

PRESBYTERIAN HEALTH PLAN

EDI COMPANION GUIDE

(Refers to the Implementation Guides based on ASC X12 278 Version 005010X217)

Health Care Authorization Request for Review **(278)**

(Companion Guide v2)

PRESBYTERIAN HEALTH PLAN COMPANION GUIDE - 278

Disclosure Statement:

This Companion Guide has been prepared for Presbyterian Health Plan partners who are ready to participate in 278 Request for Authorization Review transactions. It is in conjunction with the ASC X12 5010 version of HIPAA Technical Report Type 3.

If there are any changes to this document, it will be incorporated and published as a newer version at <https://www.phs.org/EDI>

Preface:

Presbyterian Health Plan offers EDI 278 Request for Authorization Review as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that supplements Technical Report Type 3 (TR3) of 5010.

This Companion Guide to the v5010 ASC X12N Implementation Guides clarifies and specifies the data content when exchanging electronically with Presbyterian Health Plan. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

PRESBYTERIAN HEALTH PLAN COMPANION GUIDE - 278

TABLE OF CONTENTS

1. INTRODUCTION	4
2. SUPPORT CONTACT INFORMATION	4
3. TESTING WITH PRESBYTERIAN HEALTH PLAN.....	4
4. CONNECTIVITY/COMMUNICATIONS WITH PRESBYTERIAN HEALTH PLAN.....	5
5. CONTROL SEGMENTS/ENVELOPES	6
6. PRESBYTERIAN HEALTH PLAN SPECIFIC BUSINESS RULES AND LIMITATIONS.....	7
7. TRANSACTION SPECIFIC INFORMATION	8
APPENDICES.....	14

1. INTRODUCTION

SCOPE

This Companion Guide has been prepared for Presbyterian Health Plan trading partners who are submitting the Request for Authorization review 278 ASC X12 electronically. It provides all necessary information regarding inquiry submission to Presbyterian. It can be used to clarify and get relevant information about transactions and operating rules.

OVERVIEW

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that all health insurance payers in United States comply with the EDI standards as established by the Secretary of Health and Human Services (HHS). This guide is meant to be used in conjunction with the Health Care Services Review request for Review (278) instructions established by the ASC X12 Standards for EDI.

This Companion Guide covers the following topics.

- Connection and Exchange of Data
- 278 Request and Update Configuration Details
- File Testing and Validation
- Production 278 Requests and Updates
- Reporting and Responses
- Support

Please refer to the full ASC X12 005010X217 guide for the full collection of industry standard details for a 278 file.

<http://www.x12.org>

2. SUPPORT CONTACT INFORMATION

For all technical and support related questions concerning file trade, existing partners may contact the Presbyterian Health Plan EDI Team via email at edi@phs.org.

3. TESTING WITH PRESBYTERIAN HEALTH PLAN

Testing Process

The following process can be followed to perform testing with a Presbyterian Health Plan representative.

1. Ensure all appropriate agreements are in place before the exchange of data
2. Exchange all required details between PHP and your organization to configure SFTP connection.
3. Configure your 278 request for review file based on this Companion Guide and the X12 278 Standards.
4. Create and exchange the established 278 Authorization Testing Scenarios included in this guide below.
5. A Presbyterian Health Plan developer will review the exchanged 278 request files submitted and validate a successful data load. If there are any issues, the trading partner will be contacted and asked to correct the file and resubmit.
6. PHP related business teams will review the loaded Authorization for business validation.
7. The response files or reports are sent back to the originating partner for review and approval.
8. Once both parties approve production readiness, file trade in production will be implemented.

278 Testing Scenarios

To ensure a seamless implementation please provide authorization examples for the following test scenarios:

- Inpatient And Outpatient Authorizations
- Authorizations should include all related service codes and min/max unit ranges.
- Initial vs Updated Authorizations for the following values:
 - Provider changes
 - Date of Service changes
 - Procedure changes
 - Status Change
 - Reconsideration Authorizations
 - Change in Units
 - Retro Auth Adjustments (Adjustments to auth with past Service Dates)
- Voided Authorizations (If required)
- Full Denied Authorizations
- Partial Approved/Denial Units
- Pending Authorizations

4. CONNECTIVITY/COMMUNICATIONS WITH PRESBYTERIAN HEALTH PLAN

PROCESS FLOW

PHP performs 278 requests in batch. The sender does not remain connected while the receiver processes the transactions.

Process flow:

1. Trading Partner submits 278 requests to Presbyterian Health Plan via batch file.
2. PHP EDI Receives a 278 batch request.
3. SNIP Level 2 Validation Map Invoked
4. PHP EDI generates an optional response file (999)
5. Submitted 278 Authorization data is loaded to the PHS Authorization System for medical review.

RETRANSMISSION PROCEDURE

Retransmissions should be made on the following occasions:

- Connectivity failure
- A 999 acknowledgment is not received.
- If partner needs to submit inquiry again

SYSTEM MAINTENANCE

In the case that Maintenance is required, the Presbyterian Health Plan Maintenance Window schedule begins on Saturdays at 6 PM and ends on Sundays by 10 PM. SFTP will be unavailable periodically during this time.

5. CONTROL SEGMENTS/ENVELOPES

General Notes

- All data must be submitted in UPPER CASE.
- Leading spaces must be omitted.
- Trailing spaces must be omitted unless necessary to fulfill a minimum field length.

The 278 request files are expected to follow the above standard and values for the ISA-IEA, GS-GE, and ST-SE control segment values. All the other standard EDI segments that are specific to the transaction should be used as per X12 ASC 5010 Guide.

Control Segment Hierarchy

ISA - Interchange Control Header segment

GS - Functional Group Header segment

ST - Transaction Set Header segment

First 278 Transaction

SE - Transaction Set Trailer segment

ST - Transaction Set Header segment

Second 278 Transaction

SE - Transaction Set Trailer segment

ST - Transaction Set Header segment

Third 278 Transaction

SE - Transaction Set Trailer segment

GE - Functional Group Trailer segment

IEA - Interchange Control Trailer segment

Delimiters

It is recommended that the following delimiters be used when a 278 transaction is submitted.

LOCATION	CHAR	TYPE
Segment Terminator	~	Tilde
Data Element Separator	*	Asterisk
Component Element Separator	:	Colon
Value Type - Value	;	Semi-Colon
Repetition Separator	^	Carat

6. PRESBYTERIAN HEALTH PLAN SPECIFIC BUSINESS RULES AND LIMITATIONS

Authorization Rules

1. It is preferred that you send Provider NPI, Tax ID and City, State, Zip for Authorizations to process the transaction correctly.
2. You can submit a 2000F SV1 (Professional Service) and 2000F SV2 (Institutional Service), but they cannot be submitted on the same authorization file. PHP does not currently accept SV3 (Dental Service).
3. Once an Episode Type of IP or OP has been loaded to our Authorization system, it cannot be updated. The vendor will need to send a Cancellation and a new Authorization for the correct Episode Type.
4. Multiple Service Lines are accepted within each authorization.
5. Only ICD10 diagnosis codes will be accepted.
6. Decision date should be submitted in the Diagnosis Date Field Value [e.g. HI01-04]
7. Receive Date should be included in BHT04.
8. PHP will Populate Units based on Procedure Code Category and Service Dates
9. Approved Units need to be sent in HSD02.
10. Requested units will be sent in 2000F SV104.

File Names

PHP will establish file naming conventions directly with the trading partners.

E.g. <TRADINGPARTNER>_<YYYYMMDD>_<HHMMSS>__<SEQ#>_278_i_p

Placeholder ID's

In certain cases, auth requests cannot proceed because valid provider information is unavailable at the time of submission. To meet the minimum requirement for a Requesting Provider ID, placeholder IDs must be used to avoid delays or errors in processing. This ensures that requests can be submitted even when data from PHP to Stanson is incomplete or missing.

- UNKNOWN PRACTITIONER: 102301P00080803
- UNKNOWN FACILITY: 102301S99999999-L001

PRESBYTERIAN HEALTH PLAN COMPANION GUIDE - 278

7. TRANSACTION SPECIFIC INFORMATION

Presbyterian has created the following grid to assist in the design of the specific segments and values accepted by our organization. This table includes only those fields that Presbyterian has a specific value set or provides additional guidance on the value sent. This table does not include all of the necessary fields to submit a successful transaction.

Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
Header	ISA	Interchange Control Header		
Header	ISA01	Authorization Information Qualifier	00	
Header	ISA03	Security Information Qualifier	00	
Header	ISA05	Interchange Information Qualifier	ZZ	
Header	ISA07	Interchange Information Qualifier	ZZ	
Header	ISA08	Interchange Receiver ID	943037165	Receiver ID. Left justify and pad with spaces to 15 characters
Header	ISA11	Repetition Separator	^	The delimiter in ISA 11 must be ^ (caret)
Header	ISA16	Component Element Separator	:	The delimiter in ISA 16 must be : (colon)
Header	GS	Functional Group Header		
Header	GS03	Application Receiver's Code	943037165	This is the same value as the Receiver's Interchange ID from ISA08 (do not pad with spaces).
Header	GS08	Implementation Guide Version Name		005010X217
Header	ST	Transaction Set Header		
Header	ST02	Transaction Set Control Number	278	
Header	ST03	Implementation Guide Version Name	005010X217	
Header	BHT	Beginning of Hierarchical Transaction		
Header	BHT02	Transaction Set Purpose Code	13	Accept only 13
Header	BHT03	Submitter Transaction Identifier		Payer ID
Header	BHT04	Request Received Date		Date in CCYYMMDD format
Header	BHT05	Request Received Time		Time in HHMMSS format
Header	NM1	UMO (Payer Name)		
2010A	NM101	Entity Identifier Code	X3 - UMO Name	
2010A	NM102	Entity Type Qualifier	2	
2010A	NM108	Identification Code Qualifier	PI - Payer ID	
2010A	NM109	Identification Code	943037165	Payer ID

PRESBYTERIAN HEALTH PLAN COMPANION GUIDE - 278

Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
2010B	NM1	Requestor Name		
2010B	NM101	Entity Identifier Code	FA - Facility 1P - Practitioner PR - Payer	
2010B	NM103	Name Last / Organization Name	The name of the provider or facility submitting the request is required.	
2010B	NM108	Identification Code Qualifier	XX	NPI is required
2010B	NM109	Identification Code	Provider's NPI	NPI is required
2010B	REF	Supplemental Identifier		
2010B	REF01	Supplemental Identification Qualifier	EI ZH	Accept only EI = Facility Tax Identification Number (TIN). ZH = Unique provider identifier assigned by payer (MPIN).
2010B	REF02	Supplemental Identifier	Must be padded with leading zeros to equal 9 digits	
2010B	N3	Requester Address		To assist in Provider matching, provide Address details
2010B	N301	Address Line 1		
2010B	N4	Requester City/State/Zip		To assist in Provider matching, provide City, State and Zip
2010B	N401	City		
2010B	N402	State		
2010B	N403	Zip		
2010C	NM1	Subscriber Detail		
2010C	NM103	Name Last	Subscriber Last name (Required)	
2010C	NM104	Name First	Subscriber First name. Required if member has a legal first name. If member has only 1 legal name, send member name in Last Name and do not populate first name.	
2010C	NM108	Identification Code Qualifier	MI	
2010C	NM109	Identification Code	Member Identification preferably from insurance card.	Member ID - Subscriber ID + Patient Suffix

PRESBYTERIAN HEALTH PLAN COMPANION GUIDE - 278

Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
2010C	REF	Supplemental Identifier		
2010C	REF01	Reference Identification Qualifier	EJ - Patient Account Number	Subscriber ID - Subscriber ID + Subscriber Suffix
2010C	DMG	Subscriber Demographic Information		
2010C	DMG02	DOB		
2010C	DMG03	Gender Code		
2010D	NM1	Dependent Name		
2010D	NM103	Name Last	Dependent's Last Name	
2010D	NM104	Name First	Dependent's First Name - Required if dependent has a legal first name. If dependent has only 1 legal name, send dependent name in Last Name and do not populate first name.	
2010D	DMG	Dependent Demographic Information		
2010D	DMG02	DOB		
2010D	DMG03	Gender Code	Gender Code is required	
2000E	TRN	Patient Event Tracking Number		
2000E	TRN02	Patient Event Trace Number	TP Authorization Number	
2000E	TRN03	Originating Company Identifier		Code specific for TP
2000E	UM	Healthcare Services Review Information		
2000E	UM01	Request Category Code	AR - Admission Review HS - Health Services Review SC - Specialty Care Review	Accepted codes
2000E	UM02	Certification Type Code	I - Initial N - Reconsideration S - Revised 3 - Cancel	
2000E	UM03	Service Type Code	Refer Tab - SERVICE_TYPE_CODE	
2000E	UM04 - 1	Facility Type Code	11 - Hospital – Inpatient 21 - Skilled Nursing Facility (SNF)– Inpatient 22 - Hospital – outpatient 24 - Ambulatory Surgical Center	
2000E	UM06	Level of Service Code	E - Elective U - Urgent 03 - Emergency	

PRESBYTERIAN HEALTH PLAN COMPANION GUIDE - 278

Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
2000E	DTP	Event Date		
2000E	DTP01	Event Date Qualifier	AAH	
2000E	DTP02	Event Date Format Qualifier	D8 - CCYYMMDD RD8 - Range of Dates in CCYYMMDD format	
2000E	DTP03	Event Date	Service Effective Date or Service Effective Date - Service Term Date	
2000E	HI	Patient Diagnosis		
2000E	HI01 – 1	Diagnosis Type Code	ABF ABJ ABK	
2000E	HI01 – 2	Diagnosis Code	ICD-10 code to be used with DATE OF SERVICE AS OF OCT 1, 2015, Format ANX.XXXX	
2000E	HI01 – 3	Decision Date format Qualifier	D8	
2000E	HI01 – 4	Decision Date		It should be in CCYYMMDD format
2010EA	NM1	Patient Event Provider Name		
2010EA	NM101	Entity Identifier Code	FA - Facility AAJ - Admitting SJ - Servicing	
2010EA	NM103	Name Last or Organization Name		
2010EA	NM104	Name First		
2010EA	NM108	Identification Code Qualifier	XX - NPI 24 - Tax ID (TIN)	
2010EA	NM109	Identification Code		
2010EA	REF	Patient Event Provider Supplemental Identifier		
2010EA	REF01	Supplemental Identification Qualifier	EI - Tax ID (TIN) ZH - Unique Provider ID (shared between PHP and TP)	
2010EA	REF02	Supplemental Identifier	Must be padded with leading zeros to equal 9 digits.	
Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
2010EA	N3	Patient Event Provider Address		To assist in Provider matching, provide Address details
2010EA	N301	Address Line 1		
2010EA	N4	Patient Event Provider City/State/Zip		To assist in Provider matching, provide City, State and Zip
2010EA	N401	City		

PRESBYTERIAN HEALTH PLAN COMPANION GUIDE - 278

2010EA	N402	State		
2010EA	N403	Zip		
2010EA	PER	Patient Event Provider Contact Information		To assist in Provider matching provide the Contact phone number if available
2010EA	PER03	Communication Number Qualifier	TE - Telephone	
2010EA	PER04	Communication Number		
2000F	TRN	Patient Event Tracking Number		
2000F	TRN02	Patient Event Trace Number	TP Authorization Number	Max 11 Characters
2000F	TRN03	Originating Company Identifier		Code specific for TP
2000F	UM	Healthcare Services Review Information		
2000F	UM01	Request Category Code	HS - Health Services Review SC - Specialty Care Review	
2000F	UM02	Certification Type Code	I - Initial N - Reconsideration S - Revised 3 - Cancel	
2000F	UM03	Service Type Code		Refer SERVICE_TYPE_CODE tab
2000F	UM04 - 1	Facility Type Code	11 - Hospital – Inpatient 21 - Skilled Nursing Facility (SNF)– Inpatient 22 - Hospital – outpatient 24 - Ambulatory Surgical Center	
2000F	DTP01	Service Date Qualifier	472	
2000F	DTP02	Service Date Format Qualifier	D8 - CCYMMDD RD8 - Range of Dates in CCYMMDD format	
Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
2000F	DTP03	Service Date	Service Effective Date or Service Effective Date - Service Term Date	
2000F	SV1	Professional Service		Applicable and required only for Outpatient Authorizations
2000F	SV101 – 1	Product/Service ID Qualifier	HC - HCPCS Codes WK - Advanced Billing Concepts (ABC) Codes	
2000F	SV101 – 8	Product/Service ID	Procedure code ranges are not allowed.	
2000F	SV103	Unit or Basis for Measurement Code	UN - Units	
2000F	SV2	Institutional Service		Applicable and required only for Inpatient Authorizations

PRESBYTERIAN HEALTH PLAN COMPANION GUIDE - 278

2000F	SV202 – 1	Product/Service ID Qualifier	HC - HCPCS Codes ID - ICD 10 Codes WK - Advanced Billing Concepts (ABC) Codes ZZ - Mutually Defined	
2000F	SV202 – 8	Product/Service ID	Procedure code ranges are not allowed.	
2000F	SV204	Unit or basis for measurement code	UN - Units	
2000F	HSD	Healthcare Services Delivery		
2000F	HSD01	Quantity Qualifier	DY - Days FL - Units VS - Visits	Required when requesting services that have a specific pattern of delivery or usage.
2000F	HSD02	Quantity		
2000F	MSG	Free Form Text		
2000F	MSG01	Message Text		264 Max Char
Trailer	SE	Transaction Set Trailer		
Trailer	SE01	Number of Included Segments		
Trailer	SE02	Transaction Set Control Number		Same as ST02
Trailer	GE	Functional Group Trailer		
Trailer	GE01	Number of Included Transaction Sets		
Trailer	GE02	Functional Group Control Number		Same as GS06
Trailer	IEA	Interchange Group Trailer		
Trailer	IEA01	Number of Included functional Groups		
Trailer	IEA02	Interchange Group Control Number		Same as ISA13

APPENDICES

Transmission Examples

Sample Data for 278 Request for Review:

ISA*00* *00* *ZZ*SENDER *ZZ*943037165 *220822*0424*^*00501*54321*0*T*::~~
 GS*HI*SENDER*943037165*20220822*12345*1*X*005010X217~
 ST*278*0001*005010X217~
 BHT*0007*13*SubmitterTransactionIdentifier*20220822*0424*18~
 HL*1**20*1~
 NM1*X3*2*PRESBYTERIAN HEALTH PLAN*****24*943037165~
 PER*IC**TE*1234567899*EM*Senderemail.com*FX*987654321~
 HL*2*1*21*1~
 NM1*1P*1*Requesterlastname*Requesterfirstname****XX*123456~
 REF*ZH*567891234~
 HL*3*2*22*1~
 NM1*1L*1*Subscriberlastname*Subscriberfirstname*M***MI*1111111100~
 REF*EJ*1111111100~
 N3*StreetAddress~
 N4*City*NM*12345~
 DMG*D8*19900101*F~
 HL*4*3*EV*1~
 TRN*1*X1111111*9XXXSendingCompanyIdentifier~
 UM*HS*I*62*11:B**E~
 DTP*AAH*RD8*20220819-20230215~
 HI*ABK:R51.9:D8:20220815~
 NM1*SJ*1*Patientlastname*Patientfirstname****XX*11111111~
 REF*ZH*202131028~
 NM1*FA*2*ServiceProvider*****XX*222222~
 REF*ZH*201052025~
 N3*StreetAddressOfProvider~
 N4*City*NM*22222~
 HL*5*4*SS*0~
 TRN*1*X22227060*9XXXSendingCompanyIdentifier~
 UM*SC*I*62*11:B~
 DTP*472*RD8*20220819-20230215~
 SV1*HC:70486~
 MSG*A3~
 SE*34*0001~
 GE*1*12345~
 IEA*1*54321~

PRESBYTERIAN HEALTH PLAN COMPANION GUIDE - 278

Sample Data for 278 Request for Review with Dependent:

ISA*00* *00* *ZZ*SENDER *ZZ*943037165 *220822*0424*^*00501*54321*0*T*::~~
GS*HI*SENDER*943037165*20220822*12345*1*X*005010X217~
ST*278*0001*005010X217~
BHT*0007*13*SubmitterTransactionIdentifier*20220822*0424*18~
HL*1**20*1~
NM1*X3*2*PRESBYTERIAN HEALTH PLAN*****24*943037165~
PER*IC**TE*1234567899*EM*Senderemail.com*FX*987654321~
HL*2*1*21*1~
NM1*1P*1*Requesterlastname*Requesterfirstname****XX*123456~
REF*ZH*567891234~
HL*3*2*22*1~
NM1*1L*1*Subscriberlastname*Subscriberfirstname*M***MI*11111111101~
REF*EJ*11111111100~
N3*StreetAddress~
N4*City*NM*12345~
DMG*D8*19900101*F~
HL*4*3*23*1~
NM1*QC*1*Dependentlastname*Dependentfirstname~
HL*5*4*EV*1~
TRN*1*X1111111*9XXXSendingCompanyIdentifier~
UM*HS*I*62*11:B**E~
DTP*AAH*RD8*20220819-20230215~
HI*ABK:R51.9:D8:20220815~
NM1*SJ*1*Patientlastname*Patientfirstname****XX*11111111101~
REF*ZH*202131028~
NM1*FA*2*ServiceProvider*****XX*222222~
REF*ZH*201052025~
N3*StreetAddressOfProvider~
N4*City*NM*22222~
HL*6*5*SS*0~
TRN*1*X22227060*9XXXSendingCompanyIdentifier~
UM*SC*I*62*11:B~
DTP*472*RD8*20220819-20230215~
SV1*HC:70486~
MSG*A3~
SE*34*0001~
GE*1*12345~
IEA*1*54321~

PRESBYTERIAN HEALTH PLAN COMPANION GUIDE - 278

Sample Data for 278 Update Request [Key Elements Only]:

TRN*1*X22227060*9XXXSendingCompanyIdentifier~
UM*SC*N*62*11:B~

Sample Data for 278 Response:

ISA*00* 00* *ZZ*SENDER *ZZ*943037165 *220822*0424*^*00501*54321*0*T*:~
GS*HI*SENDER*943037165*20220822*12345*1*X*005010X217~
ST*278*0001*005010X217~
BHT*0007*11*SubmitterTransactionIdentifier*20220822*0424*18~
HL*1**20*1~
NM1*X3*2*PRESBYTERIAN HEALTH PLAN*****24*943037165~
PER*IC**TE*1234567899*EM*Senderemail.com*FX*987654321~
HL*2*1*21*1~
NM1*1P*1*Requesterlastname*Requesterfirstname****XX*123456~
REF*ZH*567891234~
HL*3*2*22*1~
NM1*IL*1*Subscriberlastname*Subscriberfirstname*M***MI*11111111~
REF*EJ*10601822800~
N3*StreetAddress~
N4*City*NM*12345~
DMG*D8*19900101*F~
HL*4*3*EV*1~
TRN*1*X11111111*9XXXSendingCompanyIdentifier~
UM*HS*I*62*11:B**E~
HCR*A3**82~
DTP*AAH*RD8*20220819-20230215~
HI*ABK:R51.9:D8:20220815~
NM1*SJ*1*Patientlastname*Patientfirstname****XX*11111111~
REF*ZH*202131028~
NM1*FA*2*ServiceProvider*****XX*222222~
REF*ZH*201052025~
N3*StreetAddressOfProvider~
N4*City*NM*22222~
HL*5*4*SS*0~
TRN*1*X22227060*9XXXSendingCompanyIdentifier~
UM*SC*I*62*11:B~
HCR*A3**82~
DTP*472*RD8*20220819-20230215~
SV1*HC:70486~
MSG*A3~
SE*34*0001~
GS*1*12345~
IEA*1*54321~