



South Carolina

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ANSI X12N 278 (004010X094A1)

HEALTH CARE CLAIM

SUPPLEMENTAL IMPLEMENTATION GUIDE

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INTRODUCTION

The Secretary of Health and Human Services has established version 4010A1 of the X12N 278 Electronic Data Interchange Transaction Set Implementation Guides as national standards for use by all health plans in the United States. This fulfills certain requirements of the Administrative Simplification provisions of HIPAA. Further information on the HIPAA standards requirements in general may be obtained at <http://aspe.hhs.gov/admsimp>.

Version 4010A1 (addenda) of the 278 transaction will be the version recognized by BlueCross BlueShield of South Carolina.

The following information is intended to serve only as a companion document to the HIPAA ANSI X12N 278 Implementation guide. The use of this document is solely for the purpose of clarification. The information describes specific requirements to be used in processing BlueCross BlueShield of South Carolina HIPAA ANSI X12N 278 Health Care Services Review – Request for Review and Response submitted via EDI (Electronic Data Interchange). Please note that the HIPAA ANSI X12N 278 Supplemental Implementation Guide is subject to change. Any changes will be available at www.SouthCarolinaBlues.com

BlueCross BlueShield of South Carolina currently accepts one type of transaction per transmission. Therefore, all ST01 elements within the transmission will equal the same transaction number. For example, fourteen 837I transactions are acceptable within one enveloping sequence, but thirteen 837Is and one 276 within one enveloping sequence is unacceptable.

General

The UMO requires that providers or their clearinghouses submit all HIPAA transactions to their local plans.

The UMO concurs with the 278 Implementation Guide's recommendation that both real-time and batch requests and associated responses contain only one patient event. A patient event is represented by one patient and the service or group of services associated with a single episode of care.

Service Provider

The UMO concurs with the 278 Implementation Guide's recommendation to limit the number of providers to one (service provider) for most certification/referral requests and two providers (service provider and facility) for inpatient admissions. Therefore, **Loop 2000E** (repeat >1) will allow a maximum of two service providers only when one ENTITY IDENTIFIER CODE (**2010E** – NM101) is equal FA (facility) and one ENTITY IDENTIFIER CODE (**2010E** – NM101) is not equal FA (facility).

Services:

Five procedure segments (2000F HI) are allowed per provider, for a maximum of ten (10) procedure segments per transmission.

The UMO requests that monetary fields in the Loop 2000F HI segments (Procedures) be valued for all durable medical equipment purchases and rentals.

Level of Service indicators in UM06 are classified '03' (Emergency) and 'U' (Urgent). If UM06 is not valued on the request, non-emergency and non-urgent services are assumed.

Supplemental Guidelines

In addition to the standards for compliance, the UMO further designates the following transaction specifications. The UMO will reject a 278 request for reasons specified in the AAA Request Validation segments for any transaction that contains missing or incorrect information.

REVISION LOG

Date	Author	Revision Description
05/23/2003		Original with 4010A1
10/29/2003	E. Baylor-Elks	Formatting
11/12/2003	E. Baylor-Elks	Added note on ST01 in introduction
5/20/2005	E. Baylor-Elks	Added BlueChoice HealthPlan, removed Companion HealthCare
1/10/2007	E. Baylor-Elks	Changed TPA name in 2010A-NM109
09/10/2008	E. Baylor-Elks	NPI modifications; document formatting

Segment: **NM1** Utilization Management Organization (UMO) Name
Position: 170
Loop: 2010A
Level: Detail
Usage: Required
Max Use: 1

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
NM108	66	Identification Code Qualifier
		This element must equal 'PI' indicating that the payer identification number in element 09 is a Health Care Financing Administration National Plan Identification number.
		PI Payer Identification
NM109	67	Identification Code
		The following codes are accepted.
	130	Employers Life Insurance Company
	400	BlueCross BlueShield of South Carolina State Employee Health Plan
	401	BlueCross BlueShield of South Carolina
	402	Federal Employee Health Benefits Program (FEP)
	403	BlueCross BlueShield of South Carolina Preferred Health Systems, Inc.--HMO Blue
	446	Employee Benefit Services dba Key Benefit Admin.
	481	Preferred Blue®
	498	Carolina Benefit Administrators
	781	Medical Claims Management Company
	886	Planned Administrators, Inc.
	922	BlueChoice HealthPlan
	C16	Consolidated Benefits, Inc.

Segment: **NM1** Requester Name
Position: 170
Loop: 2010B
Level: Detail
Usage: Required
Max Use: 1

Notes: All providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08.

If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number may be used in element 09, and element 08 may contain either '24' or '34'.

Data Element Summary

Ref. Des.	Data Element	Name
NM108	66	Identification Code Qualifier
		I removed the ETIN# qualifier--is that correct?
	24	Employer's Identification Number
	34	Social Security Number
	XX	Health Care Financing Administration National Provider Identifier

Segment: **N3** Requester Address
Position: 200
Loop: 2010B
Level: Detail
Usage: Required
Max Use: 1

Notes: The requestor's street address must be reported in this segment.

Segment: **N4** Requester City/State/ZIP Code
Position: 210
Loop: 2010B
Level: Detail
Usage: Required
Max Use: 1

Notes: The requestor's city, state, and ZIP code must be reported in this segment.

Segment: **PER** Requester Contact Information
Position: 220
Loop: 2010B
Level: Detail
Usage: Optional
Max Use: 1

Notes: If the requestor uses this segment to indicate a specific person or department to which requests for more information should be directed, at least one of the contact types must be a telephone number (value 'TE' in either PER03, PER05, or PER07, and complete telephone number including area code reported in PER04, PER06, or PER08.)

Data Element Summary

Ref.	Data	
<u>Des.</u>	<u>Element</u>	<u>Name</u>
PER02	93	Name

If the requestor uses this segment to indicate a specific contact which the UMO may contact for additional information regarding the request, the contact person's name must appear in this element.

Segment: **HI** Subscriber Diagnosis
Position: 080
Loop: 2000C
Level: Detail
Usage: Optional
Max Use: 1

Notes: All diagnosis codes reported in this segment must be ICD-9 codes.

Data Element Summary

Ref.	Data	
<u>Des.</u>	<u>Element</u>	<u>Name</u>
HI01	C022	Health Care Code Information
C02201	1270	Code List Qualifier Code

This element is required if the patient is the subscriber and the request is an initial request (2000F-UM02 = "I").

BF	Diagnosis
BJ	Admitting Diagnosis
BK	Principal Diagnosis

Segment: **NM1** Subscriber Name
Position: 170
Loop: 2010CA
Level: Detail
Usage: Required
Max Use: 1

Notes: The subscriber's first and last name must be reported in this segment (elements 03 and 04), as well as the Member Identification Number from the subscriber's ID card (element 09).

Segment: **DMG** Subscriber Demographic Information
Position: 250
Loop: 2010CA
Level: Detail
Usage: Required
Max Use: 1

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<u>Des.</u>	<u>Element</u>	<u>Name</u>
DMG02	1251	Date Time Period

The subscriber's date of birth must be reported in this element.

Segment: **HI** Dependent Diagnosis
Position: 080
Loop: 2000D
Level: Detail
Usage: Optional
Max Use: 1
Notes: All diagnosis codes reported in this segment must be ICD-9 codes.

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<u>Des.</u>	<u>Element</u>	<u>Name</u>
HI01	C022	Health Care Code Information
C02201	1270	Code List Qualifier Code

This element is required if the patient is a dependent and the request is an initial request (2000F-UM02 = "I").

BF	Diagnosis
BJ	Admitting Diagnosis
BK	Principal Diagnosis

Segment: **NM1** Dependent Name
Position: 170
Loop: 2010DA
Level: Detail
Usage: Required
Max Use: 1
Notes: The dependent's first and last name must be reported in this segment (elements 03 and 04), as well as the subscriber's Member Identification Number from the subscriber's ID card (element 09).

Segment: **DMG** **Dependent Demographic Information**
Position: 250
Loop: 2010DA
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

Ref.	Data	Name
Des.	Element	Date Time Period
DMG02	1251	

The dependent's date of birth must be reported in this element when the patient is a dependent, and the date must be less than or equal to the current date.

Segment: **HL** **Service Provider Level**
Position: 010
Loop: 2000E
Level: Detail
Usage: Required
Max Use: 1
Notes:

BlueCross BlueShield of South Carolina concurs with the 278 Implementation Guide's recommendation to limit the number of service providers to one for most certification/referral requests. Two providers--a service provider and a facility--may be reported for inpatient admissions. In no event will more than two repeats of the service provider loop be accepted.

Please see the Processing Guidelines at the beginning of this document for more information.

Segment: **NM1** Service Provider Name
Position: 170
Loop: 2010E
Level: Detail
Usage: Required
Max Use: 1

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<u>Des.</u>	<u>Element</u>	
NM103	1035	Name Last or Organization Name The service provider's last or organization name must be reported in this element when the request is an initial request (2000F-UN02 = "I").
NM108	66	Identification Code Qualifier All providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08. If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number may be used in element 09, and element 08 may contain either '24' or '34'. 24 Employer's Identification Number 34 Social Security Number XX Health Care Financing Administration National Provider Identifier

Segment: **HL** Service Level
Position: 010
Loop: 2000F
Level: Detail
Usage: Required
Max Use: 1
Notes:

A maximum of five (5) repeats of the service level loop (2000F) are accepted per provider. For inpatient admission reviews, a maximum of ten (10) repeats are accepted when both a facility and a service provider are reported in two repeats of the service provider loop (2000E).

Segment: **UM** Health Care Services Review Information
Position: 040
Loop: 2000F
Level: Detail
Usage: Required for initial requests
Max Use: 1

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<u>Des.</u>	<u>Element</u>	<u>Service Type Code</u>
UM03	1365	This element is required when the request is an initial request (UM02 = "I") and procedure codes are not present (2000C-HI or 2000D-HI).
1	Medical Care	69 Maternity
2	Surgical	70 Transplants
3	Consultation	
4	Diagnostic X-Ray	71 Audiology Exam
5	Diagnostic Lab	72 Inhalation Therapy
6	Radiation Therapy	73 Diagnostic Medical
7	Anesthesia	74 Private Duty Nursing
8	Surgical Assistance	75 Prosthetic Device
12	Durable Medical Equipment Purchase	76 Dialysis
14	Renal Supplies in the Home	77 Otolological Exam
15	Alternate Method Dialysis	78 Chemotherapy
16	Chronic Renal Disease (CRD) Equipment	79 Allergy Testing
17	Pre-Admission Testing	80 Immunizations
18	Durable Medical Equipment Rental	82 Family Planning
20	Second Surgical Opinion	83 Infertility
21	Third Surgical Opinion	84 Abortion
23	Diagnostic Dental	85 AIDS
24	Periodontics	86 Emergency Services
25	Restorative	93 Podiatry
26	Endodontics	94 Podiatry - Office Visits
27	Maxillofacial Prosthetics	95 Podiatry - Nursing Home Visits
28	Adjunctive Dental Services	98 Professional (Physician) Visit - Office
33	Chiropractic	99 Professional (Physician) Visit - Inpatient
34	Chiropractic Office Visits	A0 Professional (Physician) Visit - Outpatient
35	Dental Care	A1 Professional (Physician) Visit - Nursing Home
36	Dental Crowns	A2 Professional (Physician) Visit - Skilled Nursing Facility
37	Dental Accident	A3 Professional (Physician) Visit - Home
38	Orthodontics	A4 Psychiatric
39	Prosthodontics	A6 Psychotherapy
40	Oral Surgery	A7 Psychiatric - Inpatient
42	Home Health Care	A8 Psychiatric - Outpatient
44	Home Health Visits	A9 Rehabilitation
45	Hospice	AB Rehabilitation - Inpatient
46	Respite Care	AC Rehabilitation - Outpatient
48	Hospital - Inpatient	AD Occupational Therapy
50	Hospital - Outpatient	AE Physical Medicine

Continued on next page

51	Hospital - Emergency Accident	AF	Speech Therapy
52	Hospital - Emergency Medical	AG	Skilled Nursing Care
53	Hospital - Ambulatory Surgical	AI	Substance Abuse
54	Long Term Care	AJ	Alcoholism
56	Medically Related Transportation	AK	Drug Addiction
57	Air Transportation	AL	Vision (Optometry)
58	Cabulance	AR	Experimental Drug Therapy
59	Licensed Ambulance	BB	Partial Hospitalization (Psychiatric)
61	In-vitro Fertilization	BC	Day Care (Psychiatric)
62	MRI/CAT Scan	BD	Cognitive Therapy
63	Donor Procedures	BE	Massage Therapy
64	Acupuncture	BF	Pulmonary Rehabilitation
65	Newborn Care	BG	Cardiac Rehabilitation
67	Smoking Cessation	BS	Invasive Procedures
68	Well Baby Care		

UM04 C023 Health Care Service Location Information

This composite is required when the request is an initial request (UM02 = "I"), and UM03 is present but not for one of the following services:

Renal Supplies in the Home	14
Chiropractic Office Visit	34
Hospital—Ambulatory Surgical	53
Air Transportation	57
Cabulance	58
Licensed Ambulance	59
Podiatry Office Visit	94
Podiatry Nursing Home Visit	95
Professional (Physician) Visit—Office	98
Professional (Physician) Visit—Inpatient	99
Professional (Physician) Visit—Nursing Home	A1
Professional (Physician) Visit—Skilled Nursing Facility	A2
Professional (Physician) Visit—Home	A3

Segment: **REF** Previous Certification Identification
Position: 060
Loop: 2000F
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

Ref.	Data
Des.	Element Name
REF02	127 Reference Identification

This element is required when the request is not an initial request (2000F-UM02 does not equal 'I'). The requestor must report the original certification number given to the provider. If the original certification number is missing or invalid, the request may not be processed. (Is this correct?)

Segment: **DTP** Service Date
Position: 070
Loop: 2000F
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<u>Des.</u>	<u>Element</u>	<u>Date Time Period</u>
DTP03	1251	Date Time Period

The service date cannot be more than one (1) year in the future. If the request is an initial request (2000F-UM02='I') the date cannot be greater than seven (7) days in the past.

Segment: **DTP** Admission Date
Position: 070
Loop: 2000F
Level: Detail
Usage: Optional
Max Use: 1
Notes: This segment is required when the request is for an admission (2000F-UM01 = 'AR').

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<u>Des.</u>	<u>Element</u>	<u>Date Time Period</u>
DTP03	1251	Date Time Period

The admission date cannot be more than one (1) year in the future. If the request is an initial request (2000A-UM02='I') the date cannot be more than seven (7) days in the past.

Segment: **DTP** Discharge Date
Position: 070
Loop: 2000F
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<u>Des.</u>	<u>Element</u>	<u>Date Time Period</u>
DTP03	1251	Date Time Period

The proposed or actual discharge date cannot be more than one (1) year in the future.

Segment: **DTP** Surgery Date
Position: 070
Loop: 2000F
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<u>Des.</u>	<u>Element</u>	<u>Name</u>
DTP03	1251	Date Time Period

The proposed surgery date cannot be greater than one (1) year in the future. When the request is an initial request (2000F-UM02='I') the actual surgery date cannot be more than seven (7) days in the past.

Segment: **HI** Procedures
Position: 080
Loop: 2000F
Level: Detail
Usage: Optional
Max Use: 1
Notes:

Procedure codes may be reported using:

- HCPCS codes
- ICD-9 codes
- American Dental Association National Standard Tooth Numbering codes, (JP) or
- National Drug Codes

Additionally, when dates are reported, the dates may not be more than one (1) year in the future. If the request is an initial request (2000A-UM02='I') the dates may not be more than seven (7) days in the past.

Segment: **CR6** Home Health Care Information
Position: 150
Loop: 2000F
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<u>Des.</u>	<u>Element</u>	<u>Name</u>
CR611	1137	Medical Code Value

HCPCS or ICD-9 codes are accepted in this element.