REPORT - HIPAA 278Response to MMIS

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
		Health Care Services Review -- Response to Request for Review						Used for both [1] PA from MMIS [2] Notification of auth from ss programs	System Questions
	ST	**Transaction Set Header**		**R**					
	ST 01	Transaction Set Identifier Code	ID3	R				Hardcode "278"	Translation
	ST 02	Transaction Set Control Number	AN9	R					
	BHT	**Beginning of Hierarchical Transaction**		**R**					
	BHT01	Hierarchical Structure Code	ID4	R				Hardcode "0078"	Translation
	BHT02	Transaction Set Purpose Code	ID2	R				Hardcode "11"	Translation
	BHT03	Submitter Transaction Identifier	AN30	R				Return what was in request BHT03	Match Back
	BHT04	Transaction Set Creation Date	DT8	R					
	BHT05	Transaction Set Creation Time	TM8	R					
	BHT06	Transaction Type Code	ID2	S				Hardcode "18" - response with no further updates	Translation
2000A	***HL***	***Utilization Management Organization (UMO) Level***		***R***					
2000A	**HL**	**Utilization Management Organization (UMO) Level**		**R**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000A	HL 01	Hierarchical ID Number	AN12	R				Hardcode "1" for UMO level	Translation
2000A	HL 03	Hierarchical Level Code	ID2	R				Hardcode "20"-info source	Translation
2000A	HL 04	Hierarchical Child Code	ID1	R				Hardcode "1"	Translation
2000A	**AAA**	**Request Validation**		**S**					
2000A	AAA01	Valid Request Indicator	ID1	R					
2000A	AAA03	Reject Reason Code	ID2	R					
2000A	AAA04	Follow-up Action Code	ID1	R					
2010A	***NM1***	***Utilization Management Organization (UMO) Name***		***R***					
2010A	**NM1**	**Utilization Management Organization (UMO) Name**		**R**					
2010A	NM101	Entity Identifier Code	ID3	R				Hardcode "X3"-UMO	Translation
2010A	NM102	Entity Type Qualifier	ID1	R					
2010A	NM103	Utilization Management Organization (UMO) Last or Organization Name	AN35	S				Hardcode "Washington State DSHS"; MAA; other?	Translation
2010A	NM104	Utilization Management Organization (UMO) First Name	AN25	S					
2010A	NM105	Utilization Management Organization (UMO) Middle Name	AN25	S					
2010A	NM107	Utilization Management Organization (UMO) Name Suffix	AN10	S					
2010A	NM108	Identification Code Qualifier	ID2	R				Hard code "PI"=payor ID or "XV"-National PlanID (future)	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010A	NM109	Utilization Management Organization (UMO) Identifier	AN80	R				Hardcode UMO ID	Translation
2010A	**PER**	**Utilization Management Organization (UMO) Contact Information**		**S**					
2010A	PER01	Contact Function Code	ID2	R				Hardcode "IC"	Translation
2010A	PER02	Utilization Management Organization (UMO) Contact Name	AN60	S				Hardcode "MAA Provider Relations"	Translation
2010A	PER03	Communication Number Qualifier	ID2	S				Hardcode "TE"	Translation
2010A	PER04	Utilization Management Organization (UMO) Contact Communication Number	AN80	S				Hardcode "(800)652-6188"	Translation
2010A	PER05	Communication Number Qualifier	ID2	S					
2010A	PER06	Utilization Management Organization (UMO) Contact Communication Number	AN80	S					
2010A	PER07	Communication Number Qualifier	ID2	S					
2010A	PER08	Utilization Management Organization (UMO) Contact Communication Number	AN80	S					
2010A	**AAA**	**Utilization Management Organization (UMO) Request Validation**		**S**					
2010A	AAA01	Valid Request Indicator	ID1	R					
2010A	AAA03	Reject Reason Code	ID2	S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010A	AAA04	Follow-up Action Code	ID1	S					
2000B	***HL***	***Requester Level***		***R***				When used for notification, the 278 requester loop will be empty (see future I.G.)	Processing Logic
2000B	**HL**	**Requester Level**		**R**					
2000B	HL 01	Hierarchical ID Number	AN12	R				Hardcode "2" for requestor level	Translation
2000B	HL 02	Hierarchical Parent ID Number	AN12	S				Hardcode "1"-previous HL01	Translation
2000B	HL 03	Hierarchical Level Code	ID2	R				Hardcode "21"-info receiver	Translation
2000B	HL 04	Hierarchical Child Code	ID1	R				Hardcode "1"	Translation
2010B	***NM1***	***Requester Name***		***R***					
2010B	**NM1**	**Requester Name**		**R**					
2010B	NM101	Entity Identifier Code	ID3	R				From request, same position	Match Back
2010B	NM102	Entity Type Qualifier	ID1	R				From request, same position	Match Back
2010B	NM103	Requester Last or Organization Name	AN35	S	Prov-File	PROV-NAME	X(31)	From request, same position; support up to 35 bytes	Match Back
2010B	NM104	Requester First Name	AN25	S				Support up to 25 bytes	HIPAA Required
2010B	NM105	Requester Middle Name	AN25	S				Support up to 25 bytes	HIPAA Required
2010B	NM107	Requester Name Suffix	AN10	S					
2010B	NM108	Identification Code Qualifier	ID2	R				"24" with EIN; "34" with SSN; "XX" with NPI.	Match Back
2010B	NM109	Requester Identifier	AN80	R	Prov-File	PROV-NUMBER	9(10)	From request, same position	Match Back
2010B	**REF**	**Requester Supplemental Identification**		**S**					
2010B	REF01	Reference Identification Qualifier	ID3	R				Verify "1G"-UPIN or "ZH"-Medicaid ID if no NPI in NM109	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010B	REF02	Requester Supplemental Identifier	AN30	R	Prov-File	PROV-NUMBER	9(10)		
2010B	REF02	Requester Supplemental Identifier	AN30	R	Prov-File	PROV-SS-NUM	X(9)		
2010B	**AAA**	**Requester Request Validation**		**S**					
2010B	AAA01	Valid Request Indicator	ID1	R					
2010B	AAA03	Reject Reason Code	ID2	S					
2010B	AAA04	Follow-up Action Code	ID1	S					
2010B	**PRV**	**Requester Provider Information**		**S**					
2010B	PRV01	Provider Code	ID3	R					
2010B	PRV02	Reference Identification Qualifier	ID3	R					
2010B	PRV03	Provider Taxonomy Code	AN30	R				Use incoming taxonomy code?	Policy Issues
2000C	***HL***	***Subscriber Level***		***R***					
2000C	**HL**	**Subscriber Level**		**R**					
2000C	HL 01	Hierarchical ID Number	AN12	R				Hardcode "3"-subscriber level	Translation
2000C	HL 02	Hierarchical Parent ID Number	AN12	S				Hardcode "2"-previous HL01	Translation
2000C	HL 03	Hierarchical Level Code	ID2	R				Hardcode "22"-subscriber	Translation
2000C	HL 04	Hierarchical Child Code	ID1	R					
2000C	**AAA**	**Subscriber Request Validation**		**S**					
2000C	AAA01	Valid Request Indicator	ID1	R					
2000C	AAA03	Reject Reason Code	ID2	S					
2000C	AAA04	Follow-up Action Code	ID1	S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000C	**DTP**	**Accident Date**		**S**				return what was in request	Match Back
2000C	DTP01	Date Time Qualifier	ID3	R					
2000C	DTP02	Date Time Period Format Qualifier	ID3	R					
2000C	DTP03	Accident Date	AN35	R					
2000C	**DTP**	**Last Menstrual Period Date**		**S**				return what was in request	Match Back
2000C	DTP01	Date Time Qualifier	ID3	R					
2000C	DTP02	Date Time Period Format Qualifier	ID3	R					
2000C	DTP03	Last Menstrual Period Date	AN35	R					
2000C	**DTP**	**Estimated Date of Birth**		**S**				return what was in request	Match Back
2000C	DTP01	Date Time Qualifier	ID3	R					
2000C	DTP02	Date Time Period Format Qualifier	ID3	R					
2000C	DTP03	Estimated Birth Date	AN35	R					
2000C	**DTP**	**Onset of Current Symptoms or Illness Date**		**S**				return what was in request	Match Back
2000C	DTP01	Date Time Qualifier	ID3	R					
2000C	DTP02	Date Time Period Format Qualifier	ID3	R					
2000C	DTP03	Onset Date	AN35	R					
2000C	**HI**	**Subscriber Diagnosis**		**S**				return what was in request IF it was used in determination	Match Back
2000C	HI 01	Health Care Code Information		R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000C	HI 01	Diagnosis Type Code	ID3	R					
2000C	HI 01	Diagnosis Code	AN30	R	Prior-Authorization	DIAG-CODE-ICD-9	X(7)		
2000C	HI 01	Date Time Period Format Qualifier	ID3	S					
2000C	HI 01	Diagnosis Date	AN35	S					
2000C	HI 02	Health Care Code Information		S					
2000C	HI 02	Diagnosis Type Code	ID3	R					
2000C	HI 02	Diagnosis Code	AN30	R					
2000C	HI 02	Date Time Period Format Qualifier	ID3	S					
2000C	HI 02	Diagnosis Date	AN35	S					
2000C	HI 03	Health Care Code Information		S					
2000C	HI 03	Diagnosis Type Code	ID3	R					
2000C	HI 03	Diagnosis Code	AN30	R					
2000C	HI 03	Date Time Period Format Qualifier	ID3	S					
2000C	HI 03	Diagnosis Date	AN35	S					
2000C	HI 04	Health Care Code Information		S					
2000C	HI 04	Diagnosis Type Code	ID3	R					
2000C	HI 04	Diagnosis Code	AN30	R					
2000C	HI 04	Date Time Period Format Qualifier	ID3	S					
2000C	HI 04	Diagnosis Date	AN35	S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000C	HI 05	Health Care Code Information		S					
2000C	HI 05	Diagnosis Type Code	ID3	R					
2000C	HI 05	Diagnosis Code	AN30	R					
2000C	HI 05	Date Time Period Format Qualifier	ID3	S					
2000C	HI 05	Diagnosis Date	AN35	S					
2000C	HI 06	Health Care Code Information		S					
2000C	HI 06	Diagnosis Type Code	ID3	R					
2000C	HI 06	Diagnosis Code	AN30	R					
2000C	HI 06	Date Time Period Format Qualifier	ID3	S					
2000C	HI 06	Diagnosis Date	AN35	S					
2000C	HI 07	Health Care Code Information		S					
2000C	HI 07	Diagnosis Type Code	ID3	R					
2000C	HI 07	Diagnosis Code	AN30	R					
2000C	HI 07	Date Time Period Format Qualifier	ID3	S					
2000C	HI 07	Diagnosis Date	AN35	S					
2000C	HI 08	Health Care Code Information		S					
2000C	HI 08	Diagnosis Type Code	ID3	R					
2000C	HI 08	Diagnosis Code	AN30	R					
2000C	HI 08	Date Time Period Format Qualifier	ID3	S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000C	HI 08	Diagnosis Date	AN35	S					
2000C	HI 09	Health Care Code Information		S					
2000C	HI 09	Diagnosis Type Code	ID3	R					
2000C	HI 09	Diagnosis Code	AN30	R					
2000C	HI 09	Date Time Period Format Qualifier	ID3	S					
2000C	HI 09	Diagnosis Date	AN35	S					
2000C	HI 10	Health Care Code Information		S					
2000C	HI 10	Diagnosis Type Code	ID3	R					
2000C	HI 10	Diagnosis Code	AN30	R					
2000C	HI 10	Date Time Period Format Qualifier	ID3	S					
2000C	HI 10	Diagnosis Date	AN35	S					
2000C	HI 11	Health Care Code Information		S					
2000C	HI 11	Diagnosis Type Code	ID3	R					
2000C	HI 11	Diagnosis Code	AN30	R					
2000C	HI 11	Date Time Period Format Qualifier	ID3	S					
2000C	HI 11	Diagnosis Date	AN35	S					
2000C	HI 12	Health Care Code Information		S					
2000C	HI 12	Diagnosis Type Code	ID3	R					
2000C	HI 12	Diagnosis Code	AN30	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000C	HI 12	Date Time Period Format Qualifier	ID3	S					
2000C	HI 12	Diagnosis Date	AN35	S					
2010C	***NM1***	***Subscriber Name***		***R***					
2010C	**NM1**	**Subscriber Name**		**R**					
2010C	NM101	Entity Identifier Code	ID3	R				Hardcode "IL"-insured or subscriber	Translation
2010C	NM102	Entity Type Qualifier	ID1	R					
2010C	NM103	Subscriber Last Name	AN35	S	Recip-Elig-File	RECIP-LAST-NAME	X(13)	Support up to 35 bytes	HIPAA Required
2010C	NM104	Subscriber First Name	AN25	S	Recip-Elig-File	RECIP-FIRST-NAME	X(9)	Support up to 25 bytes	HIPAA Required
2010C	NM105	Subscriber Middle Name	AN25	S	Recip-Elig-File	RECIP-MIDDLE-INIT	X(1)	Support up to 25 bytes	Map Codes
2010C	NM107	Subscriber Name Suffix	AN10	S					
2010C	NM108	Identification Code Qualifier	ID2	R				Hardcode "MI"-payor's member ID	Translation
2010C	NM109	Subscriber Primary Identifier	AN80	R	Recip-Elig-File	RECIP-IDENT-NUMBER	X(14)		
2010C	**REF**	**Subscriber Supplemental Identification**		**S**					
2010C	REF01	Reference Identification Qualifier	ID3	R				send "SY" with SSN	Translation
2010C	REF02	Subscriber Supplemental Identifier	AN30	R	Recip-Elig-File	RECIP-SS-NUMBER	X(9)		
2010C	**AAA**	**Subscriber Request Validation**		**S**					
2010C	AAA01	Valid Request Indicator	ID1	R					
2010C	AAA03	Reject Reason Code	ID2	S					
2010C	AAA04	Follow-up Action Code	ID1	S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010C	**DMG**	**Subscriber Demographic Information**		**S**					
2010C	DMG01	Date Time Period Format Qualifier	ID3	R					
2010C	DMG02	Subscriber Birth Date	AN35	R	Recip-Elig-File	RECIP-DATE-OF-BIRTH	9(7)		
2010C	DMG03	Subscriber Gender Code	ID1	S	Recip-Elig-File	RECIP-SEX-CODE	X(1)		
2000D	***HL***	***Dependent Level***		***S***					
2000D	**HL**	**Dependent Level**		**S**					
2000D	HL 01	Hierarchical ID Number	AN12	R					
2000D	HL 02	Hierarchical Parent ID Number	AN12	S					
2000D	HL 03	Hierarchical Level Code	ID2	R					
2000D	HL 04	Hierarchical Child Code	ID1	R					
2000D	**AAA**	**Dependent Request Validation**		**S**					
2000D	AAA01	Valid Request Indicator	ID1	R					
2000D	AAA03	Reject Reason Code	ID2	S					
2000D	AAA04	Follow-up Action Code	ID1	S					
2000D	**DTP**	**Accident Date**		**S**					
2000D	DTP01	Date Time Qualifier	ID3	R					
2000D	DTP02	Date Time Period Format Qualifier	ID3	R					
2000D	DTP03	Accident Date	AN35	R					
2000D	**DTP**	**Last Menstrual Period Date**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000D	DTP01	Date Time Qualifier	ID3	R					
2000D	DTP02	Date Time Period Format Qualifier	ID3	R					
2000D	DTP03	Last Menstrual Period Date	AN35	R					
2000D	**DTP**	**Estimated Date of Birth**		**S**					
2000D	DTP01	Date Time Qualifier	ID3	R					
2000D	DTP02	Date Time Period Format Qualifier	ID3	R					
2000D	DTP03	Estimated Birth Date	AN35	R					
2000D	**DTP**	**Onset of Current Symptoms or Illness Date**		**S**					
2000D	DTP01	Date Time Qualifier	ID3	R					
2000D	DTP02	Date Time Period Format Qualifier	ID3	R					
2000D	DTP03	Onset Date	AN35	R					
2000D	**HI**	**Dependent Diagnosis**		**S**					
2000D	HI 01	Health Care Code Information		R					
2000D	HI 01	Diagnosis Type Code	ID3	R					
2000D	HI 01	Diagnosis Code	AN30	R					
2000D	HI 01	Date Time Period Format Qualifier	ID3	S					
2000D	HI 01	Diagnosis Date	AN35	S					
2000D	HI 02	Health Care Code Information		S					
2000D	HI 02	Diagnosis Type Code	ID3	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000D	HI 02	Diagnosis Code	AN30	R					
2000D	HI 02	Date Time Period Format Qualifier	ID3	S					
2000D	HI 02	Diagnosis Date	AN35	S					
2000D	HI 03	Health Care Code Information		S					
2000D	HI 03	Diagnosis Type Code	ID3	R					
2000D	HI 03	Diagnosis Code	AN30	R					
2000D	HI 03	Date Time Period Format Qualifier	ID3	S					
2000D	HI 03	Diagnosis Date	AN35	S					
2000D	HI 04	Health Care Code Information		S					
2000D	HI 04	Diagnosis Type Code	ID3	R					
2000D	HI 04	Diagnosis Code	AN30	R					
2000D	HI 04	Date Time Period Format Qualifier	ID3	S					
2000D	HI 04	Diagnosis Date	AN35	S					
2000D	HI 05	Health Care Code Information		S					
2000D	HI 05	Diagnosis Type Code	ID3	R					
2000D	HI 05	Diagnosis Code	AN30	R					
2000D	HI 05	Date Time Period Format Qualifier	ID3	S					
2000D	HI 05	Diagnosis Date	AN35	S					
2000D	HI 06	Health Care Code Information		S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000D	HI 06	Diagnosis Type Code	ID3	R					
2000D	HI 06	Diagnosis Code	AN30	R					
2000D	HI 06	Date Time Period Format Qualifier	ID3	S					
2000D	HI 06	Diagnosis Date	AN35	S					
2000D	HI 07	Health Care Code Information		S					
2000D	HI 07	Diagnosis Type Code	ID3	R					
2000D	HI 07	Diagnosis Code	AN30	R					
2000D	HI 07	Date Time Period Format Qualifier	ID3	S					
2000D	HI 07	Diagnosis Date	AN35	S					
2000D	HI 08	Health Care Code Information		S					
2000D	HI 08	Diagnosis Type Code	ID3	R					
2000D	HI 08	Diagnosis Code	AN30	R					
2000D	HI 08	Date Time Period Format Qualifier	ID3	S					
2000D	HI 08	Diagnosis Date	AN35	S					
2000D	HI 09	Health Care Code Information		S					
2000D	HI 09	Diagnosis Type Code	ID3	R					
2000D	HI 09	Diagnosis Code	AN30	R					
2000D	HI 09	Date Time Period Format Qualifier	ID3	S					
2000D	HI 09	Diagnosis Date	AN35	S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000D	HI 10	Health Care Code Information		S					
2000D	HI 10	Diagnosis Type Code	ID3	R					
2000D	HI 10	Diagnosis Code	AN30	R					
2000D	HI 10	Date Time Period Format Qualifier	ID3	S					
2000D	HI 10	Diagnosis Date	AN35	S					
2000D	HI 11	Health Care Code Information		S					
2000D	HI 11	Diagnosis Type Code	ID3	R					
2000D	HI 11	Diagnosis Code	AN30	R					
2000D	HI 11	Date Time Period Format Qualifier	ID3	S					
2000D	HI 11	Diagnosis Date	AN35	S					
2000D	HI 12	Health Care Code Information		S					
2000D	HI 12	Diagnosis Type Code	ID3	R					
2000D	HI 12	Diagnosis Code	AN30	R					
2000D	HI 12	Date Time Period Format Qualifier	ID3	S					
2000D	HI 12	Diagnosis Date	AN35	S					
2010D	***NM1***	***Dependent Name***		***R***					
2010D	**NM1**	**Dependent Name**		**R**					
2010D	NM101	Entity Identifier Code	ID3	R					
2010D	NM102	Entity Type Qualifier	ID1	R					
2010D	NM103	Dependent Last Name	AN35	S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010D	NM104	Dependent First Name	AN25	S					
2010D	NM105	Dependent Middle Name	AN25	S					
2010D	NM107	Dependent Name Suffix	AN10	S					
2010D	NM108	Identification Code Qualifier	ID2	S					
2010D	NM109	Dependent Primary Identifier	AN80	S					
2010D	**REF**	**Dependent Supplemental Identification**		**S**					
2010D	REF01	Reference Identification Qualifier	ID3	R					
2010D	REF02	Dependent Supplemental Identifier	AN30	R					
2010D	**AAA**	**Dependent Request Validation**		**S**					
2010D	AAA01	Valid Request Indicator	ID1	R					
2010D	AAA03	Reject Reason Code	ID2	S					
2010D	AAA04	Follow-up Action Code	ID1	S					
2010D	**DMG**	**Dependent Demographic Information**		**S**					
2010D	DMG01	Date Time Period Format Qualifier	ID3	R					
2010D	DMG02	Dependent Birth Date	AN35	R					
2010D	DMG03	Dependent Gender Code	ID1	S					
2010D	**INS**	**Dependent Relationship**		**S**					
2010D	INS01	Insured Indicator	ID1	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010D	INS02	Individual Relationship Code	ID2	R					
2010D	INS17	Birth Sequence Number	N09	S					
2000E	***HL***	***Service Provider Level***		***R***					
2000E	**HL**	**Service Provider Level**		**R**					
2000E	HL 01	Hierarchical ID Number	AN12	R					
2000E	HL 02	Hierarchical Parent ID Number	AN12	S					
2000E	HL 03	Hierarchical Level Code	ID2	R				Hardcode "19"-service provider	Translation
2000E	HL 04	Hierarchical Child Code	ID1	R					
2000E	**MSG**	**Message Text**		**S**					
2000E	MSG01	Free Form Message Text	AN264	R					
2010E	***NM1***	***Service Provider Name***		***R***					
2010E	**NM1**	**Service Provider Name**		**R**					
2010E	NM101	Entity Identifier Code	ID3	R					
2010E	NM102	Entity Type Qualifier	ID1	R					
2010E	NM103	Service Provider Last or Organization Name	AN35	S	Prov-File	PROV-NAME	X(31)		
2010E	NM104	Service Provider First Name	AN25	S					
2010E	NM105	Service Provider Middle Name	AN25	S					
2010E	NM107	Service Provider Name Suffix	AN10	S					
2010E	NM108	Identification Code Qualifier	ID2	S				Send "XX" with NPI, or "24" with Employer TaxID.	Match Back

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010E	NM109	Service Provider Identifier	AN80	S	Prior-Authorization	PROV-NUMBER	9(10)	Send back what came in on request.	Match Back
2010E	**REF**	**Service Provider Supplemental Identification**		**S**					
2010E	REF01	Reference Identification Qualifier	ID3	R				Send "ZH" with Medicaid provider number	Translation
2010E	REF02	Service Provider Supplemental Identifier	AN30	R	Prior-Authorization	PROV-NUMBER	9(10)		
2010E	**N 3**	**Service Provider Address**		**S**				Sending address implies approval is specific to one provider location?	HIPAA Questions
2010E	N 301	Service Provider Address Line	AN55	R					
2010E	N 302	Service Provider Address Line	AN55	S					
2010E	**N 4**	**Service Provider City/State/ZIP Code**		**S**					
2010E	N 401	Service Provider City Name	AN30	S					
2010E	N 402	Service Provider State or Province Code	ID2	S					
2010E	N 403	Service Provider Postal Zone or ZIP Code	ID15	S					
2010E	N 404	Service Provider Country Code	ID3	S					
2010E	**PER**	**Service Provider Contact Information**		**S**					
2010E	PER01	Contact Function Code	ID2	R					
2010E	PER02	Service Provider Contact Name	AN60	S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010E	PER03	Communication Number Qualifier	ID2	S	Prov-File	PROV-TELE-NUM	9(10)		
2010E	PER04	Service Provider Contact Communication Number	AN80	S					
2010E	PER05	Communication Number Qualifier	ID2	S					
2010E	PER06	Service Provider Contact Communication Number	AN80	S					
2010E	PER07	Communication Number Qualifier	ID2	S					
2010E	PER08	Service Provider Contact Communication Number	AN80	S					
2010E	**AAA**	**Service Provider Request Validation**		**S**					
2010E	AAA01	Valid Request Indicator	ID1	R					
2010E	AAA03	Reject Reason Code	ID2	S					
2010E	AAA04	Follow-up Action Code	ID1	S					
2010E	**PRV**	**Service Provider Information**		**S**					
2010E	PRV01	Provider Code	ID3	R					
2010E	PRV02	Reference Identification Qualifier	ID3	R					
2010E	PRV03	Provider Taxonomy Code	AN30	R	Prov-File	PROV-SPEC-CODE	X(2)	new field for provider taxonomy; MMIS will compare to procedure's prov-prov-type	Processing Logic
2000F	***HL***	***Service Level***		***R***				MAA has 1 PA# for > 1 procedures, so loop for each procedure with same PA# in > 1 loop.	Translation
2000F	**HL**	**Service Level**		**R**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000F	HL 01	Hierarchical ID Number	AN12	R					
2000F	HL 02	Hierarchical Parent ID Number	AN12	S					
2000F	HL 03	Hierarchical Level Code	ID2	R				Hardcode "SS"-service level	Translation
2000F	HL 04	Hierarchical Child Code	ID1	R					
2000F	**TRN**	**Service Trace Number**		**S**					
2000F	TRN01	Trace Type Code	ID2	R				send "2"-request trace #; send "1"-response trace #	Translation
2000F	TRN02	Service Trace Number	AN30	R	Prior-Authorization	PRIOR-AUTH-LINE-NO	X(02)	with "1", send PA#+line-item	Translation
2000F	TRN02	Service Trace Number	AN30	R	Prior-Authorization	PRIOR-AUTH-NUM	9(9)	with "1", send PA#+line-item	Translation
2000F	TRN03	Trace Assigning Entity Identifier	AN10	R				with "1" send "MAA"; with "2" send from request, same position.	Translation
2000F	TRN04	Trace Assigning Entity Additional Identifier	AN30	S					
2000F	**AAA**	**Service Request Validation**		**S**					
2000F	AAA01	Valid Request Indicator	ID1	R					
2000F	AAA03	Reject Reason Code	ID2	S					
2000F	AAA04	Follow-up Action Code	ID1	S					
2000F	**UM**	**Health Care Services Review Information**		**R**					
2000F	UM 01	Request Category Code	ID2	R				send back from request	Match Back
2000F	UM 02	Certification Type Code	ID1	R				Return what was in request.	Match Back
2000F	UM 03	Service Type Code	ID2	S	Prior-Authorization	TYPE-OF-SERVICE	X(1)	Required if used in determination; map to HIPAA codes	Map Codes

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000F	UM 04	Health Care Service Location Information		S					
2000F	UM 04	Facility Type Code	AN2	R				Return from request, same position	Match Back
2000F	UM 04	Facility Code Qualifier	ID2	R				Return from request, same position	Match Back
2000F	UM 06	Level of Service Code	ID3	S				Return what was in request.	Match Back
2000F	**HCR**	**Health Care Services Review**		**S**					
2000F	HCR01	Action Code	ID2	R	Prior-Authorization	PA-APPROVAL-IND	X(1)	whether approved in full, in part, denied, modified, etc. p.331	HIPAA Required
2000F	HCR02	Certification Number	AN30	S	Prior-Authorization	PRIOR-AUTH-NUM	9(9)		
2000F	HCR03	Reject Reason Code	ID2	S	Prior-Authorization	EXCEPTION-CODE	9(3)	Required if not approved: PA reason is header level, except. fields are service level.	HIPAA Required
2000F	HCR03	Reject Reason Code	ID2	S	Prior-Authorization	EXCEPTION-STATUS	X(1)	Required if not approved: PA reason is header level, except. fields are service level.	HIPAA Required
2000F	HCR03	Reject Reason Code	ID2	S	Prior-Authorization	PRIOR-AUTH-REASON	9(03)	Required if not approved: PA reason is header level, except. fields are service level.	HIPAA Required
2000F	HCR04	Second Surgical Opinion Indicator	ID1	S				Whether 2nd surgical opinion is required.	HIPAA Required
2000F	**REF**	**Previous Certification Identification**		**S**					
2000F	REF01	Reference Identification Qualifier	ID3	R					
2000F	REF02	Previous Certification Identifier	AN30	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000F	**DTP**	**Service Date**		**S**				Use this segment only if the certification is for a service-type and not for a specific procedure (Use HI-procedure)	Translation
2000F	DTP01	Date Time Qualifier	ID3	R					
2000F	DTP02	Date Time Period Format Qualifier	ID3	R					
2000F	DTP03	Proposed or Actual Service Date	AN35	R	Prior-Authorization	FIRST-DATE-OF-SVC	9(5)		
2000F	DTP03	Proposed or Actual Service Date	AN35	R	Prior-Authorization	LAST-DATE-OF-SVC	9(5)		
2000F	**DTP**	**Admission Date**		**S**					
2000F	DTP01	Date Time Qualifier	ID3	R					
2000F	DTP02	Date Time Period Format Qualifier	ID3	R					
2000F	DTP03	Proposed or Actual Admission Date	AN35	R					
2000F	**DTP**	**Discharge Date**		**S**					
2000F	DTP01	Date Time Qualifier	ID3	R					
2000F	DTP02	Date Time Period Format Qualifier	ID3	R					
2000F	DTP03	Proposed or Actual Discharge Date	AN35	R					
2000F	**DTP**	**Surgery Date**		**S**					
2000F	DTP01	Date Time Qualifier	ID3	R					
2000F	DTP02	Date Time Period Format Qualifier	ID3	R					
2000F	DTP03	Proposed or Actual Surgery Date	AN35	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000F	**DTP**	**Certification Issue Date**		**S**					
2000F	DTP01	Date Time Qualifier	ID3	R					
2000F	DTP02	Date Time Period Format Qualifier	ID3	R					
2000F	DTP03	Certification Issue Date	AN35	R					
2000F	**DTP**	**Certification Expiration Date**		**S**				When are the PA effective begin/end dates?	System Questions
2000F	DTP01	Date Time Qualifier	ID3	R				Hardcode "036"-expiration date	Translation
2000F	DTP02	Date Time Period Format Qualifier	ID3	R					
2000F	DTP03	Certification Expiration Date	AN35	R					
2000F	**DTP**	**Certification Effective Date**		**S**					
2000F	DTP01	Date Time Qualifier	ID3	R				Hardcode "007"-effective date	Translation
2000F	DTP02	Date Time Period Format Qualifier	ID3	R					
2000F	DTP03	Certification Effective Date	AN35	R					
2000F	**HI**	**Procedures**		**S**					
2000F	HI 01	Health Care Code Information		R					
2000F	HI 01	Code List Qualifier Code	ID3	R				send "BO" for HCPCS, "JP" for ADA codes, "NDC" for NDC	Translation
2000F	HI 01	Procedure Code	AN30	R	Prior-Authorization	DRUG-CODE	X(12)		
2000F	HI 01	Procedure Code	AN30	R	Prior-Authorization	PROC-CODE	X(5)		

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000F	HI 01	Procedure Code	AN30	R	Prior-Authorization	TOOTH-NUMBER	X(2)		
2000F	HI 01	Procedure Code	AN30	R	Prior-Authorization	TOOTH-SURFACE	X(1)		
2000F	HI 01	Date Time Period Format Qualifier	ID3	S					
2000F	HI 01	Procedure Date	AN35	S					
2000F	HI 01	Procedure Quantity	R15	S	Prior-Authorization	PA-UNITS-APPROVED	9(05)		
2000F	HI 01	Version, Release, or Industry Identifier	AN30	S					
2000F	HI 02	Health Care Code Information		S					
2000F	HI 02	Code List Qualifier Code	ID3	R					
2000F	HI 02	Procedure Code	AN30	R					
2000F	HI 02	Date Time Period Format Qualifier	ID3	S					
2000F	HI 02	Procedure Date	AN35	S					
2000F	HI 02	Procedure Quantity	R15	S					
2000F	HI 02	Version, Release, or Industry Identifier	AN30	S					
2000F	HI 03	Health Care Code Information		S					
2000F	HI 03	Code List Qualifier Code	ID3	R					
2000F	HI 03	Procedure Code	AN30	R					
2000F	HI 03	Date Time Period Format Qualifier	ID3	S					
2000F	HI 03	Procedure Date	AN35	S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000F	HI 03	Procedure Quantity	R15	S					
2000F	HI 03	Version, Release, or Industry Identifier	AN30	S					
2000F	HI 04	Health Care Code Information		S					
2000F	HI 04	Code List Qualifier Code	ID3	R					
2000F	HI 04	Procedure Code	AN30	R					
2000F	HI 04	Date Time Period Format Qualifier	ID3	S					
2000F	HI 04	Procedure Date	AN35	S					
2000F	HI 04	Procedure Quantity	R15	S					
2000F	HI 04	Version, Release, or Industry Identifier	AN30	S					
2000F	HI 05	Health Care Code Information		S					
2000F	HI 05	Code List Qualifier Code	ID3	R					
2000F	HI 05	Procedure Code	AN30	R					
2000F	HI 05	Date Time Period Format Qualifier	ID3	S					
2000F	HI 05	Procedure Date	AN35	S					
2000F	HI 05	Procedure Quantity	R15	S					
2000F	HI 05	Version, Release, or Industry Identifier	AN30	S					
2000F	HI 06	Health Care Code Information		S					
2000F	HI 06	Code List Qualifier Code	ID3	R					
2000F	HI 06	Procedure Code	AN30	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000F	HI 06	Date Time Period Format Qualifier	ID3	S					
2000F	HI 06	Procedure Date	AN35	S					
2000F	HI 06	Procedure Quantity	R15	S					
2000F	HI 06	Version, Release, or Industry Identifier	AN30	S					
2000F	HI 07	Health Care Code Information		S					
2000F	HI 07	Code List Qualifier Code	ID3	R					
2000F	HI 07	Procedure Code	AN30	R					
2000F	HI 07	Date Time Period Format Qualifier	ID3	S					
2000F	HI 07	Procedure Date	AN35	S					
2000F	HI 07	Procedure Quantity	R15	S					
2000F	HI 07	Version, Release, or Industry Identifier	AN30	S					
2000F	HI 08	Health Care Code Information		S					
2000F	HI 08	Code List Qualifier Code	ID3	R					
2000F	HI 08	Procedure Code	AN30	R					
2000F	HI 08	Date Time Period Format Qualifier	ID3	S					
2000F	HI 08	Procedure Date	AN35	S					
2000F	HI 08	Procedure Quantity	R15	S					
2000F	HI 08	Version, Release, or Industry Identifier	AN30	S					
2000F	HI 09	Health Care Code Information		S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000F	HI 09	Code List Qualifier Code	ID3	R					
2000F	HI 09	Procedure Code	AN30	R					
2000F	HI 09	Date Time Period Format Qualifier	ID3	S					
2000F	HI 09	Procedure Date	AN35	S					
2000F	HI 09	Procedure Quantity	R15	S					
2000F	HI 09	Version, Release, or Industry Identifier	AN30	S					
2000F	HI 10	Health Care Code Information		S					
2000F	HI 10	Code List Qualifier Code	ID3	R					
2000F	HI 10	Procedure Code	AN30	R					
2000F	HI 10	Date Time Period Format Qualifier	ID3	S					
2000F	HI 10	Procedure Date	AN35	S					
2000F	HI 10	Procedure Quantity	R15	S					
2000F	HI 10	Version, Release, or Industry Identifier	AN30	S					
2000F	HI 11	Health Care Code Information		S					
2000F	HI 11	Code List Qualifier Code	ID3	R					
2000F	HI 11	Procedure Code	AN30	R					
2000F	HI 11	Date Time Period Format Qualifier	ID3	S					
2000F	HI 11	Procedure Date	AN35	S					
2000F	HI 11	Procedure Quantity	R15	S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000F	HI 11	Version, Release, or Industry Identifier	AN30	S					
2000F	HI 12	Health Care Code Information		S					
2000F	HI 12	Code List Qualifier Code	ID3	R					
2000F	HI 12	Procedure Code	AN30	R					
2000F	HI 12	Date Time Period Format Qualifier	ID3	S					
2000F	HI 12	Procedure Date	AN35	S					
2000F	HI 12	Procedure Quantity	R15	S					
2000F	HI 12	Version, Release, or Industry Identifier	AN30	S					
2000F	**HSD**	**Health Care Services Delivery**		**S**					
2000F	HSD01	Quantity Qualifier	ID2	S				Map codes to reflect PA req & resp	Map Codes
2000F	HSD02	Service Unit Count	R15	S					
2000F	HSD03	Unit or Basis for Measurement Code	ID2	S				Map codes to reflect PA req & resp	Map Codes
2000F	HSD04	Sample Selection Modulus	R6	S					
2000F	HSD05	Time Period Qualifier	ID2	S					
2000F	HSD06	Period Count	N03	S					
2000F	HSD07	Ship, Delivery or Calendar Pattern Code	ID2	S				Map codes to reflect PA req & resp	Map Codes
2000F	HSD08	Delivery Pattern Time Code	ID1	S					
2000F	**CL1**	**Institutional Claim Code**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000F	CL101	Admission Type Code	ID1	S				Required if sent in request and used in determination.	HIPAA Required
2000F	CL102	Admission Source Code	ID1	S				Required if sent in request and used in determination.	HIPAA Required
2000F	CL103	Patient Status Code	ID2	S				Required if sent in request and used in determination.	HIPAA Required
2000F	CL104	Nursing Home Residential Status Code	ID1	S				Required if sent in request and used in determination.	HIPAA Required
2000F	**CR1**	**Ambulance Transport Information**		**S**				Required if the UMO is authorizing specific ambulance transport criteria.	HIPAA Required
2000F	CR103	Ambulance Transport Code	ID1	R					
2000F	CR105	Unit or Basis for Measurement Code	ID2	S					
2000F	CR106	Transport Distance	R15	S					
2000F	CR107	Ambulance Trip Origin Address	AN55	S					
2000F	CR108	Ambulance Trip Destination Address	AN55	S					
2000F	**CR2**	**Spinal Manipulation Service Information**		**S**				Required if the UMO is authorizing spinal manipulation services that have a specific pattern of delivery or usage.	HIPAA Required
2000F	CR201	Treatment Series Number	N09	S					
2000F	CR202	Treatment Count	R15	S					
2000F	CR203	Subluxation Level Code	ID3	S					
2000F	CR204	Subluxation Level Code	ID3	S					
2000F	CR205	Unit or Basis for Measurement Code	ID2	S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000F	CR206	Treatment Period Count	R15	S					
2000F	CR207	Monthly Treatment Count	R15	S					
2000F	**CR5**	**Home Oxygen Therapy Information**		**S**				Required if the UMO is authorizing specific usage of home oxygen therapy.	HIPAA Required
2000F	CR503	Oxygen Equipment Type Code	ID1	S					
2000F	CR504	Oxygen Equipment Type Code	ID1	S					
2000F	CR505	Equipment Reason Description	AN80	S					
2000F	CR506	Oxygen Flow Rate	R15	R					
2000F	CR507	Daily Oxygen Use Count	R15	S					
2000F	CR508	Oxygen Use Period Hour Count	R15	S					
2000F	CR509	Respiratory Therapist Order Text	AN80	S					
2000F	CR516	Portable Oxygen System Flow Rate	R15	S					
2000F	CR517	Oxygen Delivery System Code	ID1	R					
2000F	CR518	Oxygen Equipment Type Code	ID1	S					
2000F	**CR6**	**Home Health Care Information**		**S**				Required if valued on request.	Match Back
2000F	CR601	Prognosis Code	ID1	R					
2000F	CR602	Service From Date	DT8	R					
2000F	CR603	Date Time Period Format Qualifier	ID3	S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000F	CR604	Home Health Certification Period	AN35	S					
2000F	CR607	Medicare Coverage Indicator	ID1	R					
2000F	CR608	Certification Type Code	ID1	R					
2000F	**MSG**	**Message Text**		**S**					
2000F	MSG01	Free Form Message Text	AN264	R					
2000F	**SE**	**Transaction Set Trailer**		**R**					
2000F	SE 01	Transaction Segment Count	N010	R					
2000F	SE 02	Transaction Set Control Number	AN9	R					

Comment Type Legend:

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

Column Heading Legend:

"DT" = Data Type

COBOL Data Types Legend:

X(n) - Character data with length of n bytes

9(n) - Integer data with length of n bytes

S9(n) - Signed integer data with length of n bytes

9(n)V99 or 9(n)V9(2) - Numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

S9(n)V99 or S9(n)V9(2) - Signed numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99)