

# 278N – 005010X216

## 278N Health Care Services Review Notification & Acknowledgment — Batch/Real-Time Inpatient Admission and Discharge Notification

This companion document is for informational purposes only to describe certain aspects and expectations regarding the transaction and is not a complete guide. The details contained in this document are supplemental and 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 – 278N Health Care Services Review Notification: Basic Instructions

### Section 2 – 278N Health Care Services Review Notification: Enveloping

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**NOTE: Anthem has designated Availity to operate and serve as Anthem's EDI Gateway (entry point) as a no-cost option to our Trading Partners.**

#### **Get Started With Availity**

Use the [Availity Welcome Application](#) to begin the process of connecting to the Availity EDI Gateway for your Anthem EDI transmissions. **Review page 5 in this document for key EDI requirements.**

Also, the [Availity Quick Start Guide](#) will assist you with any EDI connection questions.

If you're a provider and wish to use a Clearinghouse or Billing company, please work with them to ensure connectivity.

#### **Need Assistance?**

For questions about signing up, contact Availity Client Services  
1-800-AVAILITY (1-800-282-4548) or visit [www.availity.com](http://www.availity.com)

Additional questions? Contact E-Solutions

800-470-9630 or email [e-solutions.support@anthem.com](mailto:e-solutions.support@anthem.com)

## Section 1 - Basic Instructions

### 1.1 Business Events Supported by the 278N Transaction Set

This companion document supports the following health care service review business events:

- Patient Admission at a facility
- Patient Discharge from a facility

This transaction is notification of inpatient admission & discharge only and does not complete the authorization process.

### 1.2 Business Rules & Limitations

Admissions and discharges should be transmitted to Anthem within 24 hours of the event completing to facilitate these use cases.

#### 1.2.1 Data Element Support in the MSG Segment

Not all needed data elements are supported in the 278N. To facilitate sending these unsupported data elements, Anthem is encoding the data in the MSG segment.

- Each data element can be coded using the following format: <Qualifier>=<Value>.
- Multiple data elements can be sent using a semicolon (;) to separate the values.

| Data Element                       | Qualifier   | Use when:  |      |             |       |                |              |                       |        |                                   |      |          |      |      |         |                  |          |  |         |               |       |       |           |   |          |                |          |                              |        |                          |      |                 |       |         |     |                                 |    |                          |    |                            |
|------------------------------------|---|--|------|-------------|-------|----------------|--------------|-----------------------|--------|-----------------------------------|------|----------|------|------|---------|------------------|----------|--|---------|---------------|-------|-------|-----------|---|----------|----------------|----------|------------------------------|--------|--------------------------|------|-----------------|-------|---------|-----|---------------------------------|----|--------------------------|----|----------------------------|
| Diagnosis/<br>Patient<br>Complaint | ICD   | The patient diagnosis/complaint cannot be sent in a codified value in the Loop 2000E HI segment. <b>Example: ICD=CHEST PAIN</b>  |      |             |       |                |              |                       |        |                                   |      |          |      |      |         |                  |          |  |         |               |       |       |           |   |          |                |          |                              |        |                          |      |                 |       |         |     |                                 |    |                          |    |                            |
| Discharge<br>Disposition           | DC  | <div>Sending a discharge notification, to include the discharge disposition. Allowed Values are:</div> <table><tr><th>Code</th><th>Description</th></tr><tr><td>ACFAC</td><td>Acute Facility</td></tr><tr><td>ACUTEIPREHAB</td><td>Acute Inpatient Rehab</td></tr><tr><td>CLNODC</td><td>Closed No Discharge Date Received</td></tr><tr><td>DCSD</td><td>Deceased</td></tr><tr><td>HOME</td><td>Home</td></tr><tr><td>HOSPICE</td><td>Hospice Facility</td></tr><tr><td>INTOPPRG</td><td>Intensive Outpatient (Psychiatric/Substance Abuse)</td></tr><tr><td>LTACFAC</td><td>LTAC Facility</td></tr><tr><td>OTHER</td><td>Other</td></tr><tr><td>PSYSUBPHP</td><td>Partial Hospitalization (Psychiatric/Substance Abuse)</td></tr><tr><td>REHABFAC</td><td>Rehab Facility</td></tr><tr><td>RESTRCNT</td><td>Residential Treatment Center</td></tr><tr><td>SNFFAC</td><td>Skilled Nursing Facility</td></tr><tr><td>INPT</td><td>Still a patient</td></tr><tr><td>UNKWN</td><td>Unknown</td></tr><tr><td>AMA</td><td>AMA-Left Against Medical Advice</td></tr><tr><td>14</td><td>Long Term Care Sub-Acute</td></tr><tr><td>15</td><td>Sub-Acute Skilled and LTAC</td></tr></table> <div>Example: DC=HOSPICE</div> | Code | Description | ACFAC | Acute Facility | ACUTEIPREHAB | Acute Inpatient Rehab | CLNODC | Closed No Discharge Date Received | DCSD | Deceased | HOME | Home | HOSPICE | Hospice Facility | INTOPPRG | Intensive Outpatient (Psychiatric/Substance Abuse) | LTACFAC | LTAC Facility | OTHER | Other | PSYSUBPHP | Partial Hospitalization (Psychiatric/Substance Abuse) | REHABFAC | Rehab Facility | RESTRCNT | Residential Treatment Center | SNFFAC | Skilled Nursing Facility | INPT | Still a patient | UNKWN | Unknown | AMA | AMA-Left Against Medical Advice | 14 | Long Term Care Sub-Acute | 15 | Sub-Acute Skilled and LTAC |
| Code                               | Description   |  |      |             |       |                |              |                       |        |                                   |      |          |      |      |         |                  |          |  |         |               |       |       |           |   |          |                |          |                              |        |                          |      |                 |       |         |     |                                 |    |                          |    |                            |
| ACFAC                              | Acute Facility  |  |      |             |       |                |              |                       |        |                                   |      |          |      |      |         |                  |          |  |         |               |       |       |           |   |          |                |          |                              |        |                          |      |                 |       |         |     |                                 |    |                          |    |                            |
| ACUTEIPREHAB                       | Acute Inpatient Rehab                                 |  |      |             |       |                |              |                       |        |                                   |      |          |      |      |         |                  |          |  |         |               |       |       |           |   |          |                |          |                              |        |                          |      |                 |       |         |     |                                 |    |                          |    |                            |
| CLNODC                             | Closed No Discharge Date Received                     |  |      |             |       |                |              |                       |        |                                   |      |          |      |      |         |                  |          |  |         |               |       |       |           |   |          |                |          |                              |        |                          |      |                 |       |         |     |                                 |    |                          |    |                            |
| DCSD                               | Deceased  |  |      |             |       |                |              |                       |        |                                   |      |          |      |      |         |                  |          |  |         |               |       |       |           |   |          |                |          |                              |        |                          |      |                 |       |         |     |                                 |    |                          |    |                            |
| HOME                               | Home  |  |      |             |       |                |              |                       |        |                                   |      |          |      |      |         |                  |          |  |         |               |       |       |           |   |          |                |          |                              |        |                          |      |                 |       |         |     |                                 |    |                          |    |                            |
| HOSPICE                            | Hospice Facility                                      |  |      |             |       |                |              |                       |        |                                   |      |          |      |      |         |                  |          |  |         |               |       |       |           |   |          |                |          |                              |        |                          |      |                 |       |         |     |                                 |    |                          |    |                            |
| INTOPPRG                           | Intensive Outpatient (Psychiatric/Substance Abuse)    |  |      |             |       |                |              |                       |        |                                   |      |          |      |      |         |                  |          |  |         |               |       |       |           |   |          |                |          |                              |        |                          |      |                 |       |         |     |                                 |    |                          |    |                            |
| LTACFAC                            | LTAC Facility   |  |      |             |       |                |              |                       |        |                                   |      |          |      |      |         |                  |          |  |         |               |       |       |           |   |          |                |          |                              |        |                          |      |                 |       |         |     |                                 |    |                          |    |                            |
| OTHER                              | Other   |  |      |             |       |                |              |                       |        |                                   |      |          |      |      |         |                  |          |  |         |               |       |       |           |   |          |                |          |                              |        |                          |      |                 |       |         |     |                                 |    |                          |    |                            |
| PSYSUBPHP                          | Partial Hospitalization (Psychiatric/Substance Abuse) |  |      |             |       |                |              |                       |        |                                   |      |          |      |      |         |                  |          |  |         |               |       |       |           |   |          |                |          |                              |        |                          |      |                 |       |         |     |                                 |    |                          |    |                            |
| REHABFAC                           | Rehab Facility  |  |      |             |       |                |              |                       |        |                                   |      |          |      |      |         |                  |          |  |         |               |       |       |           |   |          |                |          |                              |        |                          |      |                 |       |         |     |                                 |    |                          |    |                            |
| RESTRCNT                           | Residential Treatment Center                          |  |      |             |       |                |              |                       |        |                                   |      |          |      |      |         |                  |          |  |         |               |       |       |           |   |          |                |          |                              |        |                          |      |                 |       |         |     |                                 |    |                          |    |                            |
| SNFFAC                             | Skilled Nursing Facility                              |  |      |             |       |                |              |                       |        |                                   |      |          |      |      |         |                  |          |  |         |               |       |       |           |   |          |                |          |                              |        |                          |      |                 |       |         |     |                                 |    |                          |    |                            |
| INPT                               | Still a patient                                       |  |      |             |       |                |              |                       |        |                                   |      |          |      |      |         |                  |          |  |         |               |       |       |           |   |          |                |          |                              |        |                          |      |                 |       |         |     |                                 |    |                          |    |                            |
| UNKWN                              | Unknown   |  |      |             |       |                |              |                       |        |                                   |      |          |      |      |         |                  |          |  |         |               |       |       |           |   |          |                |          |                              |        |                          |      |                 |       |         |     |                                 |    |                          |    |                            |
| AMA                                | AMA-Left Against Medical Advice                       |  |      |             |       |                |              |                       |        |                                   |      |          |      |      |         |                  |          |  |         |               |       |       |           |   |          |                |          |                              |        |                          |      |                 |       |         |     |                                 |    |                          |    |                            |
| 14                                 | Long Term Care Sub-Acute                              |  |      |             |       |                |              |                       |        |                                   |      |          |      |      |         |                  |          |  |         |               |       |       |           |   |          |                |          |                              |        |                          |      |                 |       |         |     |                                 |    |                          |    |                            |
| 15                                 | Sub-Acute Skilled and LTAC                            |  |      |             |       |                |              |                       |        |                                   |      |          |      |      |         |                  |          |  |         |               |       |       |           |   |          |                |          |                              |        |                          |      |                 |       |         |     |                                 |    |                          |    |                            |

### 1.3 Facility and Provider Identification

Facilities and providers are identified by NPI, name, and address. For an admission notification, the information source of the transaction is the facility where the patient was admitted, so the admitting facility will be identified within Information Source Name Loop 2010A.

If a facility is identified in Loop 2010EA (Patient Event Provider Loop) with NM101=FA, that facility will be treated as the admitting facility.

### 1.4 Patient Identification

Patients are identified by a Health Care ID (HCID). This identification number generally appears on the patient's insurance ID card. The HCID assigned, however, applies both to 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 (NM109)
- First name (NM104)
- Last name (NM103)
- Date of birth (DMG02)

HCID is always sent in Subscriber Name Loop 2010C.

If the patient is known to be the primary subscriber, then the patient's name and DOB are also sent in Subscriber Name Loop 2010C. If the patient is known to be a dependent of the subscriber, then patient name and DOB are sent in Dependent Name Loop 2010D. If it is unknown whether the patient is the subscriber or a dependent, then either loop may be used.

### 1.5 Encounter Identification

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

### 1.6 Compliant Codes

When entering codes in the 278N health care services request, follow the 278N Implementation Guide carefully. Use Compliant codes from current versions of the sources listed in Appendix C: External Code Sources. Availity will accept all Standard codes, however, acceptance of these codes or modifiers will not alter covered benefits or current payment policies, guidelines or processes.

### 1.7 X12 Compliance Checking, and Business Edits

Level 1 each transaction passes through edits to ensure that it is X12 compliant. If the X12 syntax or any other aspect of the 278N Health Care Services Notification transaction is not X12 compliant, the 999 Interchange Acknowledgment will report the Level 1 errors in AK segments and indicate that the entire transaction set has been rejected.

Level 2 Implementation Guide edits are enforced. If an error is encountered, Availity will return a Level 2 Status Report to the submitter listing the compliance errors and indicating the entire transaction set has been rejected.

**NOTE:** All required segments and data elements populated in the 278N Request Transaction will be present in the 278N Response Transaction.

## 1.8 Contact for Signup and Support

To start submitting 278N notifications for contracted facilities, or for support, please contact Availity at [www.availity.com](http://www.availity.com).

## 1.9 Connectivity Information

All connectivity is provided through Availity, [www.availity.com](http://www.availity.com).

Connectivity options include both real-time (B2B) and batch (sftp/mailbox) submission options. Due to processing rules, acknowledgments/responses can be delayed and will be delivered to a sftp/mailbox.

## 1.10 Acknowledgments and/or Reports

Submitting a 278N transaction, you will receive only one of the following responses:

- TA1 (X12) when the ISA-IEA envelope cannot be processed;
- 999 when submitted 278N does not pass Level 2 validation; or
- 278N is returned in all other cases to indicate the request status.

## Section 2 - Enveloping

### 2.1 Envelope Contents

An interchange envelope contains zero or more functional groups and zero or more TA1 interchange acknowledgments. For purposes of messages sent in accordance with this Companion Guide, only Health Care Services Review Information functional groups should be sent within an interchange envelope.

In the case of real-time transactions, one would expect only one functional group containing exactly one 278 transaction set. For batch purposes, however, multiple functional groups may be sent, each one containing one or more 278 transactions. Thus, multiple notifications can be sent in a single interchange envelope in any of the following ways:

- A single functional group containing multiple 278 transaction sets
- Multiple functional groups, each one containing a single 278 transaction set
- Multiple functional groups, each one containing multiple 278 transaction sets

The following scenario is not supported by the X12 Implementation Guide:

- A single functional group containing a single 278 transaction set containing multiple notifications.

This Implementation Guide requires the use of a separate transaction set (ST-SE) for each patient event.

### 2.2 Retransmission and Duplication

Senders (ISA06) must generate unique interchange control numbers (ISA13) for each interchange. Identical interchange control numbers should only be used when the contents are identical. In the case of retransmission of an interchange, identical interchange control numbers will be assumed to have identical contents and may not be reread.

This is not true, however, for functional group control numbers (GS06) and transaction set control numbers, which are only assumed to be unique within their enclosing interchanges and functional groups respectively.

### 2.3 GS-GE

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 278 notification file can only contain 278 notification transactions.

### 2.4 ST-SE

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). A 278 notification file can only contain 278 notification transactions.

## Section 3 - Charts for Situational Rules

Listed below are loops, segments, and data elements required for processing by Anthem per the situational rules in the 278N TR3.

| 278N Health Care Services Review Notification |  |  |   |   |
|---|--|--|---|---|
| TR3   | Segment  | Reference Designator(s)  | Value   | Definitions and Notes                                   |
| P.61  | <b>ST</b><br>Transaction Set Header                          | <b>ST03</b><br>Implementation Convention Reference             | <b>005010X216</b>                                   | 005010216 – Healthcare Eligibility, Coverage or Benefit |
| P.63  | <b>BHT</b><br>Beginning of Hierarchical Transaction          | <b>BHT02</b><br>Transaction Set Purpose Code                   | <b>CN</b>   | CN – Completion Notification                            |
| Loop ID 2000A—Information Source Level        |  |  |   |   |
| P.65  | <b>HL</b>  | Utilization Management Organization (UMO) Level - Refer to TR3 |   |   |
| Loop ID 2010A— Information Source Level Name  |  |  |   |   |
| P.67  | <b>NM1</b><br>Information Source Name                        | <b>NM101</b><br>Entity Identifier Code                         | <b>FA</b>   | FA – Facility   |
|   |  | <b>NM102</b><br>Entity Type Qualifier                          | <b>2</b>  | 2 – Non-person entity                                   |
|   |  | <b>NM103</b><br>Name Last or Organization Name                 | <b>(Information Source Last or Org Name)</b>        |   |
|   |  | <b>NM108</b><br>ID Code Qualifier                              | <b>XX</b>   | XX – National Provider Identifier (NPI)                 |
|   |  | <b>NM109</b><br>Identification Code                            | <b>(Information Source Identifier)</b>              | NPI 10 digit value                                      |
| P.70  | <b>REF</b><br>Information Source Supplemental Identification | <b>REF01</b><br>Reference ID Qualifier                         | <b>EI</b>   | EI – Employer’s Identification Number                   |
|   |  | <b>REF02</b><br>Reference Identification                       | <b>(Information Source Supplemental Identifier)</b> | Represents the facility tax identification number       |
| P.73  | <b>N3</b>  | Information Source Address - Refer to TR3                      |   |   |
| P.74  | <b>N4</b>  | Information Source City, State, ZIP Code - Refer to TR3        |   |   |
| P.75  | <b>PER</b>   | Information Source Contact Information - Refer to TR3          |   |   |
| P.78  | <b>PRV</b>   | Information Source Provider Information - Refer to TR3         |   |   |
| Loop ID 2000B – Information Receiver Level    |  |  |   |   |
| P.80  | <b>HL</b>  | Information Receiver Level - Refer to TR3                      |   |   |



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| TR3                                     | Segment                                   | Reference Designator(s)                                       | Value                                | Definitions and Notes  |
|---|---|---|--------------------------------------|--|
| Loop ID 2010B—Information Receiver Name |   |   |                                      |  |
| P.82                                    | NM1<br>Information Receiver Name          | NM101<br>Entity Identifier Code                               | PR                                   | PR – Payer   |
|   |   | NM102<br>Entity Type Qualifier                                | 2                                    | 2 – Non- Person Entity   |
|   |   | NM108<br>ID Code Qualifier                                    | PI                                   | PI – Payer Identification  |
|   |   | NM109<br>Information Receiver Identifier                      | (Information Receiver Identifier)    | Represents the Availity Payer Code (refer to www.availity.com)   |
| Loop ID 2000C—Subscriber Level          |   |   |                                      |  |
| P.85                                    | HL  | Subscriber Level Refer to TR3                                 |                                      |  |
| Loop ID 2010C—Subscriber Name           |   |   |                                      |  |
| P.87                                    | NM1<br>Subscriber Name                    | NM101<br>Entity Identifier Code                               | IL                                   | IL – Insured or Subscriber   |
|   |   | NM103<br>Name Last or Organization Name                       | (Subscriber Last Name)               | First and Last name of the subscriber exactly as they appear on the ID card. Populated for finding match for subscriber.   |
|   |   | NM104<br>Name First   | (Subscriber First Name)              |  |
|   |   | NM108<br>ID Code Qualifier                                    | MI                                   | MI – Member Identification Number  |
|   |   | NM109<br>Identification Code                                  | (Subscriber Primary ID)              | Submit the ID number exactly as it appears on the ID card, including any alpha/numeric prefix, which is required when present. Populated for finding match for subscriber. |
| P.90                                    | REF<br>Subscriber Supplemental Identifier | REF01<br>Reference ID Code Qualifier                          | EJ                                   | EJ – Patient Account Number  |
|   |   | REF02<br>Reference Identification                             | (Subscriber Supplemental Identifier) | Identified by provider   |
| P.92                                    | N3  | Subscriber Address - Refer to TR3 – Situational               |                                      |  |
| P.93                                    | N4  | Subscriber City, State, ZIP Code - Refer to TR3 – Situational |                                      |  |
| P.95                                    | DMG<br>Subscriber Demographic Information | DMG02<br>Date Time Period                                     | (Subscriber Birth Date)              | Populated for positive identification of the subscriber.   |
|   |   | DMG03<br>Gender Code  | F<br>M<br>U                          | F – Female<br>M – Male<br>U – Unknown  |
| P.97                                    | INS                                       | Subscriber Relationship - Refer to TR3 – Situational          |                                      |  |
| Loop ID 2000D—Dependent Level           |   |   |                                      |  |
| P.99                                    | HL  | Dependent Level - Refer to TR3 – Situational                  |                                      |  |

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| TR3                                       | Segment                                       | Reference Designator(s)  | Value                               | Definitions and Notes  |
|---|---|--|-------------------------------------|--|
| Loop ID 2010D—Dependent Name              |   |  |                                     |  |
| P.101                                     | NM1<br>Dependent Name                         | NM101<br>Entity Identifier Code  | QC                                  | QC – Patient   |
|   |   | NM103<br>Dependent Last Name   | (Dependent Last Name)               | Last Name Required   |
|   |   | NM104<br>Dependent First Name  | (Dependent First Name)              | First Name Required  |
| P.103                                     | REF<br>Reference Identification               | REF01<br>Reference ID Qualifier  | EJ                                  | EJ – Patient Account Number  |
|   |   | REF02<br>Patient Account Number  | (Dependent Supplemental Identifier) | Identified by provider   |
| P.105                                     | N3  | Dependent Address - Refer to TR3 – Situational                                   |                                     |  |
| P.106                                     | N4  | Dependent City, State, Zip code - Refer to TR3 – Situational                     |                                     |  |
| DMG required when Loop 2010D is populated |   |  |                                     |  |
| P.108                                     | DMG<br>Dependent Demographic Information      | DMG01<br>Date Time Period Format Qualifier                                       | D8                                  | D8 – Date Expressed in Format CCYYMMDD   |
|   |   | DMG02<br>Date Time Period  | (Dependent Birth Date)              | Represents the dependent's date or birth   |
|   |   | DMG03<br>Gender Code   | F<br>M<br>U                         | F – Female<br>M – Male<br>U – Unknown  |
| P.110                                     | INS<br>Dependent Relationship                 | INS17<br>Birth Sequence Number   | (Birth Sequence Number)             | Required when the dependent is a child from a multiple birth.  |
| Loop ID 2000E—Patient Event Level         |   |  |                                     |  |
| P.112                                     | HL  | Patient Event Level  |                                     |  |
| P.114                                     | TRN   | Patient Event Tracking Number  |                                     |  |
| P.116                                     | AAA   | Patient Event Request Validation – DO NOT USE                                    |                                     |  |
| P.118                                     | UM<br>Health Care Services Review Information | UM01<br>Service Type Code  | AR                                  | AR – Admission Review  |
|   |   | UM02<br>Certification Type Code  | 5                                   | 5 – Notification   |
|   |   | UM04-1<br>Facility Code Value  | (Facility Type Code)                | For ambulatory surgeries, UM04-1=24 regardless where the service is rendered. If unsure of type of facility, send “11” for acute hospital, “21” for inpatient facility |
|   |   | UM04-2<br>Facility Code Qualifier  | A                                   | A – Uniform Billing Claim Form Bill Type<br>If unsure of type and sent “11” or “21” in UM04-1, send “A” in UM04-2.   |
|   |   | Note: If both UM06 and CL101 are submitted, only the value in CL101 will be used |                                     |  |
|   |   | UM06<br>Level of Service Code  | 03<br>E<br>U                        | 03 – Emergency<br>E – Elective<br>U – Urgent   |



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| TR3   | Segment                                     | Reference Designator(s)   | Value                                  | Definitions and Notes   |
|---|---|---|--|---|
| Loop ID 2000E—Patient Event Level (cont'd)  |   |   |  |   |
| P.125   | REF<br>Previous Review Authorization Number | REF01<br>Reference ID Qualifier                                       | BB                                     | BB – Authorization Number   |
|   |   | REF02<br>Reference Identification                                     | (Previous Review Authorization Number) | Authorization number issued for admission. Value must exactly match number issued.  |
| P.126   | REF<br>Administrative Reference Number      | REF01<br>Reference ID Qualifier                                       | NT                                     | NT – Administrative Reference Number  |
|   |   | REF02<br>Reference Identification                                     | (Administrative Reference Number)      | Represents the UM Case Number   |
| P.127   | DTP   | Accident Date   |  |   |
| P.128   | DTP   | Last Menstrual Period Date  |  |   |
| P.129   | DTP   | Estimated Date of Birth   |  |   |
| P.130   | DTP   | Onset of Current Symptoms or Illness Date                             |  |   |
| P.131   | DTP   | Event Date  |  |   |
| DTP01=435 Actual Admission Date must be submitted                                 |   |   |  |   |
| P.132   | DTP   | Admission Date - Refer to TR3   |  |   |
| P.133   | DTP   | Discharge Date - Refer to TR3 – Situational                           |  |   |
| P.134   | DTP   | Certification Issue Date  |  |   |
| P.135   | DTP   | Certification Expiration Date   |  |   |
| P.136   | DTP   | Certification Effective Date  |  |   |
| P.137   | HI  | Patient Diagnosis - Refer to TR3 – Recommended                        |  |   |
| P.154   | HSD   | Health Care Services Delivery - Refer to TR3 – Situational            |  |   |
| Note: If both UM06 and CL101 are submitted, only the value in CL101 will be used. |   |   |  |   |
| P.159   | CL1<br>Institutional Claim Code             | CL101<br>Admission Type Code  | (Admission Type Code)                  | 1 – Emergency<br>2 – Urgent<br>3 – Elective   |
|   |   | CL102<br>Admission Source Code  | (Admission Source Code)                | Indicates the source of admission   |
| P.160   | CR1   | Ambulance Transport Information - Refer to TR3 – Situational          |  |   |
| P.162   | CR2   | Spinal Manipulations Service Information - Refer to TR3 – Situational |  |   |
| P.166   | CR5   | Home Oxygen Therapy Information - Refer to TR3 – Situational          |  |   |
| P.169   | CR6   | Home Health Care Information - Refer to TR3 – Situational             |  |   |
| P.172   | PWK   | Additional Patient Information - Refer to TR3 – Situational           |  |   |
| P.177   | MSG<br>Message Text                         | MSG01<br>Free Form Message Text                                       | (Free Form Text)                       | Recommended data element: See Section 1.2.1 Basic Instructions – “Data Elements supported in the MSG segment” for details on submitting data via the MSG segment.<br><br>Maximum length is 264 characters |

| 278N Health Care Services Review Notification                                  |  |   |  |   |
|--|--|---|--|---|
| TR3  | Segment  | Reference Designator(s)   | Value  | Definitions and Notes                   |
| Loop ID 2010 – EA Patient Event Provider Name                                  |  |   |  |   |
| Note - At least 1 Repeat of Loop Required, with NM101=71 (Attending Physician) |  |   |  |   |
| P.178  | NM1<br>Patient Event<br>Provider<br>Name                           | NM101<br>Entity Identifier Code   | See TR3  | Values represent type of provider       |
|  |  | NM102<br>Entity Type Qualifier  | 1<br>2   | 1 – Person<br>2 – Non-Person Entity     |
|  |  | NM103<br>Name Last  | (Pat. Evt. Provider<br>Last or Org Name)           | Facility Name /Provider Last Name       |
|  |  | NM104<br>Name First   | (Pat. Evt. Provider<br>First Name)                 | Provider First Name                     |
|  |  | NM108<br>ID Code Qualifier  | XX   | XX – National Provider Identifier (NPI) |
|  |  | NM109<br>Identification Code  | (Patient Event<br>Provider Identifier)             | NPI 10 digit value                      |
| P. 182   | REF<br>Patient Event<br>Provider<br>Supplemental<br>Identification | REF01<br>Reference ID Qualifier   | EI   | EI – Employer’s Identification Number   |
|  |  | REF02<br>Reference Identification   | (Pat. Evt. Provider<br>Supplemental<br>Identifier) | Provider Tax ID Number                  |
| P. 184   | N3   | Patient Event Provider Address  |  |   |
| P. 185   | N4   | Patient Event Provider City, State, ZIP Code                                      |  |   |
| P. 187   | PER  | Patient Event Provider Contact Information  |  |   |
| P. 190   | AAA  | Patient Event Provider Request Validation   |  |   |
| P. 192   | PRV  | Patient Event Provider Information  |  |   |
| Loop ID 2010EB - Additional Patient Information Contact Name                   |  |   |  |   |
| P. 194   | NM1  | Additional Patient Information Contact Name - Refer to TR3 – Situational          |  |   |
| P. 197   | N3   | Additional Patient Information Contact Address - Refer to TR3 – Situational       |  |   |
| P. 198   | N4   | Additional Patient Information City, State, Zip Code - Refer to TR3 – Situational |  |   |
| P. 200   | PER  | Additional Patient Information Contact Information - Refer to TR3 – Situational   |  |   |
| Loop ID 2010EC - Patient Event Transport Information                           |  |   |  |   |
| P. 203   | NM1  | Patient Event Transport Information - Refer to TR3 – Situational                  |  |   |
| P. 205   | N3   | Patient Event Transport Location Address - Refer to TR3 - Situational             |  |   |
| P. 206   | N4   | Patient Event Transport Location City/State/ZIP Code - Refer to TR3 – Situational |  |   |
| P. 208   | AAA  | Patient Even Transport Information Request Validation – DO NOT USE                |  |   |
| Loop ID 2010ED - Patient Event Other UMO Name                                  |  |   |  |   |
| P.210  | NM1  | Patient Event Other UMO Name - Refer to TR3 – Situational                         |  |   |
| P.212  | REF  | Other UMO Denial Reason - Refer to TR3 – Situational                              |  |   |
| P.215  | DTP  | Other UMO Denial Date - Refer to TR3 – Situational                                |  |   |

| 278N Health Care Services Review Notification  |   |   |       |                             |
|--|---|---|-------|-----------------------------|
| TR3  | Segment                                       | Reference Designator(s)   | Value | Definitions and Notes       |
| Loop ID 2000F—Service Level  |   |   |       |                             |
| 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 |   |   |       |                             |
| P.216  | HL  | Service Level – Refer to TR3  |       |                             |
| P.218  | TRN   | Service Trace Number - Refer to TR3 – <b>Situational</b>                            |       |                             |
| P.220  | AAA   | Service Request Validation – DO NOT USE   |       |                             |
| P.222  | UM<br>Health Care Services Review Information | UM01<br>Request Category Code   | HS    | HS – Health Services Review |
|  |   | UM02<br>Certification Type Code   | 5     | 5 – Notification            |
| P. 228   | HCR   | Health Care Services Review   |       |                             |
| P.230  | REF   | Previous Review Authorization Number - Refer to TR3 – <b>Situational</b>            |       |                             |
| P.231  | REF   | Previous Review Administrative Reference Number - Refer to TR3 – <b>Situational</b> |       |                             |
| P.232  | DTP   | Service Date - Refer to TR3 – <b>Situational</b>                                    |       |                             |
| P. 233   | DTP   | Certification Issue Date  |       |                             |
| P. 234   | DTP   | Certification Expiration Date   |       |                             |
| P. 235   | DTP   | Certification Effective Date  |       |                             |
| P.236  | SV1   | Professional Service - Refer to TR3 – <b>Recommended</b>                            |       |                             |
| P.242  | SV2   | Institutional Service Line - Refer to TR3 – <b>Recommended</b>                      |       |                             |
| P.248  | SV3   | Dental Service - Refer to TR3 – <b>Situational</b>                                  |       |                             |
| P.253  | TOO   | Tooth Information - Refer to TR3 – <b>Situational</b>                               |       |                             |
| P. 256   | HSD   | Heath Care Services Delivery  |       |                             |
| P. 261   | PWK   | Additional Service Information - Refer to TR3 – <b>Situational</b>                  |       |                             |
| P.266  | MSG   | Message Text - Refer to TR3 – <b>Situational</b>                                    |       |                             |
| Loop ID 2010F—Service Provider Name  |   |   |       |                             |
| P.267  | NM1   | Service Provider Name - Refer to TR3 – <b>Situational</b>                           |       |                             |
| P.271  | REF   | Service Provider Supplemental Identification - Refer to TR3 – <b>Situational</b>    |       |                             |
| P.273  | N3  | Service Provider Address - Refer to TR3 – <b>Situational</b>                        |       |                             |
| P.274  | N4  | Service Provider City, State, ZIP Code - Refer to TR3 – <b>Situational</b>          |       |                             |
| P.276  | PER   | Service Provider Contact Information - Refer to TR3 – <b>Situational</b>            |       |                             |
| P.279  | AAA   | Service Provider Request Validation – DO NOT USE                                    |       |                             |
| P.281  | PRV   | Service Provider Information - Refer to TR3 – <b>Situational</b>                    |       |                             |
| P.283  | SE  | Transaction Set Trailer - Refer to TR3 – <b>Situational</b>                         |       |                             |

## Section 4 - Acknowledgments

### 4.1 Important Note about the 278N Acknowledgment

The 005010X216 278N Acknowledgment does not include a MSG segment. However, in order to return sufficient error detail, Anthem has added optional MSG segments in the following segments:

- 2010B – Information Receiver Name
- 2010C – Subscriber Name
- 2010D – Dependent Name
- 2000E – Event Level
- 2010E – Event Provider Name
- 2000F – Service Line

The MSG segment will always be the LAST segment in the loop.

| MSG text                                      | Description/Required Action   |
|---|---|
| Case cancelled, contact payer.                | A case was found for the patient, however, it was closed prior to the notification being received. Please contact the UM. |
| Invalid/ Missing Place of Service             | Please correct and resubmit.  |
| Invalid/ Missing Type of Service              | Please correct and resubmit.  |
| Invalid relationship to subscriber.           | Please correct and resubmit.  |
| Invalid Source of Admission                   | Please correct and resubmit.  |
| Missing Authorization Classification Code Set | Please correct and resubmit.  |
| Missing level of service                      | Please correct and resubmit.  |
| UM01 must equal AR                            | Only Admission Review notifications are accepted. Please verify that transaction is being submitted to correct recipient. |
| UM02 must equal N                             | Only Notifications are accepted. Please verify that transaction is being submitted to correct recipient.                  |

### 4.2 Accept and Accept with Error (BHT02=53)

- When a transaction is accepted, a 278N notification acknowledgment will be sent with a BHT02=53.
- When 1 or more data elements are missing or require additional information, 1 or more AAA segments may be returned indicating error conditions.

#### Medical Records Needed (AAA03=T5)

The most common error condition will be when an admission notification is sent in and no authorization is found on file. In this case, the following text will be sent in the MSG segment:

- Please submit clinical information within 48 hours. If we do not receive the information within 48 hours, we will make a decision based on the information we have with the most stringent applicable timeframe but will not exceed 72 hours of the original request.

### 4.3 Rejection (BHT02=44)

When a transaction is rejected (BHT02=44), usually 1 or more AAA segment(s) is returned, as well as an optional MSG segment with additional context for the error encountered. In some instances, the transaction is being rejected not due to an error, but that Anthem is not responsible for utilization management decisions for the patient.

#### **Anthem Not Responsible for Utilization Management Decisions**

In this case, an HCR segment will be returned with HCR01=CT and HCR03=0J. Please refer to the UMO information on the member card for the correct contact information.

#### **Loop 2010C, AAA03=95, Patient Not Eligible**

The patient's membership does not support using the 278N for inpatient admission/discharge notification. Please refer to the UMO information on the member card for the correct contact information.

#### **Loop 2000E, AAA03=33, Input Error**

There are a number of situations that can trigger an Input Error. Please refer to the MSG segment for additional details.



| Release Notes |         |                  |
|---------------|---------|------------------|
| Version       | Page(s) | Description      |
| 1             |         | Initial Document |

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