



Standard Companion Guide

**Refers to the Implementation Guide Based
on X12 Version 005010X216
Health Care Services Review Notification
and Acknowledgement (278N)**

Companion Guide Version Number: 2.4

October 8, 2010

Change Log

Version	Release date	Changes
1.0	August 4, 2008	<ul style="list-style-type: none"> Initial External Release
1.1	September 5, 2008	<ul style="list-style-type: none"> Corrected repetition separator value on page 65, where Segment = Interchange Control Header Corrected “Codes” and “Notes/Comments” on page 27 for Reference STO1 to read 278 not 278N Changed UM04-1B = 61 to = 31 “Skilled Nursing Facility” on page 44 Moved “batch ID” to come before “submitter ID” in all “Outbound Responses from UnitedHealthcare” on page 45 Added a new row, Loop ID 2010A, AAA03 46 on the Error Codes & Interpretations table on page 47 Updated FAQ # 15 on page 56 Added new FAQs (21-46), pages 58-63
1.2	September 19, 2008	<ul style="list-style-type: none"> Replaced 2000E, REF01, REF02 rows with 2000E, HCR01, HCR03 rows in Case 6 on page 21 and added “Note” Added note (# 1) on date/time in BHT04/05 segments of the 278ACK on page 21 Added to “Notes/Comments” on page 37 for References NM103 & NM104 explaining our preference is for physician title/suffix (Dr., MD, etc.) to be excluded Updated all Service Type (UM03) and Place of Service (UM04) Code examples on pages 43-45 Added new FAQs (47-63), pages 58-63
1.3	October 3, 2008	<ul style="list-style-type: none"> Updated the third bullet under “<u>Requirements</u>” on page 9 to read, “ISA13 should exactly match the ISA13 segment in the 278N. This is the Interchange Control Number.” Updated the forth bullet under “<u>Requirements</u>” on page 9 to read, “Your file must end in .pgp or .gpg if you are using FTP with PGP encryption. SFTP submissions do not need the extension. Added Response Transaction process flow on page 18 Replaced all references to “Ingenix” with IEDIS (Ingenix EDI Solutions). Added new FAQs (64-76), pages 68-71
1.4	October 17, 2008	<ul style="list-style-type: none"> Added note in the Preface on page 2 Added note below the Response Transaction diagram on page 19 Updated the Inbound Batch Notification Submission to UnitedHealthcare on page 47 by removing the underscore in front of the “btc.pgp” Added new FAQs (77-90), pages 72-74
1.5	October 31, 2008	<ul style="list-style-type: none"> Updated Response Diagram on page 19 <ul style="list-style-type: none"> Added, “and return to submitter” to the 3rd box, “Issue 997...”

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		<ul style="list-style-type: none"> – Added, “for rejected transaction sets” to the 5th box, “Processing Complete” • Updated Response Diagram on page 19 to replace “batch” with “file.” • Updated “Notes/Comments” column on page 48 for 2010E, 43, C to read, “facility or admitting/attending physician.” • Updated “Notes/Comments” column on page 48 for 2010E, 44, C to read, “facility or admitting/attending physician.” • Updated FAQ # 14 on page 53 • Updated Inpatient Admission Notification Data Elements tables on pages 28-38 to mirror the Field Reference List that was originally provided as a separate document. • Added new FAQs (91-94), pages 68-69
1.6	November 14, 2008	<ul style="list-style-type: none"> • Added information on Connectivity Director to the “Connectivity with UnitedHealthcare” section, pages 9-13 • Changed AAA02 to AAA03 in all the Example Response Scenarios, pages 22-23 • Updated “Comments” column on page 23 for 2000E, AAA, AAA04 from “N” to “C = Correct and Resubmit.” • Added “REF01, Reference Identification Qualifier, NT= Administration Reference Number” and “REF02, Reference ID, Administration Reference Number,” to Case 7 on page 23 • Added new FAQs (95-114) pages 70-74 • Added “Example Response Scenarios,” pages 80-84
1.7	November 26, 2008	<ul style="list-style-type: none"> • Updated “Comments” column in Case 5 on page 23 for 2010A, AAA, AAA01 from “Y” to “N.” • Added new FAQs (115-118) pages 74-75 • Added transaction example, page 80 • Updated “Comments” column in Case 5 on page 84 for 2010B, AAA, AAA01 from “Y” to “N.”
1.8	December 12, 2008	<ul style="list-style-type: none"> • Added Error Code 67 and its interpretation, page 48 • Added new FAQ (119) page 78
1.9	February 6, 2009	<ul style="list-style-type: none"> • Added, “...if connecting via Connectivity Director, the hospital will assign this value themselves,” page 13 • Added note, “Transactions that pass the validation...” under Real-Time Notification, page 22 • Added paragraph detailing information on situational loops, “A loop marked situational is only required...” under File Specifications, page 29 • Added, “Note regarding Connectivity Director Usage...” under Inpatient Admission Notification Data Elements, page 31 • Added, “FTP= 87726, Connectivity Director= 908011164” to “Codes” column for ISA08 under Inpatient Admission Notification Data Elements, page 31 • Updated “Code” column for 2000E, HI, HI01-1 from “BJ” to “BK or BJ” and “BK= Principle diagnosis” in “Comments” column, page 36 • Updated “Code” column for 2000E, HI, HI02-1 from “BK or BF”

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		<p>to “BJ or BF” and “BJ= Admitting diagnosis” in “Comments” column, page 36</p> <ul style="list-style-type: none"> Added rows under Inpatient Admission Notification Data Elements, page 36, for: <ul style="list-style-type: none"> 2000E, CL1, CL1 2000E, CL1, CL101 2000E, CL1, CL102 2000E, CL1, CL103 Added rows under Inpatient Admission Notification Data Elements, page 40, for: <ul style="list-style-type: none"> 2010EA, PER, PER05 2010EA, PER, PER06 Removed row: 2010A, 46, C from Error Codes and Interpretations, page 49 Updated FAQ99 to include information on the admission date and time, page 74 Added a row for “Institutional Claim Code” to the Transaction Examples table, Loop 2000E Patient Event, page 81. Updated transaction example, page 83. Updated “Input” column for Segment “MSG” in Transaction Example table, Loop 2000E Patient Event from, “MSG* AT= 070605; ICD= Chest Pains; ~” to “MSG* ICD= Chest Pains; ~”, page 81. Updated transaction example, page 83. Added a row for “Institutional Claim Code” to the Transaction Examples table, Loop 2000E Service Facility, page 82. Updated transaction example, page 84. Updated “Input” column for Segment “MSG” in Transaction Example table, Loop 2000E Service Facility from, “MSG* AT= 050403; ICD= Delivery; ~” to “MSG* ICD= Delivery; ~”, page 82. Updated transaction example, page 84. Updated first line of 278NB997 in Case 1 from “* ZZ* 87726” to “* 33* 87726, page 85 Updated first line of 278NBACK in Case 1 from “* ZZ* 87726” to “* 33* 87726, page 85 Updated first line of 278NACK in Case 1 from “* ZZ* 87726” to “* 33* 87726, page 86
2.0	March 13, 2009	<ul style="list-style-type: none"> Added “Development Change Log” on page 5 to provide official notification of changes that may require development work Updated “Comments” column on page 32 for ISA06 with “FTP = Sender ID...” and “Connectivity Director = send the value entered as your edID on the registration or setting page” and “For both, left justify...” Updated “Codes” column on page 32 for ISA08 from “Connectivity Director = 908011164” to “Connectivity Director = B0908011164.” Added, “This can be used to send patient ID and will be returned within the response,” to the “Notes/Comments”

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		<p>column for BHT, BHT03 on page 33.</p> <ul style="list-style-type: none"> Updated the “Codes” column on page 38 for 2000E, CL1, CL101 to equal: 1 = Emergency, 2 = Urgent, 3 = Elective, 4 = Newborn and 9 = N/A. Updated the “Notes/Comments” column to read, “Code indicating the priority of this admission.” See the Development Change Log below for the implementation date of the change. Added note, “When UM03 = 69 (Maternity), per page 128 of the Implementation Guide, Last Menstrual Period (LMP) Date and Estimated Date of Birth are required in loop 2000E, segment DTP. If these values cannot be determined, UnitedHealthcare will accept a default value equal to the Admission Date, for both LMP and Estimated Date of Birth.” On page 45 below the “Service Type (UM03) Codes” table. Deleted Place of Service Codes 15, 16, 17, 25, 26 & 27 on page 45 for UM04-2= A as acceptable values to adhere to current standards. The only acceptable codes for this value will be “11 – Hospital – Inpatient” and “21 – Skilled Nursing Facility – Inpatient.” See the Development Change Log below for the implementation date of the change. Added, “The subscriber was not found based on the information provided in the transaction” and “This code with the presence of an HCR segment indicates the member’s product is not supported by the 278N,” to the “Notes/Comments” column for 2010C, 95, N on page 52. Updated FAQ # 69 on page 70. Added, “Connectivity Director users will use B09080111864” to FAQ # 78 on page 72. Added FAQ # 120 on page 80.
2.1	June 23, 2009	<ul style="list-style-type: none"> Added a note regarding Connectivity Director under “Submitting a Test File” on page 16. Updated Case 6, 2010B, AAA, AAA01 from “Y” to “N” on page 29. Added a note regarding AAA04, C= Correct and Resubmit under Case 7 on page 29. Updated all instances of “requested” to “required” under “File Delimiters” on page 32 & 33. Added a note, “Specific data element requirements,” under Inpatient Admission Notification Data Elements on page 35. Addition of ISA02 to Data Element Grid on page 35. Addition of ISA04 to Data Element Grid on page 35. Updated “Codes” and “Notes/Comments” columns for ISA05 on page 35. Updated “Notes/Comments” column for ISA06 on page 35. Updated “Codes” column on page 35 for Header, ISA, ISA08 from “Connectivity Director= B09080111864” to “Connectivity Director= 9080111864” Addition of ISA10 to Data Element Grid on page 35.

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		<ul style="list-style-type: none"> • Addition of ISA11 to Data Element Grid on page 35. • Addition of ISA13 to Data Element Grid on page 35. • Addition of ISA16 to Data Element Grid on page 36. • Updated “Notes/Comments” column for GS02 on page 36. • Updated “Codes” and “Notes/Comments” columns for GS03 on page 36. • Addition of GS04 to Data Element Grid on page 36. • Addition of GS05 to Data Element Grid on page 36. • Addition of GS06 to Data Element Grid on page 36. • Addition of GS07 to Data Element Grid on page 36. • Updated “Notes/Comments” column for GS08 on page 36. • Addition of ST02 to Data Element Grid on page 37. • Updated the “Notes/Comments” column on page 40 for 2000E, UM, UM02 from, “..please provide the Notification Service Reference...” to, “..please provide the Administrative Reference Number from the original notification in the following REF segment. This is required when submitting a revision or update.” • Updated the “Name” column on page 41 for 2000E, REF, REF from, “Previous Review Authorization #” to “Previous Administrative Reference Number.” • Updated the “Notes/Comments” column on page 41 for 2000E, REF, REF from “...for submitting an update to a previously submitted and approved notification,” to “for submitting an update or revision to a previously submitted and approved notification.” • Updated the “Codes” column on page 41 for 2000E, REF, REF01 from “BB” to “NT.” • Updated the “Notes/Comments” column on page 41 for 2000E, REF, REF01 from, “BB= Review Identification Number” to “NT= Administrative Reference Number. • Updated the ‘Name’ on page 41 for 2000E, REF, REF02 from ‘Service Reference Number’ to ‘Administrative Reference Number’. • Updated the “Notes/Comments” column on page 41 for 2000E, REF, REF02 to “The Administrative Reference Number (REF01) from the response to the original notification transaction. This is required when submitting a revision or update.” • Updated the “Usage” column on page 42 for 2010EA, NM1, NM1 from “R” to “S.” • Updated the “Notes/Comments” column on page 42 for 2010EA, NM1, NM1 from “This loop is required for the admitting facility and should be the same as the information source information submitted in loop 2000A” to “This loop is required for the admitting facility.” • Updated the “Required or Requested by” column on page 42 for 2010EA, NM1, NM1 from “X12 Standard” to “Requested by UHC.”
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		<ul style="list-style-type: none"> • Added, "(MPIN)" to the "Notes/Comments" column on page 43 for 2010EA, REF, REF. • Added, "... (MPIN)". This value must be padded with leading zeros to equal 9 digits," to the "Notes/Comments" column on page 43 for 2010EA, REF, REF01. • Added, "(MPIN)" to the "Notes/Comments" column on page 43 for 2010EA, REF, REF02. • Addition of SV1 to Data Element Grid on page 46. • Addition of SV101-1 to Data Element Grid on page 46. • Addition of SV101-2 to Data Element Grid on page 46. • Addition of SV101-3-6 to Data Element Grid on page 46. • Addition of SV101-7 to Data Element Grid on page 46. • Addition of SV102 to Data Element Grid on page 46. • Addition of SV103 to Data Element Grid on page 46. • Addition of SV104 to Data Element Grid on page 46. • Addition of 'Transaction Set Trailer' to Data Element Grid on page 48. • Addition of SE01 to Data Element Grid on page 48. • Addition of SE02 to Data Element Grid on page 48. • Addition of 'Functional Group Trailer' SE02 to Data Element Grid on page 48. • Addition of GE01 to Data Element Grid on page 48. • Addition of GE02 to Data Element Grid on page 48. • Addition of 'Interchange Control Trailer' to Data Element Grid on page 48. • Addition of IEA01 to Data Element Grid on page 48. • Addition of IEA02 to Data Element Grid on page 48. • Updated note under "Service Type (UM03) Codes Supported by UnitedHealthcare" chart on page 50. • Added, "8. The filing naming conventions outlined in this companion guide refer only to files received directly from UnitedHealthcare. Files received via Connectivity Director may use a different naming convention," under "File Naming Notes" on page 54. • Updated FAQ # 44 on page 70. • Added FAQ # 121 on page 85. • Updated Input for 'Functional Group Header' on page 87. • Updated "Input" column for 2000E, Patient Event, Institutional Claim Code from "CL1*3~**01" to "CL1*3~" on page 88. • Updated "Input" column for 2000E, Service Facility, Institutional Claim Code from "CL1*3~**01" to "CL1*3~" on page 89. • Updated the example on page 90 and 91 from "CL1*3~**01" to "CL1*3~" • Updated Case 6 "Comments" column for 2010B, AAA, AAA01 from "Y" to "N" on page 95. • Updated example from "AAA*Y**42" to "AAA*N**42" on page 96.
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2.2	December 16, 2009	<ul style="list-style-type: none"> • Changed business hours for Monday through Friday to 7 am – 2 am (Eastern) (previously 11 pm). • Changed Example Response Scenario Case 3 value for AAA03 from 95 to 78 (Subscriber/Insured not in Group/Plan identified.) and added comment to HCR03 value. (This was also updated in Transaction Examples appendix) • Changed Example Response Scenario Case 4 title to “Notification Not Required for Well Baby”. (This was also updated in Transaction Examples appendix) • Changed Example Response Scenario Case 6 value for BHT02 from 44 to 53. (This was also updated in Transaction Examples appendix) This change is effective December 7, 2009. • Changed Example Response Scenario Case 7 value for AAA04 to “N= Resubmission not allowed”. (This was also updated in Transaction Examples appendix) • Added Example Response Scenario Case 8 for Updated Notifications. (This was also added to the Transaction Examples appendix) • Inpatient Admission Notification Data Elements section: Added “U – Urgent” to the UM-06 values in Loop 2000E. • Updated “Error Codes and Interpretations” appendix: Added 2010C 64/C; Added 2000E 33/N; Added 2000E 84/N; Added 2000E AH/C; Added 2000E AN/C; Added 2000E T5/C; Added 2010F 47/C; Modified 2010B 42/Y; Modified 2000E 15/C; Modified 2000F 15/C; Removed 2010E 15/C; Removed 2010D 77/C.. • Updated FAQ 15. • Updated FAQ 116 to say “The response is available in the archive for 45 days.”
2.3	April 30, 2010	<ul style="list-style-type: none"> • Change AAA code associated with the “Invalid/Missing DOB for the subscriber DOB mismatch” scenario. Currently uses AAA 95. Change to utilize AAA 58 in loop 2010C (page 57) • Updated URL for Washington Publishing for X216 version on pages 14 & 82. • Updated FAQ 63 to not send well baby cases via 278N (page 74). • Removed Second Surgical Opinion Indicator from the 278NACK (page 93). • Updated Case 8 by removing the Second Surgical Opinion Indicator from the Original (page 97) and Updated (page 98) examples.
2.4	October 8, 2010	<ul style="list-style-type: none"> • Added messaging in HCR segments for AAA03 values of 15 (loops 2000E, 2010EA & 2000F), 33 (loops 2000E, 2010EA, 2000F & 2010F) & 43 (loop 2010A) in the Error Code and Interpretations table. • Updated 6 & 7 under Payer Specific Business Rules and Limitations • Updated Case #7 • Updated FAQ 28 & 63

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Development Change Log

Version	Release Date/ Notice Date	Changes	Implementation Date
2.0	March 13, 2009	Updated the “Codes” column on page 38 for 2000E, CL1, CL101 to equal 1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn 9 = N/A Updated the “Notes/Comments” column to read, “Code indicating the priority of this admission.”	June 1, 2009
2.0	March 13, 2009	Deleted Place of Service Codes 15, 16, 17, 25, 26 & 27 on page 45 for UM04-2= A as acceptable values to adhere to current standards. The only acceptable codes for this value will be “11 – Hospital – Inpatient” and “21 – Skilled Nursing Facility – Inpatient.”	Q4
2.3	April 30, 2010	Changed AAA code associated with the “Invalid/Missing DOB for the subscriber DOB mismatch” scenario. Currently uses AAA 95. Changed to utilize AAA 58 in loop 2010C (page 57) Removed Second Surgical Opinion Indicator from the 278NACK (page 93). Updated Case 8 by removing the Second Surgical Opinion Indicator from the Original (page 97) and Updated (page 98) examples.	June 16, 2010 April 14 – June 25, 2010
2.4	October 8, 2010	<ul style="list-style-type: none"> Added messaging in HCR segments for AAA03 values of 15 (loops 2000E, 2010EA & 2000F), 33 (loops 2000E, 2010EA, 2000F & 2010F) & 43 (loop 2010A) in the Error Code and Interpretations table. Updated 6 & 7 under Payer Specific Business Rules and Limitations Updated Case #7 	November 12, 2010

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Preface

This Companion Guide to the ASC X12N Implementation Guide clarifies and specifies the data content when exchanging electronically with UnitedHealthcare. Transmissions based on this companion guide, used in tandem with the specified X12N Implementation Guides, are compliant with both X12N syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N implementation Guides. 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.

Please note, it is expected that hospitals will follow the sequential formatting based on the layout in the Implementation Guide. For example, the DTP segments should be ordered DTP* 431* then DTP* 435* and so on.

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Introduction

Scope

This guide is to be used for the development of the 278 0005010 Services Review Notification transaction for the purpose of providing **Admission Notification** to UnitedHealthcare.

An “Admission Notification” informs UnitedHealthcare that an enrollee has been admitted to a facility (acute care hospital, skilled nursing facility, acute rehabilitation facility), thus allowing UnitedHealthcare the opportunity to coordinate programs related to the setting of care, discharge planning, and referral to after-care programs.

Timely admission notification allows UnitedHealthcare staff, Physicians and hospital staff to engage in dialogue designed to ensure that the patient’s care path is consistent with evidence-based therapies and management and to coordinate care related to the facility stay. This collaborative dialogue is essential to ensure the well being of our enrollees, and it is extremely important that we be made aware of an admission as soon as possible. This enables us to engage the appropriate resources for a positive affect on clinical outcomes while the patient is in the hospital and to coordinate care after discharge.

For more specific information regarding the notification protocol, please refer to our website UnitedHealthcareOnline.com > Clinician Resources > Care Management > Admission Notification. The “Tools and Resources” area of this web page includes detailed documents pertaining to policy, timelines, and associated reimbursement reductions. It is important that you continue to consult and comply with all other protocols provided in the Administrative Guide.

Overview

This Companion Guide will replace, in total, the previous UnitedHealth Group Companion Guide for Inpatient Admission Notification, including the latest release dated April 30, 2010 (version 2.3) and all previous releases.

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This UnitedHealthcare Health Care Services Review Notification and Acknowledgement Companion Guide has been written to assist you in designing and implementing Notification transactions to meet UnitedHealthcare's processing standards. This Companion Guide must be used in conjunction with the Health Care Services Review Notification and Acknowledgement (278N) instructions as set forth by the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (Version 005010X216), May 2006 (referred to hereafter as the Implementation Guide or IG). The UnitedHealthcare Companion Guide identifies key data elements from the transaction set that we request you provide to us. The recommendations made are to enable you to more effectively complete EDI transactions with UnitedHealthcare.

In certain circumstances (refer to the Response section below) UnitedHealthcare will provide a 997 Functional Acknowledgement transaction in response to a submitted 278N. The 997 Functional Acknowledgement transaction is defined in the document ASC X12 Standards for Electronic Data Interchange Technical Report Type 3, (005010X230) Functional Acknowledgement for Health Care Insurance (997). Neither the structure nor content of the 997 Functional Acknowledgement transaction is defined in this Companion Guide.

Updates to this guide will occur periodically and new documents will be posted on www.UnitedHealthcareOnline.com (Clinician Resources > Care Management > Admission Notification) and distributed to all registered trading partners with reasonable notice, or a minimum of 30 days, prior to required implementation.

In addition,

- All trading partners will receive an email with a summary of the updates and a link to the new documents posted online
- Hospitals can also sign up for email alerts on UnitedHealthcareOnline.com > News > Register to receive important news and updates including the Network Bulletin. Information will be included in these alerts anytime an updated 278N document is posted online

References

For more information regarding the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 — (005010X216) Health Care Services Review Notification and Acknowledgement (278N), or the (005010X230) Functional Acknowledgement for Health Care Insurance (997), and to purchase copies of these documents, consult the Washington Publishing Company web site at:
<http://www.wpc-edl.com/x216>.

Additional Information

The American National Standards Institute (ANSI) is the coordinator and clearinghouse for information on national and international standards. In 1979 ANSI chartered the Accredited Standards Committee (ASC) X12 to develop uniform standards for electronic interchange of business transactions and eliminate the problem of non-standard electronic data communication. The objective of the ASC X12 committee is to develop standards to facilitate electronic interchange relating to all types of business transactions. The ANSI X12 standards are recognized by the United States as the standard for North America.

The 5010 (version 216) of Health Care Services Review - Services Review Notification and Acknowledgement is not the same transaction as the HIPAA guide currently being moved through the NPRM (Notice of Proposed Rule Making) process. The notification transaction is not a covered business transaction under HIPAA. HIPAA specifically states that only authorization, pre-certification and referral business transactions are subject to the HIPAA rules. Notifications themselves are not subject to HIPAA, and do not fit into the HIPAA 278 referral and authorization format. However, X12 has also developed a separate implementation of the 278N (not covered by HIPAA) for notifications, which UnitedHealthcare is adopting. Note that X12 has recommended that if and when HIPAA expands its scope to include notifications, this transaction we are adopting is the one recommended by X12.

Getting Started

Connectivity With UnitedHealthcare

There are two methods to connect with UnitedHealthcare for submitting and receiving EDI transactions; direct or via a clearinghouse.

Clearinghouse Connections:

Hospitals should contact their current clearinghouse vendor to discuss their ability to support the 5010 (version 216) Health Care Services Review - Services Review Notification and Acknowledgement transaction, as well as associated timeframe, costs, etc. Hospitals also have an opportunity to submit real-time notifications via the Ingenix EDI Services (IEDIS) clearinghouse. For more information on the 278N or other EDI transactions, please contact your IEDIS Account Manager. If you do not have an IEDIS Account Manager, please contact the IEDIS Sales Team at (800) 341-6141, option 3 for more information.

Direct Connection to UnitedHealthcare via *Connectivity Director*:

Direct connection to UnitedHealthcare for the purpose of 278 005010X216 Health Care Services Review Notification and Acknowledgement transactions are available via Connectivity Director. Connectivity Director supports the 278N batch and real-time submission and response.

Transmission Administrative Procedures

Connectivity Director can be used in either batch or real-time modes, either manually via the website (batch only) or programmatically via several different communication protocols. Communication protocol methods include:

- HTTPS Batch and Real-Time
- FTP + PGP Batch
- FTP over SSL Batch

Submitting a Test File

Connectivity Director allows the user to self-test the 278N. Please refer to the Connectivity Director EDI Connection System User Guide for a testing overview. The guide can be found on www.unitedhealthcarecd.com.

Troubleshooting

Please call the Connectivity Director Customer Support at 1-800-445-8174 between 8 am and 5 pm eastern time, Monday – Friday, for any questions/concerns about setup, training, or assistance with problems/issues. You may also send an email to UnitedHelpDesk@ediconnect.com.

Direct Connection to UnitedHealthcare (*outside of Connectivity Director*):

Direct connection to UnitedHealthcare for the purpose of 278 0005010 Services Review Notification transaction submission will be available via an FTP connection outside of Connectivity Director. This connection type will support batch submissions only. Hospitals that choose this connection option will be required to convert to use of Connectivity Director within 6 months of go-live.

Transmission Administrative Procedures

Trading partners should choose their connection preference prior to beginning the set-up process. If the preferred connection type is an FTP direct (not Connectivity Director) UnitedHealthcare supports FTP with PGP Encryption or Secure FTP. If choosing PGP Encryption, UnitedHealthcare will also require the trading partner PGP key. A signed “EDI Data Exchange Services Agreement” must be on file with UnitedHealthcare prior to set-up. This agreement will be provided by your Facility Connectivity Team Account Executive or IEDIS Account Manager.

Submitting a Test File

To test your connection to UnitedHealthcare, place a T in the ISA 15 segment. This tells our system that this is a TEST only file. This file will therefore NOT be processed in full. This is a test of connectivity only. Please refer to the Trading Partner Certification and Testing section of this guide for further details regarding transaction testing procedures.

Troubleshooting

Contact UnitedHealthcare EDI Support at
SupportEDI@uhc.com.

Direct Connection to UnitedHealthcare (ALL methods):

Connections will be set-up according to a Trading Partner On-Boarding Schedule which will be distributed as soon as it is available. At that time, your Facility Connectivity Team Account Executive or IEDIS Account Manager will be in touch regarding steps to complete the connection set-up, per the schedule.

Trading partners should be prepared to provide the following information to complete the connection:

1. Trading Partner Name, Address, State, and Zip Code
2. Technical Contact Name, Phone, and Email Address

Requirements:

- The transaction file name must be as follows:

N_278NB_<submitter ID>_<ISA13>.btc.pgp

- Submitter ID is the trading partner ID assigned to you during the connection set-up process, if connecting via Connectivity Director, the hospital will assign this value themselves. This is the same value as ISA06 (without trailing spaces) and must be no longer than 15 characters.

- ISA13 should exactly match the ISA13 segment in the 278N. This is the Interchange Control Number.
- Your file must end in .pgp or .gpg if you are using FTP with PGP encryption. SFTP submissions do not need the extension.
- The ISA13 Interchange Control Number **must** be in the file name.
- Your file **must** be submitted in Binary Mode.

Tips:

- ❖ Some software also requires that you view your out box in Binary Mode to see your files. If your out box is empty, try viewing in Binary Mode.
- ❖ After submission, disconnect your FTP. Your files will not be picked up until you disconnect.
- ❖ Refer to the File Naming Conventions section in the appendix of this guide for information on response file names.
- ❖ If you are experiencing problems other than the file naming, make sure you are using the appropriate .pgp key given to you (for PGP encryption connections only).

Costs to Connect:

There is no cost imposed on trading partners by UnitedHealthcare to set-up or use either Connectivity Director or FTP.

Trading Partner Certification and Testing

Connectivity Testing:

Submitting a test file, prior to production, is required.

To submit a test file to UnitedHealthcare, in the transaction, place a T in the ISA 15 segment. This tells our system that this is a TEST only file. This file will therefore NOT be processed in full.

It is important to note that this file will NOT process. This is a test of connectivity only.

Application Level testing:

All trading partners who wish to submit Admission Notifications to UnitedHealthcare via the ASC X12 278N (Version 005010X216) and receive corresponding EDI responses must complete a basic testing and certification process to ensure that their systems and connectivity are working correctly before any production transactions can be processed. Direct connect facilities should work with their Facility Connectivity Team Account Executive to define an appropriate testing and approval process. Clearinghouse vendors should work with their IEDIS Account Manager.

UnitedHealthcare System Service Levels

Estimated Response Times:

The following represent estimated average turnaround times for EDI 278N. There are many factors which may impact the speed of response at any given time, such as EDI traffic volume, delays incurred by intermediaries, and system resource availability. In general, responses to batch submissions should be returned within one hour, and responses to real-time submissions within 30 seconds. These time estimates account for the time that the transaction is within the UnitedHealthcare environment, and do not include additional processing time during transmission between the trading partner, clearinghouse(s), various other switches which may be in the communication path and UnitedHealthcare.

System Availability and Downtime Procedures:

UnitedHealthcare's normal business hours for EDI admission notification processing are as follows:

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Monday through Friday: 7 am – 2 am (Eastern)
Saturday: 7 am – 6 pm (Eastern)
Sunday: 7 am – 4 pm (Eastern)

Outside these windows, UnitedHealthcare systems may be down for general maintenance and upgrades. During these times, our ability to process incoming EDI transactions may be impacted. When system resources are unavailable UnitedHealthcare will make every effort to queue incoming transactions and process them as soon as required resources are available. There may be certain rare cases in which the transaction cannot be held and must be resubmitted. The codes returned in the AAA segment of the 278N acknowledgement will instruct the trading partner if any action is required. These codes are as follows:

<i>Processing Impact</i>	<i>UnitedHealthcare System Response</i>	<i>Trading Partner Action Required</i>
EDI 278N cannot be accepted	278N Acknowledgement with AAA03 = 42 and AAA04 = P in loop 2010B	Resubmit after the maintenance Window is complete
EDI 278N will be accepted, but not immediately processed	278N Acknowledgement with AAA03 = 42 and AAA04 = Y in loop 2000A or 2010B	Do not resubmit. UnitedHealthcare will respond as soon as required system resources are available.
EDI 278N will be accepted and processed	See the Response Transactions section in this guide	Based on the response received

In addition, unplanned system outages may also occur occasionally and impact our ability to accept or immediately process incoming transactions. During normal business hours, unplanned outages will be communicated via an email blast to the contacts established during the trading partner on-boarding process from the UnitedHealthcare EDI group. There is currently no communication for unplanned outages that occur outside normal business hours.

Contact Information

Most questions can be answered by referencing the materials posted at [UnitedHealthcareOnline.com](https://www.unitedhealthcareonline.com) (Clinician Resources > Care Management > Admission Notification). If you have questions related to UnitedHealthcare's inpatient admission notification policy, please contact your Facility Connectivity Team Account Executive. In the event that you have additional questions of a clinical nature please contact your UnitedHealthcare Market Medical Director. If you have hospital contract related questions, please contact your local UnitedHealthcare Network Account Manager. For any connectivity issues or questions, please contact UnitedHealthcare EDI Support at SupportEDI@uhc.com.

Payer Specific Business Rules and Limitations

1. Many providers have multiple NPIs and/or Tax Identification Numbers (TINs) so UnitedHealthcare will use these values as well as various other data elements supplied in the transaction to attempt to unambiguously identify specific hospital facilities and other providers. It is very important that the information provided in the transaction allows UnitedHealthcare to identify the specific geographic location of the admitting facility. Therefore, it is important to include the correct physical address of the facility in the notification transaction.
2. In order to maintain the same level of data integrity that UnitedHealthcare has today with notifications submitted via alternate means, it is important for hospitals to appropriately use the values outlined in UM03 and UM04. Those values can be found in the Appendix of this guide. These values help UnitedHealthcare to distinguish, for example, maternity admissions from hospital inpatient from surgical admissions from skilled nursing admissions, and so on. These values also help us distinguish, for example, an Acute Hospital admission from an Inpatient Rehabilitation admission. Ultimately, these values help us to clinically route our notifications to appropriate parties and enhance our ability to impact clinical outcomes in a timely manner.
3. Each admission notification transaction must identify an admitting or attending provider, or both, in a 2010EA loop, in addition to the admitting facility. As with the admitting facility, due to the potential for multiple NPI/TIN assignments to providers, please include as much information as possible in the transaction, such as accurate physician first and last name, address and phone number if available to help reduce ambiguity.
4. An inpatient admission notification transaction which has been successfully processed and added to the database will be indicated by the presence of a Review Identification Number in HCR02. Presence of a Review Identification Number in the acknowledgement of a notification transaction indicates only that the transaction was processed and added to the database. It does not imply that the notification was in compliance with

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UnitedHealthcare's inpatient admission notification policy requirements. If the notification was not successfully processed HCR02 will not be populated.

5. The response to an unsuccessful notification will have BHT02= 44 and will contain an "AAA" segment with an indication of the reason for failure (Refer to the Error Codes and Interpretations section in the appendix of this guide).

6. Duplicate Processing:

UnitedHealthcare will consider a 278N a duplicate if: BHT02 = CN, there is an exact match to Facility and Member, and if the Actual Admission Date (from the transaction) equals that Actual Admission Date from a notification already on file.

- If a match is found, we will send back the duplicate error code of 33 in the AAA segment of the response, and include the Review Identification Number, (also known as a Service Reference Number or Notification Number) from the case on file, in the REF segment (REF01 = BB) of the acknowledgement. HCR segment will read: Duplicate 2000E REF01 = BB. See case example # 7.
- If no match is found, we will create a new case and return a new Review Identification Number to the submitter. See case example # 1.

7. Update Processing:

UnitedHealthcare will match a new Admission Notification submission, to one already on file, if: BHT02 = CN, there is an exact match to Facility and Member, and if the Actual Admission Date (from the transaction) equals that Actual Admission Date from a notification already on file.

- If a match is found and there is no actual discharge date recorded, we will update the Actual Discharge Date (from the transaction) if provided, and include the Review Identification Number, (also known as a Service Reference Number or Notification Number) from the case on file, in the REF segment (REF01 = BB). See Case example # 8.

- If a match is found, but there is no Actual Discharge Date provided on the transaction, or there is already a discharge date recorded for the case, we will send back the duplicate error code of 33 in the AAA segment of the response, and include the Review Identification Number, (also known as a Service Reference Number or Notification Number) from the case on file, in the REF segment (REF01 = BB). HCR segment will read: Duplicate 2000E REF01 = BB. See Case example # 7.
- If no match is found, we will create a new case and return a new Review Identification Number to the submitter. See Case # 1.

Response Transactions

Responses may consist of multiple transactions and transaction types and will vary depending on how the transactions were submitted. Refer to the *278N Health Care Services Review Information - Acknowledgement* section in the IG for response transaction format and content.

All 278N responses will include a Notification Receipt Number in a REF segment in Loops 2000C and 2000D (REF01 = BAF) regardless of whether the notification could be successfully processed. In addition, for any transaction that is updating a previously created case, the Administrative Reference Number for that case will be included in a REF segment in Loop 2000E (REF01 = NT). Please refer to these numbers when calling for technical assistance regarding a 278N notification submission.

Batched Notifications:

The response to a batch of notification transactions will consist of:

- 1) A batch containing one 997 Functional Acknowledgement transaction
- 2) A second batch containing one 278N or 997 response transaction for each 278N submitted in the batch. It is also possible for another separate (non-batched) 278N response transaction to be returned if the initial request incurred a time out situation and

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the first 278N sent was identifying that we were unable to respond at the current time.

When a batch of notification transactions is received, the individual transactions within the batch are first checked for format compliance. A 997 Functional Acknowledgement transaction is then created with an AK2/AK5 loop for each submitted transaction in the batch indicating whether the transaction was accepted or rejected, and an AK9 segment containing counts of transactions within the batch that passed and failed the initial edits. If validation errors are identified, the 997 will identify the segment and element level where the error occurred. The 997 Functional Acknowledgement transaction is sent back to the submitter.

Transactions that passed the format validation are then de-batched and processed individually. Each transaction is sent through another map to validate the individual notification. Transactions that fail this edit will generate a 997 with an error message indicating that there was a map validation error.

Transactions that pass the validation edit, but fail further on in the processing (for example; ineligible member) will generate a 278N response including an AAA segment indicating the nature of the error.

Transactions that passed the validation edits and successfully process are sent to the clinical systems for final processing. The clinical system will generate a 278N response for each transaction indicating whether the notification was successfully processed. This response will include much of the information from the original transaction, including subscriber, patient, and submitter identifying information, as well as a reference number in HCR02 (for a successful notification), and a tracking number for unsuccessful notifications (Notification Receipt Number in loop 2000C and 2000D where REF01 = BAF). Note that if a batch includes transactions that fail validation it will not prevent valid transactions from being processed.

All of the response transactions including those resulting from the initial edits (997s and 278Ns) from each of the 278N requests are batched together and sent to the submitter.

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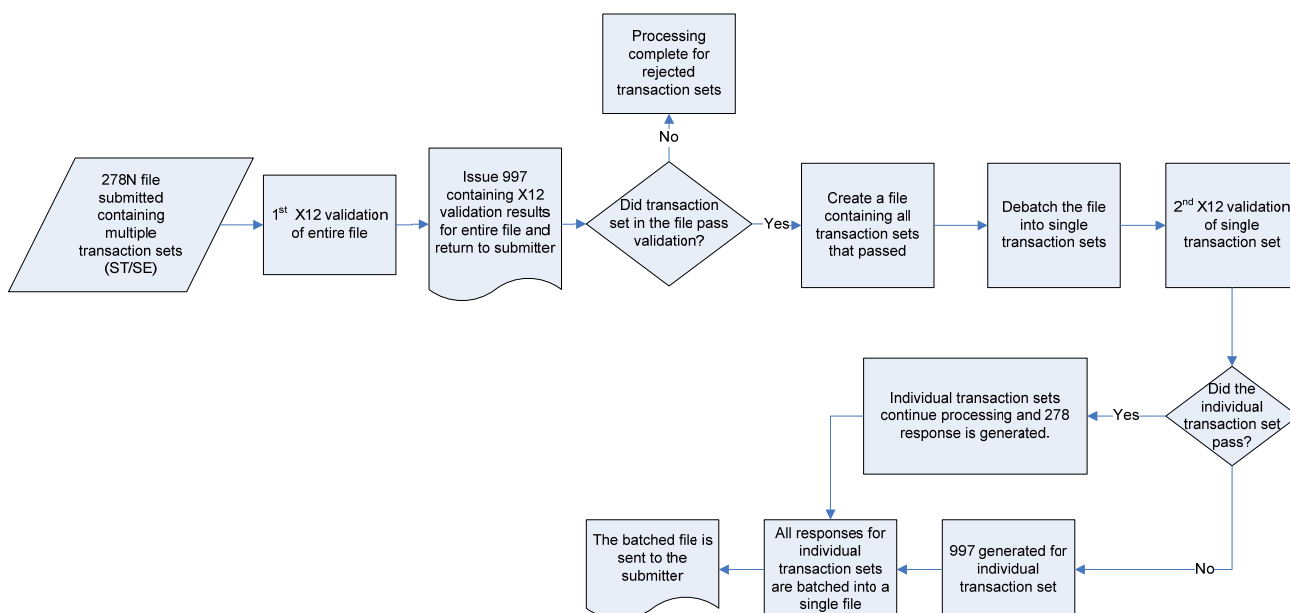
Real-time Notifications:

The response to a real-time notification transaction will consist of:

- 1) A real-time 997 transaction, if the submitted 278N failed format edits, OR
- 2) If successful, a real-time 278N response transaction indicating success or failure of the notification, OR,
- 3) If the response is delayed, a real-time 278N response indicating the delay. In this case the actual notification response will be provided when ready via FTP.

Each transaction is first validated to ensure that the 278N contains information needed for processing. Transactions which fail this validation will generate a real-time 997 message back to the sender with an error message indicating that there was a map validation error. Transactions that pass the validation but failed to process (due to member eligibility, for example) will generate a real-time 278N response transaction including a AAA segment indicating the nature of the error as listed in the *Error Codes and Interpretations* appendix. Transactions which pass initial validation are passed to the clinical systems. As transactions are processed by the clinical systems, a real-time 278N response transaction is generated indicating whether the notification was successfully processed. This response will include much of the information from the original transaction, including subscriber, patient, and submitter identifying information, as well as a Review Identification Number in HCR02 (for a successful transaction), and an AAA segment (for a failed transaction). If any processing delays occur which prevent response within a reasonable window, a real-time 278N response will be returned indicating the delay and the actual 278N response will be returned, when ready via an FTP mailbox.

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The flow pictured above reflects the response process for both batch and real-time submissions.

Response Tracking Numbers:

The following tracking numbers are available in the X12 specification and can be used for research and follow-up:

IG Term	Response Location	Notes
Administrative Reference Number	REF02 in 2000E where REF01 = NT	Provides traceability to a specific successfully created notification and associated services. When communicating with UnitedHealthcare's EDI Support desk regarding a <u>technical</u> question about a notification submission, we recommend using this reference number.
Notification Receipt Number	REF02 in 2000C and 2000D where REF01 = BAF	Unique Number assigned to each 278N that comes into UnitedHealthcare. This number can be used to research any transaction whether it was successfully processed or not.
Review Identification Number	HCR02 in 2000E	Indicates transaction was applied to the database successfully. Also referred to as Service Reference Number (SRN) or Notification Number. This number can be used to look up notifications on UnitedHealthcare Online and to communicate with UnitedHealthcare's Customer Service or Notification Operations.

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Example Response Scenarios

Case 1: Notification successfully entered into the system				
278N Response Transaction				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	53 = Completion
2000E	REF	REF01	Reference Identification Qualifier	NT = Administrative Reference Number
		REF02	Reference ID	
	HCR		Health Care Services Review	
		HCR01	Action code	A6 = Modified
		HCR02	Review Identification Number	

Case 2: Notification Error				
278N Response Transaction				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	44 = Rejection
Any	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	See IG for loop
		AAA04	Follow-up action code	C = Correct and Resubmit, N = Resubmission not allowed.

Case 3: Blocked				
278N Response Transaction				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	44 = Rejection
2010C	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	78 = Subscriber/Insured not in Group/Plan identified.
		AAA04	Follow-up action code	N = Resubmission not allowed.
2000E	HCR	HCR01	Action Code	A3 = Not Certified
		HCR03	Review Decision Reason	CALL NUMBER ON ENROLLEE CARD

Case 4: Notification Not Required for Well Baby				
<i>278N Response Transaction</i>				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	44 = Rejection
2000E	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	84 = Certification not required
		AAA04	Follow-up action code	N = Resubmission not allowed.

Case 5: Timeout / Notification Held for Retry				
<i>278N Response Transaction</i>				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	53 = Completion
2010B	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	42 = Unable to respond at the current time
		AAA04	Follow-up action code	Y = Do not resubmit

Case 6: Notification Held for Manual Processing				
<i>278N Response Transaction</i>				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	53 = Completion
2010B	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	42 = Unable to respond at the current time
		AAA04	Follow-up action code	Y = Do not resubmit
2000E	HCR	HCR01	Action Code	CT = Contact Payer
		HCR03	Review Decision Reason	Get NTF Nmbr next day on UHCOL

Note: If you receive a “CT” response, you will need to go to UnitedHealthcareOnline.com > Notifications > Notification Status the following day to obtain the Service Reference Number (SRN), it will not be sent to you via a 278N response.

Case 7: Duplicate Notification				
<i>278N Response Transaction</i>				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	44 = Rejection
2000E	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	33 = Input errors
		AAA04	Follow-up action code	N = Resubmission not allowed.
	REF	REF01	Reference Identification Qualifier	NT = Administration Reference Number
		REF02	Reference ID	Administration Reference Number
	REF	REF01	Reference Identification Qualifier	BB = Previous Review Identification Number
		REF02	Reference ID	Previous Review Identification Number
	HCR	HCR01	Action Code	A3
		HCR03	Review Decision Reason	DUPLICATE 2000E REF01 = BB

Case 8: Updated Notification				
<i>278N Response Transaction</i>				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	53
2000E	REF	REF01	Reference Identification Qualifier	NT = Administration Reference Number
		REF02	Reference ID	Administration Reference Number
	REF	REF01	Administrative Reference Number	BB = Previous Review Authorization Number
		REF02	Reference ID	Previous Review Identification Number

Notes:

1) A transaction that is successfully processed by our clinical applications, whether submitted via batch or real-time, will contain the UnitedHealthcare received date and time in the BHT04/05 segments of the 278ACK. This date/time are correctly converted and returned to the trading partner in Eastern Time. This is the same date/time that is later used to evaluate timeliness of the notification upon claim submission.

2) This section contains UnitedHealthcare's approach to the 278N response transactions. After careful review of the existing Implementation Guide for the 005010X216 Notification and associated

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Response transactions, the UnitedHealthcare EDI team identified an inconsistency in the Implementation Guide. While we have escalated this to the X12 Work Group, as of the publication of our Companion Guide, we do not have confirmation that our approach is what the Work Group will adopt once the discrepancy is resolved. As soon as we receive confirmation from the X12 work group as to which approach they will take, we will proactively communicate to our facilities and update our Companion Guide accordingly.

Transaction Specific Information

Appendix B (ASC X12 Nomenclature) of the IG explains the transaction set structure of the 278N file, including descriptions of segments, data elements, levels and loops. 278N files are built using transaction sets containing segments of data related to that transaction. Each segment contains detailed data elements. In traditional file layouts, the segments would be equivalent to records and the elements are equivalent to fields within that record. Similar transaction sets are bound together as a "functional group" and then submitted together as a file transmission.

Control Segments / Envelopes

The beginning of each individual transaction is identified using a transaction set header segment (ST). The end of every transaction is marked by a transaction set trailer segment (SE). EDI transactions of a similar nature and destined for one trading partner may be gathered into a functional group, identified by a functional group header segment (GS) and a functional group trailer segment (GE). Each GS segment marks the beginning of a functional group. There can be many functional groups within an interchange envelope. A 278N file can only contain 278 notifications.

Transactions transmitted during a session or as a batch are identified by an interchange header segment (ISA) and trailer segment (IEA) which form the envelope enclosing the transmission. Each ISA marks

the beginning of the transmission (batch) and provides sender and receiver identification.

Control Segment Hierarchy:

ISA - Interchange Control Header segment
 GS - Functional Group Header segment
 ST - Transaction Set Header segment
 First 278N Transaction
 SE - Transaction Set Trailer segment
 ST - Transaction Set Header segment
 Second 278N Transaction
 SE - Transaction Set Trailer segment
 ST - Transaction Set Header segment
 Third 278N Transaction
 SE - Transaction Set Trailer segment
 GE - Functional Group Trailer segment
IEA - Interchange Control Trailer segment

Control Segment Notes:

- The ISA segment is a fixed length record and all fields must be supplied. Fields that are not populated with actual data must be space filled.
- The first element separator (character 4) in the ISA segment defines the element separator to be used through the entire interchange.
- The ISA segment terminator (character 106) defines the segment terminator used throughout the entire interchange.
- ISA16 defines the component element separator used throughout the entire interchange.

File Delimiters

UnitedHealthcare requires that you use the following delimiters in your 278N file. If used as delimiters, these characters (* ~ :) must not be submitted within the data content of the transaction sets.

Data Element: The first element separator following the ISA will define what Data Element Delimiter is used throughout the entire

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transaction. **The required Data Element Delimiter is an asterisk (*).**

Segment: The last position in the ISA will define what Segment Element Delimiter is used throughout the entire transaction. **The required Segment Delimiter is a tilde (~).**

Component-Element: Element ISA16 will define what Component-Element Delimiter is used throughout the entire transaction. **The required Component-Element Delimiter is a colon (:).**

Repetition Separator: Element ISA11 will define what Repetition Separator is used throughout the entire transaction. **The required Repetition Separator is a Caret (^).**

File Specifications

UnitedHealthcare has put together the following grid to assist you in designing and programming the information we need in order to apply your 278N file into our Clinical Management System. This Companion Guide is meant to illustrate the data needed by UnitedHealthcare to successfully process an inpatient admission notification. The table contains a row for each segment that UnitedHealthcare has something additional, over and above, the information in the IG. That information can:

1. Limit the repeat of loops or segments
2. Limit the length of a simple data element
3. Specify a subset of the IG internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Provide any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with UnitedHealthcare

In addition to the row for each segment, one or more additional rows are used to describe UnitedHealthcare's usage for composite and simple data elements and for any other information. All segments, data elements, and codes supported in the X12 IG are acceptable;

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however, all data may not be used in the processing of this transaction by UnitedHealthcare.

A loop marked situational is only required if the loop is required based on the situation description. For example, the dependent loop (2000D) is only required if the patient is a dependent of UnitedHealthcare subscriber. Similarly, a situational segment is only required (within a situational loop) if the segment is required based on the situation description. For example, the REF segment in 2010EA is required in order to submit an additional identifier (both NPI and TIN). Lastly, all situational data elements within a segment being sent (whether situational or required) are required. For example, if the N4 segment is sent in the 2010EA loop then N401, N402, and N403 are all required. These situations are listed in the IG.

These requirements are in addition to those loops, segments and elements required by the IG which may not be listed in this guide. The absence of required information will cause the notification transaction to fail. Unless specified below, field lengths are as defined in the IG. Page numbers refer to the corresponding page in the IG where the loop, segment or element is defined.

Inpatient Admission Notification Data Elements

*Note: Specific data element requirements above, beyond or different than those noted below exist in the Implementation Guide (IG) and you should refer to the IG for a complete listing.

*Note regarding Connectivity Director usage: Specific data element requirements above, beyond, or different than those noted below may exist when connecting to UnitedHealthcare via Connectivity Director. Please use the specifications outlined in the UnitedHealthcare Connectivity Director EDI Connection System User Guide if there are any discrepancies with the information listed in this section.

IG Page #	Loop ID	Segment	Element	Name	Usage	Codes	Notes/Comments	Required or Requested by	Necessary for a Successful Transaction?
C.3	Header	ISA		Interchange Control Header	R			X12 Standard	Yes
C.4	Header	ISA	ISA01	Authorization Information Qualifier	R	00	00 = No authorization information present	X12 Standard	Yes
C.4	Header	ISA	ISA02	Authorization Information	R		Must be 10 spaces	X12 Standard	Yes
C.4	Header	ISA	ISA03	Security Information Qualifier	R	00	00 = No security information present	X12 Standard	Yes
C.4	Header	ISA	ISA04	Security Information	R		Must be 10 spaces	X12 Standard	Yes
C.4	Header	ISA	ISA05	Interchange ID Qualifier	R	ZZ	ZZ = mutually defined	X12 Standard	Yes
C.4	Header	ISA	ISA06	Interchange Sender ID	R		Direct to UHC = Sender ID will be provided by UnitedHealthcare. Connectivity Director = Send the value entered as your ediID on the registration or settings page. For both, left justify and pad with spaces if necessary to 15 characters.	X12 Standard	Yes
C.5	Header	ISA	ISA07	Interchange ID Qualifier	R	ZZ	ZZ = Mutually defined	X12 Standard	Yes
C.5	Header	ISA	ISA08	Interchange Receiver ID	R	Direct to UHC = 87726 Connectivity Director = 9080111864.	Receiver ID. Left justify and pad with spaces to 15 characters.	X12 Standard	Yes
C.5	Header	ISA	ISA09	Interchange Date	R		Format = YYMMDD, Must be actual transmission date, not entered by user.	X12 Standard	Yes
C.5	Header	ISA	ISA10	Interchange Time	R		Format = HHMM must be actual transmission time, not entered by user	X12 Standard	Yes
C.5	Header	ISA	ISA11	Repetition Separator	R	^	The delimiter in ISA 11 must be ^	X12 Standard	Yes
C.5	Header	ISA	ISA12	Interchange Control Version Number	R	00501	Specifies the version number of the interchange control segments	X12 Standard	Yes
C.5	Header	ISA	ISA13	Interchange Control Number	R		Must be 9 characters of data and must be identical to the associated Interchange Trailer IEA02. Must be a positive unsigned number and must be identical to the value in IEA02.	X12 Standard	Yes

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IG Page #	Loop ID	Segment	Element	Name	Usage	Codes	Notes/Comments	Required or Requested by	Necessary for a Successful Transaction?
C.6	Header	ISA	ISA14	Interchange acknowledgement Request	R	0	0 = No interchange acknowledgement requested. UnitedHealthcare does not support the TA1 interchange acknowledgement segment.	X12 Standard	Yes
C.6	Header	ISA	ISA15	Usage Indicator	R	P or T	P = Production T = Test	X12 Standard	Yes
C.6	Header	ISA	ISA16	Component Element Separator	R	:	The delimiter in ISA 13 must be :	X12 Standard	Yes
C.7	Header	GS		Functional Group Header	R			X12 Standard	Yes
C.7	Header	GS	GS01	Functional Identifier Code	R	HI	HI = Health Care Services Review Information (278N)	X12 Standard	Yes
C.7	Header	GS	GS02	Application Sender's Code	R		This is the same value as the Sender's Interchange ID from ISA06 (do not pad with spaces)	X12 Standard	Yes
C.7	Header	GS	GS03	Application Receiver's Code	R	Direct to UHC = 87726 Connectivity Director = 9080111864.	This is the same value as the Receiver's Interchange ID from ISA08 (do not pad with spaces).	X12 Standard	Yes
C.7	Header	GS	GS04	Date	R		Format = CCYYMMDD, must be actual transmission date, not entered by user	X12 Standard	Yes
C.8	Header	GS	GS05	Time	R		Format = HHMM must be actual transmission time, not entered by user	X12 Standard	Yes
C.8	Header	GS	GS06	Group Control Number	R		Must be equal to the value sent in the following GE02. Must be unique within a single transmission (that is, within a single ISA to IEA enveloping structure). The recommendation is for the GS06 to be unique, within all transmissions over a period of time, to be determined by the sender.	X12 Standard	Yes
C.8	Header	GS	GS07	Responsible Agency Code	R	X	X = ASC X12	X12 Standard	Yes
C.8	Header	GS	GS08	Version / Release / Industry Identifier code	R	005010X216	005010X216 = 278 Notification	X12 Standard	Yes
61	Header	ST	ST	Transaction Set Header	R			X12 Standard	Yes
61	Header	ST	ST01	Transaction Set ID Code	R	278	278 = Health Care Services Review Information	X12 Standard	Yes

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IG Page #	Loop ID	Segment	Element	Name	Usage	Codes	Notes/Comments	Required or Requested by	Necessary for a Successful Transaction?
61	Header	ST	ST02	Transaction Set Control Number	R		The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). For example, start with the number 0001 and increment from there. The number also aids in error resolution research. Use the corresponding value in SE02 for this transaction set.	X12 Standard	Yes
62	Header	ST	ST03	IG Version Name	R	005010X216	The unique Version/Release/Industry Identifier Code for transaction sets that are defined by this IG is 005010X216.	X12 Standard	Yes
63	Header	BHT	BHT	Beginning of Hierarchical Transaction	R			X12 Standard	Yes
63	Header	BHT	BHT01	Hierarchical Structure Code	R	0007	0007 = Information Source, Information Receiver, Subscriber, Dependent, Event, Services	X12 Standard	Yes
63	Header	BHT	BHT02	Transaction Set Purpose Code	R	CN	CN = Completion Notification (To notify of an event such as inpatient admission or discharge that has occurred)	X12 Standard	Yes
64	Header	BHT	BHT03	Reference Identification	R		Assigned by sender, used in response. This can be used to send patient ID and will be returned within the response.	X12 Standard	Yes
64	Header	BHT	BHT06	Transaction Type Code	R	NO	NO = Notice (Response is required)	X12 Standard	Yes
65	2000A			Notification Source					
67	2010A	NM1	NM1	Source Name	R			X12 Standard	Yes
67	2010A	NM1	NM101	Entity Identifier Code	R	FA	FA = Facility	X12 Standard	Yes
68	2010A	NM1	NM102	Entity Type Qualifier	R	2	2 = non-person entity	X12 Standard	Yes
68	2010A	NM1	NM103	Organization Name	R		The name of the facility submitting the admission notification is required	X12 Standard	Yes
68	2010A	NM1	NM108	Identification Code Qualifier	R	24 or XX	24 = TIN XX = NPI (In order to accurately identify the submitting facility, UnitedHealthcare <u>must</u> receive either the facility NPI or Tax Identification Number (TIN), or both. If sending both, use the following REF segment for the TIN)	X12 Standard	Yes

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IG Page #	Loop ID	Segment	Element	Name	Usage	Codes	Notes/Comments	Required or Requested by	Necessary for a Successful Transaction?
69	2010A	NM1	NM109	Identification Code	R		TIN or NPI, depending on NM108. Preferably NPI	X12 Standard	Yes
70	2010A	REF	REF	Supplemental Identification	S		Use this REF segment if sending both an NPI and a Tax Identification Number (TIN)	Not required	N/A
70	2010A	REF	REF01	Supplemental Identification Qualifier	S	EI	EI = Facility Tax Identification Number (TIN)	Not required	N/A
71	2010A	REF	REF02	Supplemental Identifier	S		Facility Tax Identification Number (TIN) (If available and not provided in NM108)	Not required	N/A
70	2010A	REF	REF	Supplemental Identification	S		Use this REF segment if sending the unique provider identifier assigned by UnitedHealthcare	Not required	N/A
70	2010A	REF	REF01	Supplemental Identification Qualifier	S	ZH	ZH = Unique provider identifier assigned by payer	Not required	N/A
71	2010A	REF	REF02	Supplemental Identifier	S		Unique identifier provided by UnitedHealthcare	Not required	N/A
75	2010A	PER	PER	Sender Contact Information	S		Facility contact for further information. Please provide a contact name and phone number, if available.	Not required	N/A
76	2010A	PER	PER01	Contact Function Code	S	IC	IC = Information Contact	Not required	N/A
76	2010A	PER	PER02	Name	S		Free-form contact name. This should be the name of an individual at the submitting facility that UnitedHealthcare can contact if there are questions or more information is needed about this admission notification. If an individual contact name cannot be provided, please populate this field with the facility name from NM103.	Not required	N/A
76	2010A	PER	PER03	Communication Number Qualifier	S	TE	TE = telephone (At least one contact phone number is required)	Not required	N/A
76	2010A	PER	PER04	Communication Number	S		Phone number	Not required	N/A
76	2010A	PER	PER05	Communication Number Qualifier	S	EX	EX = extension, if applicable	Not required	N/A
77	2010A	PER	PER06	Communication Number	S		Extension, if applicable	Not required	N/A
80	2000B			Notification Receiver					
82	2010B	NM1	NM1	Receiver Name	R			X12 Standard	Yes
82	2010B	NM1	NM101	Entity Identifier Code	R	PR	PR = Payer	X12 Standard	Yes
83	2010B	NM1	NM102	Entity Type Qualifier	R	2	2 = Non-person entity	X12 Standard	Yes
83	2010B	NM1	NM108	Identification Code Qualifier	R	PI	PI = Payer ID	X12 Standard	Yes
84	2010B	NM1	NM109	Identification Code	R	87726	87726 = UnitedHealthcare	X12 Standard	Yes

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IG Page #	Loop ID	Segment	Element	Name	Usage	Codes	Notes/Comments	Required or Requested by	Necessary for a Successful Transaction?
85	2000C			Subscriber Level	R		One and only one subscriber loop per admission notification is always required. It is very important to include the subscriber information in the 2000C loop and dependent information (if the patient is a dependent) in the 2000D loop. Do not submit dependent information in the 2000C loop.	X12 Standard	
87	2010C	NM1	NM1	Subscriber Name	R			X12 Standard	Yes
88	2010C	NM1	NM101	Entity Identifier Code	R	IL	IL = Insured or Subscriber	X12 Standard	Yes
88	2010C	NM1	NM102	Entity Type Qualifier	R	1	1 = Person	X12 Standard	Yes
88	2010C	NM1	NM103	Name Last	S		Subscriber Last name (Required)	Requested by UHC	Yes
88	2010C	NM1	NM104	Name First	S		Subscriber First name (Required)	Requested by UHC	Yes
89	2010C	NM1	NM108	Identification Code Qualifier	R	MI	MI = Subscriber ID number	X12 Standard	Yes
89	2010C	NM1	NM109	Identification Code	R		Subscriber ID from card (Required)	X12 Standard	Yes
90	2010C	REF	REF	Subscriber Group Number	S		Subscriber Group Number from card. Please supply if available.	Requested by UHC	No
91	2010C	REF	REF01	Reference Identification Qualifier	S	6P	6P = Group Number	Not Required	N/A
92	2010C	REF	REF02	Reference Identification	S		Group Number from card (Include any leading zeros)	Not Required	N/A
95	2010C	DMG	DMG	Subscriber Demographic Information	S		Subscriber birth date is needed in order to verify subscriber eligibility.	Requested by UHC	Yes
95	2010C	DMG	DMG01	Date Time Period Format Qualifier	S	D8	D8 = Date field	Requested by UHC	Yes
96	2010C	DMG	DMG02	Subscriber Birth Date	S		CCYYMMDD	Requested by UHC	Yes
96	2010C	DMG	DMG03	Subscriber Gender	S	F,M or U	Please send if the subscriber is the patient F = Female M = Male U = Unknown	Requested by UHC	No
99	2000D			Dependent Level	S		If the patient is a dependent of the subscriber identified in loop 2000C, then one 2000D loop is required to identify the dependent		
101	2010D	NM1	NM1	Dependent name	R		Required if the patient is a dependent	X12 Standard	Yes
102	2010D	NM1	NM101	Entity Identifier Code	R	QC	QC = Patient	X12 Standard	Yes
102	2010D	NM1	NM102	Entity Type Qualifier	R	1	1 = Person	X12 Standard	Yes
102	2010D	NM1	NM103	Name Last	S		Dependent's Last Name	Requested by UHC	Yes

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IG Page #	Loop ID	Segment	Element	Name	Usage	Codes	Notes/Comments	Required or Requested by	Necessary for a Successful Transaction?
102	2010D	NM1	NM104	Name First	S		Dependent's First Name	Requested by UHC	Yes
108	2010D	DMG	DMG	Dependent Demographic Information	S		Dependent's birth date is required if the patient is a dependent	Requested by UHC	Yes
108	2010D	DMG	DMG01	Date Time Period Format Qualifier	S	D8	D8 = Date	Requested by UHC	Yes
109	2010D	DMG	DMG02	Dependent Birth Date	S		CCYYMMDD	Requested by UHC	Yes
109	2010D	DMG	DMG03	Dependent Gender	S	F,M or U	Please send if the dependent is the patient F = Female M = Male U = Unknown	Requested by UHC	No
110	2010D	INS	INS	Dependent relationship	S		Please provide the dependent's relationship to the subscriber, if known	Not required	No
110	2010D	INS	INS01	Insured Indicator	S	N	N = Insured indicator	Not required	No
111	2010D	INS	INS02	Individual Relationship Code	S	01, 19, G8	01 = Spouse 19 = Child G8 = Other relationship	Not required	No
112	2000E			Patient Event Level	R		Exactly one Patient Event loop is Required for Admission Notifications (UM01 = AR)	X12 Standard	
118	2000E	UM	UM	Health Care Services Review Info	R		Please supply for identification of admission type and refer to examples below under Service Type (UM03) and Place of Service (UM04) Codes	X12 Standard	Yes
118	2000E	UM	UM01	Request Category Code	R	AR	AR = Admission Request	X12 Standard	Yes
118	2000E	UM	UM02	Certification Type Code	R	I or S	I = Initial S = Revised; if submitting a change to a previously submitted and approved notification, please provide the Administrative Reference Number from the original notification in the following REF segment. This is required when submitting a revision or update.)	X12 Standard	Yes
119	2000E	UM	UM03	Service Type Code	S		Refer to Standard Service Type and Facility Type Codes in the appendix. These are the only codes that will be supported.	Requested by UHC	Yes
122	2000E	UM	UM04 - 1	Facility Type Code	S		Refer to Standard Service Type and Facility Type Codes in the appendix. These are the only codes that will be supported.	Requested by UHC	Yes

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IG Page #	Loop ID	Segment	Element	Name	Usage	Codes	Notes/Comments	Required or Requested by	Necessary for a Successful Transaction?
122	2000E	UM	UM04 - 2	Facility Code Qualifier	S		Refer to Standard Service Type and Facility Type Codes in the appendix. These are the only codes that will be supported.	Requested by UHC	Yes
122	2000E	UM	UM06	Level of Service Code	S	03 or E or U	03 = Emergency E = Elective (all non-urgent, non-emergent admissions) U = Urgent		No
125	2000E	REF	REF	Previous Administrative Reference Number	S		Use this REF segment only for submitting an update or revision to a previously submitted and approved notification	Not required	N/A
125	2000E	REF	REF01	Reference ID Qualifier	S	NT	NT=Administrative Reference Number	Not required	N/A
125	2000E	REF	REF02	Administrative Reference Number	S		The Administrative Reference Number (REF01) from the response to the original notification transaction. This is required when submitting a revision or update.	Not required	N/A
132	2000E	DTP	DTP	Admission Date	R		Required for Admission Notifications (UM01 = AR)	X12 Standard	Yes
132	2000E	DTP	DTP01	Date Time Qualifier	S	435	435 = Admission	X12 Standard	Yes
132	2000E	DTP	DTP02	Date Time Period Format Qualifier	S	D8	D8 = Date	X12 Standard	Yes
132	2000E	DTP	DTP03	Actual Admission Date	S		Actual admission date in the format CCYYMMDD	X12 Standard	Yes
133	2000E	DTP	DTP	Discharge Date	S		Please supply estimated discharge date, if known	Not required	N/A
133	2000E	DTP	DTP01	Date Time Qualifier	S	096	096 = Discharge	Not required	N/A
133	2000E	DTP	DTP02	Date Time Period Format Qualifier	S	D8	D8 = Date	Not required	N/A
133	2000E	DTP	DTP03	Proposed or Actual Discharge Date	S		CCYYMMDD	Not required	N/A
137	2000E	HI	HI	Patient Diagnosis	S		In order to assign appropriate resources to the case, UnitedHealthcare needs to understand why the patient is being admitted. If an admitting diagnosis code is available, please send it in this HI segment with qualifier BJ. Additional diagnosis codes may be sent as well, if available. If the actual admitting diagnosis code is not available, do not send the HI segment. Instead, use the MSG segment in this loop to send the textual reason for admission or chief complaint.	Not required	N/A
137	2000E	HI	HI01 – 1	Diagnosis Type Code	S	BK or BJ	BK = Principal diagnosis, BJ=Admitting diagnosis	Not required	N/A

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IG Page #	Loop ID	Segment	Element	Name	Usage	Codes	Notes/Comments	Required or Requested by	Necessary for a Successful Transaction?
137	2000E	HI	HI01 – 2	Diagnosis Code	S		ICD-9 code	Not required	N/A
139	2000E	HI	HI02 – 1	Diagnosis Type Code	S	BJ or BF	Additional diagnosis information may be provided if available; BJ=Admitting diagnosis, BF=Secondary Diagnosis	Not required	N/A
139	2000E	HI	HI02 – 2	Diagnosis Code	S		ICD-9 code	Not required	N/A
140	2000E	HI	HI03 – 1	Diagnosis Type Code	S	BF	BF = Secondary diagnosis	Not required	N/A
140	2000E	HI	HI03 – 2	Diagnosis Code	S		ICD-9 code	Not required	N/A
159	2000E	CL1	CL1	Institutional Claim Code	R		Required for Admission Notifications (UM01 = AR)	X12 Standard	Yes
159	2000E	CL1	CL101	Admission Type Code	S	1=Emergency, 2=Urgent, 3=Elective, 4=Newborn, 9=N/A.	Code indicating the priority of this admission. Refer to IG for details.	X12 Standard	Yes
177	2000E	MSG	MSG		S		See note for admitting diagnosis above. If the actual admitting diagnosis code is not available, this MSG segment must contain text indicating the reason for admission or chief complaint. Please do not use local abbreviations or acronyms.	Not required	N/A
177	2000E	MSG	MSG01	Free Form Message Text	S		AT=HHMMSS;ICD=ZZZ...; Format notes: 1) HHMMSS = Admit Time (If available), 2) ZZZ... = If the admitting diagnosis code was not sent in the HI segment, then use this field to provide free form diagnosis text (admitting reason, chief complaint, etc.) up to 180 characters. Please use English descriptions or common industry terminology. Do not use facility-specific acronyms, terminology or abbreviations.	Requested by UHC	Yes
178	2010EA	NM1	NM1	Facility name	S		This loop is required for the admitting facility.	Requested by UHC	Yes
179	2010EA	NM1	NM101	Entity Identifier Code	R	FA	FA = Facility	X12 Standard	Yes
179	2010EA	NM1	NM102	Entity Type Qualifier	R	2	2 = Non-person entity	X12 Standard	Yes
179	2010EA	NM1	NM103	Organization Name	S		Facility name	Requested by UHC	Yes

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IG Page #	Loop ID	Segment	Element	Name	Usage	Codes	Notes/Comments	Required or Requested by	Necessary for a Successful Transaction?
180	2010EA	NM1	NM108	Identification Code Qualifier	S	24 or XX	24 = TIN XX = NPI (In order to accurately identify the submitting facility, UnitedHealthcare must receive either the facility NPI or Tax Identification Number (TIN), or both. If sending both, use the following REF segment for the TIN)	Requested by UHC	Yes
181	2010EA	NM1	NM109	Identification Code	S		TIN or NPI, depending on NM108. Preferably NPI	Requested by UHC	Yes
182	2010EA	REF	REF	Supplemental Identification	S		Use this REF segment if sending both an NPI and a Tax Identification Number (TIN)	Not required	N/A
182	2010EA	REF	REF01	Supplemental Identification Qualifier	S	EI	EI = Facility Tax Identification Number (TIN)	Not required	N/A
183	2010EA	REF	REF02	Supplemental Identifier	S		Facility Tax Identification Number (TIN) (If available and not provided in NM108)	Not required	N/A
182	2010EA	REF	REF	Supplemental Identification	S		Use this REF segment if sending the unique provider identifier assigned by UnitedHealthcare (MPIN)	Not required	N/A
182	2010EA	REF	REF01	Supplemental Identification Qualifier	S	ZH	ZH = Unique provider identifier assigned by payer (MPIN). This value must be padded with leading zeros to equal 9 digits.	Not required	N/A
183	2010EA	REF	REF02	Supplemental Identifier	S		Unique identifier provided by UnitedHealthcare (MPIN)	Not required	N/A
184	2010EA	N3	N3	Service Provider Address	S		Please provide the physical address of the facility where the patient is being admitted. This should not be a P.O. box.	Requested by UHC	No
184	2010EA	N3	N301	Address Information	S		Facility address line 1	Requested by UHC	No
184	2010EA	N3	N302	Address Information	S		Facility address line 2, if applicable	Not required	No
185	2010EA	N4	N4	City/State/Zip	S		Please provide	Requested by UHC	No
185	2010EA	N4	N401	City Name	S		Please provide	Requested by UHC	No
186	2010EA	N4	N402	State or Province Code	S		Please provide	Requested by UHC	No
186	2010EA	N4	N403	Postal Code	S		Please provide	Requested by UHC	No
187	2010EA	PER	PER	Contact Information	S		Facility contact for further information	Requested by UHC	No
188	2010EA	PER	PER01	Contact Function Code	S	IC	IC = Information Contact	Requested by UHC	No

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IG Page #	Loop ID	Segment	Element	Name	Usage	Codes	Notes/Comments	Required or Requested by	Necessary for a Successful Transaction?
188	2010EA	PER	PER02	Name	S		Free-form contact name. This should be the name of an individual at the submitting facility that UnitedHealthcare can contact if there are questions or more information is needed about this admission notification. If an individual contact name cannot be provided, please populate this field with "Not Available".	Requested by UHC	No
188	2010EA	PER	PER03	Communication Number Qualifier	S	TE	TE = telephone (At least one contact phone number is required)	Requested by UHC	No
188	2010EA	PER	PER04	Communication Number	S		Phone number	Requested by UHC	No
188	2010EA	PER	PER05	Communication Number Qualifier	S	EX	EX = extension, if applicable	Not required	No
189	2010EA	PER	PER06	Communication Number	S		Extension, if applicable	Not required	No
178	2010EA	NM1	NM1	Admitting or Attending Physician name			Please identify other providers (Admitting or Attending Physician) related to this admission that are not identified in a 2000F loop. UnitedHealthcare requires either the admitting physician, attending physician, or both for a successful admission notification.		
179	2010EA	NM1	NM101	Entity Identifier Code	R	71 or AAJ	71 = Attending Physician AAJ = Admitting	X12 Standard	Yes
179	2010EA	NM1	NM102	Entity Type Qualifier	R	1	1 = Person	X12 Standard	Yes
179	2010EA	NM1	NM103	Name Last or Organization Name	S		Physician last name It is preferred that this value does not contain title or suffix abbreviations such as Dr., MD, OB, etc. either before or after the physician's last name	Requested by UHC	Yes
179	2010EA	NM1	NM104	Name First	S		Physician first name It is preferred that this value does not contain title or suffix abbreviations such as Dr., MD, OB, etc. either before or after the physician's first name	Requested by UHC	Yes
180	2010EA	NM1	NM108	Identification Code Qualifier	S	24 or XX	24 = TIN XX = NPI (In order to accurately identify the physician, UnitedHealthcare must receive either the physician's NPI or Tax Identification Number (TIN), or both. If sending both, use the following REF segment for the TIN)	Requested by UHC	Yes
181	2010EA	NM1	NM109	Identification Code	S		TIN or NPI, depending on NM108	Requested by UHC	Yes

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182	2010EA	REF	REF	Supplemental Identification	S		Use this REF segment if sending both an NPI and a Tax Identification Number (TIN)	Requested by UHC	No
182	2010EA	REF	REF01	Supplemental Identification Qualifier	S	EI	EI = Physician's Tax Identification Number (TIN)	Requested by UHC	No
183	2010EA	REF	REF02	Supplemental Identifier	S		Physician's Tax Identification Number (TIN) (If available and not provided in NM108)	Requested by UHC	No
184	2010EA	N3	N3	Service Provider Address	S		Please provide the physician's address, if available	Requested by UHC	No
184	2010EA	N3	N301	Address Information	S		Please provide, if available	Requested by UHC	No
184	2010EA	N3	N302	Address Information	S		Please provide if applicable	Not required	N/A
185	2010EA	N4	N4	City/State/Zip	S		Please provide, if available	Requested by UHC	No
185	2010EA	N4	N401	City Name	S		Please provide, if available	Requested by UHC	No
186	2010EA	N4	N402	State or Province Code	S		Please provide, if available	Requested by UHC	No
186	2010EA	N4	N403	Postal Code	S		Please provide, if available	Requested by UHC	No
187	2010EA	PER	PER	Contact Information	S		Provider contact information, if available	Requested by UHC	No
188	2010EA	PER	PER01	Contact Function Code	S	IC	IC = Information Contact	Requested by UHC	No
188	2010EA	PER	PER02	Name	S		Contact name, if available	Requested by UHC	No
188	2010EA	PER	PER03	Communication Number Qualifier	S	TE or FX	TE = telephone FX = facsimile	Requested by UHC	No
188	2010EA	PER	PER04	Communication Number	S		Contact's Telephone number, if available	Requested by UHC	No
188	2010EA	PER	PER05	Communication Number Qualifier	S	EX	EX = extension, if applicable	Not required	No
189	2010EA	PER	PER06	Communication Number	S		Extension, if applicable	Not required	No
216	2000F			Service Level	S		Use the 2000F loop to identify the type of services to be provided and the 2010F loop to identify the servicing provider, if not identified in the first 2010EA loop.	Not Required	
222	2000F	UM	UM	Health Care Services Review Info	R			X12 Standard	Yes
223	2000F	UM	UM01	Request Category Code	R	HS	HS = Health Services Review	X12 Standard	Yes

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IG Page #	Loop ID	Segment	Element	Name	Usage	Codes	Notes/Comments	Required or Requested by	Necessary for a Successful Transaction?
223	2000F	UM	UM02	Certification Type Code	R	I or S	I = Initial S = Revised (If submitting a change to a previously submitted and approved notification, please provide the Notification Service Reference Number from the original notification in the following REF segment)	X12 Standard	Yes
223	2000F	UM	UM03	Service Type Code	S		Refer to Standard Service Type and Facility Type Codes in the appendix. These are the only codes that will be supported.	Not required	N/A
232	2000F	DTP	DTP	Service Date	S		Required for any service being submitted	Not required	N/A
232	2000F	DTP	DTP01	Date Time Qualifier	S	472	472 = Service date	Not required	N/A
232	2000F	DTP	DTP02	Date Time Period Format Qualifier	S	D8	D8 = Date	Not required	N/A
232	2000F	DTP	DTP03	Service Date	S		Service date in the format CCYYMMDD	Not required	N/A
236	2000F	SV1	SV1	Procedures (Professional)	S		Required when identifying a specific Professional Service.	Requested by UHC	Yes
237	2000F	SV1	SV101 – 1	Code List Qualifier Code	S	HC or N4	HC = CPT N4 = NDC	Requested by UHC	Yes
237	2000F	SV1	SV101 – 2	Procedure Code	S		Procedure code based on SV101-1	Requested by UHC	Yes
237	2000F	SV1	SV101 – 3-6	Modifier(s)	S			Not required	N/A
238	2000F	SV1	SV101-7	Description	S			Not required	N/A
239	2000F	SV1	SV102	Monetary Amount	S			Not required	N/A
239	2000F	SV1	SV103	Unit or basis for measurement code	S	MJ or UN	MJ = Minutes UN = Unit	Not required	N/A
239	2000F	SV1	SV104	Quantity	S		Quantity based on SV103	Not required	N/A
242	2000F	SV2	SV2	Procedures (Institutional)	S		Institutional procedure information, if available.	Not required	N/A
243	2000F	SV2	SV202 – 1	Code List Qualifier Code	S	HC	HC = CPT	Not required	N/A
243	2000F	SV2	SV202 – 2	Procedure Code	S		Procedure code based on SV202-1	Not required	N/A
244	2000F	SV2	SV202-3-6	Modifier(s)	S			Not required	N/A
244	2000F	SV2	SV203	Monetary Amount	S			Not required	N/A
245	2000F	SV2	SV204	Unit or basis for measurement code	S	DA or UN	DA = Days UN = Unit	Not required	N/A
246	2000F	SV2	SV205	Quantity	S		Quantity based on SV204	Not required	N/A
246	2000F	SV2	SV209	Nursing Home Residential Status	S			Not required	N/A
246	2000F	SV2	SV210	Nursing Home Level of Care	S			Not required	N/A

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IG Page #	Loop ID	Segment	Element	Name	Usage	Codes	Notes/Comments	Required or Requested by	Necessary for a Successful Transaction?
267	2010F			Service Provider			2010F is required if the provider delivering the service described in the previous 2000F loop is different from the provider described in the first 2010EA loop (Facility).		
267	2010F	NM1	NM1	Provider name	R			X12 Standard	Yes
268	2010F	NM1	NM101	Entity Identifier Code	R		Refer to IG page 268	X12 Standard	Yes
268	2010F	NM1	NM102	Entity Type Qualifier	R	1 or 2	1 = Person 2 = Non-person entity	X12 Standard	Yes
268	2010F	NM1	NM103	Name Last or Organization Name	S		Provider's last name or organization name	Requested by UHC	Yes
268	2010F	NM1	NM104	Name First	S		Physician first name (if applicable)	Requested by UHC	Yes
269	2010F	NM1	NM108	Identification Code Qualifier	S	24 or XX	24 = TIN XX = NPI (In order to accurately identify the provider, UnitedHealthcare must receive either the provider's NPI or Tax Identification Number (TIN), or both. If sending both, use the following REF segment for the TIN)	Requested by UHC	Yes
270	2010F	NM1	NM109	Identification Code	S		TIN or NPI, depending on NM108	Requested by UHC	Yes
271	2010F	REF	REF	Supplemental Identification	S		Use this REF segment if sending both an NPI and a Tax Identification Number (TIN)	Not required	No
271	2010F	REF	REF01	Supplemental Identification Qualifier	S	EI	EI = Provider's Tax Identification Number (TIN)	Not required	No
272	2010F	REF	REF02	Supplemental Identifier	S		Provider's Tax Identification Number (TIN) (If available and not provided in NM108)	Not required	No
273	2010F	N3	N3	Service Provider Address	S		Please provide the provider's address, if available	Requested by UHC	No
273	2010F	N3	N301	Address Information	S		Please provide, if available	Requested by UHC	No
273	2010F	N3	N302	Address Information	S		Please provide if applicable	Not required	N/A
274	2010F	N4	N4	City/State/Zip	S		Please provide, if available	Requested by UHC	No
274	2010F	N4	N401	City Name	S		Please provide, if available	Requested by UHC	No
275	2010F	N4	N402	State or Province Code	S		Please provide, if available	Requested by UHC	No
275	2010F	N4	N403	Postal Code	S		Please provide, if available	Requested by UHC	No

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IG Page #	Loop ID	Segment	Element	Name	Usage	Codes	Notes/Comments	Required or Requested by	Necessary for a Successful Transaction?
276	2010F	PER	PER	Contact Information	S		Provider contact information	Requested by UHC	No
277	2010F	PER	PER01	Contact Function Code	S	IC	IC = Information Contact, if available	Requested by UHC	No
277	2010F	PER	PER02	Name	S		Contact name, if available, if available	Requested by UHC	No
277	2010F	PER	PER03	Communication Number Qualifier	S	TE or FX	TE = telephone FX = facsimile	Requested by UHC	No
277	2010F	PER	PER04	Communication Number	S		Contact's Telephone number, if available	Requested by UHC	No
283	Trailer	SE		TRANSACTION SET TRAILER	R			X12 Standard	Yes
283	Trailer	SE	SE01	Number of Included Segments	R		Total number of segments included in a transaction set including ST and SE segments	X12 Standard	Yes
283	Trailer	SE	SE02	Transaction Set Control Number	R		The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). For example, start with the number 0001 and increment from there. The number also aids in error resolution research.	X12 Standard	Yes
C.9	Trailer	GE		Functional Group Trailer	R			X12 Standard	Yes
C.9	Trailer	GE	GE01	Number of Transaction Sets Included	R		The total number of transaction sets (ST-SE) contained in the Functional Group (GS-GE).	X12 Standard	Yes
C.9	Trailer	GE	GE02	Group Control Number	R		Must be the same as the value sent in the preceding GS06.	X12 Standard	Yes
C.10	Trailer	IEA		Interchange Control Trailer	R			X12 Standard	Yes
C.10	Trailer	IEA	IEA01	Number of Included Functional Groups	R		The total number of functional groups (GS-GE) contained in the interchange (ISA-IEA).	X12 Standard	Yes
C.10	Trailer	IEA	IEA02	Interchange Control Number	R		Must be the same as the value sent in the preceding ISA13.	X12 Standard	Yes

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Appendices

- Service Type and Place of Service (UM04) Codes
- File Naming Conventions
- Error codes and Interpretations
- Frequently Asked Questions
- Transaction Examples

Service Type (UM03) and Place of Service (UM04) Codes

Service Type (UM03) Codes Supported by UnitedHealthcare

1	Medical Care
2	Surgical
54	Long Term Care
45	Hospice
65	Newborn Care
69	Maternity
70	Transplants
A9	Rehabilitation
AG	Skilled Nursing Care
NI	Neonatal Intensive Care

When UM03 = 69 (Maternity), per page 128 of the Implementation Guide, Last Menstrual Period (LMP) Date and Estimated Date of Birth are required in loop 2000E, segment DTP. If these values cannot be determined, UnitedHealthcare will accept a default value equal to the Admission Date, for both LMP and Estimated Date of Birth.

Place of Service (UM04-1) Codes Supported by UnitedHealthcare **For Uniform Billing Claim Form Bill Type (when UM04-2 = A) we recognize the following codes:**

Code Location

11	Hospital – Inpatient
21	Skilled Nursing Facility – Inpatient

For Professional Services (when UM04-2 = B) we recognize the following codes:

Code Location

21	Inpatient – Hospital
31	Skilled Nursing Facility
61	Comprehensive Inpatient Rehabilitation Facility

Examples:

Below, we have provided some guidance regarding the values that should be submitted in these segments for certain admission types.

Example: Routine Maternity (Normal or Cesarean delivery)

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- UM03 = 69 “Maternity”
- UM04-1A: Digit 1 = 1 “Hospital” and Digit 2 = 1 “Inpatient (Including Medicare Part A)” and UM04-2 = A “Inpatient Hospital” (Sample Format: 11:A)

OR

- UM04-1 = 21 “Inpatient Hospital” and UM04-2 = B (Sample Format 21:B)

Example: Neonatal Intensive Care Admission (NICU)

- UM03 = NI “NICU”
- UM04-1A: Digit 1 = 1 “Hospital” and Digit 2 = 1 “Inpatient (Including Medicare Part A)” and UM04-2 = A “Inpatient Hospital” (Sample Format 11:A)

OR

- UM04-1 = 21 “Inpatient Hospital” and UM04-2 = B (Sample Format 21:B)

Example: Sick newborn that stays in the hospital after the mother is discharged (or admitted to NICU per above example)

- UM03 = 65 “Newborn Care”
- UM04-1A: Digit 1 = 1 “Hospital” and Digit 2 = 1 “Inpatient (Including Medicare Part A)” and UM04-2 = A “Inpatient Hospital” (Sample Format 11:A)

OR

- UM04-1 = 21 “Inpatient Hospital” and UM04-2 = B (Sample Format 21:B)

Example: Medical Admission

- UM03 = 1 “Medical Care”
- UM04-1A: Digit 1 = 1 “Hospital” and Digit 2 = 1 “Inpatient (Including Medicare Part A)” and UM04-2 = A “Inpatient Hospital” (Sample Format 11:A)

OR

- UM04-1 = 21 “Inpatient Hospital” and UM04-2 = B (Sample Format 21:B)

Example: Surgical Admission

- UM03 = 2 “Surgical”
- UM04-1A: Digit 1 = 1 “Hospital” and Digit 2 = 1 “Inpatient (Including Medicare Part A)” and UM04-2 = A “Inpatient Hospital” (Sample Format 11:A)

OR

- UM04-1 = 21 “Inpatient Hospital” and UM04-2 = B (Sample Format 21:B)

Example: Rehabilitation Admission

- UM03 = A9 “Rehabilitation”
- UM04-1A: Digit 1 = 1 “Hospital” and Digit 2 = 1 “Inpatient (Including Medicare Part A)” and UM04-2 = A “Inpatient Hospital” (Sample Format 11:A)

OR

- UM04-1 = 61 “Comprehensive Inpatient Rehab Facility” and UM04-2 = B (Sample Format 61:B)

Example: Long Term Acute Care (LTAC)

- UM03 = 54 “Long Term Care”
- UM04-1A: Digit 1 = 1 “Hospital” and Digit 2 = 1 “Inpatient (Including Medicare Part A)” and UM04-2 = A “Inpatient Hospital” (Sample Format 11:A)

OR

- UM04-1 = 21 “Inpatient Hospital” and UM04-2 = B (Sample Format 21:B)

Example: Skilled Nursing Admission

- UM03 = AG “Skilled Nursing Care”

- UM04-1A: Digit 1 = 2 “Skilled Nursing Facility” and Digit 2 = 7 “Subacute Inpatient” and UM04-2 = A “Inpatient Hospital” (Sample Format 27:A)

OR

- UM04-1 = 31 “Skilled Nursing Facility” and UM04-2 = B (Sample Format 31:B)

File Naming Conventions

Inbound Batch Notification Submission to UnitedHealthcare

N or Z_278NB_< Submitter ID> _< Submitter assigned batch ID> .btc.pgp

Example:

N_278NB_ABC123456789_000000004.btc.pgp

Outbound Responses from UnitedHealthcare

A.) 997 Functional Acknowledgement (Batch Only):

N or Z_278NB997_< batch ID> _< submitter ID > _< datetimestamp> .RES.pgp

Example:

N_278NB997_000000004_ABC123456789_01102008142034.res.pgp

B.) 278 Acknowledgment (Batch Only): (May contain 997 transactions too)

N or Z_278NBACK_< batch ID> _< submitter ID > _< datetimestamp> .RES.pgp

Example:

N_278NBACK_000000004_ABC123456789_01102008142034.res.pgp

C.) 278N Acknowledgment (contains the 278N Acknowledgments that are returned by the Clinical Systems after a time-out has occurred)

N 278NACK < batch ID> < submitter ID> _< transaction ID> _< datetimestamp> .RES.pgp

Example:

N_278NACK_000000004_ABC123456789_01102008142034.res.pgp

D.) Error Scenario

N or Z_278NBERR_< batch ID> _< submitter ID> _< datetimestamp> .RES.pgp

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Example:

N_278NBERR_000000004_ABC123456789_01102008142034.res.pgp

File Naming Notes:

1. The Date/Time format used in the file names is as follows:
MMDDYYYYHHMMSS (Time is expressed in military format based on central time zone).
2. The batch number in the notification submission file name must be equal to ISA13 in the Interchange Control Header within the file.
3. The submitter ID in the notification submission file name must be equal to ISA06 in the Interchange Control Header within the file.
4. The names of the 997 Functional Acknowledgement file and the B2B Gateway Response file will include the batch number from the inbound batch file.
5. All response files, other than the response file related to a time out situation, will be sent as either zipped or unzipped. The file will be sent back to the customer in the same way that it was sent to UnitedHealthcare. If the 278N request was sent zipped, B2B will send the response file zipped. Time out situation response files will always be sent unzipped.
6. 'N' identifies the file as being unzipped and 'Z' identifies the file as being zipped. The extension '.BTC' is an abbreviation for batch.
7. If a batch is received with an invalid file name according to the specifications in the File Naming Conventions section in this guide, technical resources within UnitedHealthcare will be alerted to follow-up with the submitter for correction.
8. The file naming conventions outlined in this companion guide refer only to files received directly from UnitedHealthcare. Files received via Connectivity Director may use a different naming convention.

Error Codes and Interpretations

Loop ID	AAA03	AAA04	IG Description	Notes/ Comments
2010A	43	C	Invalid/Missing Provider Identification	The NPI or TIN of the source organization is required. Possible HCR segment message in order to provide clarity on the error: MPIN Must Be 9 Numeric
2010A	44	C	Invalid/Missing Provider Name	The source organization name is required.
2010B	41	N	Authorization/ Access Restrictions	This is used in case production data is sent to a test server or vice versa.
2010B	42	P	Unable to Respond at Current Time	UnitedHealthcare is unable to accept the transaction at this time. Please resubmit.
2010B	42	Y	Unable to Respond at Current Time	1) Some system component(s) is/are unavailable at the current time. Do not resubmit. The transaction will be processed as soon as system resources are available. (See Case 5 of Example Response Scenarios) 2) Notification sent to manual processing. (See Case 6 of Example Response Scenarios)
2010B	79	P	Invalid Participant Identification	Code used in Loop 2010B of the notification to identify the information receiver is invalid.

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Loop ID	AAA03	AAA04	I G Description	Notes/ Comments
2010C	15	C	Required application data missing	Date of birth and subscriber name are both required if the subscriber level is the patient.
2010C	58	C	Invalid/Missing Date-of-Birth	Date of birth is required at the subscriber level.
2010C	64	C	Invalid/Missing Patient ID	Member Identification Number is required for all transactions.
2010C	65	C	Invalid/Missing Patient Name	Subscriber first and last names are required.
2010C	72	C	Invalid/Missing Subscriber/Insured ID	The subscriber ID from the ID card is always required.
2010C	73	C	Invalid/Missing Subscriber/Insured Name	Subscriber first and last names are required.
2010C	75	N	Subscriber/Insured Not Found	The submitted subscriber ID, or subscriber ID/Group Number combination is not on the UnitedHealthcare database.
2010C	76	C	Duplicate Subscriber/Insured ID Number	Please resubmit with the subscriber group number in order to resolve ambiguity.
2010C	78	N	Subscriber/Insured Not in Group/Plan Identified	The subscriber participates in a plan which is not part of this EDI notification initiative. Please refer to the applicable plan policy for notification requirements. <i>(See Case 3 of Example Response Scenarios)</i>
2010C	95	N	Patient Not Eligible	The subscriber was found but is not eligible for coverage on the specified admission date.
2010D	58	C	Invalid/Missing Date-of-Birth	The dependent's birth date is required if the patient is a dependent.

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Loop ID	AAA03	AAA04	I G Description	Notes/ Comments
2010D	65	C	Invalid/Missing Patient Name	The dependent's first and last names are required if the patient is a dependent.
2010D	67	N	Patient Not Found	The dependent patient is not in our database.
2000E	15	C	Required application data missing	Facility required for admissions. Invalid or missing Place of Service and/or Invalid or missing Service Type. Possible HCR segment messages in order to provide clarity on the error: <ul style="list-style-type: none"> • 2000E Facility Required • 2000E UM04-1 Missing/Invalid
2000E	33	C	Input Errors	A value was submitted which does not conform to the Companion Guide specifications. Possible HCR segment messages in order to provide clarity on the error: <ul style="list-style-type: none"> • Duplicate 2000E REF01 = BB • 2000E MSG Admit Time Error • Multiple 2000E • HSD Not Allowed for PT Event • 2000E DTP Date Range Error • 2000E UM01 Must Equal AR • 2000E REF02 Admin Ref# Req • Invalid/Missing Admit Typ Code • 2000E UM01 Data Error
2000E	33	N	Input Errors	A notification is already on file for this service
2000E	60	C	Date of Birth Follows Date(s) of Service	The patient's date of birth appears to be incorrect since it is after the date of service (admission date).
2000E	84	N	Certification not required for this service	Notification not required under this protocol. (See Case 4 of Example Response Scenarios)

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Loop ID	AAA03	AAA04	I G Description	Notes/ Comments
2000E	AF	C	Invalid/Missing Diagnosis Code(s)	A valid ICD-9 diagnosis code is required if the HI segment is included.
2000E	AH	C	Invalid/Missing Onset of Current Condition or Illness Date	Invalid date of initial treatment.
2000E	AM	C	Invalid/Missing Admission Date	The actual date of admission is required on all admission notifications.
2000E	AN	C	Invalid or missing discharge date.	Discharge date is missing or invalid.
2000E	T5	C	Certification Information Missing	Case to be updated not found.
2010E	33	C	Input Errors	A value was submitted which does not conform to the Companion Guide specifications.
2010E	41	N	Authorization/ Access Restrictions	The notification for this member must be submitted to Harvard Pilgrim Health Care electronically through HPHConnect or NEHEN. Call 1-800-708-4414 if you cannot submit notifications electronically.
2010E	43	C	Invalid/Missing Provider Identification	The NPI or TIN of the admitting facility or admitting/attending physician is required.
2010E	44	C	Invalid/Missing Provider Name	The admitting facility or admitting/attending physician name is required.
2010E	47	C	Invalid/Missing Provider State	Provider state is required if the N4 segment is supplied.
2010EA	15	C	Required application data missing	Possible HCR segment message in order to provide clarity on the error: 2010EA Facility Required

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Loop ID	AAA03	AAA04	I G Description	Notes/ Comments
2010EA	33	C	Required application data missing	<p>Possible HCR segment messages in order to provide clarity on the error:</p> <ul style="list-style-type: none"> • 2010EA Multiple Facilities • 2010EA 2010F NM101= FA NM102= 1 • N4 Zip Code Format Error • PER Area Code Format Error • PER Phone Number Format Error
2000F	15	C	Required application data missing	<p>Invalid or missing Place of Service and/or Invalid or missing Service Type.</p> <p>Possible HCR segment message in order to provide clarity on the error:</p> <p>2000F UM04-1 Missing/Invalid</p>
2000F	33	C	Input Errors	<p>A value was submitted which does not conform to the Companion Guide specifications.</p> <p>Possible HCR segment messages in order to provide clarity on the error:</p> <ul style="list-style-type: none"> • 2000F HSD Missing or Invalid • 2000F SV Missing
2000F	57	C	Invalid/Missing Date(s) of Service	At least one date of service should be provided for any service.
2000F	60	C	Date of Birth Follows Date(s) of Service	The patient's date of birth appears to be incorrect since it is after the date of service (admission date).
2000F	62	C	Date of Service Not Within Allowable Inquiry Period	Admission notifications can be accepted up to 93 days after the admission date.
2000F	AG	C	Invalid/Missing Procedure Code(s)	If procedures (SV1/SV2) are submitted, at least one procedure code must be supplied.

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Loop ID	AAA03	AAA04	I G Description	Notes/ Comments
2010F	33	C	Input Errors	<p>A value was submitted which does not conform to the Companion Guide specifications.</p> <p>Possible HCR segment messages in order to provide clarity on the error:</p> <ul style="list-style-type: none"> • 2010EA 2010F NM101= FA NM102= 1 • 2010F Multiple Providers • N4 Zip Code Format Error • PER Area Code Format Error • PER Phone Number Format Error • 2010F NM1 01 NM1 02 Mismatch
2010F	43	C	Invalid/Missing Provider Identification	The provider's NPI or TIN is required.
2010F	44	C	Invalid/Missing Provider Name	The provider's name is required.
2010F	47	C	Invalid/Missing Provider State	Provider state is required if the N4 segment is supplied.

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Frequently Asked Questions

1. UnitedHealthcare has opted to implement the 5010 instead of the 4010. Since this transaction is not addressed under HIPAA requirements, how does UnitedHealthcare respond to the concern around “best practices.”

UnitedHealthcare is adopting the X12 notification transaction named Health Care Services Review - Notification and Acknowledgement 278 005010x216 which is designed specifically for notifications. X12 has indicated that if and when HIPAA expands its scope to include notifications, this transaction will be the one recommended by X12. In the meantime, this transaction is available for use without penalty or restriction under HIPAA. For more information, please visit our website, UnitedHealthcareOnline.com (> Clinician Resources > Care Management > Admission Notification > Tools and Resources > Clarification of 278 Transaction (July 2008)).

2. At which point of the transaction flow, is the notification requirement considered fulfilled?

Formally, the 278ACK response sent to the submitter from our clinical systems, containing the Review Identification Number, would indicate that the notification was processed. The fulfillment of the notification requirement itself is a combination of the receipt of the 278ACK response with the Review Identification Number (HCR02), a BHT04 (date) and BHT05 (time) value in the response within 24 hours of the admission date/time reported on the claim, and accurate and compliant submission of data elements required by the Administrative Guide.

3. What is UnitedHealthcare's HIPAA validation plan?

Although the X12 Healthcare Services Review – Notification and Acknowledgment 278 005010x216 transaction is not currently covered under HIPAA requirements for purposes of notification, UnitedHealthcare will be validating data elements per the implementation guide specifications.

4. Are there additional edits, beyond implementation guide validations, during the transaction flow that could cause failure? If so, will UnitedHealthcare identify those edits?

Yes, there are additional edits that could cause failure of the transaction beyond the X12 validations. Those edits are identified in the UHC Service Review Notification and Acknowledgment Companion Guide.

5. If a notification is submitted, and fails as a result of one of the edits beyond the X12 validation, will the attempt to notify be taken into consideration?

From a compliance perspective, no, the attempt to notify is not taken into consideration. Please review question 2 regarding when the notification is considered completed and compliant.

6. Do UnitedHealthcare's clinical systems capture any record of the attempt?

Yes, however, the attempt will not be taken into consideration as far as compliance with the notification requirement is concerned. Please review question 2 regarding when the notification is considered completed and compliant.

7. Can UnitedHealthcare provide clear definition and distinction of products that are both included and excluded from the Admission Notification protocol? Preferably, a definition/ distinction that will help hospitals to systematically identify, from a product perspective, when a 278N should be submitted for notification.

UnitedHealthcare has published additional clarification regarding products supported by the 278N and included in the notification protocol on our website: [UnitedHealthcareOnline.com](https://www.unityhealthcare.com) (> Clinician Resources > Care Management > Admission Notification).

8. Can Advance Notification be submitted via the 278N?

UnitedHealthcare Notification protocol requires that physicians submit Advance Notification for certain services. Advance Notifications should not be submitted to UnitedHealthcare via this EDI transaction at this time. Trading partners that are interested in submitting Advance Notifications to UnitedHealthcare, via this transaction, should contact their Facility Connectivity Team Account Executive or IEDIS Account Manager for additional information and opportunities.

9. Can Advance Notification be updated with admission information via the 278N?

The UnitedHealthcare Notification protocol requires that hospitals submit Admission Notification within 24 hours of the inpatient admission. UnitedHealthcare has a process in place to reconcile and update the admission information provided by the hospital to the Advance Notification provided by the physician, if one is on file. In the case that an Admission Notification is matched to an Advance Notification on file, UnitedHealthcare will return the original Review Identification Number assigned to the Advance Notification (also know as the notification number) in the response to the hospital. In the case that an Admission Notification does not match to an Advance Notification on file already, UnitedHealthcare will assign a new Review Identification Number to the case. This is the process currently in place regardless of submission method.

10. When will trading partners be able to submit notifications via the 278N through their clearinghouse?

UnitedHealthcare, via IEDIS, has been communicating with clearinghouses on the status of the 278N, and will continue to work closely with them to provide a gateway for the 278N clearinghouse transaction. For more information, contact your Facility Connectivity Team Account Executive, IEDIS Account Manager, or your vendor/clearinghouse directly.

11. When will hospital vendors be ready to implement code that supports the 278N?

UnitedHealthcare, via IEDIS, has been communicating with vendors on the status of the 278N, and will continue to work closely with them to provide a gateway for the 278N direct or clearinghouse transaction. For more information, contact your Facility Connectivity Team Account Executive, IEDIS Account Manager, or your vendor/clearinghouse directly.

12. Will the 278N support Admission Notification submissions for members where a UnitedHealthcare plan, subject to notification protocol, is secondary?

Yes.

13. How does UnitedHealthcare support, monitor, and communicate expected and unexpected connectivity outages?

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Our systems do have planned outages. For the most part, transactions will be queued during those outages. We have identified the Planned Maintenance Windows in the UnitedHealthcare Service Review Notification and Acknowledgment Companion Guide. During business hours, unplanned outages will be communicated via an email blast from our EDI group. There is no communication for unplanned outages that occur outside of business hours.

14. How will batch submission effect the 24 hour clock hour notification requirement?

Notification is required to be received by UnitedHealthcare within 24 hours of inpatient admission. From a protocol perspective, the transactions are not handled differently/do not have different requirements whether batch or real-time. However, hospitals should be prepared to submit batch files to us more than once a day to minimize the risk of certain notifications being submitted outside the 24-hour window. We recommend at least 2 batches be submitted per day, but we would prefer hospitals to submit more than 2 per day. If we receive Admission Notifications shortly after the actual admission time, we can have a more effective impact on care management. A batch can contain any number of records, 1 being the minimum. There is no limit to the number of records that can be contained in a batch.

15. How can hospital reconcile the 278ACK generated by this transaction?

Submitters can use the required Submitter Transaction ID (BHT03) to reconcile the response.

16. In Loop 2010EA, do trading partners only have to provide the NPI for the Admitting facility?

In the 5010 version of the 278N there may be multiple instances of the 2010EA loop to represent the admitting facility and other providers involved in the admission. UnitedHealthcare requires at least the admitting facility and the admitting or attending physician be submitted in 2010EA loops. We will accept either the NPI or the Tax Identifier Number for each provider, but the NPI is preferred. Some related facilities have more than one NPI based on various 'specialties' such as Psych and Rehab. The transaction needs to provide the NPI that will be billed on the claim.

17. Not all facilities that share NPIs between locations/ departments perform a discharge and new inpatient admission at time of transfer. Do we meet the requirement by only notifying within 24 hours of the first inpatient admission and not notifying when a transfer occurs?

If a patient is transferred between two locations, the second facility/location is responsible for submitting another admission notification when the patient is admitted at that facility. If a patient is transferred between levels of care, as outlined below, a second admission notification is required. Claim payment is dependant on having an admission notification on file under the TIN/NPI that is billed on the related claim for the level of care submitted.

A second notification is generally required when:

- Patient transfers from Acute IP to SNF
- Patient transfers from Acute IP to Inpatient Rehab
- Patient transfers from Inpatient Rehab to Skilled Nursing
- Patient transfers from Acute IP to a different Acute IP facility (patient changes locations – even if TIN of NPI is same at the new facility)
- Patient discharges and readmits to same facility or different facility

18. Can notifications be submitted for newborns via the 278N?

UnitedHealthcare has outlined the combination of values that could be provided to us in the UM03 and UM04 segments of the transaction, which would result in distinguishing well newborns from sick/NICU newborns. If a hospital can limit submission of the 278N to sick/NICU newborns, then yes, the transaction can be used to meet the notification requirement. Otherwise, facilities are responsible for providing admission notification via telephone ONLY when a newborn remains in the hospital after the mother is discharged, or if the newborn is transferred to the NICU.

19. In the event a 278N is received by UnitedHealthcare for a product or line of business not supported, what will be the response rejection look like?

The response will be a 278N with AAA segment on loop 2010C. AAA03 = 78 and AAA04 = N.

20. What does a Catastrophic Error mean?

A Catastrophic Error would occur if UnitedHealthcare's clinical system was unable to parse the incoming EDI transaction. Because UnitedHealthcare is validating the format of the transaction per the Implementation Guide at the point of entry, we would not expect this to occur, but have designed our process to account for it, just in case.

21. Our claims clearinghouse does not receive claims data from our system until several days after a patient has been discharged. Are clearinghouses prepared to transmit admission notification data within the timeframes required by the protocol?

UnitedHealthcare is engaged with several clearinghouses that are aware of the admission notification timelines and they are prepared to deliver the 278N within that timeframe. For additional and specific details, we recommend you contact your clearinghouse directly.

22. Is there a schedule identifying milestone dates (testing, connecting, go-live) for hospitals?

We are currently working to develop this schedule/timeline. Each hospital will be assigned a “start” date upon which they will begin the on-boarding process. A hospital’s designated start date will depend on several factors including admission volume, hospital’s readiness, clearinghouse readiness (if applicable) among other factors. Your Facility Connectivity Team Account Executive will share your organization’s proposed start date with you in the near future.

23. If a 278N is successfully transmitted to UnitedHealthcare, are there any situations that would result in no response being sent back?

No. UnitedHealthcare will always send a response. Even if UnitedHealthcare’s systems are down and the transaction cannot be processed at the time of receipt, a response detailing that situation will be returned.

24. Are the responses sent back in the same format that they were submitted to UnitedHealthcare?

Yes, all responses will be sent back in a 278 format.

25. UnitedHealthcare has indicated that it is important they be able to identify the physical hospital a patient has been admitted to (if multiple

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locations share FTIN/ NPI). Does the 278N include fields for submitting this information?

Yes, this would be in 2010EA segment N3 and N4. Starting from page 184 of the Implementation Guide or Segment 2010EA in the “Inpatient Admission Notification Data Elements” section of this Companion Guide.

26. Are the data elements necessary for a successful transaction outlined in the Companion Guide?

Yes. In addition, we have published a supporting document titled, “5010 278N Field Reference List” that further defines these data elements as they compare to those outlined in the implementation guide(s), which is posted online at **UnitedHealthcareOnline.com** > Clinician Resources > Care Management > Admission Notification.

27. Can we use the admitting facility TIN as the TIN for the admitting/ attending physician?

No. Per our Administrative Guide, we require at least the physician first and last name, and either TIN or NPI, to identify the physician.

28. Will the response to an updated admission notification include all the updated elements provided in that update?

No. UnitedHealthcare will match a new Admission Notification submission, to one already on file, if: BHT02 = CN, there is an exact match to Facility and Member, and if the Actual Admission Date (from the transaction) equals that Actual Admission Date from a notification already on file. If a match is found and there is no actual discharge date recorded, we will update the Actual Discharge Date (from the transaction) if provided, and include the Review Identification Number, (also known as a Service Reference Number or Notification Number) from the case on file, in the REF segment (REF01 = BB). If no match is found, we will create a new case and return a new Review Identification Number to the submitter. If a match is found, but there is no Actual Discharge Date provided on the transaction, or there is already a discharge date recorded for the case, we will send back the duplicate error code of 33 in the AAA segment of the response, and include the Review Identification Number, (also known as a Service Reference Number or Notification Number) from the case on file, in the REF segment (REF01 = BB). HCR segment will read: Duplicate 2000E REF01 = BB.

29. How can a hospital have the information from a duplicate notification supersede the information originally provided?

UnitedHealthcare will not be updating information from a duplicate notification to the original notification on file because the original notification will have already been routed for clinical review for follow-up. Any updates pertinent to the case can be provided to UnitedHealthcare during the case management dialogue with the hospital.

30. Has UnitedHealthcare extended the suspension of reimbursement reductions for 278N hospital beyond March 31, 2009?

No, not at this time. It is our intention to on-board all hospitals that have signed the EDI Suspension Agreement by 3/31/09. We may consider extending the 3/31/09 reimbursement reduction suspension deadline for hospitals that have signed the agreement and continue working towards the 278N if we encounter issues that prevent total connectivity within that timeframe, however, at this time an extension is not being evaluated.

31. Are there advantages to using IEDIS versus connecting directly?

IEDIS can provide a real-time connection beginning in 2008. A real-time direct connection to UnitedHealthcare will not be available until 2009. IEDIS can contract with clearinghouses and facilities for all payer - all transaction solutions or single payer solutions with a variety of financial arrangements. There are no costs associated with transmitting the 278N to UnitedHealthcare directly. If you are interested in learning more about connecting through IEDIS, please contact your Facility Connectivity Team Account Executive.

32. When will a real-time, direct connection be available?

UnitedHealthcare plans to release additional information pertaining to real-time, direct connection opportunities in early 2009.

33. Our internal hospital testing process is not supported by the process outlined in the Companion Guide by UnitedHealthcare. What do we do?

Your Facility Connectivity Team Account Executive (FCT AE) will be in touch with you regarding connectivity and set up. Other internal UnitedHealthcare teams will walk you through the testing and validation process once you are

connected to UnitedHealthcare directly. If you have a specific testing question, please contact your FCT AE.

34. Can trading partners submit one notification per batch?

Yes.

35. Is UnitedHealthcare requiring a follow-up transaction to provide discharge information?

No.

36. Does our connection to UnitedHealthcare have to be set-up prior to us being able to validate our format per the X12 standard?

Yes.

37. If a 278N is unsuccessful, meaning no Review Identification Number value was sent back in the response in HCR02, can the admission notification submitted via an alternate channel?

Yes. Alternate submission options include the portal, phone and fax.

38. Will all of the Companion Guide Webinars consist of the same information?

Yes, all webinars will review the same slide deck, however, as participants vary so will the questions discussed during each session.

39. Does the Submitter ID have to be assigned by UnitedHealthcare?

Yes. This ID will be sent to you from UnitedHealthcare during the connectivity set up process.

40. Are there any plans to extend the normal business hours for processing EDI transactions with UnitedHealthcare that are outlined in the CG to a 24x7 capacity?

Yes. We are evaluating extending these hours as part of a Phase II Implementation slated tentatively for Q2 2009.

41. Will IEDIS buffer transactions on behalf of hospitals transmitting through clearinghouses to accommodate the current business hours?

Yes.

42. Is there any action needed by the hospital to report a cancelled admission? For example, the Registrar accidentally admits the wrong family member.

No, no further action is required. The clinical dialogue between UnitedHealthcare and the hospital will provide the necessary updated information, in this example, that the case was cancelled.

43. Will the Requested Data Fields (provided on slides 18-20 in the Companion Guide Webinar slide deck) be provided externally as a 278N supporting document?

Yes, UnitedHealthcare will share a document, "5010 278N Field Reference List" (9/5/2008) which more thoroughly details the information from slides 18-20 in the Webinar slide deck. This document will also be posted online at [UnitedHealthcareOnline](#) > Clinician Resources > Care Management > Admission Notification.

44. When can trading partners expect to receive the Requested Data Fields file, an updated version of the Companion Guide, an updated version of the gap analysis and any other updated 278N supporting documentation?

Beginning on September 5, UnitedHealthcare will redistribute an updated 278N Companion Guide every two weeks, with all edits and additions noted in the change log. This process will continue through the end of 2008. At that point, updates to the 278N Companion Guide will be made and distributed on an as-needed basis. Any updated supporting documentation will be sent along with the Companion Guide on the same schedule. All updated documents will then be posted online at [UnitedHealthcareOnline](#) > Clinician Resources > Care Management > Admission Notification.

45. Will IEDIS be on-boarding hospitals and vendors prior to November 2008?

No.

46. Is there a list of vendors and clearinghouses that UnitedHealthcare is presently working with on the 278N transaction?

Yes, please refer to the June 278N Update document (EDI 278 Transaction June Status Update 6-26 Final) which is posted online or contact your FCT AE.

47. Is UnitedHealthcare only requiring the physician TIN?

We will accept either the Admitting/Attending Physician TIN or NPI in the 2010EA Physician Loop, NM109, Identification Code. The TIN or NPI in the 2010EA Facility Loop, NM109, Identification Code will also be accepted. However, the Facility TIN/NPI will not be accepted in the Physician Loop, we must have the physician identifier (either TIN or NPI) in the Physician Loop.

48. I do not see any reference in the Gap Analysis to the information provided on page 33 of the Companion Guide regarding Reference, HI, Patient Diagnosis. Where is this information?

The 2000E HI segment is listed in the Gap Analysis on the 278_Notification tab in rows 336-456.

49. Is the first opportunity for hospitals to on-board November 2008?

Yes. We are in the process of creating an on-boarding schedule for all hospitals who will submit the 278N directly to UnitedHealthcare based on the readiness date they provided to their Facility Connectivity Team Account Executive. Your FCT AE will share this date with you in the upcoming weeks. If you have not provided an estimated readiness date to your FCT AE, please contact them immediately so that we can add your hospital(s) to the schedule.

50. If we are using a vendor to build the transaction but are connecting directly with UnitedHealthcare, how does the connection process work?

You must provide your FCT AE with your hospital's estimated readiness date, which would take into account when your vendor will have the transaction completed. Based on the readiness date you provide to UnitedHealthcare, we will add you to our on-boarding schedule, which includes a "Connectivity Engagement Start Date." On that start date, you will be contacted by a

member of our connectivity team who will walk you through the direct connection process.

51. If I am having trouble getting my vendor to commit to building the 278N, what do I do?

If your vendor has not committed to building the 278N transaction or you are having trouble obtaining information from them on the 278N, contact your FCT AE. We will try to facilitate a call with you and your vendor assuming we have a contact at your vendor's organization.

52. Is UnitedHealthcare willing to accept the 278N 4010 version until our vendor has completed the 278N 5010 version?

We will not accept the 278N 4010 version. Because we are implementing the 5010 version, we do not have the capability to accept the 4010. If you are experiencing a version issue with your vendor, please contact your FCT AE.

53. Can hospitals expect to receive one 997 response for a single batch and one 278 response for each transaction of that batch?

Yes. A typical response will be a 997 and a second batch containing one 278N or 997 response transaction for each 278N submitted in the batch. It is also possible for another separate (non-batched) 278N response transaction to be returned if the initial request incurred a time out situation and the first 278N sent was identifying that we were unable to respond at the current time.

54. For physicians that are not staffed by our hospital system, we will not have access to their TIN or NPI. Will failure to submit this information in the transaction cause a rejection of the transaction?

Yes, if the 2010EA/2010F loops NM108/NM109 are missing provider TIN or NPI, a AAA code 43 Invalid/Missing Provider Identification will be returned and the transaction rejected.

55. The batch file naming convention outlined in the CG implies that each file can contain only 1 ISA envelope per batch. This is not how standard EDI software treats the files.

The expectation is that one batch file will only contain only one type of EDI transaction. For example, if you submit a 270 and a 278 in the same batch, the validation will fail. The batch should contain only 278N transactions.

56. What will the responses look like to hospitals when they are submitting via a clearinghouse? Can they expect to receive a 997?

Some clearinghouses issue their own 997, some forward the 997 returned to them from UnitedHealthcare. Ultimately, it is the responsibility of the clearinghouse to return the response to the hospital.

57. Are file naming requirements consistent between clearinghouses and direct connections?

Not necessarily. If a hospital is transmitting the 278N directly to UnitedHealthcare they should follow the file naming conventions laid out in the 5010 Companion Guide. If a hospital is submitting the 278N through a clearinghouse, they should work directly with the clearinghouse to determine what file naming conventions the clearinghouse is requiring them to use.

58. Are inpatient psychiatric services a separate service type or included under medical?

Inpatient psychiatric services are covered under United Behavioral Health, which is not subject to this Admission Notification Protocol. See the UBH Administrative Guide for information on their admission notification policy.

59. How is IEDIS submitting real time?

IEDIS is using an established proprietary connection with UnitedHealthcare which enables them to submit transactions in real time.

60. If I have to resubmit a notification for wrong or missing information, how much time do I have?

All admission notifications must be received within 24 hours of the admit time, including all resubmissions.

61. If we are connecting via a clearinghouse, is testing required only with the clearinghouse?

Hospitals using a clearinghouse will be responsible for testing the transaction with the clearinghouse and the clearinghouse will be responsible for testing with IEDIS/UnitedHealthcare. In addition, UnitedHealthcare will be validating the data submitted within UM03/04 and the diagnosis code to confirm that the data being submitted is appropriate. If data integrity issues are uncovered, UnitedHealthcare will work directly with the hospital to resolve the issues.

62. What will the on-boarding process be to connect via a clearinghouse?

Once IEDIS and UnitedHealthcare receive a readiness date from a clearinghouse, the clearinghouse will be assigned a connectivity start date which is when they will begin working on connectivity and testing with IEDIS/UnitedHealthcare. Based on volume of admission notifications, individual hospitals/hospital systems within a clearinghouse will receive a go-live date, which is when clearinghouse will be able to begin submitting the 278N on their behalf.

63. There is some confusion around NICU versus well babies. If we can send the sick/ NICU via 278N you DO NOT want the newborn/ well baby admissions at all? Do you want us to send you the newborns/ well baby admits and call in the sick/ NICU admits?

Only the NICU (NICU= NI in UM03 segment) notifications should be sent via 278N. If a hospital cannot distinguish NICU from well baby, they must call in the notifications for NICU cases.

64. Can UnitedHealthcare distribute a response transaction example?

After careful review of the existing Implementation Guide for the 005010X216 Notification and associated Response transactions, the UnitedHealthcare EDI team identified an inconsistency in the Implementation Guide. While we have escalated this to the X12 Work Group, as of the publication of our Companion Guide, we do not have confirmation that our approach is what the Work Group will adopt once the discrepancy is resolved. As soon as we receive confirmation from the X12 work group as to which approach they will take, we will proactively communicate to our facilities and update our Companion Guide accordingly. Until that time, we will not be able to provide an example.

65. Will clearinghouses be able to support the batch file naming convention as it currently exists?

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The batch file naming convention specified in this guide is the same as we use for other EDI transactions (837, 835, 277, etc.) and therefore should be supported by clearinghouses.

66. It looks like the 5010 version of the Companion Guide dropped the secondary physician loop (from 4010 Companion Guide). Can you confirm this change?

You are required, at a minimum, to identify either the admitting or attending physician in Loop 2010EA for a successful notification.

67. Can a facility have multiple ISA's in one batch file?

Yes, a batch can contain multiple ISA's, however, they must be the same type of transaction. For example, if you submit a 270 and a 278 in the same batch, the validation will fail. The batch should contain only 278N transactions.

68. When does UnitedHealthcare pick up FTP notifications? Will there be a schedule for distribution?

All 278N submitted via FTP are picked up immediately and responded to accordingly. The response time for a batch submission is within 1 hour and the response time for real time submission is within 30 seconds.

69. Is Code CL1, Loop 2000E required?

Within the Patient Event Loop, 2000E, CL1 is used for the Institutional Claim Code, which is required per the Implementation Guide when UM01=AR. Per this Companion Guide UM01 should always equal AR therefore CL1 is always required for a successful submission to UnitedHealthcare. As of June 1, 2009, UnitedHealthcare will edit for this value and if CL1 is not submitted, the transaction will reject.

70. When is Loop 2000F required?

UnitedHealthcare does not require Loop 2000F. 2000F can be used to identify the type of services being provided.

71. Will the response file contain multiple ISAs or will it contain one ISA, one GS and multiple STs?

The 278 Acknowledgement file will contain a single ISA and GS segment with multiple ST's.

72. Do empty fields need spaces in them as placeholders or can they remain empty? If they cannot remain empty, do we need to identify an empty field with a specific character?

If the field is required within a segment being used, it cannot be empty. It should contain an acceptable value based on the Implementation Guide and/or Companion Guide.

If the field is not required within a segment being used, that field should be left blank. No special character is required to denote an empty field.

If the field is required within a segment that is not being used, the segment should not be sent at all.

73. Are the ante partum and postpartum inpatient admissions considered a code 69 for maternity or are they are code 1 for medical care? In addition, if the mother starts out as ante partum service with a medical care code of 1, and then changes to maternity because the birth is happening, do you need another transaction that tells you it is now a maternity code 69?

The UM03 value should always reflect the Service Type of the admission. A pregnant woman, receiving non-maternity medical care, should be sent with a value 1. A pregnant woman, receiving non-maternity care, who goes into labor, should also be sent with a value 1. A value of 69 should be sent for routine maternity admission only.

74. For batch submissions, if we send a file during a maintenance window, can't you use that file once the maintenance cycle is complete instead of having us resend it?

If our B2B system is offline for maintenance there is no way to store the transaction.

75. Can hospitals use UnitedHealthcareOnline.com to retrieve 278N transaction response information?

Hospitals can use the portal to obtain notification status information. If the notification has been processed, the Notification Number (or Review Identification Number from 278N) can be retrieved. There are several ways to search for an Admission Notification on the portal: by Enrollee #/DOB, Enrollee #/Name, Alpha Search by Name or Notification Number.

76. What if a data element does not match UnitedHealthcare's database? For example, if the patient name is misspelled?

We have implemented changes to the matching logic in order to minimize the need for resubmission and be as "forgiving" as possible without creating inappropriate matches. However, if a data element, used for facility, physician, or member does not match the information in our database, it is possible that the transaction will reject and require resubmission. The match is dependant on the specific data element and where it falls in our matching logic. For example, to find a member, UnitedHealthcare will first match on the Subscriber ID and the first 3 alpha-only characters of the last and first names of the member. If there is a match, the file will continue processing. Scenarios for each type of data element vary.

77. What is an ISA13 Interchange Control Number?

The ISA13 Interchange Control Number is assigned by the interchange sender and is limited to nine digits. The ISA13 must be identical to the associated Interchange Trailer IEA02.

78. What is the ISA08 Receiver ID?

The ISA08 Receiver ID is **87726 (Connectivity Director users will use 9080111864)**. This value should be left justified and padded with spaces to 15 characters (see page 35 of this guide).

79. What is PGP encryption?

PGP stands for Pretty Good Privacy. It is a computer program that provides cryptographic privacy and authentication. PGP is often used for signing, encrypting and decrypting e-mails to increase the security of e-mail communications. UnitedHealthcare accepts PGP encrypted 278 files via FTP.

80. Will we have to resubmit the transaction when UnitedHealthcare is in maintenance mode?

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Depending on which backend system is in maintenance mode you may have to resubmit the transaction. If you do need to resubmit, the response transaction will indicate this. If you do not have to resubmit, you will receive an acknowledgement of receipt (without the notification #) indicating that we have received the notification and will process it as soon as possible.

81. Do we have to program our systems to send only during your business hours?

No, however, it is recommended that you send transactions during our business hours in order to avoid conflict with backend system downtimes.

82. If we are transmitting via FTP, how do we receive the ACK?

All transaction responses are sent to the ECG mailbox associated with the FTP account.

83. Why has UnitedHealthcare decided to use the 5010 version versus the 4010 version of the 278N?

The ANSI X12 Committee has indicated that if and when HIPAA expands its scope to include admission notifications, this transaction (5010 version) will be the one recommended by X12.

84. Does the 5010 version of the 278N support ICD-9 or only ICD-10?

The transaction supports both, however, UnitedHealthcare has not moved to ICD-10 at this time. Migration to ICD-10 is slated for 2011.

85. It seems the dependent name does not support a member ID (NM109). If we do have a member ID, should we always be sending the patient as the subscriber then (regardless of who actually holds the policy)?

Yes, you should send the patient as the subscriber if they have a member ID. The dependent loop is used when the patient is someone other than the subscriber and the patient does not have a unique member ID.

86. Is UnitedHealthcare going to eliminate the current channels for admission notification submission?

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Hospitals can submit admission notifications via UnitedHealthcare.com, the phone or the fax. The 278N is being added as an additional submission option.

87. How often can a facility submit a batch submission?

There is no restriction to how many batches may be sent in a single day. We recommend hospitals submit a batch at least twice per day.

88. Is a special program required to read the acknowledgement file?

No, the acknowledgement file can be opened with Microsoft Word.

89. If the transaction is processed successfully, will the facility receive a AAA segment?

No.

90. Is the diagnosis code required in the 278N?

While the diagnosis code is not required, a diagnosis description is, however, we would prefer to receive the actual diagnosis code.

91. How much time will it take to develop the transaction to connect directly? What is the hourly estimate of man hours?

Development time is going to vary from facility to facility based on number of dedicated resources, internal IT systems, etc. We recommend you review the companion guide to make timeline estimates for your individual facility.

92. For the Facility Contact Information in the 2010EA PER segment, should this be a technical or business contact?

This should be a business contact, preferably someone in Registration or Care Management.

93. Can UnitedHealthcare regularly provide a list of physicians and their TIN/ NPI ?

Because of privacy issues we cannot share physician TIN/NPIs with external entities. You can contact the physician's office directly to obtain this information.

94. Does a facility have to purchase any additional software from UnitedHealthcare or Ingenix if they are connecting directly to UnitedHealthcare to submit the 278N?

No.

95. What is the difference between the 278N response and a 278ACK?

The 278NBACK is the first response you will receive and contains a batch of responses to each submission notification. If the 278NBACK contains a AAA segment error of "42" in AAA03 and a "Y" in AAA04 (indicating a delay in processing) for any of the submissions you will get a second file called 278NACK once the submissions are processed. This 278NACK will contain the responses for those submissions that were delayed and queued up and finally processed.

96. Is there an identifying factor that can be used to distinguish between the 1st 997 file and the potential 2nd 997 file? If they are not picked up sequentially by the hospital, they may be processed out of order.

The first 997 will be named distinctively different from any subsequent 997s contained within the batched 278NBACK file.

For example, the first response file is named:

N_278NB997_000000004_ABC123456789_01102008142034.res.pgp

The second file you might receive can have 997s in it but will be a batch named:

N_278NBACK_000000004_ABC123456789_01102008142034.res.pgp

97. In the 2010EA REF segment, supplemental identification, can we use the unique payer ID for physicians (MPIN)?

The 2010EA REF segment does allow the use of unique payer IDs.

Acceptable qualifiers for element REF01 are as follows:

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0B State License Number
1G Provider UPIN Number
1J Facility ID Number
EI Employer's Identification Number (Not used if NM108 = 24.)
N5 Provider Plan Network Identification Number
N7 Facility Network Identification Number
ZH Carrier Assigned Reference Number
SY Social Security Number (The social security number may not be used for Medicare. Not used if NM108 = 34)

98. Does the 2000D loop need to be sent when the patient is not the subscriber?

Yes, when the patient is a dependent the 2000D loop must be submitted. The "File Specifications" section of this guide it states, "For example, the dependent loop (2000D) is only required if the patient is a dependent. If not, then neither the 2000D loop nor any of its subordinate segments or elements is required either."

99. If the diagnosis code is included in 2000E HI for Admitting Diagnosis code, there would be no reason to send the MSG segment, however, MSG01 is where we are expected to send the Admit Time. What do we do?

If the diagnosis code is sent in the HI segment then MSG is not needed. However, if you do not send a diagnosis code in HI then you *will* need to send the MSG segment with a free-form text description preceded by "ICD=," in addition the admit time is not required, however, it can also be sent in MSG01, for example: MSG* AT= 134405;ICD= BROKEN LEG.

100. In the 2010EA REF segment, supplemental identification, the ability to use SY= SSN should be included because TIN would not exist for certain physicians. Can SSN be used in this segment?

Yes, the physician's SSN can be used in a 2010EA REF segment with SY as the qualifier.

101. There is no place to provide the provider identification number for a patient in the 5010 version. Without being able to send this

information and receive it back in the response, we are not going to be able to get the response back into our system to the right patient.

If you submit a provider's supplemental identification in a 2010EA REF segment then that 2010EA/REF will be returned in 2010E/REF of the 278 Acknowledgment.

102. UnitedHealthcare states that the ISA record is fixed formatted. If so, can we have documentation (Fields, Lengths, & Default Values if applicable) for the entire ISA record format?

The Companion Guide should be used in conjunction with the "Health Care Services Review Notification and Acknowledgement (278) ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (Version 005010X216), May 2006" Implementation Guide which contains all of the required fields, lengths and default value standard. The Implementation Guide can be purchased from Washington Publishing Company at:
<http://www.wpc-edi.com/x216>.

103. Are there restrictions on field lengths?

The field lengths are defined in the Implementation Guide (IG) titled "Health Care Services Review Notification and Acknowledgement (278) ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (Version 005010X216), May 2006". The IG contains the structural requirements of the transactions and should be used in conjunction with the Companion Guide to construct your admission notifications.

104. All fields in the non-ISA formats are not defined, can a '*' be inserted for field positioning? For example, Format ST, ST01 and ST03 are documented so should "'ST01 value* ST03 value" be submitted as it is in the documentation or should it be submitted as "ST01 value** ST03 value", using a double asterisk to represent ST02 placement?

"ST01 value** ST03 value," is correct. You should use the one asterisk as the data element delimiter and a double asterisk to represent empty fields. For further information on Absence of Data please refer to paragraph B.1.1.3.10 of the implementation guide.

105. In the Record Format examples, there are several sample values that seem to be asterisk filled, specifically the NM1 format. Is this correct and should I be doing the same?

Yes. You should use the asterisk as the data element delimiter and a double asterisk to represent empty fields. For further information on Absence of Data please refer to paragraph B.1.1.3.10 of the implementation guide.

106. Is PGP Encryption required when using CD?

No. There are two options that do not require PGP encryption, which are FTP over SSL batch (FTPS) and file submission via a browser interface (secured by using HTTPS). Please refer to the Connectivity Director User Guide section 4.3 for additional information.

107. Does Connectivity Director support SFTP?

Not at this time. There are currently 3 connection options, HTTPS (Batch and Real-Time), FTP + PGP Batch and FTP over SSL Batch.

108. Can there be a consistent "open" connection when using Connectivity Director so that the facility does not need to log in to CD when they want to receive back the notification numbers?

The various connection methods available to providers are listed in the CD User Guide. There are several options to automate the transmission process one of which is to set up the connection to poll CD at any frequency. A "true" open connection (something like a network share) is not available.

109. How does the front end know and understand the reasons for rejection?

We recommend referring to the Error Codes and Interpretations Appendix in the Companion Guide to understand the reasons for rejections.

110. Will the process ever be fully automated?

As we implement the 278N transaction, we will continue to look for ways to improve the transaction. However, at this time there are circumstances where other methods have to be utilized.

111. How can our staff access responses from within Connectivity Director?

The hospital, or owner of the Connectivity Director account, can view responses in the report section of CD.

112. Does the transaction start from the ISA information?

Yes.

113. Do I need framing before the ISA?

No.

114. How does our staff access responses when we are connecting via FTP (outside of Connectivity Director)?

Responses will be delivered to an ECG outbox accessible via FTP or SFTP. The outbox will use the same communication as the inbox where notifications are submitted to UnitedHealthcare. Once a file is picked up from the outbox it no longer exists in the outbox.

115. Is the ISA 13 envelope control number used to limit the transmission to one envelope or if there are multiple envelopes, do we use the one in the first file?

It is recommended that only one envelope per file be submitted.

116. How long do the notification numbers stay displayed on CD? Is there an archive that can be searched for later use?

The notification number is included in the response provided by UnitedHealthcare, located in REF01* BB. The response is available in the archive for 45 days.

117. What is the proper placement of the HL segments throughout the message? Are line feeds expected between patient records?

A sample X12 278 notification is now included in this Companion Guide in the "Transaction Examples" appendix. Regarding line feeds, X12 protocol does not allow for line feeds and will fail formatting if submitted with line feeds or any

other padding characters before or after the data. It is recommended that you do not use word processing software such as Microsoft Word for your final edits. Use Notepad to delete any extra characters, line feeds, etc. before submitting the file.

118. Please confirm if the information in Loop 2010A, NM1, Information Source Name in the 278 ACK will be UnitedHealthcare or the originator (hospital facility).

Loop 2010A will be the hospital or submitter. It will also be returned in the 278 ACK.

119. In the 2010EA Physician Loop, is UnitedHealthcare looking to receive the admitting or the attending physician information?

Either the admitting or attending physician information is acceptable.

120. What is the process for correcting rejected transactions?

Rejected 278N transactions for enrollees with plans covered by the protocol, can be resubmitted using any submission method (278N, portal, phone, fax). Resubmitting the corrected transaction via the 278N is the preferred process. If the corrected notification cannot be resubmitted via the 278N, they should be resubmitted via the portal in order for the hospital to receive an immediate response.

121. Will there be multiple AAA segments if there are multiple errors or will only the first error detected be reported and then the second on the next resubmission, etc.?

Once the first error is caught a AAA will be sent back. If the transaction is resubmitted with a second/remaining error, a AAA will be sent for this error.

Transaction Examples

The following pages display a batch of two 278N. These examples are provided as guidance for formatting only and do not necessarily contain valid identifier values.

Following the batch example is the Response Scenario examples.

Inpatient Admission Notification Companion Guide



Loop	Loop Name	Segment	Input
		Interchange Control Header	ISA*00* *00* *ZZ*BPR219997000 *ZZ*87726 *080114*1837*^*00501*000000011*0*T*:~
		Functional Group Header	GS*HI* BPR219997000 *87726 *20080114*183724*1*X*005010X216~
		Transaction Set Header	ST*278*0001*005010X216~
		Functional Group Response Header	
		Transaction Set Response Header	
		Transaction Set Response Trailer	
		Transaction Set Response Header	
		Transaction Set Response Trailer	
		Functional Group Response Trailer	
		Begin Hierarchical Transaction	BHT*0007*CN*12345678*20080114*183724*NO~
2000A	Source	Hierarchical Level	HL*1**20*1~
		Name	NM1*FA*2*Hospital Name*****XX*5566778899~
		Contact	PER*IC*Hospital Contact Name*TE*8885551212*EX*1234~
2000B	Receiver	Hierarchical Level	HL*2*1*21*1~
		Name	NM1*PR*2*UnitedHealth Group*****PI*87726~
		Contact	
2000C	Subscriber	Hierarchical Level	HL*3*2*22*1~
		Notification Receipt Number	
		Name	NM1*IL*1*PATIENT1*TEST*****MI*999999999~
		Reference (Group number)	REF*6P*888888~
		Demographics	DMG*D8*19600406*M~
2000E	Patient Event	Hierarchical Level	HL*4*3*EV*1~

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Inpatient Admission Notification Companion Guide



Loop	Loop Name	Segment	Input
		Health Care Services Review Info	UM*AR*I*2*11:A**03~
		Reference Identification Number	
		Administrative Reference Number	
		Date / Time	DTP*435*D8*20070913~
		Institutional Claim Code	CL1*3~
		MSG (Reason for admission if ICD-9 code is not available)	MSG*ICD=Chest Pains;~
2010EA	Facility Name	Name	NM1*FA*2*Hospital Name*****XX*5566778899~
		Reference (TIN)	REF*EI*123456789~
		Reference (Payer assigned)	REF*ZH*987654321~
		Address	N3*1234 Acme Blvd.*Unit 303~
		Address	N4*San Sickville*CA*95467~
		Contact	PER*IC*Phil Uppe*TE*2321234567*FX*2321236899~
2010EA	Other Provider(s)	Name	NM1*71*1*Doctor Last*Doctor First****XX*9876543211~
		Reference	REF*EI*666555444~
		Address	N3*5678 Acme Blvd.*Unit 404~
		Address	N4*San Sickville*CA*95467~
		Contact	PER*IC*Office Admin Name*TE*8885551212*FX*8885551313~
2000F	Service	Hierarchical Level	HL*5*4*SS*0~
		Trace	TRN*1*666777887*1234567893~
		Health Care Services Review Info	UM*HS*I*2*11:A**03~
		Date / Time	DTP*472*D8*20070915~
		Institutional Service	SV2*HC*12345~

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Inpatient Admission Notification Companion Guide



Loop	Loop Name	Segment	Input
		Transaction Set Trailer	SE*32*0001~
		Transaction Set Header	ST*278*0002*005010X216~
		Begin Hierarchical Transaction	BHT*0007*CN*12345678*20080114*183724*NO~
2000A	Source	Hierarchical Level	HL*1**20*1~
		Name	NM1*FA*2*Hospital Name*****XX*5566778899~
		Contact	PER*IC*Hospital Contact Name*TE*8885551212*EX*1234~
2000B	Receiver	Hierarchical Level	HL*2*1*21*1~
		Name	NM1*PR*2*UnitedHealth Group*****PI*87726~
		Contact	
2000C	Subscriber	Hierarchical Level	HL*3*2*22*1~
		Notification Receipt Number	
		Name	NM1*IL*1*PATIENT2*TEST*****MI*888888888~
		Reference (Group number)	REF*6P*888888~
		Demographics	DMG*D8*19620507*M~
2000E	Service Facility	Hierarchical Level	HL*4*3*EV*1~
		Health Care Services Review Info	UM*AR*I*69*11:A**E~
		Reference Identification Number	
		Administrative Reference Number	
		Date / Time	DTP*435*D8*20080613~
		Institutional Claim Code	CL1*3~
		MSG (Reason for admission if ICD-9 code is not available)	MSG*ICD=Delivery;~

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Inpatient Admission Notification Companion Guide



Loop	Loop Name	Segment	Input
2010EA	Facility Name	Name	NM1*FA*2*Hospital Name*****XX*5566778899~
		Reference (TIN)	REF*EI*123456789~
		Reference (Payer assigned)	REF*ZH*987654321~
		Address	N3*1234 Acme Blvd.*Unit 303~
		Address	N4*San Sickville*CA*95467~
		Contact	PER*IC*Phil Uppe*TE*2321234567*FX*2321236899~
2010EA	Other Provider(s)	Name	NM1*71*1*Doctor Last*Doctor First*****XX*9876543211~
		Reference	REF*EI*666555444~
		Address	N3*5678 Acme Blvd.*Unit 404~
		Address	N4*San Sickville*CA*95467~
		Contact	PER*IC*Office Admin Name*TE*8885551212*FX*8885551313~
		Transaction Set Trailer	SE*27*0002~
		Functional Group Trailer	GE*2*1~
		Interchange Control Trailer	IEA*1*000000011~

ISA*00* *00* *ZZ*BPR219997000 *ZZ*87726
 *080114*1837*^*00501*000000011*0*T*:~GS*HI* BPR219997000 *87726
 *20080114*183724*1*X*005010X216~ST*278*0001*005010X216~BHT*0007*CN*12345678*20080114*183724*NO~HL*1**20*1~N
 M1*FA*2*Hospital Name*****XX*5566778899~PER*IC*Hospital Contact
 Name*TE*8885551212*EX*1234~HL*2*1*21*1~NM1*PR*2*UnitedHealth
 Group*****PI*87726~HL*3*2*22*1~NM1*IL*1*PATIENT1*TEST*****MI*999999999~REF*6P*888888~DMG*D8*19600406*M~HL*4*
 3*EV*1~UM*AR*I*2*11:A**03~DTP*435*D8*20070913~CL1*3~MSG*ICD=Chest Pains;~NM1*FA*2*Hospital
 Name*****XX*5566778899~REF*EI*123456789~REF*ZH*987654321~N3*1234 Acme Blvd.*Unit 303~N4*San
 Sickville*CA*95467~PER*IC*Phil Uppe*TE*2321234567*FX*2321236899~NM1*71*1*Doctor Last*Doctor
 First*****XX*9876543211~REF*EI*666555444~N3*5678 Acme Blvd.*Unit 404~N4*San Sickville*CA*95467~PER*IC*Office
 Admin
 Name*TE*8885551212*FX*8885551313~HL*5*4*SS*0~TRN*1*666777887*1234567893~UM*HS*I*2*11:A**03~DTP*472*D8*20070
 915~SV2*HC*12345~SE*32*0001~ST*278*0002*005010X216~BHT*0007*CN*12345678*20080114*183724*NO~HL*1**20*1~NM1*F
 A*2*Hospital Name*****XX*5566778899~PER*IC*Hospital Contact
 Name*TE*8885551212*EX*1234~HL*2*1*21*1~NM1*PR*2*UnitedHealth

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Inpatient Admission Notification Companion Guide



Group*****PI*87726~HL*3*2*22*1~NM1*IL*1*PATIENT2*TEST*****MI*888888888~REF*6P*888888~DMG*D8*19620507*M~HL*4*
3*EV*1~UM*AR*I*69*11:A**E~DTP*435*D8*20080613~CL1*3~MSG*ICD=Delivery;~NM1*FA*2*Hospital
Name*****XX*5566778899~REF*EI*123456789~REF*ZH*987654321~N3*1234 Acme Blvd.*Unit 303~N4*San
Sickville*CA*95467~PER*IC*Phil Uppe*TE*2321234567*FX*2321236899~NM1*71*1*Doctor Last*Doctor
First*****XX*9876543211~REF*EI*666555444~N3*5678 Acme Blvd.*Unit 404~N4*San Sickville*CA*95467~PER*IC*Office
Admin Name*TE*8885551212*FX*8885551313~SE*27*0002~GE*2*1~IEA*1*000000011~

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EXAMPLE RESPONSE SCENARIOS

CASE 1 This example includes response file name examples and response examples for a 997; a 278NBACK showing a delayed response; and a 278NACK final successful response.

Case 1: Notification successfully entered into the system				
278N Response Transaction				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	53 = Completion
2000E	REF	REF01	Reference Identification Qualifier	NT = Administrative Reference Number
		REF02	Reference ID	8500122235376134
	HCR		Health Care Services Review	
		HCR01	Action code	A6 = Modified
		HCR02	Review Identification Number	1811307384

N_278NB997_BFT219997000_000000000_09252008040505

```
ISA*00*                *00*                *33*87726                *ZZ*BFT219997000
*080925*1024**^*00501*000002057*0*P*:~GS*FA*87726*1234567890*20080925*1024*100005~ST*997*000000001*005010X23
0~AK1*HI*100005*005010X216~AK2*278*0001*005010X216~AK5*A~AK9*A*1*1*1~SE*6*000000001~GE*1*100005~IEA*1*00000
2057~
```

N_278NBACK_BFT219997000_000002057_09252008040505

```
ISA*00*                *00*                *33*87726                *ZZ*BFT219997000
*080925*1024**^*00501*000002057*0*T*:~GS*HI*87726*1234567890*20080925*1024*100005*X*005010X216~ST*278*0001*0
05010X216~BHT*0007*53*117900*20080925*121726~HL*1**20*1~NM1*X3*2*****PI*87726~HL*2*1*21*1~NM1*FA*2*MEDICAL
CENTER OF SICKVILLE*****24*123456789~PER*IC*PHIL
UPPE*TE*2147733765~AAA*N**42*Y~HL*3*2*22*1~REF*BAF*8500122235376134~NM1*IL*1*DOE*JANE*B***MI*987654321~REF*
6P*12345~DMG*D8*19990101~HL*4*3*EV*0~TRN*2*2001042801*9012345678*CARDIOLOGY~UM*AR*I*2*11:A**03~DTP*435*D8*2
0080915~SE*18*0001~GE*1*100005~IEA*1*000002057~
```

N_278NACK_BFT219997000_000002057_09252008040505

ISA*00* *00* *33*87726 *ZZ*BFT219997000
*080925*1028**^*00501*000002057*0*T*:~GS*HI*87726*1234567890*20080925*1028*100005*X*005010X216~ST*278*0001*0
05010X216~BHT*0007*53*117900*20080925*1219~HL*1**20*1~NM1*X3*2*UNITED
HEALTHGROUP*****PI*87726~HL*2*1*21*1~NM1*FA*2*MEDICAL CENTER OF
SICKVILLE*****24*123456789~HL*3*2*22*1~REF*BAF*8500122235376134~NM1*IL*1*DOE*JANE*B***MI*987654321~REF*6P*1
2345~DMG*D8*19990101*F~HL*4*3*EV*0~TRN*1*2001042801*9012345678*CARDIOLOGY~UM*AR*I*2*11:A**03~HCR*A6*1811307
384*~REF*NT*8500122235376134~DTP*435*D8*20080915~SE*18*0001~GE*1*100005~IEA*1*000002057~

CASE 2 This is an example of a submission where the Admitting/Attending physician TIN or NPI was not provided.

Case 2: Notification Error				
278N Response Transaction				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	44 = Rejection
Any	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	See IG for loop. 43 in this example
		AAA04	Follow-up action code	C = Correct and Resubmit, N = Resubmission not allowed.

278NBACK Received

ISA*00* *00* *33*87726 *ZZ*BFT219997000
*081014*1559**^*00501*000009909*0*T*:~GS*HI*87726*1234567890*20081014*15593809*1*X*005010X216~ST*278*0001*00
5010X216~BHT*0007*44*117900*20081014*165931~HL*1**20*1~NM1*X3*2*UNITED
HEALTHGROUP*****PI*87726~HL*2*1*21*1~NM1*FA*2*MEMORIAL HOSPITAL OF
SICKVILLE*****24*621795584~HL*3*2*22*1~REF*BAF*8500122400854741~NM1*IL*1*DOE*JOHN***MI*100000000~REF*6P*22
010~DMG*D8*19990101*M~HL*4*3*EV*1~TRN*1*2001042801*9012345678*CARDIOLOGY~UM*AR*I*2*11:A**E~DTP*435*D8*20081
013~NM1*71*1*DOCLASTNAME*PAUL~REF*ZH*000000000~AAA*N**43*C~SE*19*0001~GE*1*1~IEA*1*000009909~

CASE 3 This is an example of a submission whose member was not eligible.

Case 3: Blocked				
278N Response Transaction				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	44 = Rejection
2010C	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	78 = Subscriber/Insured not in Group/Plan identified.
		AAA04	Follow-up action code	N = Resubmission not allowed.
2000E	HCR	HCR01	Action Code	A3 = Not Certified
		HCR03	Review Decision Reason	CALL NUMBER ON ENROLLEE CARD

278NBACK Received

ISA*00* *00* *33*87726 *ZZ*BFT219997000
 *081107*1134**00501*000009035*0*T*:~GS*HI*87726*1234567890*20081107*11345951*1*X*005010X216~ST*278*0001*00
 5010X216~BHT*0007*44*117900*20081107*1234~HL*1**20*1~NM1*X3*2*UNITED
 HEALTHGROUP*****PI*87726~HL*2*1*21*1~NM1*FA*2*MEDICAL CENTER OF
 SICKVILLE*****24*123456789~HL*3*2*22*1~REF*BAF*8500122591664453~NM1*IL*1*DOCLASTNAME*PAUL****MI*000000001~R
 EF*6P*100000~AAA*N**78*N~DMG*D8*19460311*M~HL*4*3*EV*1~TRN*1*2001042801*9012345678*CARDIOLOGY~UM*AR*I*2*11:
 A**03~HCR*A3**CALL NUMBER ON ENROLLEE CARD~DTP*435*D8*20081107~SE*18*0001~GE*1*1~IEA*1*000009035~

CASE 4 This is an example of a 278NBACK that resulted in a notification that was submitted with UM03-68 (Well Baby) which is not allowed.

Case 4: Notification Not Required for Well Baby				
278N Response Transaction				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	44 = Rejection
2000E	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	84 = Certification not required
		AAA04	Follow-up action code	N = Resubmission not allowed.

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ISA*00* *00* *33*87726 *ZZ*BFT219997000
 *091028*1302*^*00501*000009001*0*T*:~GS*HI*87726*1234567890*20091028*13024645*1*X*005010X216~ST*278*0001*00
 5010X216~BHT*0007***44***117900*20091028*1402~HL*1**20*1~NM1*X3*2*UNITED
 HEALTHGROUP*****PI*87726~HL*2*1*21*1~NM1*FA*2* MEDICAL CENTER OF
 SICKVILLE*****24*123456789~HL*3*2*22*1~REF*BAF*0500125675002250~NM1*IL*1*LASTNAME*BILL****MI*987654321~REF*
 6P*101000~DMG*D8*19770101*M~HL*4*3*23*1~REF*BAF*0500125675002250~NM1*QC*1*LASTNAME*BETTY~DMG*D8*19860101*F~
 INS*N*G8~HL*5*4*EV*1~TRN*1*2001042801*9012345678*CARDIOLOGY~AAA*N****84***N~UM*AR*I*68*11:A~DTP*435*D8*20091021
 ~SE*22*0001~GE*1*1~IEA*1*000009001~

CASE 5 This is an example of a 278NBACK that resulted in a notification that experienced a delay for a submission that occurred during a maintenance window.

Case 5: Timeout / Notification Held for Retry				
278N Response Transaction				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	53 = Completion
2010B	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	42 = Unable to respond at the current time
		AAA04	Follow-up action code	Y = Do not resubmit

ISA*00* *00* *33*87726 *ZZ*BFT219997000
 *081017*0133*^*00501*000009011*0*T*:~GS*HI*87726*1234567890*20081017*01330582*1*X*005010X216~ST*278*0001*00
 5010X216~BHT*0007***53***117900*20081017*023028~HL*1**20*1~NM1*X3*2*****PI*87726~HL*2*1*21*1~NM1*FA*2*MEDICAL
 CENTER OF SICKVILLE*****24*123456789~PER*IC*UPPE
 PHIL*TE*2145551212~AAA*N****42***Y~HL*3*2*22*1~REF*BAF*8500122419381165~NM1*IL*1*DOE*JANE****MI*000000001~REF*6
 P*12345~HL*4*3*23*1~REF*BAF*8500122419381165~NM1*QC*1*DOE*BABY~HL*5*4*EV*0~TRN*2*2001042801*9012345678*CARD
 IOLOGY~UM*AR*I*NI*11:A**03~DTP*435*D8*20081016~SE*20*0001~GE*1*1~IEA*1*000009011~

CASE 6 This is an example 278NBACK that resulted in a notification that went to manual processing because of an issue with member eligibility.

Case 6: Notification Held for Manual Processing				
278N Response Transaction				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	53 = Completion
2010B	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	42 = Unable to respond at the current time
		AAA04	Follow-up action code	Y = Do not resubmit
2000E	HCR	HCR01	Action Code	CT = Contact Payer
		HCR03	Review Decision Reason	GET NTF NMBR NEXT DAY ON UHCOL

ISA*00* *00* *33*87726 *ZZ*BFT219997000
 *081016*1721*^*00501*000009011*0*T*:~GS*HI*87726*1234567890*20081016*17211115*1*X*005010X216~ST*278*0001*00
 5010X216~BHT*0007*53*117900*20081016*1821~HL*1**20*1~NM1*X3*2*UNITED
 HEALTHGROUP*****PI*87726~HL*2*1*21*1~NM1*FA*2*MEDICAL CENTER OF
 SICKVILLE*****24*123456789~AAA*N**42*Y~HL*3*2*22*1~REF*BAF*8500122419380902~NM1*IL*1*DOE*JANE*****MI*0000000
 01~REF*6P*12345~DMG*D8*19990101*F~HL*4*3*23*1~REF*BAF*8500122419380902~NM1*QC*1*DOE*BABY~DMG*D8*20081016*F~
 INS*N*19~HL*5*4*EV*1~TRN*1*2001042801*9012345678*CARDIOLOGY~UM*AR*I*NI*11:A**03~HCR*CT**GET NTF NMBR NEXT
 DAY ON UHCOL~DTP*435*D8*20081016~SE*23*0001~GE*1*1~IEA*1*000009011~

CASE 7 This is a response to a duplicate submission

Case 7: Duplicate Notification				
278N Response Transaction				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	44 = Rejection
2000E	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	33 = Input errors
		AAA04	Follow-up action code	N = Resubmission not allowed.
	REF	REF01	Reference Identification Qualifier	NT = Administration Reference Number
		REF02	Reference ID	8500122400855276

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	REF	REF01	Administrative Reference Number	BB = Previous Review Authorization Number
		REF02	Reference ID	1811307833
	HCR	HCR01	Action Code	A3
		HCR03	Review Decision Reason	DUPLICATE 2000E REF01 = BB

ISA*00* *00* *33*87726 *ZZ*BFT219997000
 *081015*1250^^*00501*000009003*0*T*:~GS*HI*87726*1234567890*20081015*12502351*1*X*005010X216~ST*278*0001*00
 5010X216~BHT*0007***44***117900*20081015*1349~HL*1**20*1~NM1*X3*2*UNITED
 HEALTHGROUP*****PI*87726~HL*2*1*21*1~NM1*FA*2*MEMORIAL HOSPITAL OF
 SICKVILLE*****24*123456789~HL*3*2*22*1~REF*BAF*8500122408241586~NM1*IL*1*DOE*JOHN****MI*900000000~REF*6P*12
 345~DMG*D8*19990101*M~HL*4*3*EV*1~TRN*1*2001042801*9012345678*CARDIOLOGY~AAA*N****33***N~UM*AR*I*1*11:A**03~REF
 *NT***8500122400855276**~REF***BB*****1811307833**~ HCR*NA**DUPLICATE 2000E REF01 =
 BB~DTP*435*D8*20081016~HL*5*4*SS*0~UM*HS*I*1*21:B~DTP*472*D8*20081016~SV2**HC:33518~SE*23*0001~GE*1*1~IEA*1
 *000009003~

CASE 8 This is a response to an updated submission

Case 8: Updated Notification				
278N Response Transaction				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	53
2000E	REF	REF01	Reference Identification Qualifier	NT = Administration Reference Number
		REF02	Reference ID	8500125787073603
	REF	REF01	Administrative Reference Number	BB = Previous Review Authorization Number
		REF02	Reference ID	0194921202

Original

ISA*00* *00* *33*87726 *ZZ*BFT219997000
 *091110*1534^^*00501*000007016*0*T*:~GS*HI*87726*1234567890*20091110*15340790*1*X*005010X216~ST*278*0001*00
 5010X216~BHT*0007***53***117900*20091110*163346~HL*1**20*1~NM1*X3*2*UNITED
 HEALTHGROUP*****PI*87726~HL*2*1*21*1~NM1*FA*2*MEMORIAL HOSPITAL OF

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SICKVILLE*****24*123456789~HL*3*2*22*1~REF*BAF*8500125787073603~NM1*IL*1*DOE*JANE***MI*123456789~DMG*D8*19
591206*F~HL*4*3*EV*1~TRN*1*2001042801*9012345678*CARDIOLOGY~UM*AR*I*2*11:A~HCR*A6*0194921202*
~REF*NT*8500125787073603~DTP*435*D8*20091016~SE*17*0001~GE*1*1~IEA*1*000007016~

Updated example

ISA*00* *00* *33*87726 *ZZ*BFT219997000
*091110*1554*^*00501*000007016*0*T*:~GS*HI*87726*1234567890*20091110*15545287*1*X*005010X216~ST*278*0001*00
5010X216~BHT*0007*53*117900*20091110*165448~HL*1**20*1~NM1*X3*2*UNITED
HEALTHGROUP*****PI*87726~HL*2*1*21*1~NM1*FA*2*MEMORIAL HOSPITAL OF
SICKVILLE*****24*123456789~HL*3*2*22*1~REF*BAF*8500125787073611~NM1*IL*1*DOE*JANE***MI*123456789~DMG*D8*19
591206*F~HL*4*3*EV*1~TRN*1*2001042801*9012345678*CARDIOLOGY~UM*AR*I*2*11:A~HCR*A6*0194921202*
~REF*NT*8500125787073603~REF*BB*0194921202~DTP*435*D8*20091016~DTP*096*D8*20091017~SE*19*0001~GE*1*1~IEA*1*
000007016~

Updated response includes the original HCR-02 Reference Number (0194921202) and the original's transaction identifier (REF*NT*8500125787073603). You will also see the update which is the discharge date (DTP*096*D8*20091017).