

## Blue Cross and Blue Shield of Kansas

### ANSI X12N 278 V4010A1 Health Care Services Review – Request for Review and Response Companion Document

Last Updated June 2, 2008

The Health Insurance Portability and Accountability Act (HIPAA) requires all health insurance payers in the United States to comply with the electronic data interchange (EDI) standards for health care as established by the Secretary of Health and Human Services (HHS). The ANSI X12N 278 Implementation Guide has been established as the standards of compliance for referral certification and authorization transactions. The implementation guides for each transaction are available electronically at [www.wpc-edi.com](http://www.wpc-edi.com).

The following information is intended to serve only as a companion document to the HIPAA ANSI X12N 276/277 Implementation Guide. The use of this document is solely for the purpose of clarification. This companion document supplements, but does not contradict any requirements in the ANSI X12N 276/277 Implementation Guide.

This document is subject to change as new information is available. Please check the BCBSKS Web Site at [www.bcbsks.com](http://www.bcbsks.com) for updated documents.

#### General Statements

An ANSI 278 transaction set is required to start the referral certification and authorization process. Submitters passing syntax and implementation guide editing will have responses returned via the ANSI 278 transaction set based on the implementation guide. Submitters not passing syntax and implementation guide editing will have responses returned via a TA1 and/or a 997 response.

1. All transmissions submitted without a valid Trading Partner number will be rejected. A Trading Partner number can be obtained by completing the EDI Enrollment Form found on the website.
2. Only loops, segments, and data elements valid for the HIPAA Implementation Guide will be translated. Submitting data not valid based on the Implementation Guide will cause files to be rejected.
3. The incoming 278 transactions utilize delimiters from the following list: '>', '\*', '~', '^', '|', and ':'. Submitting other delimiters may cause an interchange (transmission) to be rejected. These characters should not be used within the data if used as a delimiter.
4. Data submitted in the incoming 278 must use the basic character set as defined in Appendix A of the Implementation Guide. In addition to the basic character set, you may submit lower case characters and the '@' symbol from the extended character set. Any other characters from the extended character set may cause the interchange (transmission) to be rejected at the translator or in some Health Plans payment systems. Please see edit lists for further documentation. **Exception:** The apostrophe (') should not be used in any name or city field and any character used as a delimiter should not be used within the data.
5. All dates that are submitted on an incoming 278 transaction should be valid calendar dates in the appropriate format based on the respective qualifier. Invalid dates will result in setting the response to the transaction as a rejection.
6. All dates returned in the 278 Response transactions will be in the format CCYYMMDD.
7. Only one transaction type (records group) per interchange (transmission) will be processed; a submitter must only submit one GS-GE (Functional Group) within an ISA –IEA (Interchange).
8. Data submitted within the envelope segments (ISA, GS, ST, SE, GE, and IEA) will be edited beyond the requirements defined in the Implementation Guide. Please see edit lists for further documentation.

9. Employer Identification Numbers (EIN) may be submitted with or without a dash ("-"). When using a dash ("-") it must be in the 3<sup>rd</sup> position.
10. Social Security Numbers (SSN) may be submitted with or without dashes ("-"). When using dashes ("-") they must be in the 4<sup>th</sup> and 7<sup>th</sup> positions.
11. Compression of files is supported between the submitter and receiver.
12. File names should not contain any of the following characters: Dollar ("\$"), Ampersand("&"), Plus ("+"), Comma (","), Forward slash/Virgule ("/"), Colon (":"), Semi-colon (";"), Equals ("="), Question mark ("?"), or 'At' symbol ("@").
13. For Internet File Transmissions Only: File names must contain only alphabetical ("A-Z, a-z"), Numeric (0-9), hyphen ("-"), or underscore ("\_") as characters, with hyphen and underscore not acceptable as starting and ending characters.
14. The max length for any input file name should not exceed 28 characters.
15. Negative values should not be submitted.
16. All lower case characters submitted on an inbound 278 will be converted to upper case when sending data to the payers processing system. Likewise, all 278 responses files received from payers will be converted to all upper case alphabetic characters.
17. Currency code (CUR02) must equal 'USA'.
18. Diagnosis codes have a maximum size of five (5) and should be submitted without decimal points.
19. All original elements from the request transaction will be sent back unless not allowed on the response transaction.
20. BCBS Plan payers other than BCBSKS may choose to include more comprehensive response information.

### 278 Request Companion Information

The following information is intended to serve as a guide to the HIPAA ANSI X12 278 Implementation Guide. Information contained within this document applies to all payers unless otherwise stated.

Page	Loop	Seg.	Data Element	Comments
<b>INTERCHANGE CONTROL HEADER/ISA</b>				
B.4	N/A	ISA05	Interchange ID Qualifier	'ZZ'
B.4	N/A	ISA06	Interchange Sender ID	Trading Partner Number assigned by BCBSKS.
B.4	N/A	ISA07	Interchange ID Qualifier	'ZZ'
B.5	N/A	ISA08	Interchange Receiver ID	ASK INC (A space should be entered between ASK and Inc.)
B.6	N/A	ISA15	Usage Indicator	Must equal 'P'.
<b>TRANSACTION SET HEADER/ ST</b>				
50	N/A	ST02	Transaction Set Control Number	BCBSKS may reject an interchange (transmission) that is not submitted with unique values in the ST02 element. Must be equal to SE02.
<b>LOOP 2000A – INFORMATION SOURCE LEVEL</b>				
53	2000A	HL01	Hierarchical ID Number	All hierarchical level (HL) segments must be in order from one, by one (+1) and must be numeric.
<b>LOOP 2010A – UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME</b>				
56	2010A	NM101	Entity Identifier Code	'X3' must be submitted.
57	2010A	NM108	Identification Code Qualifier	'PI' (Payer Identifier) must be submitted.
57	2010A	NM109	Utilization Management Organization Identifier	A valid payer number must be entered. BCBSKS = 47163

Page	Loop	Seg.	Data Element	Comments
<b>LOOP 2010B – REQUESTOR NAME</b>				
61	2010B	NM108	Identification Code Qualifier	Must be 'XX' (NPI).
62	2010B	NM109	Requestor Identifier	NPI
<b>LOOP 2010C – SUBSCRIBER NAME</b>				
90	2010C	NM108	Identification Code Qualifier	Must contain 'MI'.
91	2010C	NM109	Subscriber Primary Identifier	Enter the subscriber identification number including any alpha prefix. Requests not found on the eligibility database will cause an error to be returned to the sender.
<b>LOOP 2010D – DEPENDENT NAME</b>				
112	2010D	N/A	N/A	Dependents name is required only when the dependent is the patient.
<b>LOOP 2010E – SERVICE PROVIDER NAME</b>				
126	2010E	NM108	Identification Code Qualifier	Must be 'XX' (NPI).
126	2010E	NM109	Service Provider Identifier	NPI

### 278 Response Companion Information

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Page	Loop	Seg.	Data Element	Comments
<b>BEGINNING OF HIERARCHICAL TRANSACTIONS/BHT</b>				
220	N/A	BHT06	Transaction Type Code	'18'
<b>LOOP 2000F – SERVICE LEVEL</b>				
331	2000F	HCR01	Certification Action Code	'CT'

### BlueExchange

BlueExchange is a solution for managing the flow of standard transactions between Blue Cross Blue Shield Plans to satisfy customer needs. BlueExchange allows trading partners to send standard transactions for any Blue Cross Blue Shield Plan to their local Blue Cross Blue Shield Plan. The trading partners local Plan will route that transaction through BlueExchange to receive a response from the applicable Blue Cross Blue Shield Plan. The BlueExchange core hours of operation are Monday-Saturday 6:00 am to midnight.

### 997 – Functional Acknowledgement

1. We suggest retrieval of the TA1 & ANSI 997 functional acknowledgement files on or before the first business day after the claim file is submitted, but no later than five days after the file submission.
2. The version of the 837 inbound transactions will be returned in the GS08 (Version/Release/Industry/Identifier Code) of the 997.
3. Separate response files and/or reports are created for each ISA-IEA Interchange within a physical file.
4. Instead of utilizing the ASC X12 syntax rules for the standard generation of the 997, the BCBSKS translation process will utilize the structure presented in the 004010A1x092 IG document as the “standard”.

### Referral Certification and Authorization Response (278) Naming

- Date is the four-digit year, the two-digit month, and the two-digit date (i.e. 20030530 – May 30, 2003).
- Time is in military time as the two-digit hour, two-digit minute and a two-digit second (i.e. 142345 – 2:23:45 p.m.).
- NNNN is a four-digit sequence number.

Naming Format	Description
KS27811.date.time.NNNN	278 Response for BCBSKS