



Companion Guide

278 Health Care Services Review – Request and Response

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ASC X12N 278 (004010X094A1)
DRAFT VERSION 2.1

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Section 1:Background

Overview

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) legislation mandates that many of the major health care electronic data exchanges, such as electronic claims and remittance advices, be standardized into the same national format for all payers, providers, and clearinghouses. All providers who submit governed data electronically to Covansys must submit in the mandated HIPAA formats by October 16, 2003. HIPAA specifically names several electronic standards that must be followed when certain health care information is exchanged. These standards are published as National Electronic Data Interchange Transaction Set Implementation Guides. They are commonly called Implementation Guides (IGs) and are referred to as IGs throughout this document. Additionally, an addendum to each IG has been published and must be used to properly implement each transaction. The following table lists the adopted standards that will be implemented for Covansys business.

Business Category	Transaction Name/Implementation Guide	Description
Claims Processing	ASC X12N 837 (004010X098) and 004010X098A1 Addendum	Health Care Claim: Professional
Explanation of Payment/Remittance Advice	ASC X12N 835 (004010X091) and 004010X091A1 Addendum	Health Care Claim: Payment/Advice
Claim Status	ASC X12N 276/277 (004010X093) and 004010X093A1 Addendum	Health Care Claims Status Request and Response
Prior Authorization	ASC X12N 278 (004010X094) and 004010X094A1 Addendum	Health Care Services Review – Request for Review and Response

The IGs are available for download through the Washington Publishing Company Web site at <http://hipaa.wpc-edi.com>. Developers should have copies of the respective IGs prior to beginning the development process.

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

The companion guide is categorized into four sections:

1. Introduction
2. Interchange Control
3. Transaction Specifications
4. File Transfer and Verification

This section, *Introduction*, provides general implementation information as well as specific instructions that apply to all transactions. Section 2 describes data exchange options for files being sent outbound by *Covansys*. Section 3

contains transaction specific documentation, including segment usage, to assist developers with coding each transaction. Finally, Section 4 lists information regarding our web site for file transfer and verification.

Introduction

The ASC X12N 278 (04010X094A1) transaction is the HIPAA mandated instrument, which allows bi-directional exchange between interested participants. This document is intended only as a companion guide and is not intended to contradict or replace any information in the *IG* or the *Louisiana_EarlySteps Provider Billing Manual*. It is highly recommended that implementers have the following resources available during the development process:

- This document, *Companion Guide – 278 Health Care Services Review – Request for Review and Response*
- ASC X12N 278 (004010X094) and the *004010X094A1 Addenda*
- *Louisiana EarlySteps Provider Billing Manual*

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

- Patient loops, 2000D is ignored because the Covansys members/subscribers are always the same as the patient.
- The IG developers recommend that separate transaction sets be used for different patients and events.
- Negative quantities or amounts are rejected.
- Other data elements with lengths greater than Covansys definitions are truncated.
- Qualifier codes are case sensitive and should be presented as they are in the IGs.
- *Covansys* is referred to as *CFO-Covansys* in applicable Receiver segments.
- The 278 Response will be used by *Covansys* as authorization notification. The 278 Request will not be used at this time.

Section 2: Data Exchange Technical Specifications and Interchange Control

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 interchange control structure is used for inbound and outbound files. An inbound interchange control structure is the envelope that wraps all transaction data (ST-SE) sent to Covansys for processing. Examples include 837 and 276 transactions. An outbound interchange control structure wraps transactions that are created by Covansys and returned to the requesting provider. Examples of outbound transactions include 835, 277, and 278 transactions. The following tables define the use of this control structure as it relates to outbound communication with Covansys.

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. 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. Examples of the separators are as follows:</p> <table border="1"> <tr> <th>Character</th> <th>Name</th> <th>Delimiter</th> </tr> <tr> <td>*</td> <td>Asterisk</td> <td>Data Element Separator</td> </tr> <tr> <td>></td> <td>Greater Than</td> <td>Sub Element Separator</td> </tr> <tr> <td>~</td> <td>Tilde</td> <td>Segment Terminator</td> </tr> </table>			Character	Name	Delimiter	*	Asterisk	Data Element Separator	>	Greater Than	Sub Element Separator	~	Tilde	Segment Terminator
Character	Name	Delimiter													
*	Asterisk	Data Element Separator													
>	Greater Than	Sub Element Separator													
~	Tilde	Segment Terminator													
Examples	<p>ISA* 00** 00*.....* ZZ* CFO-Covansys.....*LA999999..* Z* 930602* 1253* U* 00401* 000000905* 0* P* >~</p>														

Element ID	Usage	Guide Description/Valid Values	Comments
ISA01	Required	Authorization Information Qualifier 00 – No Security Information Present	
ISA02	Required	Authorization Information Enter 10 spaces	
ISA03	Required	Security Information Qualifier 00 – No Security Information Present	
ISA04	Required	Security Information Enter 10 spaces	
ISA05	Required	Interchange ID Qualifier ZZ – Mutually Defined	
ISA06	Required	Interchange Sender ID CFO-Covansys	
ISA07	Required	Interchange ID Qualifier ZZ – Mutually Defined	
ISA08	Required	Interchange Receiver ID Payer ID	Nine character federal tax ID. This field has a

			required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA09	Required	Interchange Date	YYMMDD format
ISA10	Required	Interchange Time	HHMM Format
ISA11	Required	Interchange Control Standards Identifier U -	
ISA12	Required	Interchange Control Version Number - 00401	
ISA13	Required	Interchange Control Number	
ISA14	Required	Acknowledgement Request 0 – No Acknowledgement Requested Requested	
ISA15	Required	Usage Indicator	
ISA16	Required	Component Element Separator	

Segment Name	Functional Group Header
Segment ID	GS
Loop ID	N/A
Usage	Required
Segment Notes	
Examples	GS*HI*CFO-Covansys*912936336*20030808*145901*5*X*004010X094A1~

Element ID	Usage	Guide Description/Valid Values	Comments
GS01	Required	Functional Code Identifier HI – Health Care Services Review Information	Use the appropriate Code for the type of transaction following the GS
GS02	Required	Application Sender's Code Covansys ID CFO-Covansys	
GS03	Required	Application Receiver's Code Provider ID	Federal Tax ID
GS04	Required	Date	CCYYMMDD
GS05	Required	Time	HHMMSS
GS06	Required	Group Control Number	
GS07	Required	Responsible Agency Code X – Accredited Standards Committee X 12	
GS08	Required	Version Release/Industry Identifier Code 004010X094A1 – 278	Use the appropriate Code for the type of transaction following the GS
Segment Name	Functional Group Trailer		
Segment ID	GE		
Loop ID	N/A		
Usage	Required		
Segment Notes			
Examples	GE*1*5 ~		

Element ID	Usage	Guide Description/Valid Values	Comments
GE01	Required	Number of Transaction Sets Included	This is the number of transactions within this functional group
GE02	Required	Group Control Number	This number must match the number in GS06

Segment Name	Interchange Control Trailer
Segment ID	IEA
Loop ID	N/A
Usage	Required
Segment Notes	
Examples	GE*1*5 ~

Element ID	Usage	Guide Description/Valid Values	Comments
IEA01	Required	Number of Functional Groups Included	This is the number of functional groups within this interchange
IEA02	Required	Group Control Number	This number must match the number in ISA13

Sample Outbound Interchange Control

This example illustrates a file that includes a 278 transactions.

```

ISA* 00* .....* 00*.....* ZZ* CFO-Covansys.....* 447269128.....* ZZ* 930602* 1253* U* 00401*
000000905* 0* P* >~
GS*HI*CFO-Covansys*447269128*20020606*105531*5*X*004010X094A1~
ST – 278 TRANSACTION SET HEADER
DETAIL SEGMENTS
SE – 278 TRANSACTION SET TRAILER
GE*1*5~
IEA*2*000000905~

```

Section 3: Segment Usage - 278 Health Care Services – Request for Review and Response

The following matrix lists all segments available for submission with the 4010 version of the 278 IG. Additionally, it includes a *Covansys Usage* column that identifies segments that are required, situational, or not used by Covansys. 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 transaction; however, a situational segment may be required under certain circumstances. Please refer to the *Louisiana EarlySteps Provider Manual* for specific billing requirements. Any data in a segment that is identified in the *Usage* column with an **X** is ignored by Covansys. Any segment identified in the *Usage* column as required or situational is explained in detail in the *Segment and Data Element Description* section of the document.

Segment ID	Loop ID	Segment Name	Covansys 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
AAA	2000A	Request Validation	X
NM1	2010A	Utilization Management Organization (UMO) Name	R
PER	2010A	Utilization Management Organization (UMO) Contact Information	R
AAA	2010A	Utilization Management Organization (UMO) Request Validation	X
HL	2000B	Requester Level	R
NM1	2010B	Requester Name	R
REF	2010B	Requester Supplemental Identification	X
AAA	2010B	Requester Request Validation	X
PRV	2010B	Requester Provider Information	X
HL	2000C	Subscriber Level	R
TRN	2000C	Patient Event Tracking Number	X
AAA	2000C	Subscriber Request Validation	X
DTP	2000C	Accident Date	X
DTP	2000C	Last Menstrual Period Date	X
DTP	2000C	Estimated Date of Birth	X
DTP	2000C	Onset of Current Symptoms or Illness Date	X
HI	2000C	Subscriber Diagnosis	R
PWK	2000C	Additional Patient Information	X
NM1	2010CA	Subscriber Name	R
REF	2010CA	Subscriber Supplemental Identification	X
AAA	2010CA	Subscriber Request Validation	X
DMG	2010CA	Subscriber Demographic Information	R
NM1	2010CB	Additional Patient Information Contact Name	X
N3	2010CB	Additional Patient Information Contact Address	X
N4	2010CB	Additional Patient Information Contact City/State/Zip	X
PER	2010CB	Additional Patient Information Contact Information	X
HL	2000D	Dependent Level	X
TRN	2000D	Patient Event Tracking Number	X
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

Segment ID	Loop ID	Segment Name	Covansys Usage R – Required S – Situational X – Not Used
DTP	2000D	Onset of Current Symptoms or Illness Date	X
HI	2000D	Dependent Diagnosis	X
PWK	2000D	Additional Patient Information	X
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
N3	2010DB	Additional Patient Information Contact Address	X
N4	2010DB	Additional Patient Information Contact City/State/Zip	X
PER	2010DB	Additional Patient Information Contact Information	X
HL	2000E	Service Provider Level	R
MSG	2000E	Message Text	R
NM1	2010E	Service Provider Name	R
REF	2010E	Service Provider Supplemental Identification	X
N3	2010E	Service Provider Address	R
N4	2010E	Service Provider City/State/ZIP Code	R
PER	2010E	Service Provider Contact Information	X
AAA	2010E	Service Provider Request Validation	X
PRV	2010E	Service Provider Information	X
HL	2000F	Service Level	R
TRN	2000F	Service Trace Number	X
AAA	2000F	Service Request Validation	X
UM	2000F	Health Care Services Review Information	R
HCR	2000F	Health Care Services Review	R
REF	2000F	Previous Certification Identification	X
DTP	2000F	Service Date	R
DTP	2000F	Admission Date	X
DTP	2000F	Discharge Date	X
DTP	2000F	Surgery Date	X
DTP	2000F	Certification Issue Date	X
DTP	2000F	Certification Expiration Date	S
DTP	2000F	Certification Effective Date	X
HI	2000F	Procedures	R
HSD	2000F	Health Care Services Delivery	X
CL1	2000F	Institutional Claim Code	X
CR1	2000F	Ambulance Transport Information	X
CR2	2000F	Spinal Manipulation Service Information	X
CR5	2000F	Home Oxygen Therapy Information	X
CR6	2000F	Home Health Care Information	X
PWK	2000F	Additional Service Information	X
MSG	2000F	Message Text	R
NM1	2010F	Additional Service Information Contact Name	S
N3	2010F	Additional Service Information Contact Address	X
N4	2010F	Additional Service Information Contact City/State/Zip	X
PER	2010F	Additional Service Information Contact Information	S
SE	N/A	Transaction Set Trailer	R

Segment and Data Element Description

This section contains a tabular representation of any segment required or situational for Covansys HIPAA implementation of the 278. Each segment table contains rows and columns describing different segment elements.

Segment Name – The industry assigned segment name as identified in the *IG*.

Segment ID – The industry assigned segment ID as identified in the *IG*.

Loop ID – The loop within which the segment should appear.

Usage – Identifies the segment as required or situational.

Segment Notes – A brief description of the purpose or use of the segment.

Example – An example of complete segment.

Element ID – The industry assigned data element ID as identified in the *IG*.

Usage – Identifies the data element as R-required, S-situational, or N/A-not used based on Covansys guidelines.

Guide Description/Valid Values – Industry name associated with the data element. If no industry name exists, this is the *IG* data element name. This column also lists in **BOLD** the values and/or code sets to be used.

Comments – Description of the contents of the data elements including field lengths.

Segment Name	Transaction Set Header
Segment ID	ST
Loop ID	N/A
Usage	Required
Segment Notes	This segment begins the transaction.
Example	ST*278*0001~

Element ID	Usage	Guide Description/Valid Values	Comments
ST01	Required	Transaction Set Identifier Code 278 - Health Care Services Review Information	
ST02	Required	Transaction Set Control Number	The number is created uniquely by the sender and should match the number in SE02.

Segment Name	Beginning of Hierarchical Transaction
Segment ID	BHT
Loop ID	N/A
Usage	Required
Segment Notes	To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data.
Example	BHT*0078*11*199800114000001*19980101*1400*18~

Element ID	Usage	Guide Description/Valid Values	Comments
BHT01	Required	Hierarchical Structure Code 0078 – Information Source, Information Receiver, Subscriber, Dependent, Provider of Services, Services	
BHT02	Required	Transaction Set Purpose Code 11 – Response	This data element has no affect on the processing of this transaction.
BHT03	Required	Reference Identification	This value is assigned by the originator.
BHT04	Required	Date	This is the transaction creation date. CCYYMMDD
BHT05	Required	Time	HHMM format
BHT06	Situational	Transaction Type Code 18 – Response – No further updates to follow	Blank is assumed value of 18

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

Element ID	Usage	Guide Description/Valid Values	Comments
HL01	Required	Hierarchical ID Number	Must begin with "1"
HL02	Not Used	Hierarchical Parent ID Number	
HL03	Required	Hierarchical Level Code 20 – Information Source	
HL04	Required	Hierarchical Child Code 1 – Additional Subordinate HL Data Segment.	

Segment Name	Utilization Management Organization (UMO) Name
Segment ID	NM1
Loop ID	2010A
Usage	Required
Segment Notes	This segment identifies the source of information.
Example	NM1*X3*2*CFO - Covansys*****46*123450000~

Element ID	Usage	Guide Description/Valid Values	Comments
NM101	Required	Entity Identifier Code X3 – Utilization Management Organization	
NM102	Required	Entity Type Qualifier 1 – Person 2 – Non Person Entity	
NM103	Required	Organization Name	CFO-Covansys
NM104	Not Used	Name First	
NM105	Not Used	Name Middle	
NM106	Not Used	Name Prefix	
NM107	Not Used	Name Suffix	
NM108	Required	Identification Code Qualifier 46 – Electronic Transmitter Identification Number (ETIN)	
NM109	Required	Identification Code	
NM110	Not Used	Entity Relationship Code	
NM112	Not Used	Entity Identifier Code	

Segment Name	Utilization Management Organization Contact Information
Segment ID	PER
Loop ID	2010A
Usage	Required
Segment Notes	This segment is used to identify the contact person and communication number of the UMO.
Example	PER*IC*SMITH*TE*1234567890~

Element ID	Usage	Guide Description/Valid Values	Comments
PER01	Required	Contact Function Code IC – Information Contact	
PER02	Required	UMO Contact Name	

PER03	Required	Communication Number Qualifier TE – Telephone Number	
PER04	Required	Communication Number	
PER05	Not Used	Communication Number Qualifier	
PER06	Not Used	Communication Number	
PER07	Not Used	Communication Number Qualifier	
PER08	Not Used	Communication Number	
PER09	Not Used	Contact Inquiry Reference	

Segment Name	Requester Level
Segment ID	HL
Loop ID	2000B
Usage	Required
Segment Notes	This segment is used to identify the health care services review information receiver.
Example	HL*2*1*21*1~

Element ID	Usage	Guide Description/Valid Values	Comments
HL01	Required	Hierarchical ID Number	
HL02	Required	Hierarchical Parent ID Number	
HL03	Required	Hierarchical Level Code 21 – Information Receiver	
HL04	Required	Hierarchical Child Code 1 – Additional Subordinate	

Segment Name	Requester Name (Authorized Provider Name)
Segment ID	NM1
Loop ID	2010B
Usage	Required
Segment Notes	The Authorized Provider Name will be inserted here.
Example	NM1*1P*1*JONES*WILLIAM*MICHAEL*JR*46*1234567890123~

Element ID	Usage	Guide Description/Valid Values	Comments
NM101	Required	Entity Identifier Code 1P - Provider	
NM102	Required	Entity Type Qualifier 1 - Person	
NM103	Required	Provider Last Name	
NM104	Required	Provider First Name	
NM105	Situational	Provider Middle Name	
NM106	Not Used	Provider Prefix	
NM107	Situational	Provider Suffix	
NM108	Required	Identification Qualifier Code 46 – Electronic Transmitter Identification Number	
NM109	Required	Identification Number	Provider Tax ID + four digit sequence number
NM110	Not Used	Entity Relationship Code	
NM111	Not Used	Entity Identifier Code	

Segment Name	Subscriber Level
Segment ID	HL
Loop ID	2000C
Usage	Required
Segment Notes	This segment identifies the subscriber hierarchical level. If the subscriber is the patient, the dependent level (Loop 2000D) is not used.
Example	HL*3*2*22*1~

Element ID	Usage	Guide Description/Valid Values	Comments
HL01	Required	Hierarchical ID Number	
HL02	Required	Hierarchical Parent ID Number	
HL03	Required	Hierarchical Level Code 22 – Subscriber	
HL04	Required	Hierarchical Child Code 1 – No Subordinate HL Segments in this Hierarchical Structure	

Segment Name	Subscriber Diagnosis
Segment ID	HI
Loop ID	2000C
Usage	Required
Segment Notes	This segment identifies the treatment diagnosis codes. Only the principle diagnosis code is recognized by Covansys.
Example	HI*BF*41090~

Element ID	Usage	Guide Description/Valid Values	Comments
HI01	Required	Principle Diagnosis	This is a composite
HI01-1	Required	Code List Qualifier List BF – Principle Diagnosis	
HI01-2	Required	Principle Diagnosis Code	Decimals are not included
HI01-3	Not Used	Date Time Period Format Qualifier	
HI01-4	Not Used	Date Time Period	
HI01-5	Not Used	Monetary Amount	
HI01-6	Not Used	Quantity	
HI01-7	Not used	Version Identifier	

Segment Name	Subscriber Name
Segment ID	NM1
Loop ID	2010CA
Usage	Required
Segment Notes	The segment conveys the name of the Subscriber
Example	NM1*IL*1*SMITH*JOE****MI*12345678901~

Element ID	Usage	Guide Description/Valid Values	Comments
NM101	Required	Entity Identifier Code IL – Insured or Subscriber	
NM102	Required	Entity Type Qualifier 1 - Person	
NM103	Required	Subscriber Last Name	

NM104	Situational	Subscriber Name First	
NM105	Situational	Subscriber Name Middle	
NM106	Not Used	Subscriber Name Prefix	
NM107	Not Used	Subscriber Name Suffix	
NM108	Required	Subscriber Identification Code Qualifier MI – Member ID Number	
NM109	Required	Subscriber Identification Code	This is the EarlySteps Child ID
NM110	Not Used	Entity Relationship Code	
NM112	Not Used	Entity Identifier Code	

Segment Name	Subscriber Demographic Information
Segment ID	DMG
Loop ID	2010CA
Usage	Required
Segment Notes	Our Subscriber is the patient. This segment is used to convey birth date and gender information.
Example	DMG*D8*20010214*F~

Element ID	Usage	Guide Description/Valid Values	Comments
DMG01	Required	Date Time Period Format Qualifier D8 – Date Format	CCYYMMDD
DMG02	Required	Subscriber Birth date	
DMG03	Required	Subscriber Gender Code F – Female M – Male U - Unknown	
DMG04	Not Used	Marital Status Code	
DMG05	Not Used	Race or Ethnicity Code	
DMG06	Not Used	Citizenship Status Code	
DMG07	Not Used	Country Code	
DMG08	Not Used	Basis of Verification Code	
DMG09	Not Used	Quantity	

Segment Name	Service Provider Level
Segment ID	HL
Loop ID	2000E
Usage	Required
Segment Notes	This segment identifies the specific person, group, practice, facility, or specialty entity to provide services.
Example	HL*5*4*19*1~

Element ID	Usage	Guide Description/Valid Values	Comments
HL01	Required	Hierarchical ID Number	
HL02	Required	Hierarchical Parent ID Number	
HL03	Required	Hierarchical Level Code 19 – Provider of Service	
HL04	Required	Hierarchical Child Code 1 – Additional Subordinate	

Segment Name	Service Provider Name
Segment ID	NM1
Loop ID	2010E
Usage	Required
Segment Notes	The segment conveys the name of the Service Provider
Example	NM1*SJ*1*WATSON*SUSAN****46*9876543211212~

Element ID	Usage	Guide Description/Valid Values	Comments
NM101	Required	Entity Identifier Code SJ – Service Provider	
NM102	Required	Entity Type Qualifier 1 - Person 2 – Non Person Entity	
NM103	Required	Service Provider Name Last	
NM104	Situational	Service Provider Name First	
NM105	Situational	Service Provider Name Middle	
NM106	Not Used	Service Provider Name Prefix	
NM107	Not Used	Service Provider Name Suffix	
NM108	Required	Service Provider Identification Code Qualifier 46 – Electronic Transmitter ID Number (ETIN)	
NM109	Required	Service Provider Identification Code	This is the Federal Tax ID + four character sequence number
NM110	Not Used	Entity Relationship Code	
NM112	Not Used	Entity Identifier Code	

Segment Name	Service Provider Address
Segment ID	N3
Loop ID	2010E
Usage	Required
Segment Notes	Used to identify a specific provider location
Example	N3*77 Holly Blvd~

Element ID	Usage	Guide Description/Valid Values	Comments
N301	Required	Service Provider Address Line 1	
N302	Situational	Address Line 2 (only if necessary)	

Segment Name	Service Provider City/State/Zip
Segment ID	N4
Loop ID	2010E
Usage	Required
Segment Notes	Used to identify the provider city/state/zip code.
Example	N4*Hollywood*CA*90214~

Element ID	Usage	Guide Description/Valid Values	Comments
N401	Required	City Name	

N402	Required	State Name	
N403	Required	Zip Code	
N404	Not Used	Country Code	
N405	Not Used	Location Qualifier	
N406	Not Used	Location Qualifier	

Segment Name	Service Level		
Segment ID	HL		
Loop ID	2000F		
Usage	Required		
Segment Notes	This segment identifies the authorized services.		
Example	HL*6*5*SS*0~		

Element ID	Usage	Guide Description/Valid Values	Comments
HL01	Required	Hierarchical ID Number	
HL02	Required	Hierarchical Parent ID Number	
HL03	Required	Hierarchical Level Code SS – Services	
HL04	Required	Hierarchical Child Code 0 – Additional Subordinate	

Segment Name	Health Care Services Review Information		
Segment ID	UM		
Loop ID	2000F		
Usage	Required		
Segment Notes	This segment identifies the service request to which this response pertains.		
Example	UM*HS*4~		

Element ID	Usage	Guide Description/Valid Values	Comments
UM01	Required	Request Category HS – Health Services Review	
UM02	Required	Certification Type I – Initial 3 - Cancel 4 - Extension S – Revised	
UM03	Not Used	Service Type Code 1 – Medical Care	
UM04	Not Used	Health Care Service Location	
UM04-1	Not Used	Facility Code Value	Code Source 237
UM04-2	Not Used	Facility Code Qualifier B – Place of Service Code	
UM04-3	Not Used	Claim Frequency Type Code	
UM05	Not Used	Related Causes Information	
UM06	Not Used	Level of Service Code	
UM07	Not Used	Current Health Condition Code	
UM08	Not Used	Prognosis Code	
UM09	Not Used	Release of Information Code	
UM10	Not Used	Delay Reason Code	

Segment Name	Health Care Services Review
Segment ID	HCR
Loop ID	2000F
Usage	Required
Segment Notes	This segment identifies authorized services and associated reference number.
Example	HCR*A1*20030831~

Element ID	Usage	Guide Description/Valid Values	Comments
HCR01	Required	Action Code A1 – Certified in Total	
HCR02	Required	Certification Number	Required if HCR01 = A1 or A6. EI Authorization Number
HCR03	Not Used	Reject Reason Code	
HCR04	Not Used	Condition or Response Code	

Segment Name	Service Date
Segment ID	DTP
Loop ID	2000F
Usage	Required
Segment Notes	To specify the service date.
Example	DTP*472*D8*20030615~

Element ID	Usage	Guide Description/Valid Values	Comments
DTP01	Required	Date Time Qualifier 472 – Service Date	
DTP02	Required	Date Time Period Format Qualifier D8 – CCYYMMDD format RD8 – Date Range	
DTP03	Required	Date	

Segment Name	Certification Expiration Date
Segment ID	DTP
Loop ID	2000F
Usage	Situational
Segment Notes	To specify the cancellation/discontinuation date.
Example	DTP*036*D8*20030615~

Element ID	Usage	Guide Description/Valid Values	Comments
DTP01	Required	Date Time Qualifier 036 – Expiration Date	
DTP02	Required	Date Time Period Format Qualifier RD8 – Date Range - CCYYMMDD	
DTP03	Required	Date	

Segment Name	Procedure
Segment ID	HI
Loop ID	2000F
Usage	Required
Segment Notes	To specify the specific services and procedures. This segment provides up to 12 iterations of a service or procedure.
Example	HI*BO>99218>RD8>10012008-10312003>500>5~

Element ID	Usage	Guide Description/Valid Values	Comments
HI01	Required	Procedure Code – Composite	
HI01-1	Required	Code List Qualifier Code BO – HCPCS Code (including CPT)	
HI01-2	Required	Procedure Code	
HI01-3	Required	Date Time Period Format Qualifier D8 = Date RD8 = Date range	
HI01-4	Required	Date Time Period	
HI01-5	Situational	Procedure Monetary Amount	
HI01-6	Situational	Quantity	This is the total number of authorized units.
HI01-7	Situational	Version Identifier	
HI02	Situational	Procedure Code – Composite	Data Elements 2-12 will be populated as necessary.
HI03	Situational	Procedure Code – Composite	
HI04	Situational	Procedure Code – Composite	
HI05	Situational	Procedure Code – Composite	
HI06	Situational	Procedure Code – Composite	
HI07	Situational	Procedure Code – Composite	
HI08	Situational	Procedure Code – Composite	
HI09	Situational	Procedure Code – Composite	
HI10	Situational	Procedure Code – Composite	
HI11	Situational	Procedure Code – Composite	
HI12	Situational	Procedure Code – Composite	

Segment Name	Health Care Services Delivery
Segment ID	HSD
Loop ID	2000F
Usage	Not Used
Segment Notes	This segment is not required
Example	

Segment Name	Message Text
Segment ID	MSG
Loop ID	2000F
Usage	Required
Segment Notes	

Example	MSG*comment=60 minutes 2/Week; eicode=X8022; addr1=3422 KIRKWOOD DRIVE; city=Fort Wayne; state=IN; zip=46805;1 unit is 15 minutes~
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Element ID	Usage	Guide Description/Valid Values	Comments
MSG01	Required	Free form text	This data element will provide services delivery comment, EI Code, the insured address and a clarification of the units. Each piece of data will be separated by a semi-colon.
MSG02	Not Used		
MSG03	Not Used		

Segment Name	Additional Service Information Contact Name
Segment ID	NM1
Loop ID	2010F
Usage	Situational – will be provided when received
Segment Notes	This segment identifies the Service Coordinator
Example	NM1*ABG*1*Smith*Sally~

Element ID	Usage	Guide Description/Valid Values	Comments
NM101	Required	Entity Identifier Code	
NM102	Required	Entity Type Qualifier	
NM103	Required	Response Contact Last Name	This will be the name of the service coordinator.
NM104	Required	Response Contact First Name	
NM105	Situational	Response Contact Middle Name	
NM106	Not Used	Name Prefix	
NM107	Not Used	Name Suffix	
NM108	Not Used	Identification Code Qualifier	
NM109	Not Used	Identification Code	
NM110	Not Used	Entity Relationship Code	
NM111	Not Used	Entity Identifier Code	

Segment Name	Additional Service Information Contact Information
Segment ID	PER
Loop ID	2010F
Usage	Situational – will be provided when received
Segment Notes	This segment identifies the Service Coordinator telephone number.
Example	PER*IC**TE*7162789876~

Element ID	Usage	Guide Description/Valid Values	Comments
PER01	Required	Contact Function Code IC – Information Contact	

PER02	Not Used	Response Contact Name	The contact name is supplied in the NM1 segment.
PER03	Required	Communication Number Qualifier TE – Telephone	
PER04	Required	Communication Number	
PER05	Not Used	Communication Number Qualifier	
PER06	Not Used	Communication Number	
PER07	Not Used	Communication Number Qualifier	
PER08	Not Used	Communication Number	
PER09	Not Used	Contact Inquiry Reference	

Segment Name	Transaction Set Trailer
Segment ID	SE
Loop ID	N/A
Usage	Required
Segment Notes	To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)
Example	SE*24*0001~

Element ID	Usage	Guide Description/Valid Values	Comments
SE01	Required	Number of Segments included	Count includes ST and SE
SE02	Required	Transaction Set Control Number	This number must be the same as ST

Section 4: File Transfer and Verification

A new web page is available for the transmission of the HIPAA X12 files. This new site can be accessed by providers once a trading Partner Agreement has been signed. Once signed, the website will allow the providers to submit test files. These test files will be processed against the Covansys companion guide. Once both parties are confident in the consistency of the test files submitted, the provider will be able to upload submission files, download files and check the status of files submitted. The normal processing of the files will occur nightly. The status of the files will be posted the next business day after successful upload of the files.

SECTION 5:

Change Log

September 30, 2003

Added Procedure Code as Required

Page 9, HI 2000F changed usage from X (not used) to R (Required)
Page 18 and 19 added Procedure Data Elements

October 1, 2003

Page 19 HSD 2000F changed from Not Used to Required. Added Sample Selection Modulus Data Elements.

September 10, 2004

Added additional MSG information

May 1, 2005

Added DTP, Certification Expiration Date to loop 2000F to describe Discontinuation Notice Date
NMI, Additional Service Information Contact Name and PER Contact Information, loop 2010F was changed from required to situational. This data will be provided when received.

Changes September 21, 2005

HSD was changed from required to not used.