278N – 005010X216

278N Health Care Services Review Notification and Acknowledgment Guide — Batch Utilization Management (UM) Decision Notification

This supplemental guide is for payer specific informational purposes only, to describe certain aspects and expectations regarding the transaction, and is not a complete guide. The details should be used in conjunction with the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) as published by the Washington Publishing Company.

Section 1 – Basic Instructions

Section 2 – Onboarding Checklist

Section 3 – Enveloping and Charts for Situational Rules

Section 4 – Reading the Response

Section 5 – Appendices

MULTI-BCBS-CM-061346-24-CPN57324 June 2024

Section 1 - Basic Instructions

1 Business Events Supported for Health Plans by the 278N Transaction Set

- Notification of Authorization decisions by delegated entity
- Updates to Authorization decisions by delegated entity

2 Business Rules & Limitations

Notifications of Utilization Management (UM) decisions should be transmitted to Anthem Blue Cross and Blue Shield (Anthem) within 24 hours of the decision.

2.1 Service Line Trace Numbers

Original Notifications (UM02=I)	Original Acknowledgments	Update Notifications (UM02=S)
SEQUENCE NUM is available in TRN segment under Loop 2000F TRN*1*1***~ TRN01 – Current Transaction Trace Number TRN02 – Vendor Specific Service Sequence Number		
For each service line, a unique sequence number must be assigned (2000F TRN03 (tax ID or NPI of the information source) identifies the sender.) The first service line must be number "1", with each subsequent line increased by one.	The service line sequence number will be retained and used as the UM system service sequence number.	Both the original service line sequence number and the UM system service sequence number must be included.

Case updates must contain the 1) existing service lines, 2) newly added service line. The sequence number on existing service line must be retained.

Case: 2 service lines (vendor service sequence as 1 and 3 retained) and newly added service procedure (PX) line	
Initial	Update
Loop 2000F **HL***5*4*SS*0~ **TRN***1*1*9123456789~ **HCR***A3**0F~ **DTP***472*RD8*20230222-20230223~ **SV1***HC:S3000***~ **HSD***VS*1~ **HL***6*5*SS*0~ **TRN***1*3*9123456789~ **HCR***A3**0F~ **SV1***HC:S3001***~ **HSD***VS*1~	Loop 2000F **HL***5*4*SS*0~ **TRN***2*1*9123456789~ **HCR***A3**0F~ **SV1***HC:S3000***~ **HSD***VS*1~ **HL***6*5*SS*0~ **TRN***2***3***9123456789~ **HCR***A3**0F~ **SV1***HC:S3001***~ **HSD***VS*1~ **HL***7*6*SS*0~ **TRN***1***4***9123456789~ **HCR***A1**0F~ **SV1***HC:S3003***~ **HSD***VS*1~

2.2 Certified – Partial Authorization:

Case with partial approval (Loop 2000E HCR01=A2) indicates the authorization has partial approved units/days.

Loop 2000F contains 2 lines representing the units/days 'Approved' vs 'Denied'.
This is similarly done for both procedure (PX) services and inpatient length of stay (LOS) days.

Example:

Loop 2000E – Event level shows a partially approved case **HCR***A2*992784356~ Loop 2000F – 1 service line shows the requested (denied) service **HL***5*4*SS*0~ **TRN***1*1*9123456789~ **HCR***A3**0F~ **SV1***HC:S3000**UN*10~ Loop 2000F – 1 service line shows the authorized (approved) service **HL***6*4*SS*0~ **TRN***1*2*9123456789~ **HCR***A1~ **SV1***HC:S3000**UN*5~	Note: The order of the approved/denied service lines does NOT matter.
➢ **Denial Reasons:** For 'Not Certified' Services (A3), HCR03 is required**.** See **Appendix B** for the Denial Reason List.	
➢ **Allowed Status Combinations:** See **Appendix A**	

2.3 Inpatient (IP) Notifications – Length of Stay (LOS)

- Inpatient reviews (Loop 2000E UM01=AR) require Admission dates (Loop 2000E DTP*435).
- When known, a discharge date (Loop 2000E DTP*096) may also be sent.
- When updating a length of stay (LOS), new dates must be included as a new service line.
- Service lines must be added with no gaps, no overlapping dates.
- Updates require an initial service line.
- IP cases must have at least one SV2 segment with SV201 containing the revenue code.
- Default revenue code value = 0120 is allowed.
- If multiple service dates (DTP*472) are present, then the latest end date must be the same as Loop 2000E DTP*096, if available.
- Service dates in Anthem systems are set up based on calendar days.

➢ **Discharge Date (DTP*096):**

If not available, expected Discharge Date = latest End date +1 from 2000F SV2 There is no expected admission date. Length of stay dates derived from 2000F SV2	**HL***7*5*SS*0~ **TRN***1*15133420*1999999999~ **UM***HS*S*69*21:B~ **HCR***A1*15133420~ **REF***BB*6666727~ **DTP***472*RD8*20221231-20230102~ **SV2***0120***UN*2~ **HSD***DY*2~

- **Initial Request Vs Extension Request**
  Loop 2000F UM02=I – Initial Request
  Loop 2000F UM02=4 – Extension

Initial	Extension
HL*7*5*SS*0~ **TRN***1*15133420*1999999999~ **UM***HS***I***69*21:B~ **HCR***A1*15133420~ **REF***BB*6666727~ **DTP***472*RD8*20221231-20230102~ **SV2***0120***UN*2~ **HSD***DY*2~	**HL***7*5*SS*0~ **TRN***1*15133420*1999999999~ **UM***HS***4***69*21:B~ **HCR***A1*15133420~ **REF***BB*6666727~ **DTP***472*RD8***20230102-20230103**~ **SV2***0120***UN*2~ **HSD***DY*2~

2.4 Outpatient - Notifications

Loop 2000E - Event dates (2000E DTP*AAH) are required for outpatient reviews, UM01=HS	**UM*****HS***S*73*22:B**E~ **HCR***A1*6665706~ **REF***BB*6665706~ **REF***NT*6665706~ **DTP*****AAH***RD8*20230103-20230103~
Loop 2000F Service dates (2000F DTP*472*RD8**) are required. SV101 is required. HSD01 is required.	**HL***5*4*SS*0~ **TRN***1*15133447*1999999999~ **UM***HS*S*73*22:B~ **HCR***A1*15133447~ **REF***BB*6666739~ **DTP*****472***RD8*20230103~20230103 **SV1*****HC:74183**~ **HSD*****VS***1~

2.5 Service Type Codes Intensive Care (IC)/BB Case Notifications

Requires two iterations of Loop 2010EA NM1 to identify Practitioner (person) and Facility (non-person) along with Service Type (TOS).

2.6 Acceptable Place of Service (POS) and Service Type (TOS) Codes

See **Appendix C** for the acceptable POS and TOS combinations

2.7 Revenue Code and Level of Care (LOC) Codes

See **Appendix D** for the supplementary crosswalk to identify the codes in claims related terms.

2.8 Case Updates

After a case is initially submitted (UM02=I), future updates require changes:

- Loop 2000E UM02=S on all update submissions

Original Case	Update Case
HL*4*3*EV*1~ **UM***HS***I***1*11:B**U~	**HL***4*3*EV*1~ **UM***HS***S***1*11:B**U~

- UM reference number must be submitted as shown below:
  - vendor authorization number is populated in Loop 2000E REF*NT
  - if HCR01=A1 or A2 (A1 - Approved, A2 - Approved & Denied) [Loop 2000E HCR02]
  - if HCR01=A3 (A3 - Denied) [Loop 2000E REF*BB]

Original Case	Update Case
For original approved cases (UM02=I), use vendor case number in HCR02	For updated approved cases (UM02=S), use UMO authorization number in HCR02
UM*HS*I*1*11:B**U~ **HCR***A1***9399**~ **REF***NT*4321~	**UM***HS*S*1*11:B**U~ **HCR***A1***UM1234**~ **REF***NT*4321~
UM*HS*I*1*11:B**U~ **HCR***A2***9399**~ **REF***NT*4321~	**UM***HS*S*1*11:B**U~ **HCR***A2***UM1234**~ **REF***NT*4321~
For original denied cases (HCR01=A3), use vendor case number in REF02 (BB)	For updated denied cases, use UMO case number in REF02 (BB)
UM*HS*I*1*11:B**U~ **HCR***A3*9399~ **REF***BB***9399**~ **REF***NT*4321~	**UM***HS*S*1*11:B**U~ **HCR***A3*9399~ **REF***BB***UM1234**~ **REF***NT*4321~

2.8.1 Outpatient Updates:

- **Updating units and adding procedure (PX) code on authorization**

  For any override on the PX code, the existing line must be cancelled, and a new line must be sent with the updated PX code.

  When sending case updates (Loop 2000E UM02=S), each line item must contain an HCR segment specifying the status.

  When adding a new service to an existing case, Loop 2000E UM02=S and Loop 2000F UM02=I to indicate the service line was not previously submitted.

NOTE: In all update cases, processing errors are avoided by populating all service lines, even those that have not changed.

Original Case	Update Case	
	Loop 2000E updates units on an existing line and adds a new service line:	
HL*4*3*EV*1~	**HL***4*3*EV*1~	
UM*AR*I*6*22:A**E~	**UM***AR***S***6*22:A**E~	
HCR*A1*210199369~	**HCR***A1*X00000001~	
	REF*NT*210199369~	
HL*5*3*SS*0~	**HL***5*3*SS*0~	
TRN*1*1*9123456789~	**TRN***2*1*9123456789~	
	TRN*2*0*9999900000~	
	UM*HS***S**~	*UM02=S indicates line has changed*
SV1*HC:S3000**UN*1~	**SV1***HC:S3000**UN***2**~	*Updating units to 2*
	HL*6*3*SS*0~	
	TRN***1***2*9123456789~	*TRN01=1 1st occurrence of 9123456789*
	UM*HS***I**~	*UM02=I indicate new service*
	SV1*HC:S3002UN*1**~	*Adding new service line*

- **Updating PX code:**

  For a PX code update, the existing line must be cancelled, and a new line must be sent with the updated PX code.

- **Cancelling Approved/Denied units:**

  For decision updates, the same service line should be updated with the overridden status.

- **No two Service lines should contain same PX/Revenue Code and same service dates with two different decisions.**

2.8.2 Inpatient Case Updates to Initial Authorization:

- In case of decision updates, the service line must be updated with the overridden status.

Denied Decision on LOS	Overturned Decision on LOS
HL*5*4*SS*0~ **TRN***1*15133420*1999999999~ **UM***HS*I*69*21:B~ **HCR***A3*15133420~ **REF***BB*6666727~ **DTP***472*RD8*20221231-20230102~ **SV2***0120***UN*2~ **HSD***DY*2~	**HL***5*4*SS*0~ **TRN***1*15133420*1999999999~ **UM***HS*I*69*21:B~ **HCR***A1*15133420~ **REF***BB*6666727~ **DTP***472*RD8*20221231-20230102~ **SV2***0120***UN*2~ **HSD***DY*2~

Case 1: Service line 1 Date of Service (DOS) and approved days changed	
Initial	Revision
HL*4*3*23*1~ **NM1***QC*1*BENETTE*JACOB~ **DMG***D8*20230401*M~ **INS***N*19~ **HL***5*4*EV*1~ **UM***AR*I*1*21:B**U~ **HCR***A1*20230611000012~ **DTP***435*D8*20230401~ **DTP***096*D8*20230412~ **HI***ABF:P599*ABF:P819~ **NM1***FA*2*CCMC*****XX*1111111112~ **N3***1 WASHINGTON ST~ **N4***HARTFORD*CT*06106~ **HL***6*5*SS*0~ **TRN***1*1*0000000001~ **UM***HS*I*1*21:B~ **HCR***A1*20230611000012001~ **DTP***472*RD8*20230401-20230412~ **SV2***0171~ **HSD***DY*12~	**HL***4*3*23*1~ **NM1***QC*1*BENETTE*JACOB~ **DMG***D8*20230401*M~ **INS***N*19~ **HL***5*4*EV*1~ **UM***AR*S*1*21:B**U~ **HCR***A1*UM54422716~ **REF*NT*20230611000012~** **DTP***435*D8*20230403~ **DTP***096*D8*20230424~ **HI***ABF:P599*ABF:P819~ **NM1***FA*2*CCMC*****XX*1111111112~ **N3***1 WASHINGTON ST~ **N4***HARTFORD*CT*06106~ **HL***6*5*SS*0~ **TRN***2*1*0000000001~ **UM***HS*I*1*21:B~ **HCR***A1*20230611000012001~ **DTP***472*RD8*20230403-20230424~ **SV2***0172~ **HSD***DY*22~

- **Extending Length of Stay (LOS):**

Extension on LOS must be indicated using the Certification Type code in Loop 2000F UM02

Extension on Length of Stay (LOS)	
Initial	Revision
HL*5*4*SS*0~ **TRN***1*15133420*1999999999~ **UM***HS*I*69*21:B~ **HCR***A1*15133420~ **REF***BB*6666727~ **DTP***472*RD8*20221231-20230102~ **SV2***0120***UN*2~ **HSD***DY*2~	**HL***5*4*SS*0~ **TRN***2*15133420*1999999999~ **UM***HS*I*69*21:B~ **HCR***A1*15133420~ **REF***BB*6666727~ **DTP***472*RD8*20221231-20230102~ **SV2***0120***UN*2~ **HSD***DY*2~ **HL*6*5*SS*0~** **TRN*1*15133420*1999999999~** **UM*HS*4*69*21:B~** **HCR*A3*15133420~** **REF*BB*6666727~** **DTP*472*RD8*20230102-20230104~** **SV2*0120***UN*2~** **HSD*DY*2~**
Case 1: Extension on LOS and new procedure code within the DOS of the new LOS	
Initial	Revision
HL*4*3*EV*1~ **UM***AR*I*1*21:B**U~ **HCR***A1*20230611000010~ **DTP***435*D8*20230110~ **DTP***096*D8*20230111~ **HI***ABF:G935*ABF:M4802~ **NM1***FA*2*SOURCE*****XX*1111111112~ **N3***111 FARMINGTON AVE~ **N4***FARMINGTON*CT*06030~ **HL***5*4*SS*0~ **TRN***1*1*0000000001~ **UM***HS*I*1*21:B~ **HCR***A1*20230611000010001~ **DTP***472*RD8*20230110-20230111~ **SV2****HC:63046~ **HSD***FL*1~ **HL***6*4*SS*0~ **TRN***1*2*0000000001~ **UM***HS*I*1*21:B~ **HCR***A1*20230611000010002~ **DTP***472*RD8*20230110-20230111~ **SV2***0160~ **HSD***DY*2~	**HL***4*3*EV*1~ **UM***AR*S*1*21:B**U~ **HCR***A1*UM54422713~ **REF*NT*20230611000010~** **DTP***435*D8*20230110~ **DTP***096*D8*20230114~ **HI***ABF:G935*ABF:M4802~ **NM1***FA*2*SOURCE*****XX*1111111112~ **N3***111 FARMINGTON AVE~ **N4***FARMINGTON*CT*06030~ **HL***5*4*SS*0~ **TRN***2*1*0000000001~ **UM***HS*S*1*21:B~ **HCR***A1*20230611000010001~ **DTP***472*RD8*20230110-20230111~ **SV2****HC:63046~ **HSD***FL*1~ **HL***6*4*SS*0~ **TRN***2*2*0000000001~ **UM***HS*I*1*21:B~ **HCR***A1*20230611000010002~ **DTP***472*RD8*20230110-20230111~ **SV2***0160~ **HSD***DY*2~ **HL*7*4*SS*0~** **TRN*1*3*0000000001~** **UM*HS*4*1*21:B~**

	HCR*A1*20230611000010003~ **DTP*472*RD8*20230112-20230114~** **SV2*0160~** **HSD*DY*3~** **HL*8*4*SS*0~** **TRN*1*4*0000000001~** **UM*HS*I*1*21:B~** **HCR*A1*20230611000010004~** **DTP*472*RD8*20230110-20230111~** **SV2**HC:63045~** **HSD*FL*1~**
Case 2: Diagnosis codes added and service line added for extension on LOS	
Initial	Revision
HL*4*3*EV*1~ **UM***AR***I***1*21:B**U~ **HCR***A1***20230611000011**~ **REF***NT*20230611000011~ **DTP***435*D8*20230521~ **DTP***096*D8***20230522**~ **HI***ABF:I10*ABF:M5416~ **NM1***FA*2*CCMC*****XX*1111111112~ **N3***1 WASHINGTON ST~ **N4***HARTFORD*CT*06106~ **HL***5*4*SS*0~ **TRN***1*1*0000000001~ **UM***HS*I*1*21:B~ **HCR***A1*20230611000011001~ **DTP***472*RD8*20230521-20230522~ **SV2***0762~ **HSD***DY*2~	**HL***4*3*EV*1~ **UM***AR***S***1*21:B**U~ **HCR***A1***UM54422712**~ **REF***NT*20230611000011~ **DTP***435*D8*20230521~ **DTP***096*D8***20230526**~ **HI***ABF:I10*ABF:M5416~ **NM1***FA*2*CCMC*****XX*1111111112~ **N3***1 WASHINGTON ST~ **N4***HARTFORD*CT*06106~ **HL***5*4*SS*0~ **TRN***2*1*0000000001~ **UM***HS*I*1*21:B~ **HCR***A1*20230611000011001~ **DTP***472*RD8*20230521-20230522~ **SV2***0762~ **HSD***DY*2~ **HL*6*4*SS*0~** **TRN*1*2*0000000001~** **UM*HS*4*1*21:B~** **HCR*A1*20230611000011002~** **DTP*472*RD8*20230523-20230526~** **SV2*0762~** **HSD*DY*4~**
Case 3: Service Line 3 added with extension to Length of Stay (LOS)	
Initial	Revision
HL*4*3*EV*1~ **UM***AR*I*1*21:B**U~ **HCR***A2***20230611000008**~ **DTP***435*D8*20230108~ **DTP***096*D8***20230109**~ **HI***ABF:Q330~ **NM1***FA*2*SOURCE*****XX*1111111112~ **N3***111 FARMINGTON AVE~ **N4***FARMINGTON*CT*06030~ **HL***5*4*SS*0~ **TRN***1*1*0000000001~ **UM***HS***I***1*21:B~	**HL***4*3*EV*1~ **UM***AR***S***1*21:B**U~ **HCR***A2***UM54422709**~ **REF*NT*20230611000008~** **DTP***435*D8*20230108~ **DTP***096*D8***20230111**~ **HI***ABF:Q330~ **NM1***FA*2*SOURCE*****XX*1111111112~ **N3***111 FARMINGTON AVE~ **N4***FARMINGTON*CT*06030~ **HL***5*4*SS*0~ **TRN***2*1*0000000001~ **UM***HS***S***1*21:B~

HCR*A3*20230611000008001*0F~ **DTP***472*RD8*20230108-20230108~ **SV2****HC:32650~ **HSD***FL*1~ **HL***6*4*SS*0~ **TRN***1*2*0000000001~ **UM***HS*I*1*21:B~ **HCR***A1*20230611000008002~ **DTP***472*RD8*20230108-20230109~ **SV2***0160~ **HSD***DY*2~	**HCR***A3*20230611000008001*0F~ **DTP***472*RD8*20230108-20230108~ **SV2****HC:32650~ **HSD***FL*1~ **HL***6*4*SS*0~ **TRN*2***2*0000000001~ **UM***HS*I*1*21:B~ **HCR***A1*20230611000008002~ **DTP***472*RD8*20230108-20230109~ **SV2***0160~ **HSD***DY*2~ **HL*7*4*SS*0~** **TRN*1*3*0000000001~** **UM*HS*4*1*21:B~** **HCR*A1*20230611000008003~** **DTP*472*RD8*20230110-20230111~** **SV2*0160~** **HSD*DY*2~**

3 Facility and Provider Identification

Facilities and providers are identified by name, address, NPI, tax ID, payer provider ID.

In each loop to identify a provider, the following elements are used:

- Entity or Last name (NM103)
- First name, if individual (NM104)
- NPI (NM109, with NM108=XX)
- Tax ID (REF02, with REF01=EI), not required but helpful when available
- Independent Physician Association (IPA) ID (REF02, with REF01=ZH), when an IPA ID has been used
- Address in N3 and N4 segments

Delegate groups without an NPI, use NM109="9999999999". Both the tax ID and IPA ID are still required.

Note: For Delegated groups, all the provider details listed above are required for the authorization to be processed.

3.1 Network Overrides

Applying in-network benefits to out-of-network providers is vendor specific. Details must be further discussed during testing.

4 Patient Identification

Patients are identified by the Health Care ID (HCID) that generally appears on the insurance ID card. However, the assigned HCID applies to both the member and to qualified dependents, so it does not uniquely identify covered individuals. The following information must be sent to identify the patient:

- HCID (Loop 2010C Subscriber Name NM109), including any prefix, if present on ID card
- Last name (NM103)
- First name (NM104)
- Date of birth (DMG02)

Patient = Subscriber	Patient = Dependent	Patient = Unknown
If the patient is the primary subscriber, then the patient's name and Date of Birth (DOB) must also be sent in Subscriber Name Loop 2010C.	If the patient is a dependent of the subscriber, then patient name and DOB must be sent in Dependent Name Loop 2010D. INS02 is required for the dependent patient. **HL***4*3*22*1~ **NM1***QC*1*DUCK*DONALD****MI*ABC01234~ **REF***6P*U OF CALIFORNIA~ **N3***3513 ALGINET DR~ **N4***ENCINO*CA*91436~ **DMG***D8*19990120*M~ **INS***N***01*******~	If it is unknown whether the patient is the subscriber or a dependent, then either loop may be used.

5 Encounter Identification

Encounter identifier assigned by the facility to uniquely identify the encounter is sent in the patient's Loop 2010C or 2010D in a REF segment with REF01 = "EJ" (Patient Account Number).

6 Special Note about Response Timing

Under normal operating conditions, responses are returned up to 2 business days after the original submission.

7 Setup and Communication Support

As all connectivity is provided through Availity, www.availity.com, submitting 278N notifications for contracted facilities is initiated by following the steps below:

Log into Availity > Select My Providers > Enrollment Center > Transaction Enrollment

For support, Availity Client Services at 1-800-282-4548.

Availity's EDI Connection Service Startup Guide will assist with the process.

When submitting the 278N decision notification, **only batch sftp** submissions are supported.

8 Testing with Availity

Prior to going into production, validation testing may be required in the Availity test environment. Note: The test environment is refreshed 3 times a day, therefore test transactions should not be submitted during the following times.

- 8:00 AM – 9:00 AM EST
- 12:00 PM – 1:00 PM EST
- 5:00 PM – 6:00 PM EST

9 Response Files

The Availity EDI Companion Guide offers documentation for configuring reporting and response bundling in the "Set up EDI reporting preferences" section.

Availity's batch EDI processing generates response files (including acknowledgments and reports) for each submitted batch file. The administrator for each organization can set up reporting preferences that specify which response files are generated.

Note: The 278N response may contain MSG segments in both Loops 2000E and 2000F. Since these are not part of the 5010 TR3, your EDI maps may need to be updated

Section 2: Onboarding Checklist

Anthem created this checklist to help delegates prepare for testing while the Trading Partner Agreement (TPA) is finalized with Availity.

1 Retain a copy of this document.

2 Share with your onboarding coordinator.

- ✓ The name of the system/EDI vendor generating your X12 transactions
- ✓ The name of your EDI clearinghouse (if not a direct connection)
- ✓ If you are already submitting 278N transactions with another entity
- ✓ How your system uses and will submit place of service codes (i.e., if you use place of service POS 55, is that used as inpatient, outpatient, or both?)

3 Consider the test suite you will want to conduct.

Testing is done to ensure that all required data transfers smoothly between systems, so the delegate is encouraged to review both existing authorizations and their contract to design a representative sample of authorization test cases, covering service types and procedure codes, as well as insert/create and update cases.

After a test plan is shared, the test coordinator can arrange for provider and member data that can be used for testing purposes.

Testing cannot start until after the Trading Partner Agreement (TPA) is signed with Availity.

4 Ensure that your system is setup to include the following:

- ✓ Loop 2010A REF*ZH to submit the Independent Physician Association (IPA) ID
- ✓ Provider Loop tax IDs
- ✓ Service line sequence numbers in Loop 2000F TRN segments
- ✓ Correct industry code set mappings where relevant, including decision reason codes, service types, and others.

5 Ensure that your system can receive all relevant response data for errors:

- ✓ MSG segments in Loops 2000E/F in the response.
  These segments are not included in the TR3, however, they are used to exchange error details not part of the AAA codes.

6 Ensure that your system is setup to receive and store values required for update cases.

- ✓ Returned authorization number
- ✓ Returned service line trace numbers

Section 3 – Enveloping and Charts for Situational Rules

EDI envelopes control and track communications between the trading partner and the payer. One envelope may contain many transaction sets grouped into the following:

- Interchange Control Header (ISA)
- Functional Group Header (GS)
- Functional Group Trailer (GE)
- Interchange Control Trailer (IEA)

Availity has specific requirements that must be adhered to and should be reviewed in order to ensure transactions are accepted, processed and ultimately delivered to Anthem.

For more information on submitting claims and the required ISA and GS envelope values, review the following topics in the Availity EDI Guide.

- Uploading and downloading EDI files
- Control Segments/Envelopes
- FTP Client Confirmation
- Acknowledgements and Reports

Listed below are loops, segments, and data elements with additional usage clarifications and restrictions from the TR3. Please refer to the TR3 for complete transaction details.

- Segment Required – Data in this segment must be sent or the transaction will be rejected.
- Refer to TR3 – Use as indicated by X12 005010 x216 TR3.
- Do not use – These segments should not be sent and may result in the transaction being rejected.

278 Health Care Services Review Request				
TR3	**Segment**	**Reference Designator(s)**	**Value**	**Definitions and Notes**
P.61	**ST**	*Transaction Set Header - Refer to TR3*		
P.63	**BHT** Beginning of Hierarchical Trx	**BHT02** Transaction Set Purpose Code	***22***	22 - Information Copy
Loop ID 2000A—Information Source Detail				
P.65	**HL**	Information Source Level		***Segment required***
Loop ID 2010A—Information Source Level Name				
P.67	**NM1** Information Source Name	**NM101** Entity Identifier Code	***1P*** ***FA***	1P - Provider FA - Facility
		NM108 ID Code Qualifier	***XX***	XX - National Provider Identifier (NPI)
		NM109 Identification Code	***<Identification Code>***	Sender NPI is required
P.70	**REF** Information Source Supplemental Identification	**REF01** Reference ID Qualifier	***EI***	EI - Employer's Identification
		REF02 Reference ID	***<Info Source Supp ID>***	For proper delegate identification, EIN/Tax ID
P.72	**N3**	*Information Source Address*		***Segment required***
P.73	**N4**	*Information Source City, State, Zip Code*		***Segment required***
P.75	**PER**	*Information Source Contact Information - Refer to TR3*		
P.78	**PRV**	*Information Source Provider Information - Refer to TR3*		
Loop ID 2000B—Information Receiver Detail				
P.80	**HL**	*Information Receiver Level*		***Segment required***
Loop ID 2010B—Information Receiver Level Name				
P.82	**NM1** Information Receiver Name	**NM101** Entity Identifier Code	***PR***	PR - Payer
		NM108 ID Code Qualifier	***PI***	PI - Payer Identification
		NM109 Identification Code	***<Availity Payer ID>***	https://apps.availity.com/public-web/payerlist-ui/payerlist-ui/#/
Loop ID 2000C—Subscriber Level				
P.85	**HL**	*Subscriber Level*		***Segment required***
Loop ID 2010C—Subscriber Name				
P.87	**NM1** Subscriber Name	**NM103** Name Last or Organization Name	***<Subscriber Last Name>***	Subscriber last name required Subscriber first name required
		NM104 Name First	***<Subscriber First Name>***	
		NM108 ID Code Qualifier	***MI***	MI - Member Identification Number
		NM109 Identification Code	***<Subscriber Member ID>***	Subscriber member ID, as presented on member card

278 Health Care Services Review Request				
TR3	**Segment**	**Reference Designator(s)**	**Value**	**Definitions and Notes**
Loop ID 2010C—Subscriber Name (cont'd)				
P.90	**REF**	*Subscriber Supplemental Identification - Refer to TR3*		
P.92	**N3**	*Subscriber Address - Refer to TR3*		
P.93	**N4**	*Subscriber City, State, Zip Code - Refer to TR3*		
P.95	**DMG** Subscriber Demographic Information	**DMG02** Subscriber Birth Date	***<Subscriber Birth Date>***	Birth date required
P.97	**INS**	*Subscriber Relationship - Refer to TR3*		
Loop ID 2000D—Dependent Detail				
P.99	**HL**	*Dependent Level - Refer to TR3*		
Loop ID 2010D—Dependent Detail				
P.101	**NM1**	*Dependent Name - Refer to TR3*		
P.103	**REF**	*Dependent Supplemental Identification - Refer to TR3*		
P.105	**N3**	*Dependent Address - Refer to TR3*		
P.106	**N4**	*Dependent Address - Refer to TR3*		
P.108	**DMG**	*Dependent Demographic Information - Refer to TR3*		
P.110	**INS**	*Dependent Relationship - Refer to TR3*		
Loop ID 2000E—Patient Event Level				
P.112	**HL**	*Patient Event Level*		***Segment required***
P.114	**TRN**	*Patient Event Tracking - Refer to TR3*		
P.116	**AAA**	*Patient Event Request Validation - Refer to TR3*		***DO NOT USE***
P.118	**UM** Health Care Services Review Information *See **Appendix C** for acceptable UM03 / UM04-2=B combinations*	**UM01** Request Category Code	***AR*** ***HS***	AR - Admission Review HS - Health Services Review
		UM02 Certification Type Code	***I*** ***S***	I - Initial S - Revised
		UM03 Service Type Code	***<Service Type Code>***	Required
		UM04 Health Care Service Location	Used to determine Place of Service	
			<Place of Service>	When UM04-2=A, the NCCI Type of Bill crosswalk will be used to derive appropriate place of service When UM04-2=B, the value in UM04-1 will be directly used
		UM06 Level of Service Code	***03*** ***E*** ***U***	03 - Emergency E - Elective U - Urgent

278 Health Care Services Review Request				
TR3	**Segment**	**Reference Designator(s)**	**Value**	**Definitions and Notes**
Loop ID 2000E—Patient Event Level (cont'd)				
P.123	**HCR** Health Care Services Review	**HCR01** Action Code	***A1*** ***A2*** ***A3*** ***C***	A1 – Certified in total A2 – Certified – Partial A3 – Not Certified C - Cancelled
		HCR02 Review Identification Number	***<Certification Number>***	Max length is 30 numeric characters. Alpha characters not accepted For original approved cases (UM02=I), use vendor case number in HCR02. For updated approved cases (UM02=S), use UMO authorization number in HCR02
P.125	**REF** Previous Review Authorization Number	**REF01** Reference ID Qualifier	***BB***	BB - Authorization Number
		REF02 Reference Identification	***<Previous Review Auth Number>***	For original denied cases (HCR01=A3), use vendor case number in REF02. For updated denied cases, use UMO case number in REF02
P.126	**REF** Administrative Reference Number	**REF01** Reference ID Qualifier	***NT***	NT - Administrator's Reference Number
		REF02 Reference Identification	***<Admin Ref Number>***	For all update cases, use original vendor case number in REF02
P.127	**DTP**	*(Date Time Code Qualifier **439**) Accident Date - Refer to TR3*		
P.128	**DTP**	*(Date Time Code Qualifier **484**) Last Menstrual Period Date - Refer to TR3*		
P.129	**DTP**	*(Date Time Code Qualifier **ABC**) Estimated Date of Birth - Refer to TR3*		
P.130	**DTP**	*(Date Time Code Qualifier **431**) Onset of Current Symptoms or Illness Date - Refer to TR3*		
P.131	**DTP** Event Date	**DTP02** Date Time Code Qualifier	***Segment Required for Outpatient (OP)***	
			Use when UM01=HS	
			RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
P.132	**DTP**	(Date Time Code Qualifier **435**) Admission Date Use when UM01=AR	***Segment Required for Inpatient (IP)***	
P.133	**DTP**	*(Date Time Code Qualifier **096**) Discharge Date - Refer to TR3* Use when UM01=AR and actual or estimated discharge date is known Dates prior to or the same as the transaction date are treated as actual discharge date		
P.134	**DTP**	*(Date Time Code Qualifier **102**) Certification Issue Date - Refer to TR3*		
P.135	**DTP**	*(Date Time Code Qualifier **036**) Certification Expiration Date - Refer to TR3*		
P.136	**DTP**	*(Date Time Code Qualifier **007**) Certification Effective Date - Refer to TR3* Required to communicate date(s) the authorization is valid Note: when HCR01=A3 (Not Certified), use the date the decision was made in this segment		
P.137	**HI**	*Patient Diagnosis - Refer to TR3* At least 1 valid diagnosis code is required Per TR3 requirements, do not include the decimal in the diagnosis code	***Segment required***	
P.154	**HSD**	*Health Care Services Delivery - Refer to TR3*	***DO NOT USE***	
P.159	**CL1**	*Institutional Claim Code - Refer to TR3*		
P.160	**CR1**	*Ambulance Transport Information - Refer to TR3*		

278 Health Care Services Review Request				
TR3	**Segment**	**Reference Designator(s)**	**Value**	**Definitions and Notes**
Loop ID 2000E— Patient Event Level (cont'd)				
P.162	**CR2**	*Spinal Manipulations Service Information - Refer to TR3*		
P.166	**CR5**	*Home Oxygen Therapy Information - Refer to TR3*		
P.159	**CR6**	*Home Health Care Information - Refer to TR3*		
P.172	**PWK**	*Additional Patient Information - Refer to TR3*		
P.177	**MSG**	*Message Text - Refer to TR3*		
Loop ID 2010EA—Patient Event Provider Name				
P.178	**NM1**	*Patient Event Provider Name - Refer to TR3* At least 1 repeat with NM101=SJ is required for OP/IP cases and NM101=FA for IP cases		
		77 Service Location ***FA*** Facility	***G3*** Clinic ***QV*** Group Practice	***SJ*** Service Provider
P.182	**REF** Patient Event Provider Supplemental Identification	**REF01** Reference ID Qualifier	Not required, but helpful to correctly identify providers	
			EI	EI - Employer's Identification Number
		REF02 Reference Identification	***<Patient Event Provider Supp ID>***	Employer's Identification Number
P.184	**N3**	*Patient Event Provider Address - Refer to TR3*		***Segment required***
P.185	**N4**	*Patient Event Provider City, State, ZIP Code - Refer to TR3*		***Segment required***
P.187	**PER**	*Patient Event Provider Contact Information - Refer to TR3*		
P.190	**AAA**	*Patient Event Provider Request Validation - Refer to TR3*		
P.192	**PRV**	*Patient Event Provider Information - Refer to TR3*		
Loop ID 2010EB—Additional Patient Contact Name				
P.194	**NM1**	*Additional Patient Information Contact Name - Refer to TR3*		
P.197	**N3**	*Additional Patient Information Contact Address - Refer to TR3*		
P.198	**N4**	*Additional Patient Information City/State/ZIP Code - Refer to TR3*		
P.200	**PER**	*Additional Patient Information Contact Information - Refer to TR3*		
Loop ID 2010EC—Patient Event Transport Information				
P.203	**NM1**	*Patient Event Transport Information - Refer to TR3*		
P.205	**N3**	*Patient Event Transport Location Address - Refer to TR3*		
P.206	**N4**	*Patient Event Transport Location City/State/ZIP code - Refer to TR3*		
P.208	**AAA**	*Patient Event Transport Information Request Validation - Refer to TR3*		
Loop ID 2010ED—Patient Event Other UMO Name				
P.210	**NM1**	*Patient Event Other UMO Name - Refer to TR3*		
P.212	**REF**	*Other UMO Denial Reason - Refer to TR3*		
P.215	**DTP**	*(Date Time Code Qualifier **598**) Other UMO Denial Date - Refer to TR3*		

278 Health Care Services Review Request				
TR3	**Segment**	**Reference Designator(s)**	**Value**	**Definitions and Notes**
Loop ID 2000F—Service Level				
P.216	**HL**	*Service Level - Refer to TR3* Inpatient: Exactly 1 service line loop is required Outpatient: At least 1 service level loop is required		
P.218	**TRN** Service Trace Number	**TRN01** Trace Type Code	At least 1 repeat required for each service line	
			1 - when Loop 2000E or 2000F UM02=I ***2*** - when Loop 2000E or 2000F UM02=S	
		TRN02 Reference ID	***<Service Trace Number>***	See Section 2.1 for complete details Note: Use numeric values only
		TRN03 Originating Company ID	***<Trace Assigning Entity Identifier>***	See Section 2.1 for complete details
P.220	**AAA**	*Service Request Validation - Refer to TR3*		***DO NOT USE***
P.222	**UM** Health Care Services Review Info	**UM02** Certification Type Code	Note: Only required when different than Loop 2000E UM01	
			I ***4***	I - Initial 4 – Extension (required for Inpatient)
P.228	**HCR** Health Care Services Review	**HCR01** Action Code	Note: Only required when Loop 2000E HCR01=A2 or A6	
			A1 ***A3*** ***A4*** ***C***	A1 - Certified in total A3 - Not Certified A4 - Pended C - Cancel (Note: Only required when Loop 2000E HCR01=A2 or A6)
		HCR02 Review ID Number	***<Certification Number>***	Use numeric values only
		HCR03 Industry Code	***<Review Decision Reason Code>***	Required when HCR01 = A3 or A4 Code set available from Washington Publishing Company
P.230	**REF**	*Previous Review Administrative Reference Number - Refer to TR3*		
P.231	**REF**	*Administrative Reference Number - Refer to TR3*		
P.232	**DTP**	*(Date Time Code Qualifier **472**) Service Date - Refer to TR3*		
P.233	**DTP**	*(Date Time Code Qualifier **102**) Certification Issue Date - Refer to TR3*		
P.234	**DTP**	*(Date Time Code Qualifier **036**) Certification Expiration Date - Refer to TR3*		
P.235	**DTP**	*(Date Time Code Qualifier **007**) Certification Effective Date - Refer to TR3*		
P.236	**SV1**	*Professional Service - Refer to TR3*		***SV1 or SV2 required, but not both*** SV1 required for Outpatient
P.242	**SV2** Institutional Service Line	**SV201** Product/Service ID	***<Service Line Revenue Code>***	SV2 required for inpatient
		SV202 Composite Medical Procedure Identifier	***<Service Line Procedure Code>***	When using the SV2, a revenue code (SV201) or a procedure code (SV202) may be sent, but not both. If both SV201 and SV202 are sent, only the revenue code in SV201 will be used

278 Health Care Services Review Request				
TR3	**Segment**	**Reference Designator(s)**	**Value**	**Definitions and Notes**
Loop ID 2000F—Service Level (cont'd)				
P.248	**SV3**	*Dental Service - Refer to TR3*		
P.253	**TOO**	*Tooth Information - Refer to TR3*		
P.256	**HSD**	*Health Care Services Delivery - Refer to TR3*		
P.261	**PWK**	*Additional Service Information - Refer to TR3*		***DO NOT USE***
P.266	**MSG**	*Message Text - Refer to TR3*		
Loop ID 2010F—Service Provider Name				
P.267	**NM1**	*Service Provider Name - Refer to TR3*		
P.271	**REF** Service Provider Supplemental Identification	**REF01** Ref ID Qualifier	Not required, but helpful to correctly identify providers	
			EI	EI - Employer's Identification Number
		REF02 Reference ID	***<Service Provider Supp ID>***	Employer's Identification Number
P.273	**N3**	*Service Provider Address - Refer to TR3*		***Required if service line provider sent***
P.274	**N4**	*Service Provider City, State, ZIP Code - Refer to TR3*		***Required if service line provider sent***
P.279	**AAA**	*Service Provider Request Validation - Refer to TR3*		
P.281	**PRV**	*Service Provider Information - Refer to TR3*		
P.283	**SE**	*Transaction Set Trailer - Refer to TR3*		***Required per TR3***

Section 4 – Reading the Response

A 278N Acknowledgement will be returned in response to the submission of one or more 278N transactions. Refer to the vendor authorization number in Loop 2000E REF*NT for proper transaction matching.

A **successfu**l submission will be acknowledged with a BHT02=53 (Completion) message. Upon receiving a completion message, the delegate should interrogate the remainder of the message for the following elements:

Element	Notes
Loop 2000E HCR02 or REF*BB	Contains the authorization number needed for claims payment
Loop 2000F will contain a second TRN segment	Vendor sequence number will be returned with TRN01=2 Payer sequence number will be returned in a TRN segment with a. TRN01=1 b. TRN02=9999900000
*These values should be stored by the vendor delegate to support any future updates to the transaction.	

A **rejected** submission will be acknowledged with a BHT02=44 (Rejection) message. Upon receiving a rejection message, the delegate should interrogate the remainder of the message for the following elements:

Element	Notes
An AAA segment in any loop	AAA03 contains the error code to help identify the source of the error
An MSG segment in Loops 2000E and/or 2000F	While not part of the TR3, these segments may include supplemental error description information

Section 5 – Appendices

Appendix A: Allowed Status Combinations				
	Loop 2000E HCR01	**Loop 2000E UM02**	**Loop 2000F HCR01**	**Loop 2000F UM02**
Initial Case	HCR01=A1 (Whole case approved)	I – Initial	No values needed	No values needed
	HCR01=A2 (Partially approved case)	I – Initial	At least 1 HCR01=A1 AND at least 1 HCR01=A3	No values needed
	HCR01=A3	I – Initial	No values needed	No values needed
Update Case	HCR01=A1	S – Revised	All lines assumed to be HCR01=A1, but may include HCR01=C (Cancelled) lines	I – initial; use when adding a new service line S – revised; use when updating or restating from previous authorization submission 3 – cancel; use when cancelling an existing service line
	HCR01=A2	S – Revised	At least 1 HCR01=A1 AND at least 1 HCR01=A3, may also include HCR01=C (Cancelled) lines	
	HCR01=A3	S – Revised	All lines assumed to be HCR01=A3, but may include HCR01 =C (Cancelled) lines	

Appendix B: Denial Reason List			
X12 Code	**X12 Denied Reason**	**X12 Code**	**X12 Denied Reason**
4	Authorized Quantity Exceeded	0Y	Service inconsistent with Patient's Age
7	Administrative Cancellation	0Z	Service inconsistent with Patient's Gender
9	Out of Network	11	Pricing
0A	Testing not Included	12	Patient is restricted to specific provider
0C	Authorization/Access Restrictions	14	Plan/contractual guidelines not followed
0D	Requires PCP authorization	15	Plan/contractual geographic restriction
0E	Provider is Not Primary Care Physician	16	Inappropriate facility type
		17	Time limits not met
0F	Not Medically Necessary	19	Cosmetic
0G	Level of Care Not Appropriate	20	Once in a lifetime restriction applies
0K	Primary Care Service	21	Transport Request Denied
0L	Exceeds Plan Maximums	22	Ambulance Certification Segment information doesn't correspond to Transport Address Segment
0M	Non-covered Service		
0N	No Prior Approval		
0P	Requested Information Not Received	23	Mileage cannot be computed based on data submitted
0R	Service Inconsistent with Diagnosis		
0S	Pre-existing Condition	24	Computed mileage is inconsistent with transport information or service units submitted
0T	Experimental Service or Procedure		
0U	Additional Patient Information required	25	Services were not considered due to other errors in the request.
0V	Requires Medical Review	26	Missing Provider Role
0X	Service Inconsistent with Provider Type	32	Excluded benefit, a service which is specifically excluded from the benefit plan.

Appendix C: Acceptable Service Type (TOS) and Place of Service (POS) Combinations Loop 2000E UM04-2=B | UM03 | UM01					
POS UM04-2=B	**Description**	**TOS UM03**	**Description**	**Classification UM01**	
11	OFFICE	1	Medical Care	OP	HS
		2	Surgical	OP	HS
		33	Chiropractic	OP	HS
		73	Diagnostic Medical	OP	HS
		AD	Occupational Therapy	OP	HS
		AF	Speech Therapy	OP	HS
		AI	Substance Abuse	OP	HS
		MH	Mental Health	OP	HS
		PT	Physical Therapy	OP	HS
12	HOME	42	Home Health Care	OP	HS
		45	Hospice	OP	HS
		74	Private Duty Nursing	OP	HS
21	INPATIENT HOSPITAL	1	Medical Care	IP	AR
		2	Surgical	IP	AR
		54	Long Term Care	IP	AR
		69	Maternity	IP	AR
		NI	Neonatal Intensive Care	IP	AR
22	OUTPATIENT HOSPITAL	1	Medical Care	OP	HS
		2	Surgical	OP	HS
		12	Durable Medical Equipment Purchase	OP	HS
		18	Durable Medical Equipment Rental	OP	HS
		33	Chiropractic	OP	HS
		73	Diagnostic Medical	OP	HS
		AD	Occupational Therapy	OP	HS
		AF	Speech Therapy	OP	HS
		PT	Physical Therapy	OP	HS
24	AMBULATORY SURGICAL CENTER	2	Surgical	OP	HS
31	SKILLED NURSING FACILITY	AG	Skilled Nursing Care	IP	AR
51	INPATIENT PSYCHIATRIC FACILITY	AI	Substance Abuse	IP	AR
		MH	Mental Health	IP	AR
55	RESIDENTIAL SUBST. ABUSE FAC	AI	Substance Abuse	IP	AR
56	PSYCH RESIDENTIAL TREATMNT FAC	MH	Mental Health	IP	AR
61	COMPREHENSIVE INPATIENT REHAB (Medical ONLY)	A9	Rehabilitation	IP	AR

Appendix D: Revenue Code and Level of Care (LOC)			
Revenue Code	**Revenue Code Description**	**LOC Value**	**LOC Description**
0100	All-inclusive room and board plus ancillary	24	Custodial
0101	All inclusive room and board	81	Admin Bed Day Rate
0110	**Room & Board-Private (One Bed)**-General	14	Skilled Level 1
0111	" Medical/Surgical/GYN	10	Medical/Surgical Blended
0112	" OB	40	Obstetrics
0113	" Pediatric	45	Pediatric Oncology
0114	" Psychiatric	01	Acute Psychiatric IP
0115	Room & Board-Ward-Hospice	04	Hospice
0116	**Room & Board-Private (One Bed)-** Detoxification	27	Acute Detoxification
0117	" Oncology	11	Oncology
0118	" Rehabilitation	02	Acute Substance Abuse Rehabilitation
0119	" Other	15	Skilled level 2
0120	**Room & Board-Semiprivate (Two-Beds)-** General	16	Skilled level 3
0121	" Medical/Surgical/GYN	18	Surgical
0122	" OB	41	Obstetrics-Cesarean Section
0123	" Pediatric	46	Pediatric Surgical
0124	" Psychiatric	65	Low Intensity RTC wClinical Services
0125	" Hospice	61	Hospice - Continuous
0127	" Oncology	26	Sub-Acute Detoxification
0128	" Rehabilitation	49	Rehab 2
0129	Other	17	Skilled level 4
0130	Room & Board-Three and Four Beds-General	29	Level of Care (LOC) Billed
0131	Behavioral Health Accommodations-Residential - Psychiatric	75	Crisis Stabilization
0132	**Room & Board-Three and Four Beds**-OB	42	Obstetrics-Complicated
0133	"-Pediatric	37	Nursery-Boarder Baby
0134	"-Psychiatric	66	RTC w24hr RN
0135	"-Hospice	62	Hospice - Routine
0136	"-Detoxification	64	RTC withdrawl Mgmt-Detox w24hr RN
0136	"-Detoxification	64	RTC withdrawl Mgmt-Detox w24hr RN
0137	"-Oncology	50	Sub Acute
0138	"-Rehabilitation	72	Rehab 3
0139	"-Other	30	LTAC1
0140	**Room & Board-Deluxe Private**-General	31	LTAC2
0141	"-Medical/Surgical/GYN	82	Alternate Level of Care
0142	Room & Board-Deluxe Private-OB	43	Obstetrics-High Risk
0143	Room & Board-Deluxe Private-Pediatric	38	Nursery-Feeder/Grower
0143	Room & Board-Deluxe Private-Rehabilitation	73	Rehab 4
0144	Room & Board-Deluxe-Psychiatric	77	Grier
0145	Room & Board-Deluxe Private-Hospice	74	Swing bed
0146	Room & Board-Deluxe Private-Detoxification	65	Low Intensity RTC Clinical Services
0149	Room & Board-Deluxe Private-Other	32	LTAC3

Appendix D: Revenue Code and Level of Care (LOC) (cont'd)			
Revenue Code	**Revenue Code Description**	**LOC Value**	**LOC Description**
0150	**Room & Board-Ward-**General	09	Medical
0151	"-Medical/Surgical/GYN	87	Tracheal Suctioning
0152	Room & Board-Ward-OB	44	Obstetrics-Non Delivered
0153	Room & Board-Ward-Pediatric	12	Pediatric Medical
0155	Room & Board-Ward-Hospice	05	Hospice - Respite
0158	Room & Board-Ward-Rehabilitation	48	Rehab 1
0159	Room & Board-Ward-Other	33	LTAC4
0160	Room & Board-Other-General	19	Telemetry
0164	Room & Board-Other-Sterile Environment	47	Pre-Operation Day
0167	Room & Board-Other-Self-Care	SNF	SNF General
0169	Room & Board-Other-Other	08	LTAC
0170	Nursery-General	36	Nursery
0171	Nursery-Newborn-Level I	20	NICU1
0172	Nursery-Newborn-Level II	21	NICU2
0173	Nursery-Newborn-Level III	22	NICU3
0174	Nursery-Newborn-Level IV	23	NICU4
0179	Nursery-Other	35	NICU
0185	Leave of Absence-Nursing Home (for Hospitalization)	39	Nursery-Special Care
0189	Leave of Absence-Other Leave of Absence	60	Bedhold
0190	Subacute Care-General	01	Acute
0191	Subacute Care-Level I	02	Acute Rehab
0192	Subacute Care-Level II	78	Sub Acute level 2
0193	Subacute Care-Level III	79	Sub Acute level 3
0194	Subacute Care-Level IV	28	SubAcute Substance Abuse Rehabilitation
0199	Subacute Care-Other Subacute Care	86	Skilled Nursing Subacute/Ventilator
0200	Intensive Care-General	07	Intensive Care Unit
0202	Intensive Care-Medical	88	Vent Weaning
0203	Intensive Care-Pediatric	13	Pediatric Intensive Care Unit
0206	Intensive Care-Intermediate ICU	83	Respite Care
0207	Intensive Care-Burn Care	06	Burn Unit
0208	Intensive Care-Trauma	84	Trauma
0209	Intensive Care-Other Intensive Care	34	Intensive Care Unit Stepdown/Intermediate
0210	Coronary Care-General	03	CCU
1000	Behavioral Health Accommodations-General	67	Residential Treatment Center
1001	Room & Board-Three and Four Beds-Medical/Surgical/GYN	25	Residential Psychiatric
1002	**Behavioral Health Accommodations-**Residential-Chemical Dependency	76	Residential Substance Abuse
1003	"-Supervised Living	68	Residential Psychiatric
1004	"-Halfway House	69	ALC1
1005	"-Group Home	70	ALC2
1006	Outdoor/Wilderness Behavioral Health	71	Skilled

Version History		
No.	Date	Change
1.0	06/16/22	Initial Document
2.0	04/04/23	Updated sections and added additional information
2.1	04/10/23	Change 2.3 – Vendor Date Set Up "End Date" to "Discharge Date" Add P.123 2000E HCR01 C Remove P.132 2000E DTP*435 'Dates prior to or the same as the transaction date are treated as actual admission date' Add P.228 2000F HCR01 A4; Add P.228 2000F HCR03 A4 and reference to code set location
3.0	02/06/24	Renumber 2.7 to 2.8 Add 2.7 reference to Appendix D Add Appendix D Reformat of charts – Section 1: 2.1, 2.4, 2.8, Appendices B, C Remove chart – Section 1: 2.3 (# approved days based on start and end date) Update grammar – Section 1: 2.3, 2.8.1, 3 Add charts for case examples - Section 1: 2.8.2 Add 3.1 Network Overrides Correct page # Section 3: Chart P.209 2010 EA - Patient Event Provider Name (P.178)
3.1	04/08/24	Reformatting of charts Section 1: 1 title updated to include "for Health Plans"