational
Segment Notes	<ul style="list-style-type: none"> □ This segment returns modifiers that correspond to procedure codes in the HI segment. It can also contain explanatory text. This is an industry-accepted workaround to 278 limitations related to procedure modifiers. □ The official workaround states: “The procedure for which the modifier is being reported will be identified in the MSG segment by the corresponding HI element for which that procedure is located. The following eight bytes will be allocated for up to four modifiers for that procedure. If that procedure has less than four modifiers the remaining bytes are spaced filled.” □ The following example reflects an HI segment that contains one procedure and two modifiers, M1 and M2. □ There is a text message that states, <i>Note: XX represent blank fill or spaces.</i>
Example	MSG*HI 0 1M1M2XXXXTEXT

Table 3.194 – Element ID MSG01-MSG03

Element ID	Usage	Guide Description and Valid Values	Comments
MSG01	R	Free-Form Message Text	
MSG02	N/A	Printer Carriage Control Code	Not used
MSG03	N/A	Number	Not used

Table 3.195 – Transaction Set Trailer

Segment Name	Transaction Set Trailer
Segment ID	SE
Loop ID	N/A
Usage	Required
Segment Notes	This segment ends the transaction.
Example	SE*52*152790~

Table 3.196 – Element ID SE01-SE02

Element ID	Usage	Guide Description and Valid Values	Comments
SE01	R	Transaction Segment Count	
SE02	R	Transaction Set Control Number	The value in this data element matches the value submitted in ST02.

Example of a 278 Response Transaction

```
ST*278*51001~
BHT*0078*11*12345678790*20030325*1256*18~
HL*1**20*1~
NM1*X3*2*HEALTH CARE EXCEL*****PI*HCE~
PER*IC**TE*3173474511*TE*8004574518*FX*8005555555~
HL*2*1*21*1~
NM1*FA*2*****XX*1234567890~
REF*ZH*100999580A~
PRV*AD*ZZ*404FX0500D~
HL*3*2*22*1
TRN*2*2001042801*9012345678*CARDIOLOGY~
DTP*439*D8*20021101~
DTP*484*D8*20021102~
DTP*ABC*D8*20021103~
DTP*431*D8*20021104~
HI*BF:E8000:D8:20021101~
NM1*IL*1*RICKETTS*JOSEPH*W***MI*100400999799~
REF*EJ*56722341~
DMG*D8*19810912*M~
HL*4*3*19*1~
NM1*SJ*2*FAMILY PRACTICE CENTER~
REF*EI*100227500~
PRV*AD*ZZ*404FX0500D~
HL*5*4*SS*0~
TRN*2*7888892638*65661~
TRN*2*7888892639*65661~
UM*AR*I*1*XX:A**03~
HCR*A1*2305400001*N~
REF*BB*2305400001~
DTP*472*RD8*20021201-20021231~
DTP*435*RD8*20021202-20021230~
DTP*096*D8*20021231~
DTP*456*D8*20021203~
HI*BO:J1441:RD8:20021201-20021231:34.23:1.999~
MSG*HI01GTGXSLS~
HL*6*4*SS*~0
UM*AR*I*1*XX:A**03~
HCR*A3*2305400001*35*N~
REF*BB*2305400001~
DTP*472*RD8*20021201-20021231~
DTP*435*RD8*20021202-20021230~
DTP*096*D8*20021231~
DTP*456*D8*20021203~
HI*BO:32850:RD8:20030202-20030202~
MSG*HI01KXSLS~
SE*46*51001~
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Figure 3.2 – 278 Response Transaction

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