278 Health Care Service Review and Response

Chapter 6:
278 Health Care Services Request for Review and Response

Overview

The information in this chapter clarifies BCBSNC business and processing rules that are relevant to the implementation of the 278 Transaction. The chapter consists of three sections:

- a general section with material applicable to the processing of health care service requests and business edits performed by BCBSNC

- tables outlining specific data format or content issues within the transactions; these tables also describe BCBSNC handling of specific data types

- a sample scenario of a 278 Transaction that is illustrated as both a data string and mapped transaction.

Important Notice:
BCBSNC does not require referral reviews and uses the 278 Heath Care Services Review for admission certification only.

Blue Card Inquiries (Blue Exchange)

In order to manage authorization requests for out-of-state Blue Card holders, BCBSNC accesses Blue Exchange, a data management system shared with Blue Cross and Blue Shield plans around the country. This system facilitates the routing of 278 inquiries to the appropriate Blue Cross and Blue Shield Associate and the return of the 278 Response to the original submitter. The level of detail received in the 278 Response may vary depending on which Blue Cross and Blue Shield is accessed.

Health Care Services Review Processing

Reviews are handled in batch mode only. Multiple 2000F Loops are treated as separate Requests for Review and are replied with separate 278 Responses.

Frequency of Data Exchange

BCBSNC does not handle real time processing of the 278 Review. Senders can expect to receive an initial 278 Response with BHT06 = 19 (further updates to follow) and HCR01 = A4 (pended) within 24 hours of submitting the original 278 Review for local and out-of-state Blue Card holders.   A final response will be returned once the request has been reviewed.

Acknowledgements

The TA1 Interchange Acknowledgement and the 999 Functional Group Acknowledgement are used to acknowledge receipt of the 278 Review transaction. The TA1 Acknowledgement responds at the

Interchange level of the transmission. The 999 Acknowledgement responds at the Functional Group level of the transmission. The *Introduction to the Companion Guide*, available online at www.bcbsnc.com/providers/edi/hipaainfo.cfm contains more information on the use of the TA1 and 999 Transactions.

See the Error Reporting section of this chapter for more information about the use of TA1, and 999 Acknowledgements to report errors and the 278 Review for error reporting of BCBSNC business rule requirements. Note that errors in data necessary for BCBSNC to process a 278 Review may result in the failure of the review's processing. The 278 Response identifies those requests that were unsuccessful.

Data Retention
Data from inquiries that are rejected with a TA1 or 999 Transaction are retained for 90 days from the date of receipt.

Batch Handling
The 278 HIPAA Implementation Guide does not have a restriction on the number of patient reviews allowed within a batch.

Important Notice:
BCBSNC does not batch-match responses with inquiries. Submitters should provide a Service Trace Number (2000F TRN02) so that they can associate submitted inquiries to their respective responses.

Error Reporting
The following table indicates the various error responses one may receive to a 278 Transaction.

Transmission Structure Level of Error	Type of Error	Transaction Returned
ISA/IEA Interchange Control	• Invalid Message • Invalid Batch ID • Inactive Message • Improper Batch Structure	TA1
• GS/GE (Functional Group) • ST/SE (Transaction Set) • Detail Segments	HIPAA Implementation Guide Violations	999
Detail Segments	• BCBSNC Business Edits (see 278 Response - Data Element Table for details) ~~Security Validation Messages~~	278 Transaction (see AAA segments)

Table 1: Error Reporting for Authorization Requests

The TA1 and 999 transactions are used to indicate Technical Report Type 3 (TR3) errors. If a transmission is rejected at the Interchange Control (ISA/IEA) level, the batch returns a TA1 Interchange Acknowledgement transaction that identifies the Implementation Guide error contained in the transmission. If a transaction is rejected at the Functional Group (GS/GE) or Transaction Set (ST/SE) level, the batch returns a 999 Functional Acknowledgement that identifies the Implementation Guide errors contained in the transmission. However, if the GS/GE level (Functional Group) of the transaction is corrupted such that a 999 cannot be created, a TA1 with a 05 value of "024" (Invalid Interchange Content) is returned. Note that this circumstance is the only situation where a TA1 is used to respond to a portion of the transmission other than the ISA/IEA.

Important Notice:
For Technical Report 3 (TR3) violations, BCBSNC returns the TA1 or 999 Acknowledgement Transactions ONLY. Trading partners who are unable to accept a 999 or TA1 transaction are not provided with alternative TR3 error reporting mechanisms.

The 278 AAA Segments are used to identify security validation requirement issues and to indicate BCBSNC business edits. Submitters that provide insufficient or invalid information within the 278 Review are sent a 278 Response with AAA segments identifying the error.

Subscriber or Dependent Identification

BCBSNC uses only the following HIPAA Search Option (HSO) data elements within the 278 Transaction to validate the patient's eligibility:

Data Element for Patient Matching	Implementation Guide Location (278 Review) (Subscriber or Dependent Loop)
First Name	2010C NM104 or 2010D NM104
Last Name	2010C NM103 or 2010D NM103
Date of Birth	2010C DMG02 or 2010D DMG02
Gender	2010C DMG03 or 2010D DMG03
Identification Code (BCBSNC Identification Number* as it appears on the membership card for the patient.)	2010C NM109 (see Important Notice below)

Table 3: Matching Criteria to Identify Patients

Due to HIPAA Privacy regulations, a return of information is possible only on an exact match for the subscriber or dependent. If the data elements presented in the inquiry do not match our system data, the 278-11Transaction informs the submitter in the appropriate AAA03 segment with a value of 67 ("Patient Not Found"). See the Important Notice below for information on whether to use the Subscriber or Dependent loop when submitting a 278-13.

Important Notice:
The **BCBSNC** member's identification number ("Identification Code") is unique to the member and should be entered in the Subscriber loop (2010C NM109) **even if the patient is a dependent**. Note that the identification code used must be that of the patient, as presented on the BCBSNC membership card. The Blue Cross Blue Shield identification code may include an alpha prefix and/or a numeric suffix, and may be up to 14 characters in length.

Patients with FEP coverage may not have unique identifiers. When submitting Reviews for members without unique identifiers use either the subscriber or dependent loop, as appropriate.

Because responses are returned for exact matches only, submitters should be careful to transmit the correct BCBSNC Identification Number for the 2010C NM109 value.

Automated 278 Responses

If a 278-13 Review is received, **BCBSNC** can process the request and provide an automated response on the 278-11; however, the following optional values need to be included in the review in order to receive an automated response:

- **Patient Diagnosis Code** (code/s can be sent in any of the following locations - Loop 2000E- HI Segments, HI01-2, HI02-2, HI03-2, HI04-2, HI05-2, HI06-2, HI07-2, HI08-2, HI09-2, HI10-2, HI11-2, HI12-2)
- **Facility Code Value** in Loop 2000E, UM04-1
- **Service Type Code** in Loop 2000E, UM03
- **Level of Service Code** in Loop 2000E, UM06
- **Event Date** in Loop 2000E - DTP segment (or next)
- **Service Date** in Loop 2000F - DTP Segment
- **Service Provider Name** in Loop 2010F - NM109 Segment
- **Service Level Procedure Code** in Loop 2000F - SV202-2, SV202-8

Note: the 278-11 automated response will be returned with "A1' in the HCR01 segment.

278 –13 Review: Data Element Table

This Element Table presents a matrix of those elements listed in the HIPAA Technical Report Type 3 (TR3) that require Companion Guide annotation. The matrix identifies the element in question according to its loop, segment, and element identifiers within the HIPAA TR3. Adjacent to the element's identifier is the BCBSNC business rule specific to that data element or segment.

Transaction: 278 Health Care Services Review					
Loop ID	Segment Type	Segment Designator	Element ID	Data Element	BCBSNC Business Rules
2010B	NM1	Requester Name (p. 76-78)			
			03	Last Name or Organizational Name	Last names of requestors that may be part of larger provider groups should be specific enough to distinguish themselves from the larger group.
			08	Identification Code Qualifier	Value should be XX for NPI
			09	Identification Code	Value should be the provider's NPI
2010B	N3	Requestor Address (p. 81)			
				Entire Segment	These elements are required for BCBSNC processing and for processing for Blue Exchange.
	N4	Requestor City/State/Zip Code (p. 82)			
			01 & 02	City and State Name	These elements are required for BCBSNC processing and for processing for Blue Exchange.
	PER	Requester Contact Information (p. 85)			
			02	Name	This element is required for BCBSNC processing and for processing for Blue Exchange.
			03	Communication Number Qualifier	This element is required for BCBSNC processing and for processing for Blue Exchange.

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Loop ID	Segment Type	Segment Designator	Element ID	Data Element	BCBSNC Business Rules
			04	Communication Number	This element is required for BCBSNC processing and for processing for Blue Exchange.
2010C	NM1	Subscriber Name (p. 93)			
			09	Identification Code	See "Important Notice" under the Subscriber and Dependent Identification section of this Guide.
2010C	DMG	Subscriber Demographic Information (p. 99-100)			
			01	Date Time Period format qualifier	This element is required for BCBSNC processing and for processing for Blue Exchange.
			02	Date Time Period	This element is required for BCBSNC processing and for processing for Blue Exchange.
			03	Gender Code	This element is required for BCBSNC processing and for processing for Blue Exchange.
2010D	DMG	Dependent Demographic Information			
			01	Date Time Period format qualifier	If the Dependent Loop is present, this element is required for BCBSNC processing and for processing for Blue Exchange.
			02	Date Time Period	If the Dependent Loop is present, this element is required for BCBSNC processing and for processing for Blue Exchange.
			03	Gender Code	If the Dependent Loop is present, this element is required for BCBSNC processing and for processing for Blue Exchange.
2000F	TRN	Service Trace Number (p. 237)			
			01	Trace Type Code	This element is required for BCBSNC processing and for processing for Blue Exchange.
			02	Reference Identification	This element is required for BCBSNC processing and for processing for Blue Exchange.
			03	Originating Company Identifier	This element is required for BCBSNC processing and for processing for Blue Exchange. Use a "1" in the first position followed by the requestor's EIN number.
2000E	TRN	Patient Event Tracking Number (p. 119)			
			03	Originating Company Identifier	Use a "1" in the first position followed by the requestor's EIN number.
	HI	Patient Diagnosis (p.137)			
			0x-1	Code List Qualifier Code	BCBSNC processes all applicable diagnosis.
			01 – 12	Health Care Code Information	BCBSNC will process all 12 of the possible iterations.

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Loop ID	Segment Type	Segment Designator	Element ID	Data Element	BCBSNC Business Rules
2000E	UM	Health Care Services Review Information (p.120-126)			
			01	Request Category Code	This element is required for BCBSNC processing and for processing for Blue Exchange. Submitter should send AR for Inpatient admissions and services. Submitters should send HS for non-inpatient services.
			02	Certification Type Code	BCBSNC will not process authorization requests when UM02 = 1 or UM02 = 2.
			03	Service Type Code	This element is required for BCBSNC processing and for processing for Blue Exchange.
			04-1	Facility Code Value	This element is required for BCBSNC processing and for processing for Blue Exchange.
			04-2	Facility Code Qualifier	This element is required for BCBSNC processing and for processing for Blue Exchange.
			06	Level of Service Code	Identification of the Notification Request as either "Urgent" or "Emergency" does not accelerate processing.

278 – 11 Response: Data Element Table

This Element Table presents a matrix of those elements listed in the HIPAA TR3 that require Companion Guide annotation. The matrix identifies the element in question according to its loop, segment, and element identifiers within the HIPAA Implementation Guide. Adjacent to the element's identifiers is the BCBSNC business rule specific to that data element or segment.

Transaction: 278 Health Care Services Response

Loop ID	Segment Type	Segment Designator	Element ID	Data Element	BCBSNC Business Rules
2000F	TRN	Service Trace Number (p. 466)			
			02	Reference Identification	BCBSNC does not assign internal Trace Numbers. Submitters original Trace Number will be returned in this segment.
	UM	Health Care Services Review Information (p. 325)			BCBSNC will return separate 2000F loops for each admission, service and procedure submitted.

278 Review Sample

The following 278 Review and Response Samples illustrate a business scenario by providing both the data string as it would be transmitted and a data File Map that labels the various elements according to the loops and segments that would be used for the transmission.

278 Business Scenario

Dr. Marcus Helby, a cardiologist, has requested a review for a surgical procedure for Barney Rubble. Reviews for subsequent procedures, to be performed during the same hospitalization, are filed in a separate 278 Review.

278 Request - Data String Example

This data string example represents a 278 Request filed by Dr. Marcus Helby for his patient's bypass surgery.

```
ST*278*0032*005010X217~
BHT*0007*13*0001*20100101*000000~
HL*1**20*1~
NM1*X3*2*BLUE CROSS BLUE SHIELD NC*****46*560894904~
HL*2*1*21*1~
NM1*1P*1*HELBY*MARCUS****XX*1111122222~
N3*200 GETWELL AVENUE~
N4*JEFFERSON*NC*28640~
PER*IC**TE*9194567890~
HL*3*2*22*1~
NM1*IL*1*RUBBLE*BARNEY****MI*YPPW1234567890~
DMG*D8*19460401*M~
HL*4*3*23*1~
NM1*QC*1*RUBBLE*BARNEY~
DMG*D8*19460401*M~
HL*5*4*EV*1~
UM*AR*I*4*21:B***2*3*M~
DTP*435*D8*20100101~
DTP*096*D8*20100101~
HI*BF:41090:D8:20050125~
HSD*DY*4~
CL1*3*1~
NM1*FA*2*FLINTSTONE UNIVERSITY HOSPITAL*****XX*1001234567~
N3*THELMA LANE~
N4*DURHAM*NC*27705~
HL*6*5*SS*0~
TRN*1*TS32-2*90004N7891~
DTP*472*RD8*20100101-20100101~
SV2**HC:33510~
NM1*1T*1*HELBY*MARCUS****XX*1111122222~
SE*31*0032~
GE*1*36~
```

```
IEA*1*185425555~
```

278 Request File Map

	Loop ID		Segments	Elements								
1		Transaction Set Header	ST	ST01	ST02							
				278	0032	005010X217						
1		Beginning of Hierarchical Transaction	BHT	BHT01	BHT02	BHT03	BHT04	BHT05				
				0007	13	00019	20100101	000000				
1	2000A	Utilization Management Organization Level	HL	HL01	HL02	HL03	HL04					
				1		20	1					
1		Utilization Management Organization Name	NM1	NM101	NM102	NM103	NM104	NM105	NM106	NM107	NM108	NM109
				X3	2	Blue Cross and Blue Shield of NC					46	560894904
1	2000B	Requester Level	HL	HL01	HL02	HL03	HL04					
				2	1	21	1					
1	2010B	Requester Name	NM1	NM101	NM102	NM103	NM104	NM105	NM106	NM107	NM108	NM109
				1P	1	HELBY	MARCUS	*	*		XX	1111122222
1	2010B	Requester Address	N3	N301								
				200 Getwell Avenue								
1	2010B	Requester City	N4	N401	N402	N403						
				Jefferson	NC	28640						
1	2010B	Requester Contact Information	PER	PER01	PER02	PER03	PER04					
				IC		TE	9194567890					
1	2000C	Subscriber Level	HL	HL01	HL02	HL03	HL04					
				3	2	22	1					
1		Subscriber Name	NM1	NM101	NM102	NM103	NM104	NM105	NM106	NM107	NM108	NM109
				IL	1	Rubble	Barney				MI	1234567890~

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	Loop ID	Segments	Elements								
1	2010C	Subscriber Demographic **DMG**	**DMG01**	**DMG02**	**DMG03**						
			D8	19490401	M						
1	2000D	Dependent Level **HL**	**HL01**	**HL02**	**HL03**	**HL04**					
			4	3	23	1					
1	2010D	Dependent Name **NM1**	**NM101**	**NM102**	**NM103**	**NM104**	**NM105**	**NM106**	**NM107**	**NM108**	**NM109**
			QC	1	Rubble	Barney					
		Dependent Demographic **DMG**	**DMG01**	**DMG02**	**DM03**						
			D8	19490401	M						
	2000E	Patient Event Level **HL**	**HL01**	**HL02**	**HL03**	**HL04**					
			5	4	EV	1					
		Health Care Services Review **UM**	**UM01**	**UM02**	**UM03**	**UM04**	**UM05**	**UM06**	**UM07**	**UM08**	**UM09**
			AR	I	4	21:B			2	3	M
		Admission Date **DTP**	**DTP01**	**DTP02**	**DTP03**						
			435	**D8**	**20100101**						
		Discharge Date **DTP**	**DTP01**	**DTP02**	**DTP03**						
			096	**D8**	**20100105**						
		Patient Diagnosis **HI**	**HI01-1**	**HI01-2**	**HI01-3**	**HI01-4**					
			BF	**41090**	**D8**	**20100101**					
		Health Care Services Delivery **HSD**	**HSD01**	**HSD02**							
			DY	**4**							
		Institutional Claim Code **CL1**	**CL101**	**CL102**							
			3	**1**							
	2010EA	Patient Event Provider Name **NM1**	**NM101**	**NM102**	**NM103**	**NM104**	**NM105**	**NM106**	**NM107**	**NM108**	**NM109**
			FA	2	FLINSTONE UNIVERSITY HOSPITAL					XX	1001234567
		Patient Event Provider Address **N3**	N301								
			Thelma Lane								

Loop ID			Segments	Elements								
		Patient Event Provider City, State, Zip	N4	N401	N402	N403						
				Durham	NC	27705						
	2000F	Service Level	HL	HL01	HL02	HL03	HL04					
				6	5	SS	0					
		Service Trace Number	TRN	TRN01	TRN02	TRN03						
				1	TS32-2	90004N7891						
		Service Date	DTP	DTP01	DTP02	DTP03						
				472	RD8	20100101-20100105						
		Institutional Service Line	SV2	SV201	SV202-1	SV202-2						
					HC	33510						
		Service Provider Name	NM	NM101	NM102	NM103	NM104	NM105	NM106	NM107	NM108	NM109
				1T	1	Helby	Marcus				XX	1111122222
				HS	I	2	21	8				
1		Transaction Set Trailer	SE	SE01	SE02							
				31	0032							

Document Change Log

The following change log identifies changes that have been made in **Chapter 6: 278 Eligibility Inquiry and Response**.

Chapter and Section	Change Description	Date of Change	Version
Security Validation Edit section	Removed entire section as these edits no longer apply.	Sept. 2013	1.1