BlueCross BlueShield of South Carolina and
BlueChoice® HealthPlan of South Carolina

ASC X12N 278 (005010X217) HEALTH CARE SERVICES REVIEW — REQUEST FOR REVIEW AND RESPONSE SUPPLEMENTAL IMPLEMENTATION GUIDE

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INTRODUCTION

Purpose of This Guide

The Secretary of Health and Human Services has established version 5010 of the X12N 278 Electronic Data Interchange Transaction Set as national standards for use by all health plans in the United States. This fulfills certain requirements of the administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). You can get more information on the HIPAA standards requirements in general at **aspe.hhs.gov/admnsimp**.

The following information is intended to serve only as a companion document to the HIPAA ASC X12/005010X217 Health Care Services Review — Request for Review and Response (278) Implementation Guide and Addenda Technical Report Type 3 (1) (2). This document is for the sole purpose of clarification. It describes specific requirements for processing BlueCross BlueShield of South Carolina HIPAA ASC X12/005010X217 Health Care Services Review — Request for Review and Response (278) submitted via electronic data interchange (EDI). Please note the HIPAA ASC X12/005010X217 Health Care Services Review — Request for Review and Response (278) Supplemental Implementation Guide is subject to change. Changes will be online at **www.SouthCarolinaBlues.com**.

BlueCross accepts one type of transaction per transmission. Therefore, all ST01 elements within the transmission will have the same transaction number. For example, putting 14 278 transactions in one enveloping sequence is acceptable. Putting 13 278s and one 276 in one enveloping sequence is unacceptable.

General

The utilization management organization (UMO) requires that providers or their clearinghouses submit all HIPAA transactions to their local plans.

Services

A maximum total of 25 service lines (2000F) are allowed for each 278 transaction.

The UMO requests monetary fields in the Loop 2000F SV1 segments (Professional Service) be valued for all durable medical equipment purchase and rental 278 requests.

Level-of-service indicators (2000E UM06) are classified “03” (Emergency), “U” (Urgent) and “E” (Elective). If UM06 is not valued on the request, elective 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.

Shaded text in the body of this document indicates BlueCross BlueShield of South Carolina specific information.

REVISION LOG

Date	Author	Revision Description
02/01/2011	Jody Brown	Original with document formatting
02/11/2011	Jody Brown	First draft with recommended changes from Anna Warren
03/02/2011	Jody Brown	Updated to new BlueCross logos
03/17/2011	Jody Brown	Updates from Janet Forktus
03/21/2011	Jody Brown	Final updates from Anna Warren & Bunny Walters
03/29/2011	Jody Brown	Updates from Brian Kroll/Anna Warren/Janet Forktus
04/01/2011	Jody Brown	Final updates from Janet Forktus
04/11/2011	Jody Brown	Final updates from EB Communications
05/12/2011	Jody Brown	Changes from TMCS
09/10/2012	Jody Brown	ASCX12 Legal Citation (pages 1 and 8)
09/12/2012	Jody Brown	Reformat
09/19/2012	Jody Brown	Updates from Corporate Communications

Page No.	Loop ID	Reference	Name	Codes	Notes/Comments
71	2010A	NM1	Utilization Management Organization (UMO) Name		
73	2010A	NM108	Identification Code Qualifier		This element must be PI until use of the National Plan ID is mandated.
73	2010A	NM108	Identification Code Qualifier	PI	Payer identification
73	2010A	NM109	Identification Code		Planned Administrators Inc., Thomas Cooper and Employee Benefit Services are separate companies that provide third-party administration services on behalf of BlueCross. The following codes are accepted:
73	2010A	NM109	Identification Code	315	Thomas Cooper Agency
73	2010A	NM109	Identification Code	400	BlueCross BlueShield of South Carolina State Employee Health Plan
73	2010A	NM109	Identification Code	401	BlueCross BlueShield of South Carolina
73	2010A	NM109	Identification Code	402	Federal Employee Health Benefits Program (FEP)
73	2010A	NM109	Identification Code	886	Planned Administrators Inc.
73	2010A	NM109	Identification Code	922	BlueChoice HealthPlan
73	2010A	NM109	Identification Code	C62	Medicare private fee-for- service (PFFS)
73	2010A	NM109	Identification Code	C63	Medicare preferred provider organizations (PPO)
76	2010B	NM1	Requester Name		
77	2010B	NM108	Identification Code Qualifier		All providers eligible under the Centers for Medicare & Medicaid Services (CMS) guidelines to receive a National Provider ID (NPI) number must report the NPI number in element NM109 using the qualifier XX in element NM108. If a provider is not eligible to receive an NPI, either the employer identification number or the provider's Social Security number may be used in element NM109, and element NM108 may contain either 24 or 34.
77	2010B	NM108	Identification Code Qualifier	24	Employer's identification number
78	2010B	NM108	Identification Code Qualifier	34	Social Security number
78	2010B	NM108	Identification Code Qualifier	XX	CMS NPI
84	2010B	PER	Requester Contact Information		If the requestor uses this segment to indicate a specific person or department, to which requests for more information should be directed and if PER03, PER05 or PER07 are valued, then at least one of the contact types must be a telephone number (value TE).
85	2010B	PER02	Name		If the requestor uses this segment to indicate a specific contact that the UMO may contact for additional information regarding the request, the contact person's name must appear in this element.
331	2010C	NM1	Subscriber Name		The subscriber's last name must be reported in this segment (element NM103).
332	2010C	NM103	Name Last or Organization Name		The subscriber's last name must be reported in this segment.

Page No.	Loop ID	Reference	Name	Codes	Notes/Comments
341	2010C	DMG	Subscriber Demographic Information		
341	2010C	DMG02	Date Time Period		The subscriber's date of birth must be reported in this element if the subscriber is the patient. The subscriber's date of birth must be on or before the current date.
347	2010D	NM1	Dependent Name		
348	2010D	NM103	Name Last or Organization Name		The dependent's last name must be reported in this segment.
357	2010D	DMG	Dependent Demographic Information		
357	2010D	DMG02	Date Time Period		The dependent's date of birth must be reported in this element when the patient is a dependent. The date must be on or before the current date.
521	2010FA	NM1	Service Provider Name		
523	2010FA	NM108	Identification Code Qualifier		All providers eligible under CMS guidelines to receive an NPI number must report the NPI number in element NM109 using the qualifier XX in element NM108. If a provider is not eligible to receive an NPI, either the employer identification number or the provider's Social Security number may be used in element NM109 and element NM108 may contain either 24 or 34.
523	2010FA	NM108	Identification Code Qualifier	24	Employer's identification number
523	2010FA	NM108	Identification Code Qualifier	34	Social Security number
523	2010FA	NM108	Identification Code Qualifier	XX	CMS NPI
463	2000F	HL	Service Level		A maximum total of 25 service lines are allowed for each 278 transaction.
277	2010F	NM1	Service Provider Name		
279	2010F	NM108	Identification Code Qualifier		All providers eligible under CMS guidelines to receive an NPI number must report the NPI number in element NM109 using the qualifier XX in element NM108. If a provider is not eligible to receive an NPI, either the employer identification number or the provider's Social Security number may be used in element NM109, and element NM108 may contain either 24 or 34.
279	2010F	NM108	Identification Code Qualifier	24	Employer's identification number
279	2010F	NM108	Identification Code Qualifier	34	Social Security number
279	2010F	NM108	Identification Code Qualifier	XX	CMS NPI

[1] Accredited Standards Committee X12, Insurance Subcommittee, ASC X12N.
Health Care Services Review — Request for Review and Response (278), 005010X217. Washington Publishing Company, April 2006. <**www.wpc-edi.com**>. 1 – 8.

[2] The ASC X12 TR3s that detail the full requirements for these transactions are available at **http://store.x12.org/store/**.

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