North Carolina Department of Health and Human Services (NC DHHS)

Division of Medical Assistance (DMA)
Division of Mental Health (DMH)
Division of Public Health (DPH)

Standard Companion Guide Transaction Information Instructions related to Transactions based on ASC X12 Implementation Guides, version 005010X217 Health Care Services Review – Request for Review and Response (278) for the Replacement MMIS NCTracks starting July 1, 2013

North Carolina Department of Health and Human Services

OFFICE OF MMIS SERVICES

Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

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1. Transaction Instruction (TI) Introduction

1.1 BACKGROUND

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 Compliance According to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance According to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide

1.2 INTENDED USE

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12’s Fair Use and Copyright statements.

1.3 INTENDED AUDIENCE

This companion guide is intended for the business and technical users, within or on behalf of trading partners, responsible for the testing and setup of electronic claims submissions to NCTracks. In addition, this information should be communicated to, and coordinated with, the provider's billing office in order to ensure that the required billing information is provided to its billing agent/submitter.

1.4 PURPOSE OF COMPANION GUIDE

The Companion Guide is to be used with, and to supplement the requirements in the HIPAA ASC X12 Implementation Guides, without contradicting those requirements. Implementation Guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the Companion guide is to provide trading partners with a guide to communicate NCTracks specific information required to successfully exchange transactions.

The primary purpose of this document is to assist the trading partner with the submission/acceptance of a valid 278 Health Care Service Review and Response transaction and is not intended to be a billing or policy guide.

1.5 ACKNOWLEDGEMENTS

A 999 Acknowledgement report will be sent to the trading partner's OUTBOX for retrieval. This report serves as the acknowledgement of the submission of a file. Typically, 999 Acknowledgement reports are available within moments of submission.

1.6 TRADING PARTNER AGREEMENT SETUP

This is a test version – more information will be provided with the final version of the Companion Guide

1.7 TESTING

NC DHHS (DMA, DMH, and DPH) requires testing, or third party certification, prior to approving a trading partner to submit claims in production. Once in production, NC DHHS (DMA, DMH,DPH) reserves the right to require re-testing if it is determined the trading partner is receiving/generating an unacceptable volume of errors.

***This is a test version – more information will be provided with the final version of the Companion Guide.

2. Included ASC X12 Implementation Guides

The table below identifies the X12N Implementation Guides for all of the transactions supported by NCTracks. Companion guides are available for each of the transactions.

Section 3 of this document provides information specific to the 278 transaction, as defined in the 005010X217 Health Care Services Review – Request for Review and Response (278) Technical Report 3 (TR3) dated May 2006, and updated by:

- Errata 005010X217E1 Health Care Services Review – Request for Review and Response (278) dated April 2008
- Errata 005010X217E2 Health Care Services Review – Request for Review and Response (278) dated January 2009

Unique ID	Name
005010X222	Health Care Claim: Professional (837P)
005010X223	Health Care Claim: Institutional (837I)
005010X224	Health Care Claim: Dental (837D)
005010X228	Health Care Claim Pending Status Information (277P)
005010X279	Health Care Eligibility Benefit Inquiry and Response (270/271)
005010X221	Health Care Claim Payment/ Advice (835)
005010X212	Health Care Claim Status Request and Response (276/277)
005010X217	Health Care Services Review – Request for Review and Response (278)
005010X220	Benefit Enrollment and Maintenance (834)
005010X218	Payroll Deducted and Other Group Premium Payment for Insurance Products (820)
005010X231	Implementation Acknowledgment for Health Care Insurance (999)

3. Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend
SHADED rows represent “segments” in the X12N implementation guide.
NON-SHADED rows represent “data elements” in the X12N implementation guide.

005010X217 Health Care Services Review – Request for Review and Response (278)

Loop ID	Reference	Name	Codes	Notes / Comments
278		**Health Care Services Review – Request**		
Header	ISA	Interchange Control Header		
	ISA03	Security Information Qualifier	“00”- No Authorization Information Present	Use "00”
	ISA05	Interchange ID Qualifier	“ZZ”- Mutually Defined	Use “ZZ”
	ISA06	Interchange Sender ID		Use the 4 digit Submitter ID provided in the Trading Partner Agreement
	ISA07	Interchange ID Qualifier	“ZZ”- Mutually Defined	Use “ZZ”
	ISA08	Interchange Receiver ID		NCTRACKSBAT = Batch transaction
Header	GS	Functional Group Header		
	GS02	Application Sender's Code		Must match Trading Partner Agreement
	GS03	Application Receiver's Code		NCTRACKSBAT = Batch transaction
	GS08	Version / Release / Industry Identifier Code		Use 005010X217
Header	ST	Transaction Set Header		
	ST03	Implementation Convention Reference		Use 005010X217 (This field contains the same value as GS08, ‘005010X217’)
Header	BHT	Beginning of Hierarchical Transaction		
	BHT02	Transaction Set Purpose Code	“13”-Request	Use value of “13”

Loop ID	Reference	Name	Codes	Notes / Comments
278		**Health Care Services Review – Request**		
2010A	NM1	Utilization Management Organization (UMO) Name		
	NM101	Entity Identifier Code	"X3"- Utilization Management Organization	Use value of "X3"
	NM102	Entity Type Qualifier	"2"- Non-Person Entity	Use value of "2"
	NM108	Identification Code Qualifier	"PI"-payer Identification	Use value of "PI"
	NM109	Utilization Management Organization (UMO) Identifier	"01"-DMA "03"-DPH	Use value of "01" or "03"
2010B	NM1	Requester Name		
	NM101	Entity Identifier Code	"1P"-Provider	Use value of "1P"
	NM108	Identification Code Qualifier	"XX"- Health Care Financing Administration (HCFA) National Provider Identifier	Use value of "XX" for NPI
	NM109	Requestor Identifier		Use Submitter's NPI here. For All other Submitters, see 2010B REF noted below
2010B	REF	Requester Supplemental Identification		
	REF01	Reference Identification Qualifier	"ZH"-Carrier Assigned Reference Number	Use value of "ZH", when REF02 is required as described below
	REF02	Requestor Supplemental Identifier		Use the Carrier Assigned Reference Number when an NPI is not present in the NM109 of this loop
2010C	NM1	Subscriber name		
	NM108	Identification Code Qualifier	"MI"- Member Identification Number	Use value of 'MI'
	NM109	Identification code		NCTRACKS expects to receive subscriber Primary Identifier
2000E	UM	Health care service review information		
	UM01	Request Category Code	"HS"-Health service review "SC" –Specialty care review	Use value of "HS" for PA Request or "SC" for Managed Care Referral

Loop ID	Reference	Name	Codes	Notes / Comments
278		**Health Care Services Review – Request**		
	UM02	Certification Type Code	"I" -Initial	Use value of "I"
2000E	PWK	Additional patient Information		
	PWK02	Report transmission code	"BM"-By mail "EL"- Electronically only "FX" –By Fax	Use value of 'BM'' or EL' or 'FX'
2010EA	NM1	Patient event provider name		
	NM101	Entity identifier code	"SJ"-Service provider	Use value of 'SJ'
	NM102	Entity type qualifier	"1"- Person	Use value of '1'
	NM108	Identification code qualifier	"XX"-health care financing administration national provider	Use value of 'XX'
2010EA	REF	Patient Event Provider Supplemental Identification		
	REF01	Reference Identification Qualifier	"ZH"-Carrier Assigned Reference Number	Use value of 'ZH'
	REF02	Patient Event Provider Supplemental Identifier		NCTRACKS will use value as the atypical number
2010EA	PRV	Patient event provider information		
	PRV01	Provider code	"PC"-Primary Care Physician "RF"-Referring	Use value of "PC" or "RF"
2000F	UM	Health care service review information		
	UM 02	Certification Type Code	"I" -Initial	Use value of "I"
2000F	PWK	Additional Service Information		
	PWK02	Report transmission code	"BM"-By mail "EL"- Electronically only "FX" –By Fax	Use value of 'BM' or 'EL', or 'FX'

• Loop ID	• Reference	• Name	• Codes	• Notes / Comments
• 278	•	• Health Care Services Review – Response	•	•
Header	ISA	Interchange Control Header		
	ISA03	Security Information Qualifier	“00”	"00” is returned
	ISA05	Interchange ID Qualifier	“ZZ”	"ZZ” is returned
	ISA06	Interchange Sender ID	NCTRACKSBAT	“NCTRACKSBAT” is returned
	ISA07	Interchange ID Qualifier	“ZZ”	"ZZ” is returned
	ISA08	Interchange Receiver ID		Provider's ETIN (Receiver's ETIN) is returned
Header	BHT	Beginning of Hierarchical Transaction		
	BHT02	Transaction Set Purpose Code	“11”- Response	‘11’ is returned
	BHT06	Transaction type code	“18”- Response - No Further Updates to Follow	‘18’ is returned
2010A	NM1	Utilization Management Organization (UMO) Name		
	NM101	Entity identifier code	“X3”-utilization management organization	‘X3’ is returned
	NM102	Entity Type Qualifier	“2”- Non person entity	“2” is returned
	NM108	Identification Code Qualifier	PI-payer Identification	“PI” is returned
	NM109	Utilization Management Organization (UMO) Identifier	“01”-DMA “03”-DPH	“01” or “03” is returned.
2010B	NM1	Requester Name		
	NM101	Entity Identifier Code	“1P”-Provider	”1P” is returned

• Loop ID	• Reference	• Name	• Codes	• Notes / Comments
• 278	•	• Health Care Services Review – Response	•	•
	NM108	Identification Code Qualifier	'XX"- Health Care Financing Administration (HCFA) National Provider Identifier	"XX" is returned
	NM109	Requestor Identifier		NPI is returned
2010B	REF	Requester Supplemental Identification		
	REF01	Reference Identification Qualifier	"ZH"- Carrier Assigned Reference Number	"ZH" is returned for atypical providers
	REF02	Requestor Supplemental Identifier		The Carrier Assigned Reference Number is returned when an NPI is not present in the NM109 of this loop
2010C	NM1	Subscriber name		
	NM108	Identification Code Qualifier	"MI'- Member Identification Number	'MI' is returned
2000E	UM	Health care service review information		
	UM01	Request Category Code	HS-Health service review SC –Specialty care review	"HS" or "SC" is returned
	UM 02	Certification Type Code	"I" -Initial	"I" is returned
2000E	PWK	Additional Patient Information		
	PWK02	Report transmission code	"BM"-By mail "EL"- Electronically only "FX" –By Fax	'BM', or 'EL' or 'FX' is returned
2010EA	NM1	Patient event provider name		
	NM101	Entity identifier code	"SJ"-Service provider	'SJ' is returned
	NM102	Entity type qualifier	"1"- Person	'1' is returned

• Loop ID	• Reference	• Name	• Codes	• Notes / Comments
• 278	•	• Health Care Services Review – Response	•	•
	NM108	Identification code qualifier	"XX"-health care financing administration national provider	'XX' is returned
2010EA	REF	Patient Event Provider Supplemental Identification		
	REF01	Reference Identification Qualifier	"ZH"-Carrier Assigned Reference Number	"ZH" is returned.
2010EA	PRV	Patient event provider information		
	PRV01	Provider code	"PC"-Primary care physician and "RF"-referring	'PC' or 'RF' is returned
2000F	UM	Health care service review information		
	UM01	Request Category Code	HS-Health service review SC –Specialty care review	"HS" or "SC" is returned
	UM02	Certification Type Code	"I" -Initial	"I" is returned
2000F	PWK	Additional Service Information		
	PWK02	Report transmission code	"BM"-By mail "EL"- Electronically only "FX" –By Fax	'BM' ,or 'EL', or 'FX' is returned

4. TI Additional Information

4.1 BUSINESS SCENARIOS

The 278 is used to support requirements for managed care referrals and prior approvals for both medical and dental claims

4.2 PAYER-SPECIFIC BUSINESS RULES AND LIMITATIONS

None are defined at this time.

4.3 SCHEDULED MAINTENANCE

This is a test version – more information will be provided with the final version of the Companion Guide

4.4 FREQUENTLY ASKED QUESTIONS

This section will contain a compilation of questions and answers as they are identified.
This is a test version – more information will be provided with the final version of the Companion Guide

4.5 OTHER RESOURCES

- **Washington Publishing Company**
  The Implementation Guides for X12N and all other HIPAA standard transactions are available electronically at http://www.wpc-edi.com/.

- **ASC X12 Organization**
  http://www.x12.org/

- **United States Department of Health and Human Services (HHS)**
  This site is a resource for the Notice of Proposed Rule Making, rules, and other information about HIPAA: http://www.aspe.hhs.gov/admnsimp.

- **Workgroup for Electronic Data Interchange (WEDI)**
  A workgroup dedicated to improving health-care through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative simplification provisions of HIPAA: http://www.wedi.org.

- **North Carolina Department of Health and Human Services**
  http://www.ncdhhs.gov

- **North Carolina Division of Medical Assistance**
  http://www.ncdhhs.gov/dma/

- **North Carolina Division of Mental Health/Development Disabilities/Substances Abuse Services**
  http://www.ncdhhs.gov/mhddsas/

- **North Carolina Division of Public Health**
  http://publichealth.nc.gov/

5. Change Summary

Date	Change	Responsible Party
December 12, 2012	Initial version for State review	CSC under the direction of NC DHHS