



278 Health Care Services Review - Request for Review and Response Companion Guide

Version 1.1

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TABLE OF CONTENTS

INTRODUCTION	4
PURPOSE	4
SPECIAL CONSIDERATIONS	5
Inbound Transactions Supported	5
Response Transactions Supported	5
Delimiters Supported	5
Patient Identification	6
Maximum Limitations	6
Definition of Terms	7
Telecommunication Specifications	7
Compliance Testing Specifications	8
Trading Partner Acceptance Testing Specifications	9
INTERCHANGE CONTROL HEADER SPECIFICATIONS (278 REQUEST)	11
INTERCHANGE CONTROL TRAILER SPECIFICATIONS (278 REQUEST)	13
FUNCTIONAL GROUP HEADER SPECIFICATIONS (278 REQUEST)	14
FUNCTIONAL GROUP TRAILER SPECIFICATIONS (278 REQUEST)	15
278 HEALTH CARE SERVICES REVIEW- REQUEST FOR REVIEW TRANSACTION SPECIFICATIONS	16
INTERCHANGE CONTROL HEADER SPECIFICATIONS (278 RESPONSE)	23
INTERCHANGE CONTROL TRAILER SPECIFICATIONS (278 RESPONSE)	25
FUNCTIONAL GROUP HEADER SPECIFICATIONS (278 RESPONSE)	26
FUNCTIONAL GROUP TRAILER SPECIFICATIONS (278 RESPONSE)	27
278 HEALTH CARE SERVICES REVIEW - RESPONSE TRANSACTION SPECIFICATIONS	28

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INTRODUCTION

In an effort to reduce the administrative costs of health care across the nation, the Health Insurance Portability and Accountability Act (HIPAA) was passed in 1996. This legislation requires that health insurance payers in the United States comply with the electronic data interchange (EDI) standards for health care, established by the Secretary of Health and Human Services (HHS). For the health care industry to achieve the potential administrative cost savings with EDI, standard transactions and code sets have been developed and need to be implemented consistently by all organizations involved in the electronic exchange of data. The ANSI X12N 278 Health Care Services Review - Request for Review and Response transactions implementation guide provides the standardized data requirements to be implemented for all health care requests for review and responses conducted electronically.

PURPOSE

The purpose of this document is to provide the information necessary to submit a request for review and receive a response electronically to/from ValueOptions, Inc. This companion guide is to be used in conjunction with the ANSI X12N implementation guides. The companion guide supplements, but does not contradict or replace any requirements in the implementation guide. The implementation guides can be obtained from the Washington Publishing Company by calling 1-800-972-4334 or are available for download on their web site at www.wpc-edi.com/hipaa/ . Other important websites:

Workgroup for Electronic Data Interchange (WEDI) – <http://www.wedi.org>
United States Department of Health and Human Services (DHHS) – <http://aspe.hhs.gov/>
Centers for Medicare and Medicaid Services (CMS) – <http://www.cms.gov/hipaa/hipaa2/>
Designated Standard Maintenance Organizations (DSMO) – <http://www.hipaa-dsmo.org/>
National Council of Prescription Drug Programs (NCPDP) – <http://www.ncdp.org/>
National Uniform Billing Committee (NUBC) – <http://www.nubc.org/>
Accredited Standards Committee (ASC X12) – <http://www.x12.org/>

SPECIAL CONSIDERATIONS

Inbound Transactions Supported

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

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

Response Transactions Supported

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

- TA1 Interchange Acknowledgement ☒
- 997 Functional Acknowledgement ☒
- 278 Health Care Services Review - Response– **ASC X12N 278 (004010X094A1)** ☒

NOTE: The TA1 and 997 acknowledgements will be supported for real-time transactions.

Delimiters Supported

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

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

ValueOptions will support these default delimiters or any delimiter specified by the trading partner in the ISA/IEA envelope structure.

Patient Identification

The 278 transaction requires the requester provide the member ID found in the Subscriber Name loop (2010CA). That number alone may be adequate to uniquely identify the subscriber to the Utilization Management Organization (UMO). However, the UMO may require additional information to identify the subscriber/patient. The maximum data elements the UMO may require is the Subscriber's Member ID, the Patient's First, Last Name and DOB.

ValueOptions requires the following elements to uniquely identify a patient in their system:

- Subscriber's Member ID
- Patient's First Name
- Patient's Last Name
- Patient's Date of Birth

The Patient's First and Last Names, although not required, should be provided if available. They will assist ValueOptions in identifying the member, if a unique match is not found based on the Member ID and DOB.

Maximum Limitations

The 278 Health Care Services Request for Review transaction supports multiple types of service review requests. The Implementation Guide strongly recommends limiting the transaction set to one patient event. This can be thought of as a one-to-one relationship: one transaction set for one patient event.

A patient event refers to the service or group of services associated with a single episode of care. Therefore, the 278 transaction may include a request for multiple services and multiple service providers associated with the one patient event.

The structure of the transaction is as follows:

Utilization Management Organization (UMO)
Requester
 Subscriber
 Dependent (may be provided if the dependent does not have a unique identifier)
 Service Provider
 Service

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

Batch Mode:

ValueOptions has no file size limitations. The Interchange Control structure (ISA/IEA envelope) will be treated as one file. Each Interchange Control structure may consist of multiple Functional Groups (GS/GE envelopes). ValueOptions requires that the Interchange Control structure is limited to one type of Functional Group, such as 278 Health Care Services Review – Request for Review transactions. ValueOptions will validate and accept or reject the entire Interchange Control structure (ISA/IEA envelope).

Batch files will be processed and the response file will be available within 24 hours of receipt.

Real-Time Mode:

ValueOptions expects a single transaction for one patient event in a real-time inquiry. Response time will be proportionate to the number of service providers and service levels included in the review request.

Definition of Terms

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

- Utilization Management Organization (UMO) – The UMO refers to insurance companies, health maintenance organizations, preferred provider organizations, etc. The organization that makes the medical decision on a service review request.
- Requester – The requester refers to providers who request authorization or certification for a patient to receive health care services.
- Subscriber – A person who can be uniquely identified to an information source. Traditionally referred to as a member.
- Dependent – A person who cannot be uniquely identified to an information source, but can be identified by an information source when associated with a subscriber.
- Patient – There is no HL loop dedicated to the patient, rather, the patient can be either the subscriber or the dependent.
 1. When the subscriber is the patient or when the patient has a unique identification number (different from the subscriber), only the Subscriber Level loop (2000C) is used. This situation is common when an insurance company issues a unique insurance ID card to each individual insured.
 2. In all other cases, loop 2000C is used to identify the subscriber, and the Dependent Level loop (2000D) is used to identify the dependent that is the patient. This structure is more common in traditional group insurance where a patient is uniquely identified within the primary subscriber identifier.
- Service Provider – The service provider is the referred-to provider, specialist, specialty entity, group or facility where the requested services are to be performed.
- Service - Services requested for the identified patient and to be supplied by the identified service provider. In the response transaction the Service Level conveys the outcome of the service review request.

Telecommunication Specifications

Trading partners wishing to submit electronic Request for Review (278 transactions) to ValueOptions must have a valid ValueOptions Submitter ID/Password. If you do not have a Submitter ID you may obtain one by completing the Account Request form available on the ValueOptions website at <http://www.valueoptions.com/provider/handbooks/forms.htm>

ValueOptions can accommodate multiple submission methods for the 278 Health Care Services

Request for Review transaction. Please refer to the ETS (Electronic Transport System) Electronic Data Exchange Overview document on the ValueOptions website at <http://www.valueoptions.com/provider/compliance> for further details.

If you have any questions please contact the ValueOptions EDI help desk.

E-mail: e-supportservices@valueoptions.com

Telephone: 888-247-9311 (8am-6pm, Monday-Friday)

FAX: 866-698-6032

Compliance Testing Specifications

The Workgroup for Electronic Data Interchange (WEDI) and the Strategic National Implementation Process (SNIP) have recommended seven types HIPAA compliance testing, these are:

1. Integrity Testing – This is testing the basic syntax and integrity of the EDI transmission to include: valid segments, segment order, element attributes, and numeric values in numeric data elements, X12 syntax and compliance with X12 rules.
2. Requirement Testing – This is testing for HIPAA Implementation Guide specific syntax such as repeat counts, qualifiers, codes, elements and segments. Also testing for required or intra-segment situational data elements and non-medical code sets whose values are noted in the guide via a code list or table.
3. Balance Testing – This is testing the transaction for balanced totals, financial balancing of claims or remittance advice and balancing of summary fields.
4. Situational Testing – This is testing of inter-segment situations and validation of situational fields based on rules in the Implementation Guide.
5. External Code Set Testing – This is testing of external code sets and tables specified within the Implementation Guide. This testing not only validates the code value but also verifies that the usage is appropriate for the particular transaction.
6. Product Type or Line of Service Testing – This is testing that the segments and elements required for certain health care services are present and formatted correctly. This type of testing only applies to a trading partner candidate that conducts the specific line of business or product type.
7. Implementation Guide-Specific Trading Partners Testing – This is testing of HIPAA requirements that pertain to specific trading partners such as Medicare, Medicaid and Indian Health. Compliance testing with these payer specific requirements is not required from all trading partners. If the trading partner intends to exchange transactions with one of these special payers, this type of testing is required.

The WEDI/SNP white paper on Transaction Compliance and Certification and other white papers are found at <http://www.wedi.org/snip/public/articles/index.shtml>

ValueOptions' Recommendations:

According to the Centers for Medicare and Medicaid Services (CMS), you are responsible for ensuring that your EDI transactions are conducted in compliance with HIPAA regulations. In an effort to help you address your HIPAA EDI obligations as efficiently as possible, we recommend Claredi™, the nation's leading provider of HIPAA transaction and code set testing and certification. Claredi is an independent certifying agency, and the only testing and certification entity selected by CMS for their own compliance. As an additional benefit, using the same certification organization as ValueOptions greatly reduces the potential for any future discrepancies with transactions.

Trading Partner Acceptance Testing Specifications

To submit a test file to ValueOptions, you must have a valid Submitter ID/Password. Please refer to the Telecommunications Specifications section on page 7 of this document for details on obtaining a Submitter ID/Password.

If you are testing the submission of the Health Care Services Review - Request for Review and Response transaction (278), please set the Usage Indicator (ISA15) in the Interchange Control segment of your ISA/IEA envelope to 'T' for Test. The transaction will be loaded to a separate test area and processed against test data.

278 HEALTH CARE SERVICES REVIEW – REQUEST FOR REVIEW TRANSACTION

INTERCHANGE CONTROL HEADER SPECIFICATIONS (278 REQUEST)

Seg	Data Element	Name	Usage	Comments	Expected Value
ISA		Interchange Control Header	R	HEADER	
	ISA01	Authorization Information Qualifier	R	Valid values: '00' No Authorization Information Present '03' Additional Data Identification	Use '03' Additional Data Identification to indicate that a login ID will be present in ISA02.
	ISA02	Authorization Information	R	Information used for additional identification or authorization.	Use the ValueOptions submitter ID as the login ID. Maximum 10 characters.
	ISA03	Security Information Qualifier	R	Valid values: '00' No Security Information Present '01' Password	Use '01' Password to indicate that a password will be present in ISA04.
	ISA04	Security Information	R	Additional security information identifying the sender.	Use the ValueOptions submitter ID password. Maximum 10 characters.
	ISA05	Interchange ID Qualifier	R		Refer to the implementation guide for a list of valid qualifiers.
	ISA06	Interchange Sender ID	R		Refer to the implementation guide specifications.
	ISA07	Interchange ID Qualifier	R		Use 'ZZ' Mutually Defined.
	ISA08	Interchange Receiver ID	R		Use 'FHC &Affiliates'.
	ISA09	Interchange Date	R	Date format YYMMDD.	Refer to the implementation guide specifications.
	ISA10	Interchange Time	R	Time format HHMM.	Refer to the implementation guide specifications.

ISA11	Interchange Control Standards Identifier	R	Code to identify the agency responsible for the control standard used by the message. Valid value: 'U' U.S. EDI Community of ASC X12	Use the value specified in the implementation guide.
ISA12	Interchange Control Version Number	R	Valid value: '00401' Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997.	Use the current standard approved for the ISA/IEA envelope. Other standards will not be accepted.
ISA13	Interchange Control Number	R	The interchange control number in ISA13 must be identical to the associated interchange trailer IEA02.	This value is defined by the sender's system. If the sender does not wish to define a unique identifier zero fill this element.
ISA14	Acknowledgement Requested	R	This pertains to the TA1 acknowledgement. Valid values: '0' No Acknowledgement Requested '1' Interchange Acknowledgement Requested	ValueOptions will send a TA1 Interchange Acknowledgement for real-time requests only.
ISA15	Usage Indicator	R	Valid values: 'P' Production 'T' Test	The Usage Indicator should be set appropriately. The value in this element will be verified against the accounts "test" status in ETS and rejected if they do not match.
ISA16	Component Element Separator	R	The delimiter must be a unique character not found in any of the data included in the transaction set. This element contains the delimiter that will be 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.	ValueOptions will accept any delimiter specified by the sender. The uniqueness of each delimiter will be verified.

INTERCHANGE CONTROL TRAILER SPECIFICATIONS (278 REQUEST)

Seg	Data Element	Name	Usage	Comments	Expected Value
TRAILER					
IEA		Interchange Control Trailer	R		
	IEA01	Number of Included Functional Groups	R	Count of the number of functional groups in the interchange.	This is the count of the GS/GE functional groups included in the interchange structure. Limit the ISA/IEA envelope to one type of functional group i.e. functional identifier code 'HI' Health Care Services Review Information (278).
	IEA02	Interchange Control Number	R	The interchange control number in IEA02 must be identical to the associated interchange header value sent in ISA13.	The interchange control number in IEA02 will be compared to the number sent in ISA13. If the numbers do not match the file will be rejected

FUNCTIONAL GROUP HEADER SPECIFICATIONS (278 REQUEST)

Seg	Data Element	Name	Usage	Comments	Expected Value
GS		Functional Group Header	R	HEADER	
	GS01	Functional Identifier Code	R	Code identifying a group of application related transaction sets. Valid value: 'H1' Health Care Services Review Information (278)	Use the value specified in the implementation guide.
	GS02	Application Sender's Code	R		The sender defines this value. ValueOptions will not be validating this value.
	GS03	Application Receiver's Code	R		This field will identify how the file is received by ValueOptions.
	GS04	Date	R	Date format CCYYMMDD.	Use 'EDI' for electronic transfer. Refer to the implementation guide specifications.
	GS05	Time	R	Time format HHMM.	Refer to implementation guide specifications.
	GS06	Group Control Number	R	The group control number in GS06 must be identical to the associated group trailer GE02.	This value is defined by the sender's system. For real-time requests, ValueOptions will use this number to identify the functional group, if a 997 is generated to reject a non-compliant functional group.
	GS07	Responsible Agency Code	R	Code identifying the issuer of the standard. Valid value: 'X' Accredited Standards Committee X12	Use the value specified in the implementation guide.
	GS08	Version/Release Industry ID Code	R	Valid value: Addenda Approved for Publication by ASC X12. '004010X094A1'	Use the current standard approved for publication by ASC X12. Other standards will not be accepted.

FUNCTIONAL GROUP TRAILER SPECIFICATIONS (278 REQUEST)

Seg	Data Element	Name	Usage	Comments	Expected Value
TRAILER					
GE		Functional Group Trailer	R		
	GE01	Number of Transaction Sets Included	R	Count of the number of transaction sets in the functional group.	This is the count of the ST/SE transaction sets in the functional group.
	GE02	Group Control Number	R	The group control number in GE02 must be identical to the associated functional group header value sent in GS06.	The group control number in GE02 will be compared to the number sent in GS06. If the numbers do not match the entire file will be rejected.

278 HEALTH CARE SERVICES REVIEW- REQUEST FOR REVIEW TRANSACTION SPECIFICATIONS

Seg	Data Element	Name	Usage	Comments	Expected Value
LOOP 2010A – UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME					
NM1		Utilization Management Organization Name	R		
	NM102	Entity Type Qualifier	R	Valid values: '1' Person '2' Non-Person Entity	Use '2' Non-Person Entity.
	NM103	Name Last or Organization Name	S	Use this name for the organization's name if the entity type qualifier is a non-person entity. Otherwise, use this name for the individual's last name. Use if name information is needed to identify the UMO.	Use 'ValueOptions, Inc.'
	NM108	Identification Code Qualifier	R	Valid values: '24' Employer's Identification Number '34' Social Security Number '46' Electronic Transmitter Identification Number (ETIN) 'PI' Payer Identification 'XV' Health Care Financing Administration National PlanID (Required if mandated) 'XX' Health Care Financing Administration National Provider ID (Required if mandated)	Use 'PI' Payer Identification.
	NM109	UMO Identifier	R	Use the reference number as qualified by the preceding data element (NM108).	Use 'FHC &Affiliates'.
LOOP 2010B – REQUESTER NAME					
NM1		Requester Name	R		
	NM108	Identification Code Qualifier	R	Valid values: '24' Employer's Identification Number '34' Social Security Number '46' Electronic Transmitter Identification Number (ETIN) 'XX' Health Care Financing Administration National	Use '46' Electronic Transmitter Identification Number.

Seg	Data Element	Name	Usage	Comments	Expected Value
	NM109	Requester Identifier	R	Provider ID (Required if mandated) Use the reference number as qualified by the preceding data element (NM108).	Use the ValueOptions assigned submitter ID. Maximum 10 characters.
REF		Requester Supplemental Identification	S		
	REF01	Reference Identification Qualifier	R	Valid values: '1G' Provider UPIN Number '1J' Facility ID Number 'CT' Contact Number This code is only to be used once the HCFA National Provider ID has been mandated for use, And must be sent if required in the contract between the requester identified in Loop 2000B and the UMO 'E1' Employer's Identification Number 'N5' Provider Plan Network Identification Number 'N7' Facility Network ID 'SY' SSN 'ZH' Assigned Reference Number Use for the requester/provider ID as assigned by the UMO identified in loop 2000A.	Use 'ZH' Carrier Assigned Reference Number.
	REF02	Reference Identification	R	Use this reference number as qualified by the preceding data element (REF01).	Use the ValueOptions Provider Number or Medicaid ID if applicable.
LOOP 2000C - SUBSCRIBER LEVEL					
HI		Subscriber Diagnosis	S		ValueOptions only considers the first 3 diagnosis codes in the review.
PWK		Additional Patient Information	S		
	PWK02	Attachment	R	. Valid values:	Use 'AA' Available on

Seg	Data Element	Name	Usage	Comments	Expected Value
		Transmission Code		'AA' Available on Request at Provider Site 'BM' By Mail 'EL' Electronic Only 'EM' E-mail 'FX' By FAX	Request at Provider Site.
LOOP 2010CA - SUBSCRIBER NAME					
NM1		Subscriber Name	R		
	NM103	Subscriber Last Name	S	Use if the subscriber's name is needed to identify the subscriber.	Use the Subscriber's Last Name.
	NM104	Subscriber First Name	S	Use if the subscriber's name is needed to identify the subscriber.	Use the Subscriber's First Name.
	NM108	Identification Code Qualifier	R	Valid values: 'MI' Member Identification Number 'ZZ' Mutually Defined HIPAA Individual Identifier (required when mandated)	Use 'MI' Member Identification Number.
	NM109	Subscriber Identifier	R		Use the ValueOptions Subscriber ID or Medicaid ID if applicable.
DMG		Subscriber Demographic Information	S	Required only when birth date and/or gender information is needed to identify the subscriber/patient.	Required by ValueOptions to identify the patient.
	DMG02	Subscriber Birth Date	R	Use this element if needed to identify the subscriber.	Use the Subscriber's DOB. Required by ValueOptions to identify the patient.
LOOP 2000D - DEPENDENT LEVEL					
HI		Dependent Diagnosis	S		ValueOptions only considers the first 3 diagnosis codes in the review.

Seg	Data Element	Name	Usage	Comments	Expected Value
PWK		Additional Patient Information	S		
	PWK02	Attachment Transmission Code	R	. Valid values: 'AA' Available on Request at Provider Site 'BM' By Mail 'EL' Electronic Only 'EM' E-mail 'FX' By FAX	Use 'AA' Available on Request at Provider Site.
LOOP 2010DA - DEPENDENT NAME					
NM1		Dependent Name	R		
	NM103	Dependent Last Name	S	Use if the dependent's name is needed to identify the subscriber.	Use the Dependent's Last Name.
	NM104	Dependent First Name	S	Use if the dependent's name is needed to identify the subscriber.	Use the Dependent's First Name.
DMG		Dependent Demographic Information	S	Required only when birth date and/or gender information is needed to identify the dependent.	
	DMG02	Dependent Birth Date	R	Use this element if needed to identify the dependent.	Use the Dependent's DOB. Required by ValueOptions to identify the patient.
LOOP 2010E- SERVICE PROVIDER NAME					
NM1		Service Provider Name	R		
	NM108	Identification Code	S	Required if requesting the services of a specific person,	Use either '24' EIN or '34'

Seg	Data Element	Name	Usage	Comments	Expected Value
		Qualifier		facility, group practice, or clinic and the service provider ID is known by the requester. Valid values: '24' Employer's Identification Number '34' Social Security Number '46' Electronic Transmitter Identification Number (ETIN) 'XX' Health Care Financing Administration National Provider ID (Required if mandated)	SSN.
	NM109	Service Provider Identifier	S	Required if requesting the services of a specific person, facility, group practice, or clinic and the service provider ID is known by the requester.	Use Provider's Tax ID either EIN or SSN.
REF		Service Provider Supplemental Identification	S		
	REF01	Reference Identification Qualifier	R	Valid values: '1G' Provider UPIN Number '1J' Facility ID Number 'E1' Employer's Identification Number 'N5' Provider Plan Network Identification Number 'N7' Facility Network ID 'SY' SSN 'ZH' Use for the provider ID as assigned by the UMO identified in loop 2000A.	Use 'ZH' Carrier Assigned Reference Number.
	REF02	Reference Identification	R	Use this reference number as qualified by the preceding data element (REF01)	Use the ValueOptions Provider # or Medicaid ID if applicable.
HI		Procedures	S		
	HI01	Health Care Code Information	R	Composite data element.	

Seg	Data Element	Name	Usage	Comments	Expected Value
				HI01-HI12 up to 12 procedure codes may be submitted in this segment.	
	HI01-1	Code List Qualifier Code	R	Valid values: 'ABR' Assigned by Receiver Use ABR for Revenue Codes in Code Source 132 – NUBC codes. 'BO' HCPCS codes to include AMA's CPT codes 'BQ' International Classification of Diseases Clinical Modification (ICD-9-CM) procedure 'JP' National Standard Tooth Numbering System 'NDC' National Drug Code 'ZZ' Mutually Defined Use for Code Source 513; HIEC Code List Not allowed in HIPAA.	Use: 'ABR' Revenue Codes 'BO' HCPCS Codes 'BQ' ICD-9-CM Codes
	HI01-2	Procedure Code	R		Use appropriate code based on qualifier submitted.
PWK		Additional Service Information	S		
	PWK02	Attachment Transmission Code	R	Valid values: 'AA' Available on Request at Provider Site 'BM' By Mail 'EL' Electronic Only 'EM' E-mail 'FX' By FAX	Use 'AA' Available on Request at Provider Site.

278 HEALTH CARE SERVICES REVIEW - RESPONSE TRANSACTION SPECIFICATIONS

INTERCHANGE CONTROL HEADER SPECIFICATIONS (278 RESPONSE)

Seg	Data Element	Name	Usage	Comments	ValueOptions 278 Response Implementation
ISA		Interchange Control Header	R	HEADER	
	ISA01	Authorization Information Qualifier	R	Valid values: '00' No Authorization Information Present '03' Additional Data Identification	ValueOptions will use '00' No Authorization Information Present.
	ISA02	Authorization Information	R	Information used for additional identification or authorization.	ValueOptions will zero fill.
	ISA03	Security Information Qualifier	R	Valid values: '00' No Security Information Present '01' Password	ValueOptions will use '00' No Security Information Present.
	ISA04	Security Information	R	Additional security information identifying the sender.	ValueOptions will zero fill.
	ISA05	Interchange ID Qualifier	R		ValueOptions will use 'ZZ' Mutually Defined.
	ISA06	Interchange Sender ID	R		ValueOptions will use 'FHC & Affiliates'.
	ISA07	Interchange ID Qualifier	R		Valueoptions will use the Interchange ID Qualifier sent in the status request (ISA05).
	ISA08	Interchange Receiver ID	R		Valueoptions will use the Interchange Sender ID sent in the status request (ISA06).
	ISA09	Interchange Date	R	Date format YYMMDD.	Creation Date.
	ISA10	Interchange Time	R	Time format HHMM.	Creation Time.

Seg	Data Element	Name	Usage	Comments	ValueOptions 278 Response Implementation
	ISA11	Interchange Control Standards Identifier	R	Code to identify the agency responsible for the control standard used by the message. Valid value: 'U' U.S. EDI Community of ASC X12	ValueOptions will use 'U' U.S. EDI Community of ASC X12.
	ISA12	Interchange Control Version Number	R	Valid value: '00401' Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997.	ValueOptions will use the current standard approved for the ISA/IEA envelope.
	ISA13	Interchange Control Number	R	The interchange control number in ISA13 must be identical to the associated interchange trailer IEA02.	ValueOptions will use the Interchange Control Number specified by the sender in the status request (ISA13).
	ISA14	Acknowledgement Requested	R	This pertains to the TA1 acknowledgement. Valid values: '0' No Acknowledgement Requested '1' Interchange Acknowledgement Requested	ValueOptions will use '0' No Acknowledgement Requested.
	ISA15	Usage Indicator	R	Valid values: 'P' Production 'T' Test	ValueOptions will use a 'P' Production, unless prior arrangements are made thru ValueOptions e-Support Services for testing purposes.
	ISA16	Component Element Separator	R	The delimiter must be a unique character not found in any of the data included in the transaction set. This element contains the delimiter that will be 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.	ValueOptions will use the default delimiters specified in the 278 Implementation Guide. See Delimiters Supported on page 5.

INTERCHANGE CONTROL TRAILER SPECIFICATIONS (278 RESPONSE)

Seg	Data Element	Name	Usage	Comments	ValueOptions 278 Response Implementation
TRAILER					
IEA		Interchange Control Trailer	R		
	IEA01	Number of Included Functional Groups	R	Count of the number of functional groups in the interchange.	This is the count of the GS/GE functional groups included in the interchange structure. ValueOptions will return the same number of functional groups in the 278-response transaction as was received in the 278-request transaction.
	IEA02	Interchange Control Number	R	The interchange control number in IEA02 must be identical to the associated interchange header value sent in ISA13.	ValueOptions will use the same value as the value in ISA13.

FUNCTIONAL GROUP HEADER SPECIFICATIONS (278 RESPONSE)

Seg	Data Element	Name	Usage	Comments	ValueOptions 278 Response Implementation
HEADER					
GS		Functional Group Header	R		
	GS01	Functional Identifier Code	R	Code identifying a group of application related transaction sets. Valid value: 'H' Health Care Services Review Information (278)	ValueOptions will use 'H' Health Care Services Review Information (278).
	GS02	Application Sender's Code	R		ValueOptions will use 'FHC &Affiliates'.
	GS03	Application Receiver's Code	R		ValueOptions will zero fill.
	GS04	Date	R	Date format CCYYMMDD.	Creation Date.
	GS05	Time	R	Time format HHMM.	Creation Time.
	GS06	Group Control Number	R	The group control number in GS06, must be identical to the associated group trailer GE02.	ValueOptions will generate a unique sequential number for each functional group in the ISA/IEA envelope.
	GS07	Responsible Agency Code	R	Code identifying the issuer of the standard. Valid value: 'X' Accredited Standards Committee X12	ValueOptions will use 'X' Accredited Standards Committee X12.
	GS08	Version/Release Industry ID Code	R	Valid value: Addenda Approved for Publication by ASC X12. '004010X094A1'	ValueOptions will use the current standard approved for publication by ASC X12.

FUNCTIONAL GROUP TRAILER SPECIFICATIONS (278 RESPONSE)

Seg	Data Element	Name	Usage	Comments	ValueOptions 278 Response Implementation
GE		Functional Group Trailer	R	TRAILER	
	GE01	Number of Transaction Sets Included	R	Count of the number of transaction sets in the functional group.	This is the count of the ST/SE transaction sets included in the functional group. ValueOptions will return the same number of transaction sets, per functional group, in the 278-response transaction as was received in the 278-request transaction.
	GE02	Group Control Number	R	The group control number in GE02 must be identical to the associated functional group header value sent in GS06.	ValueOptions will use the same value as the value in GS06.

278 HEALTH CARE SERVICES REVIEW - RESPONSE TRANSACTION SPECIFICATIONS

Seg	Data Element	Name	Usage	Comments	ValueOptions 278 Response Implementation
HEADER					
BHT		Beginning of Hierarchical Transaction	R		
	BHT03	Submitter Transaction Identifier	R		ValueOptions will use the Submitter Transaction Identifier received in the 278-request transaction.
LOOP 2010A – UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME					
NM1		Utilization Management Organization Name	R		
	NM102	Entity Type Qualifier	R	Valid values: '1' Person '2' Non-Person Entity	Use '2' Non-Person Entity.
	NM103	Name Last or Organization Name	S	Use this name for the organization's name if the entity type qualifier is a non-person entity. Otherwise, use this name for the individual's last name. Use if name information is needed to identify the UMO.	Use 'ValueOptions, Inc.'
	NM108	Identification Code Qualifier	R	Valid values: '24' Employer's Identification Number '34' Social Security Number '46' Electronic Transmitter Identification Number (ETIN) 'P1' Payer Identification	Use 'P1' Payer Identification.

Seg	Data Element	Name	Usage	Comments	ValueOptions 278 Response Implementation
				'XV' Health Care Financing Administration National PlanID (Required if mandated) 'XX' Health Care Financing Administration National Provider ID (Required if mandated)	
	NM109	UMO Identifier	R	Use the reference number as qualified by the preceding data element (NM108).	Use 'FHC &Affiliates'.
LOOP 2000C - SUBSCRIBER LEVEL					
TRN		Patient Event Tracking Number	S	Any trace numbers provided at this level on the request must be returned by the UMO at this level of the 278 response.	
	TRN01	Trace Type Code	R	Valid values: '1' Current Transaction Trace Numbers '2' Referenced Transaction Trace Numbers	ValueOptions will use '2' Referenced Transaction Trace Numbers, if any trace numbers were received, in the 278-request transaction.
	TRN02	Trace Number	R		ValueOptions will use the trace number(s) received in the 278-request transaction. ValueOptions may decide at a future date to also assign a Current Transaction Trace Number to the transaction.
	TRN03	Trace Assigning Entity Identifier	R	The first position must be either a '1' if an EIN is used, a '3' if a DUNS is used or a '9' if a user assigned identifier is used.	ValueOptions will use the Trace Assigning Entity Identifier received in 278-request transaction.

Seg	Data Element	Name	Usage	Comments	ValueOptions 278 Response Implementation
	TRN04	Trace Assigning Entity Additional Identifier	S		ValueOptions will use the Trace Assigning Entity Additional Identifier received in the 278-request transaction.
HI		Subscriber Diagnosis	S	Required if valued on the request and used by the UMO to render a decision. If the response has not been rendered and this segment is used to request additional information associated with a specific diagnosis.	ValueOptions will use the diagnosis codes received on the 278-request transaction.
LOOP 2010CA - SUBSCRIBER NAME					
NM1		Subscriber Name	R		
	NM103	Subscriber Last Name	S	Required if valued on request.	ValueOptions will use the Subscriber's Last Name from their Eligibility file. The value, if present, from the 278 request will be returned on rejection responses.
	NM104	Subscriber First Name	S	Required if valued on request.	ValueOptions will use the Subscriber's First Name from their Eligibility file. The value, if present, from the 278 request will be returned on rejection responses.
	NM105	Subscriber Middle Name	S	Use if NM104 is valued and the middle name/initial of the subscriber is in the database.	ValueOptions will use the Subscriber's Middle Name from their Eligibility file. The value, if present, from the 278 request will be returned on

Seg	Data Element	Name	Usage	Comments	ValueOptions 278 Response Implementation
	NM108	Identification Code Qualifier	R	Valid values: 'M' Member Identification Number 'ZZ' Mutually Defined HIPAA Individual Identifier (required when mandated)	rejection responses. Use 'M' Member Identification Number.
	NM109	Subscriber Identifier	R		ValueOptions will use the Subscriber Number received in the 278-request transaction.
DMG		Subscriber Demographic Information	S	Required if the information is available in the UMO's database unless a rejection response was generated and the elements were not valued on the request.	
	DMG02	Subscriber Birth Date	R		ValueOptions will use the Subscriber's DOB received in the 278-request transaction.
LOOP 2000D - DEPENDENT LEVEL					
TRN		Patient Event Tracking Number	S	Any trace numbers provided at this level on the request must be returned by the UMO at this level of the 278 response.	
	TRN01	Trace Type Code	R	Valid values: '1' Current Transaction Trace Numbers '2' Referenced Transaction Trace Numbers	ValueOptions will use '2' Referenced Transaction Trace Numbers, if any trace numbers were received, in the 278-request transaction.

Seg	Data Element	Name	Usage	Comments	ValueOptions 278 Response Implementation
	TRN02	Trace Number	R		ValueOptions will use the trace number(s) received in the 278-request transaction. ValueOptions may decide at a future date to also assign a Current Transaction Trace Number to the transaction.
	TRN03	Trace Assigning Entity Identifier	R	The first position must be either a '1' if an EIN is used, a '3' if a DUNS is used or a '9' if a user assigned identifier is used.	ValueOptions will use the Trace Assigning Entity Identifier received in 278-request transaction.
	TRN04	Trace Assigning Entity Additional Identifier	S		ValueOptions will use the Trace Assigning Entity Additional Identifier received in the 278-request transaction.
HI		Subscriber Diagnosis	S	Required if valued on the request and used by the UMO to render a decision. If the response has not been rendered and this segment is used to request additional information associated with a specific diagnosis.	ValueOptions will use the diagnosis codes received on the 278-request transaction.

Seg	Data Element	Name	Usage	Comments	ValueOptions 278 Response Implementation
LOOP 2010DA - DEPENDENT NAME					
NM1		Dependent Name	R		
	NM103	Dependent Last Name	S	Required if valued on request.	ValueOptions will use the Dependent's Last Name from their Eligibility file. The value, if present, from the 278 request will be returned on rejection responses.
	NM104	Dependent First Name	S	Required if valued on request.	ValueOptions will use the Dependent's First Name from their Eligibility file. The value, if present, from the 278 request will be returned on rejection responses.
	NM105	Dependent Middle Name	S	Use if NM104 is valued and the middle name/initial of the dependent is in the database.	ValueOptions will use the Dependent's Middle Name from their Eligibility file. The value, if present, from the 278 request will be returned on rejection responses.
	NM108	Identification Code Qualifier	S	Valid values: 'MI' Member Identification Number 'ZZ' Mutually Defined HIPAA Individual Identifier (required when mandated)	Use 'MI' Member Identification Number. The value, if present, from the 278 request will be returned on rejection responses.
	NM109	Dependent Identifier	S		ValueOptions will use the Dependent's Member Number from their Eligibility file. This number will not be valued on a rejection response.

Seg	Data Element	Name	Usage	Comments	ValueOptions 278 Response Implementation
DMG		Dependent Demographic Information	S	Required if the information is available in the UMO's database unless a rejection response was generated and the elements were not valued on the request.	
	DMG02	Dependent Birth Date	R		ValueOptions will use the Dependent's DOB received in the 278-request transaction.
LOOP 2010E- SERVICE PROVIDER NAME					
NM1		Service Provider Name	R		
	NM108	Identification Code Qualifier	S	<p>Required if requesting the service\s of a specific person, facility, group practice, or clinic and the service provider ID is known by the requester.</p> <p>Valid values:</p> <ul style="list-style-type: none"> '24' Employer's Identification Number '34' Social Security Number '46' Electronic Transmitter Identification Number (ETIN) 'XX' Health Care Financing Administration National Provider ID (Required if mandated) 	ValueOptions will use the Identification code qualifier received in the 278-request transaction.

Seg	Data Element	Name	Usage	Comments	ValueOptions 278 Response Implementation
	NM109	Service Provider Identifier	S	Required if requesting the services of a specific person, facility, group practice, or clinic and the service provider ID is known by the requester.	ValueOptions will use the Service Provider Identifier received in the 278-request transaction.
REF		Service Provider Supplemental Identification	S		
	REF01	Reference Identification Qualifier	R	Valid values: '1G' Provider UPIN Number '1J' Facility ID Number 'EI' Employer's Identification Number 'N5' Provider Plan Network Identification Number 'N7' Facility Network ID 'SY' SSN 'ZH' Use for the provider ID as assigned by the UMO identified in loop 2000A.	ValueOptions will use the reference Identification qualifier received in the 278-request transaction. Expected Value 'ZH'.
	REF02	Reference Identification	R	Use this reference number as qualified by the preceding data element (REF01)	ValueOptions will use the Reference Identifier received in the 278-request transaction.
LOOP 2000F- HEALTH CARE SERVICES REVIEW INFORMATION					
TRN		Service Trace Number	S	Any trace numbers provided at this level on the request must be returned by the UMO at this level of the 278 response.	
	TRN01	Trace Type Code	R	Valid values: '1' Current Transaction Trace Numbers '2' Referenced Transaction Trace Numbers	ValueOptions will use '2' Referenced Transaction Trace Numbers, if any trace numbers were received, in the 278-request transaction.

Seg	Data Element	Name	Usage	Comments	ValueOptions 278 Response Implementation
	TRN02	Trace Number	R		ValueOptions will use the trace number(s) received in the 278-request transaction. ValueOptions may decide at a future date to also assign a Current Transaction Trace Number to the transaction.
	TRN03	Trace Assigning Entity Identifier	R	The first position must be either a '1' if an EIN is used, a '3' if a DUNS is used or a '9' if a user assigned identifier is used.	ValueOptions will use the Trace Assigning Entity Identifier received in 278-request transaction.
	TRN04	Trace Assigning Entity Additional Identifier	S		ValueOptions will use the Trace Assigning Entity Additional Identifier received in the 278-request transaction.
HI		Procedures	S		
	HI01	Health Care Code Information	R	Composite data element. HI01-HI12 up to 12 procedure codes may be submitted in this segment.	
	HI01-1	Code List Qualifier Code	R	Valid values: 'ABR' Assigned by Receiver Use ABR for Revenue Codes in Code Source 132 – NUBC codes. 'BO' HCPCS codes to include AMA's CPT codes 'BQ' International Classification of Diseases Clinical Modification (ICD-9-CM) procedure 'JP' National Standard Tooth	ValueOptions will use the code list qualifier received in the 278-request transaction.

Seg	Data Element	Name	Usage	Comments	ValueOptions 278 Response Implementation
				'LOI' 'NDC' 'ZZ' Numbering System Logical Observation Identifier Names and Codes (LOINC) National Drug Code Mutually Defined Use for Code Source 513; HIEC Code List. Not allowed in HIPAA.	
HI01-2		Procedure Code		R	ValueOptions will use the Procedure code received in the 278-request transaction.