278 HEALTH CARE SERVICES REVIEW – REQUEST AND RESPONSE COMPANION GUIDE

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1.0 Overview

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

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

Business Category	Transaction Name/Implementation Guide	Description
Claims Processing	ASC X12N 837 (005010X222A1)	Health Care Claim: Professional
Explanation of Payment/Remittance Advice	ASC X12N 835 (005010X221A1)	Health Care Claim: Payment/Advice
Claim Status	ASC X12N 276/277 (005010X212)	Health Care Claims Status Request and Response
Prior Authorization	ASC X12N 278 (005010X217)	Health Care Services Review – Request for Review and Response

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

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

2.0 Data Exchange Technical Specifications and Interchange Control

2.1 Introduction

The ASC X12N 278 (005010X217) transaction is the HIPAA mandated instrument, which allows bi-directional exchange between interested participants. This document is intended only as a companion guide and is not intended to contradict or replace any information in the IG or the 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 (005010X217)
- Provider Billing Manual

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

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

2.2 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 CSC for processing. Examples include 837 and 276 transactions. An outbound interchange control structure wraps transactions that are created by CSC 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 CSC.

Segment Name S	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, ISA, 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:

Character	Name	Delimiter
*	Asterisk	Data Element Separator
		Pipe	Sub Element Separator
~	Tilde	Segment Terminator
^	Caret	Repetition Separator

Examples	ISA*00*………..*00*……….*ZZ* CFO-CSC…*ZZ* IN999999……. *930602*1253*^*00501*000000905*0*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-CSC**	
ISA07	Required	Interchange ID Qualifier **ZZ** – Mutually Defined	
ISA08	Required	Interchange Receiver ID CSC issued 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	Repetition Separator	
ISA12	Required	Interchange Control Version Number **00501**	
ISA13	Required	Interchange Control Number	
ISA14	Required	Acknowledgement Request **0** – No Acknowledgement Request 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-CSC*9129363360001*20030808*145901*5*X*005010X217~

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 CSC ID **CFO-CSC**	
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 **005010X217** – 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	IEA*2*000000905~

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 transaction.

ISA* 00* ....* 00*……….* ZZ* CFO-CSC……* 447269128…...* ZZ* 930602* 1253* ^* 00501* 000000905* 0* P* >~ GS*HI*CFO-CSC*4472691280001*20020606*105531*5*X*005010X217~ ST – 278 TRANSACTION SET HEADER DETAIL SEGMENTS SE – 278 TRANSACTION SET TRAILER GE*1*5~ IEA*2*000000905~

3.0 Segment Usage -278 Health Care Services – Request for Review and Response

The following matrix lists all segments available for submission with the 5010 version of the 278 IG. Additionally, it includes a CSC Usage column that identifies segments that are required, situational, or not used by CSC. 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 West Virginia Provider Manual for specific billing requirements. Any data in a segment that is identified in the Usage column with an **X** is ignored by CSC. 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	CSC Usage R – Required S – Situational X – Not Used
ISA	N/A	Interchange Control Header	R
GS	N/A	Functional Group Header	R
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	2010C	Subscriber Name	R
REF	2010C	Subscriber Supplemental Identification	X
N3	2010C	Subscriber Mailing Address	X
N4	2010C	Subscriber City, State, Zip Code	X
AAA	2010C	Subscriber Request Validation	X
DMG	2010C	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

Segment ID	Loop ID	Segment Name	CSC Usage R – Required S – Situational X – Not Used
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
DTP	2000D	Onset of Current Symptoms or Illness Date	X
HI	2000D	Dependent Diagnosis	X
PWK	2000D	Additional Patient Information	X
NM1	2010D	Dependent Name	X
REF	2010D	Dependent Supplemental Identification	X
N3	2010D	Additional Patient Information Contact Address	X
N4	2010D	Additional Patient Information Contact City/State/Zip	X
AAA	2010D	Dependent Request Validation	X
DMG	2010D	Dependent Demographic Information	X
INS	2010D	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	Patient Event Level	R
TRN	2000E	Patient Event Tracking Number	X
AAA	2000E	Patient Event Request Validation	X
UM	2000E	Health Care Services Review Information	R
HCR	2000E	Health Care Services Review	R
REF	2000E	Administrative Reference Number	X
REF	2000E	Previous Review Authorization Number	X
DTP	2000E	Accident Date	X
DTP	2000E	Last Menstrual Period Date	X
DTP	2000E	Estimated Date of Birth	X
DTP	2000E	Onset of Current Symptoms or Illness Date	X
DTP	2000E	Event Date	X
DTP	2000E	Admission Date	X
DTP	2000E	Discharge Date	X
DTP	2000E	Certification Issue Date	X
DTP	2000E	Certification Expiration Date	X
DTP	2000E	Certification Effective Date	X
HI	2000E	Patient Diagnosis	X
HSD	2000E	Health Care Services Delivery	X
CL1	2000E	Institutional Claim Code	X
CR1	2000E	Ambulance Transport Information	X
CR2	2000E	Spinal Manipulation Service Information	X
CR5	2000E	Home Oxygen Therapy Information	X
CR6	2000E	Home Health Care Information	X
PWK	2000E	Additional Patient Information	X

Segment ID	Loop ID	Segment Name	CSC Usage R – Required S – Situational X – Not Used
MSG	2000E	Message Text	X
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
NM1	2010EA	Patient Event Provider Name	X
REF	2010EA	Patient Event Provider Supplemental Information	X
N3	2010EA	Patient Event Provider Address	X
N4	2010EA	Patient Event Provider City/State/Zip Code	X
PER	2010EA	Provider Contact Information	X
AAA	2010EA	Patient Event Provider Request Validation	X
PRV	2010EA	Patient Event Provider Information	X
NM1	2010EB	Additional Patient Information Contact Name	X
N3	2010EB	Additional Patient Information Contact Address	X
N4	2010EB	Additional Patient Information Contact City/State/Zip Code	X
PER	2010EB	Additional Patient Information Contact Information	X
NM1	2010EC	Patient Event Transport Information	X
N3	2010EC	Patient Event Transport Location Address	X
N4	2010EC	Patient Event Transport Location City/State/Zip	X
AAA	2010EC	Patient Event Transport Location Request Validation	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	Administrative Reference Number	X
REF	2000F	Previous Review Authorization Number	X
DTP	2000F	Service Date	R
DTP	2000F	Certification Issue Date	X
DTP	2000F	Certification Expiration Date	S
DTP	2000F	Certification Effective Date	X
HI	2000F	Request for Additional Information	X
SV1	2000F	Professional Service	R
SV2	2000F	Institutional Service Line	X
SV3	2000F	Dental Service	X
TOO	2000F	Tooth Information	X
HSD	2000F	Health Care Services Delivery	S
PWK	2000F	Additional Service Information	X
MSG	2000F	Message Text	R
CL1	2000F	Institutional Claim Code	X
CR1	2000F	Ambulance Transport Information	X
CR2	2000F	Spinal Manipulation	X
CR5	2000F	Home Oxygen Therapy Information	X

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Segment ID	Loop ID	Segment Name	CSC Usage R – Required S – Situational X – Not Used
CR6	2000F	Home Health Care Information	X
NM1	2010F	Additional Service Information Contact Name	X
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	X
NM1	2010FA	Service Provider Name	R
REF	2010FA	Service Provider Supplemental Identification	X
N3	2010FA	Service Provider Name Address	X
N4	2010FA	Service Provider Name City/State/Zip	X
PER	2010FA	Service Provider Contact Information	X
AAA	2010FA	Service Provider Request Validation	X
PRV	2010FA	Service Provider Information	X
NM1	2010FB	Additional Service Information Contact Name	S
N3	2010FB	Additional Service Information Contact Address	X
N4	2010FB	Additional Service Information Contact City/State/Zip	X
PER	2010FB	Service Provider Contact Information	S
SE		Transaction Set Trailer	R
GE		Functional Group Trailer	R
IEA		Communications Transport Trailer	R

3.1 Segment and Data Element Description

This section contains a tabular representation of any segment required or situational for CSC 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 a 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 CSC 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 set 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*005010X217~

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.
ST03	Required	Implementation Convention Reference: **005010X217**	Same as in GS08

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*0007*11*199800114000001*19980101*1400*18~

Element ID	Usage	Guide Description/Valid Values	Comments
BHT01	Required	Hierarchical Structure Code **0007** – Information Source, Information Receiver, Subscriber, Dependent, Provider of Services, Services	

Element ID	Usage	Guide Description/Valid Values	Comments
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-CSC*****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-CSC**
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)	

Element ID	Usage	Guide Description/Valid Values	Comments
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.

CSC

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** –Subordinate HL Segments in this Hierarchical Structure	

Segment Name	Subscriber Name
Segment ID	NM1
Loop ID	2010C
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	

Element ID	Usage	Guide Description/Valid Values	Comments
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 Early Intervention Child ID
NM110	Not Used	Entity Relationship Code	
NM112	Not Used	Entity Identifier Code	

Segment Name	Subscriber Address
Segment ID	N3
Loop ID	2010C
Usage	Situational
Segment Notes	Used to specify the location of the named party
Example	N3*77 Holly Blvd~

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

Segment Name	Subscriber City/State/Zip
Segment ID	N4
Loop ID	2010C
Usage	Situational
Segment Notes	Used to identify the subscriber 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	Subscriber Demographic Information
Segment ID	DMG
Loop ID	2010C
Usage	Required
Segment Notes	Our Subscriber is the patient. This segment is used to convey birth date and gender information.

Example	DMG*D8*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	
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*4*3*EV*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 **EV** – Event	Code 19 is no longer used
HL04	Required	Hierarchical Child Code **1** – Additional Subordinate	

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

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	Required	Facility Code Value	Code Source 237

Element ID	Usage	Guide Description/Valid Values	Comments
UM04-2	Required	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	2000E
Usage	Required
Segment Notes	This segment identifies authorized services and associated reference number.
Example	HCR*A1*A2003083161~

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

Segment Name	Subscriber Diagnosis
Segment Name	
Segment ID	HI
Loop ID	2000E
Usage	Required
Segment Notes	This segment identifies the treatment diagnosis codes. Only the principle diagnosis code is recognized by CSC.
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	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*I~

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	Required	Facility Code Value	Code Source 237
UM04-2	Required	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*A2003083161~

Element ID	Usage	Guide Description/Valid Values	Comments
HCR01	Required	Action Code **A1** – Certified in Total	
HCR02	Required	Certification Number	Required if HCR01 = A1. 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 **D8** – CCYYMMDD format	
DTP03	Required	Date	

Segment Name	Health Care Services Delivery
Segment ID	HSD
Loop ID	2000F
Usage	Situational
Segment Notes	This segment identifies the method of delivery and will be sent if necessary.
Example	HSD*VS*1*DA*1*7*10~ (= 1 visit per day for 10 days).

Element ID	Usage	Guide Description/Valid Values	Comments
HSD01	Situational	Quantity Qualifier	See list in IG.
HSD02	Situational	Quantity	CFO will send only whole numbers.
HSD03	Situational	Unit or Basis for Measurement Code	See list in IG.
HSD04	Situational	Sample Selection Modulus	
HSD05	Situational	Time Period Qualifier	
HSD06	Situational	Number of Periods	
HSD07	Situational	Delivery Pattern	
HSD08	Situational	Delivery Pattern Time Code	

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~

Element ID	Usage	Guide Description/Valid Values	Comments
MSG01	Required	Free form text	This data element will provide services delivery comment, EI Code and the insured address. Each piece of data will be separated by a semi-colon.
MSG02	Not Used		
MSG03	Not Used		

Segment Name	Professional Service
Segment ID	SV1
Loop ID	2000F
Usage	Required
Segment Notes	Segment specifies the specific services and procedures.
Example	SV1*HC^X1234*42.00*UN*1~

Element ID	Usage	Guide Description/Valid Values	Comments
SV101-1	Required	Product/Service ID Qualifier **HC** (Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes)	
SV101-2	Required	Procedure Code	
SV102	Situational	Monetary Amount	Service Line Amount must be greater than zero if present.
SV103	Situational	Unit or Basis for Measurement Code **UN** – Unit	
SV104	Situational	Quantity	Service Unit Count – Required if SV103 is submitted

Segment Name	Service Provider Name
Segment ID	NM1
Loop ID	2010FA
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	

Element ID	Usage	Guide Description/Valid Values	Comments
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	Additional Service Information Contact Name
Segment ID	NM1
Loop ID	2010FB
Usage	Situational
Segment Notes	This segment identifies the Service Coordinator
Example	NM1*L5*1*Smith*Sally~

Element ID	Usage	Guide Description/Valid Values	Comments
NM101	Required	Entity Identifier Code – **L5**	
NM102	Required	Entity Type Qualifier - **1**	
NM103	Required	Response Contact Last Name	This will be the name of the service coordinator.
NM104	Required	Response Contact First Name	First name of the service coordinator
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	2010FB
Usage	Situational
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	

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Element ID	Usage	Guide Description/Valid Values	Comments
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

4.0 File Transfer and Verification

The Service Matrix web site utilized for the transmission of the HIPAA X12 files. This web 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 CSC 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.