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of the Blue Cross and Blue Shield Association

August 2009

Dear software developer,

A revised, updated copy of the BCBSM EDI 278 Companion Document is now online at [bcbsm.com/pdf/edi\\_278.pdf](http://bcbsm.com/pdf/edi_278.pdf).

The table below summarizes the changes made

Section	Description of Change	Page
<b>Data Clarifications for the 278 (004010X094A1) Request Transaction Set</b>		
Loop 2010E, Segment NM108	Added	7
Loop 2010E, Segment NM109	Added	8

If you have any questions regarding this information, please call our EDI Help desk at 800-542-0945.

Sincerely,

A handwritten signature in cursive script that reads 'Wanda Brideau'.

Wanda Brideau  
Manager, e-Business Interchange Group

A handwritten signature in cursive script that reads 'John Bialowicz'.

John Bialowicz  
Manager, ETP Contracting and Relations  
e-Business Interchange Group

Blue Cross Blue Shield of Michigan HIPAA EDI Companion Document  
American National Standards Institute (ANSI) ASC X12N 278 (004010X094A1)  
Health Care Services Review and Response

Published December 2003



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## **Introduction**

This document is the property of Blue Cross Blue Shield of Michigan (BCBSM) and is for use solely in your capacity as a trading partner of health care transactions with BCBSM.

This document provides information related to specific elements within the addenda version of the ANSI ASC X12N 278 transactions, but:

- It does not change the definition, data condition, or use of a data element or segment in a standard.
- It does not add data elements or segments to the maximum defined data set.
- It does not use any code or data elements that are either marked “not used” in the standard’s implementation specification or are not in the standard’s implementation specification(s).
- It does not change the meaning or intent of the HIPAA standards implementation specifications.<sup>1</sup>

This document is intended for use as a companion to the HIPAA-mandated addenda version of the ANSI ASC X12N 278 transaction set Implementation Guides. Specific payer instructions contained in this document are provided for clarification purposes only and should be used in conjunction with the applicable addenda version of the HIPAA Implementation Guides published by Washington Publishing Company, companion documents, physician’s manuals, and/or other billing guidelines published by our clearinghouse payers, including BCBSM. Implementation Guides can be downloaded from the Washington Publishing Company web site at [www.wpc-edi.com](http://www.wpc-edi.com).

This document is incorporated by reference in the EDI Trading Partner Agreement. All instructions were written as known at the time of publication and are subject to change. Changes will be communicated in future letters and on the BCBSM web site: [www.bcbsm.com](http://www.bcbsm.com).

Appropriate steps must be taken before submitting production ANSI ASC X12N addenda transactions, such as testing, completion of an EDI Trading Partner Agreement and demographic confirmation with our customer support staff. To begin this process, receive more information or ask questions, please contact the EDI Help Desk at (248) 486-2292.

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<sup>1</sup>Standards for Electronic Transactions, *Federal Register*, Vol. 65, No. 160, August 17, 2000 pg. 50368

## **ANSI ASC X12N 278 (004010X094A1) – General Overview**

The addenda version of the ANSI ASC X12N 278 transaction set was selected as the HIPAA-mandated format for electronic referrals, pre-certification and case management requests and responses. The 278 transaction was designed to submit the request and respond with the information regarding the specified claim(s).

BCBSM accepts and responds to ANSI ASC X12N 278 addenda version transactions for Blue Cross Blue Shield of Michigan and Blue Care Network HMO, including Point of Service. See below for applicable specific functionality. BCBSM has chosen to implement exchange of the addenda 278 transaction in batch mode. Health Care Services Review request transactions can also be submitted for members from other Blue Cross and/or Blue Shield plans. These transactions will be routed to the home plan through a Blue Cross Blue Shield Association process referred to as BlueExchange.

BlueExchange transactions may return one or more responses until final disposition is determined.

### **HIPAA Supported Business Events**

- Admission certification review request and associated response
- Referral review request and associated response
- Health care services certification review request and associated response
- Extend certification review request and associated response
- Certification appeal review request and associated response

### **BCBSM Supported Usage and Guidelines of the 278 Transaction**

Two of the programs administered by BCBSM (Hospital Pre-certification Request for Admission and Human Organ Transplant Program Pre-authorization requests) meet the definition of a 278 transaction.

#### **Blue Cross Blue Shield of Michigan Supported Usage**

- Pre-certification for hospital admissions and pre-authorizations for human organ transplants as part of the Human Organ Transplant Program.
  - For BCBSM pre-certification, providers can use Interqual guidelines in most cases to determine whether or not a patient qualifies for admission. Providers notify BCBSM (via Pre-Note) when a patient meets Interqual guidelines and qualifies for admission. In situations where providers cannot make the determination, a 278 pre-certification request may be submitted to BCBSM for an authorization decision.
- HOTP review
- At this time, BCBSM will create a generic response indicating that the 278 request has been received and is pending. Once manual processing has been completed, you will receive the same notification that you do currently.

#### **Blue Care Network HMO Supported Usage**

- Referral requests (including those for POS).
  - The 278 response will indicate approval, rejection, errors or a pended disposition.
  - Renewal and revised referral requests will be treated the same as an initial request.
  - Immediate appeals will be treated the same as standard appeals due to batch processing of the 278 transaction. For expedited appeals, please request by calling 248-799-6312.

- Preadmissions
- Precertifications

### **BCBSM/BCN Nonsupported Usage and Guidelines of the 278 Transaction**

The following programs cannot be included in 278 functionality:

- Programs subcontracted to a vendor/ business associate:
  - Examples include American Imaging Management, National Foot-care Program, Magellan, Value Options and Northwood/NPN. These vendors are responsible for receiving and responding to 278 requests for their programs.
- Case Management and Request for Pre-pricing fall outside the definition of a 278. They are considered voluntary programs as a service to the provider or the member.
- Pre-approval for Specified Clinical Oncology Trials rider for whom the facility provider sends assigned evidence to meet medical criteria.
- Pharmacy pre-authorizations.
- Dental pre-determination pricing is not a HIPAA 278 business event.
- BCBSM/BCN will not be utilizing the Paperwork Segment in the 278 request or response at this time.

### **Transaction Delivery Methods**

The guide recommends the use of a separate transaction set for each patient event (episode of care) for batch mode. Multiple transactions could be sent within the same functional group and interchange.

### **Utilization Management Organization (UMO)**

UMO refers to insurance companies, health maintenance organizations, preferred provider organizations, health care purchasers, professional review organizations, other providers, and other utilization review entities that receive and respond to requests for authorization or certification. The UMO may or may not be the organization that makes the medical decision on a service review request. The UMO might have a relationship with a payer that calls for the payer to make a decision in certain cases. It is the role of the UMO to forward that request to the payer, receive the response from the payer, and then return the response to the requestor. From the requestor's perspective, the exchange of information is between the requestor and the UMO.

### **Information Linkage**

BCBSM will use the Submitter Transaction Identifier to identify the transaction at a high level. It can then be used by the receiver to reconcile rejected transactions.

The information receiver may create one occurrence of the trace (TRN) segment at the service level, which is the lowest logical level. In addition to the trace number, it identifies the organization that generated it and is solely supplied for the convenience of the organization that originated it.

## **Character Set Requirement**

The following character set guidelines must be followed to avoid file rejections. Only characters identified below can be reported within any data field. **All Transactions must be submitted in upper-case characters.**

A...Z	0...9	!	“	&	,	(	)	+
'	-	.	/	;	?	=	@	Space

## **Additional Information**

### **TA1 Interchange Acknowledgements**

Interchange Acknowledgements are used to reply to an interchange or transmission that has been sent. This acknowledgement provides the capability for the receiving trading partner to notify the sending trading partner of problems that were encountered in the interchange control structure and verifies the envelope information. It may also be used by EDI to identify duplicate file or other file level rejections. Refer to Appendix A and B of the ANSI ASC X12N HIPAA Implementation Guides for additional terminology, summaries and format information for the TA1 Interchange Acknowledgement. Interchange acknowledgement (TA1) transactions are only provided when requested in the Interchange Control Header or to identify interchange control structure errors.

### **997 Functional Acknowledgements**

Functional Acknowledgements are used to facilitate control of EDI. Segments within the 997 are used to identify the acceptance or rejection of functional groups, transaction sets or segments. Data elements in error can also be identified. The sending trading partner can determine if the receiving trading partner has received the transaction sets that they sent. Use of this process is essential for successful reconciliation and follow-up of EDI. Refer to Appendix A and B of the ANSI ASC X12N HIPAA Implementation Guides for additional terminology, summaries and format information for the 997 Functional Acknowledgement.

## **278 Interchange Envelope and Functional Group Structure**

Trading partners should follow the Interchange Control Structure (ICS), Functional Group Structure (GS), Interchange Acknowledgement (TA1) and Functional Acknowledgement (997) guidelines for HIPAA that are located in the HIPAA Implementation Guides in Appendices A and B. Trading partners should also follow the basic character set guidelines as set forth in the implementation guide. The interchange cannot contain non-HIPAA version functional groups. Unique instructions for transmitting to BCBSM EDI are:

Transaction Set	Element	Instruction	Imp Gde Pg#
278 Health Care Services Review Request	ISA05 – Interchange ID Qualifier	Report ZZ.	B.4
278 Health Care Services Review Request	ISA06 – Interchange Sender ID	Report the Tax Identification Number of the submitter.	B.4
278 Health Care Services Review Request	ISA07 – Interchange ID Qualifier	Report ZZ.	B.4
278 Health Care Services Review Request	ISA08 – Interchange Receiver ID	Report 382069753.	B.5
278 Health Care Services Review Request	GS02 – Application Sender’s Code	Report the Tax Identification Number of the submitter.	B.8
278 Health Care Services Review Request	GS03 – Application Receiver’s Code	Report 382069753.	B.8
278 Health Care Services Review Request	GS08 – Version Number	Report 004010X094A1.	B.8
278 Health Care Services Review Response	ISA05 – Interchange ID Qualifier	ZZ will be returned from EDI.	B.4
278 Health Care Services Review Response	ISA06 – Interchange Sender ID	382069753 will be returned from EDI.	B.4
278 Health Care Services Review Response	ISA07 – Interchange ID Qualifier	ZZ will be returned from EDI.	B.4
278 Health Care Services Review Response	ISA08 – Interchange Receiver ID	The Tax Identification Number of the receiver will be returned.	B.5
278 Health Care Services Review Response	GS02 – Application Sender’s Code	382069753 will be returned.	B.8
278 Health Care Services Review Response	GS03 – Application Receiver’s Code	The Tax Identification Number of the receiver will be returned.	B.8
278 Health Care Services Review Response	GS08 – Version Number	004010X094A1 will be returned.	B.8

## **Data Clarifications for the 278 (004010X094A1) Request Transaction Set**

Loop	Segment/Element	Instruction	Industry/Element Name
Header	BHT03	<b>BCN:</b> Report a unique number for each referral request.	Submitter Transaction Identifier
2010A	NM103	<b>BCN:</b> Report BCN for BCN HMO and POS referral, pre-authorization and pre-certification requests. <b>BCBSM:</b> Report BCBSM for pre-authorization and pre-certification requests.	UMO Name
2010A	NM108 & NM109	<b>BCBSM &amp; BCN:</b> Report PI in NM108 and 382069753 as the Payer ID number in NM109.	Payer ID
2010B	NM103	<b>BCBSM &amp; BCN:</b> Report the last or organization name of the requester.	Requester Last or Organization Name
2010B	NM104	<b>BCBSM &amp; BCN:</b> Report the first name of the requester if NM102 is 1.	Requester First Name
2010B	REF01 & REF02	<b>BCBSM &amp; BCN:</b> Report ZH in REF01 and the provider number of the referring provider (requester) in REF02.	Requester Supplemental Identifier
2010B	N301	<b>BCBSM:</b> For pre-certification and pre-authorization requests, include the requester's department name.	Requester Address
2010B	PER02	<b>BCBSM:</b> Report the contact person's name.	Requester Contact Name
2010B	PER04	<b>BCBSM:</b> Report the contact person's telephone number.	Requester Contact Communication Number
2000C	HI Segment	<b>BCBSM &amp; BCN:</b> Report the appropriate diagnosis for pre-certification and pre-authorization requests if the subscriber is the patient.	Subscriber Diagnosis Segment
2010CA	NM103 & NM104	<b>BCBSM &amp; BCN:</b> Required if the subscriber is the patient.	Subscriber Last and First Name
2010CA	REF01 & REF02	<b>BCBSM:</b> Report 1L in REF01 and the group number in REF02 for pre-authorization and pre-certification requests.	Subscriber Supplemental Identifier
2010CA	DMG02	<b>BCBSM &amp; BCN:</b> Required if the subscriber is the patient.	Subscriber Birth Date
2010CA	DMG03	<b>BCBSM &amp; BCN:</b> Required if the subscriber is the patient.	Subscriber Gender
2000D	HI Segment	<b>BCBSM &amp; BCN:</b> Report the admitting diagnosis for pre-certification and pre-authorization requests if the patient is not the subscriber.	Subscriber Diagnosis Segment
2010DA	NM103 & NM104	<b>BCBSM &amp; BCN:</b> Required if the patient is not the subscriber.	Patient Last and First Name
2010DA	DMG02	<b>BCBSM &amp; BCN:</b> Required if the patient is not the subscriber.	Patient Birth Date
2010DA	DMG03	<b>BCBSM &amp; BCN:</b> Required if the patient is not the subscriber.	Patient Gender
2010DA	INS02	<b>BCBSM:</b> Required for pre-certification and pre-authorization requests. <b>BCN:</b> Optional.	Individual Relationship Code
2010E	NM1 Segment	<b>BCBSM &amp; BCN:</b> Use two occurrences of loop 2010E when it is necessary to identify the service provider and the facility in which the service is to be performed.	Service Provider Name Segment
2010E	NM101	<b>BCN:</b> If NM101 equals FA, then NM102 must equal 2. If NM101 equals SJ, then NM102 must equal 1.	Service Provider Name Segment
2010E	NM103	<b>BCBSM &amp; BCN:</b> Report the last or organization name of the specialty provider or facility.	Specialty Provider Last or Organization Name
2010E	NM108	Report XX (National Provider Identifier (NPI))	Identification Code Qualifier

Loop	Segment/Element	Instruction	Industry/Element Name
2010E	NM109	<u>Professional</u> <b>BCBSM, BCN &amp; Medicare Plus Blue:</b> Report the 10 digit National Provider Identifier (NPI). <u>Institutional</u> <b>BCBSM, BCN &amp; Medicare Plus Blue:</b> Report the 10 digit National Provider Identifier (NPI). <u>Dental</u> Report the dental provider code assigned to the provider by BCBSM. <b>Medicaid:</b> Report the 10 digit National Provider Identifier (NPI).	Information Receiver
2010E	NM104	<b>BCBSM &amp; BCN:</b> Report the first name of the specialty provider if NM102 is 1.	Specialty Provider First Name
2010E	REF01	<b>BCBSM &amp; BCN:</b> Report ZH in REF01 and the provider number of the service provider or facility in REF02.	Service Provider Number
2010E	N3 & N4 Segments	<b>BCBSM:</b> Required for pre-certification and pre-authorization requests.	Service Provider Address, City, State and ZIP Code
2010E	PER Segment	<b>BCBSM:</b> Include the provider telephone number for pre-certification and pre-authorization requests.	Service Provider Telephone Number
2000F	UM01	<b>BCN:</b> Report SC for specialty referral requests. The first service loop must contain AR for admission requests. The admission date segment should be present and the HSD segment should indicate days. No HI segment data should be sent. Admitting physician and procedure code designating service to be performed should be reported. <b>BCBSM:</b> Report AR for admission reviews or HS for pre-certification and pre-authorization requests.	Specialty Care Review
2000F	UM02	<b>BCN:</b> Report code 3, 4 or I for BCN referrals. Renewal and revised referral requests will be treated the same as an initial request. Immediate appeals will be treated the same as standard appeals due to batch processing of the 278 transaction. For expedited appeals, please request by calling 248-799-6312.	Certification Type Code
2000F	UM04-1	<b>BCN:</b> For referrals, report a value of 11 when UM03 equals 3.	Place of Service Code
2000F	UM06	<b>BCBSM &amp; BCN:</b> Emergency or urgent requests should be identified by reporting the appropriate Level of Service Code in UM06.	Level of Service Code
2000F	DTP Segment	<b>BCN:</b> Required for BCN referral requests. If the service date/service begin date is not reported the current date will be used as the referral date. If not present, the end date will be derived from either the to date, the discharge date or calculated based on the start date and units of service.	Service Date Segment
2000F	DTP Segment	<b>BCBSM &amp; BCN:</b> Required for pre-certification and pre-authorization requests.	Admission Date
2000F	HI Procedure Segment	<b>BCN:</b> This is required for all requests with the exception of a global referral. Only the first procedure code reported will be referenced for BCN referral certification.	Procedure Segment
2000F	HSD01 & HSD02	<b>BCBSM:</b> Report the length of stay requested for pre-certification and pre-authorization requests.	Service Qualifier & Quantity
2000F	CL101	<b>BCBSM:</b> Report the admission type code for pre-certification and pre-authorization requests	Admission Type Code
2000F	MSG Text Segment	<b>BCN:</b> Use only if needed to convey free-form text about the referral request.	Message Segment

## **Data Clarifications for the 278 (004010X094A1) Response Transaction Set**

- BCBSM will create a generic response indicating that the 278 request has been received and is pending for pre-certifications, requests for admission and HOTP requests.
- BCN will respond with approval, rejection, error or pend disposition for admission and specialty referral requests.
- BlueExchange responses will vary based on the capability and functionality of the home plan.

## **General EDI Terminology**

**ANSI X12N 278 v4010A1** – HIPAA standardized ANSI X12N transaction format for the health care service review and response.

**Addenda** – Refers to a version of the HIPAA mandated transaction sets that corrects identified implementation issues noted in the original implementation guides.

**BlueExchange** – A Blue Cross Blue Shield Association (BCBSA) process through which non-claim HIPAA transactions for members from all other Blue Cross and/or Blue Shield plans that are governed by the BCBSA can be accepted by a local host plan and routed to the home plan for processing.

**Data Segment** – Corresponds to a *record* in data processing terminology. Consists of logically related data elements in a defined sequence (defined by X12N). Each segment begins with a segment identifier, which is not a data element and one or more related data elements, which are preceded by a data element separator. Each segment ends with a segment terminator.

**Data Element** – Corresponds to a *field* in data processing terminology. Assigned unique reference number. Each element has a name, description, type, minimum length and maximum length. The length of an element is the number of character positions used, except as noted for numeric, decimal and binary elements. Data element types are:

Nn	Numeric (with an assumed number of decimal positions)
R	Decimal Real Number (including decimal or negative sign)
ID	Identifier
AN	Alphanumeric string
DT	Date
TM	Time

**Delimiter** – A character used to separate two data elements (or sub-elements) or to end a segment. They are specified in the interchange header segment (ISA). Once specified in the ISA, they should not be used in the data elsewhere other than as a separator or terminator.

**EDI** – An acronym for Electronic Data Interchange.

**Electronic Data Interchange** – the application-to-application transfer of key business information transacted in a standard format using a computer-to-computer communications link. There are typically 6 components used in order to do EDI. They are: an EDI file, a trading partner, an application file/form, translator (mapper), communications and value added network or value-added service provider.

**Implementation guides** – Documents that provide standardized data requirements and content as the specifications for consistent implementation of a standard transaction set. The Washington Publishing Company publishes HIPAA implementation guides on their web site: [www.wpc-edi.com](http://www.wpc-edi.com).

**Interface** – The point at which two systems connect to pass data.

**Loops** – Loops are groups of semantically related segments. Data segment loops may be unbounded or bounded.

**Routing** – Separation of data based on specific criteria for subsequent transfer to an internal or external system.

**Trading partners** – Entities that exchange electronic data files. Agreements are sometimes made between the partners to define the parameters of the data exchange and simplify the implementation process.

**Translation Software** – Commercial computer software that with input instructions converts a standard format to an application format or an application format to a standard format. Most translation software products also compliance check standard format files and automatically create interchange/functional acknowledgements to identify receipt and translation status of a file. Some products also offer translation capability from any format to any format.

**Transaction Set** – A transaction set is considered one business document which is composed of a transaction set header control segment, one or more data segments, and a transaction set trailer control segment. For example, one 837-transaction set is equivalent to one claim file.

**X12N** – An Accredited Standards Committee (ASC) commissioned by the American National Standards Institute (ANSI) to develop standards for Electronic Data Interchange (EDI). While X12 indicates EDI, the N identifies the Insurance Subcommittee that is responsible for developing EDI standards for the insurance industry. There is a special health care task group within this subcommittee responsible for the development of health care insurance transactions.