UnitedHealthcare®

Standard Companion Guide

Refers to the Implementation Guide

Based on X12 Version 005010X216

Health Care Services Review Notification and Acknowledgment

(278N)

Companion Guide Version Number 7.4

March 8, 2022

CHANGE LOG

Version	Release Date	Changes
1.0		Initial External Release
2.0	2/1/2011	Updated the Error code and Interpretations table by adding 95N to Loop 2010D and 51C to 2010E while changing 41N from Loop 2010E to Lop 2010EA.
2.5	2/25/2011	Addition of HCR03 messages for AAA03 values of 15 & 33 (Loops 2000E, 2000F) in the Error Code and Interpretations table.
2.6	03/25/2011	Added the need to provide at least one procedure code when UM03=Surgical.
2.7	04/14/2011	Removed the need to provide at least one procedure code when UM03=Surgical
2.8	09/14/2011	▪ Update made to the 2000E loop for duplicate responses. The value in the HCR01 element changed from A3 to NA. ▪ A chart was created to display valid UM03/UM04 values. Please note the UM03 Newborn Baby value of 65 is no longer valid and Chemotherapy 78 has been added. ▪ Element REF01 in loop 2010C can now be populated with the values of 1L & IG; Element HSD01 in loop 2000E being requested by UnitedHealthcare. ▪ Element HSD01 in loop 2000E can now be populated with the value of DY. ▪ Section 10.4 error codes and interpretations have been updated, please refer to the MSG segment for information on why the transaction has rejected. • New (loop, AAA03/AAA04) – 2000A 41/N – 2010A 46/C – 2010A 51/C – 2010C 67/N – 2010C 68/C – 2010D 68/C – 2000E 57/C – 2010E 15/C – 2010E 41/N – 2000F 33/N – 2000F T5/C – 2010F 15/C – 2010F 46/C ▪ Section 10.4 error codes and interpretations have been updated, please refer to the MSG segment for information on why the transaction has rejected. • New (loop, AAA03/AAA04) – 2000A 41/N – 2010A 46/C – 2010A 51/C – 2010C 67/N – 2010C 68/C – 2010D 68/C

			– 2010A 51/C
			– 2010C 67/N
			– 2010C 68/C
			– 2010D 68/C
			– 2000E 57/C
			– 2010E 15/C
			– 2010E 41/N
			– 2000F 33/N
			– 2000F T5/C
			– 2010F 15/C
			– 2010F 46/C
			• Eliminated
			– 2000A 42/Y
			– 2010B 41/N (moved to Loop 2010A)
			– 2010E 51/C (moved to Loop 2010A)
			– 2010EA 15/C (moved to Loop 2010E)
			– 2010EA 33/C (moved to Loop 2010E)
			– 2010EA 41/N (moved to Loop 2010E)
			– 2000F 62/C
			• Modified
			– 2010B 79/P (changed to 79/N)
			– 2010FA 47/C
2.9	12/8/2011		Section 1.2 • Overview has been updated with TA1 information. Section 3 • Connectivity with the Payer/Communication has been updated with TA1 information. Section 6 – Payer specific business rules and limitations updated with: • Discharge Location Information/Codes (Loop 2000E MSG Segment) – Guidelines in determining the Level of Service (Loop 2000E UM06 segment) for a 278 Notification Submission. Section 6.3 – Response tracking numbers • Updated definition for ARN Section 6.5 • Update processing with Discharge Location information Section 7.1 – Acknowledgment has been updated with TA1 information.

		Section 9.2 – Inpatient admission notification data elements table updated with codes:
		- ISA14: Removed row that addressed non-support of TA1. 2000E/DTP: Updated with note regarding age of Estimated vs Actual discharge date. 2000E/MSG: Updated with note regarding Discharge Location. If 2000E DTP Discharge Date (DTP = 096) is present, a discharge location is required. The discharge location should be submitted in Loop 2000E MSG01 segment. The text in the MSG01 segment must begin with "DC=" followed by one of the discharge location codes: 4: Comprehensive Inpatient Rehabilitation Facility 11: Home with Home Care and/or DME 12: Home/Against Medical Advice 13: Hospice 15: Inpatient Hospital 16: Inpatient Psychiatric Facility 19: Military Treatment Facility 20: Expired 21: No Services/Home 26: Skilled Nursing Facility 2010F/NM102 qualifier must = 1 if this Loop is submitted - Please note regarding the Inpatient Admission Notification Data Elements table, these requirements have always been in place and were not systematically enforced until the 9/28/2011 release. Section 10.3 – Business and Transaction Examples - Updated Case #8 with Discharge Location MSG segment Section 10.4 – Error codes and interpretations table - The following Loops and Error codes have been removed: - AAA03=15 Loop 2010F - AAA03=33 Loop 2010F
3.0	1/10/2012	Section 9.2 – Inpatient Admission Notification Data Elements table updated with the following codes: GS05: Added requirement for time as HHMM or HHMMSS.

3.0	5/14/2012	Section 10.3 – Business and Transaction Examples
		    • Case 3 split into 3a and 3b to show examples of different types of blocking scenarios.
		Section 10.4 Error Codes and Interpretations
		    • Added the following error codes related to blocking:
		         – AAA03=33: Loop 2000E
		         – AAA03=33: Loop 2000F
		Section 10.6 HCR03 Message Table
		    • Added IMPORTANT NOTE: The time out response will be sent back in batch mode, therefore, anyone setting up a 278 authorization real-time transaction will need to set up a batch connection also.
		Section 9.1 – Data Element Grid
		    • Added HI03 through HI12 information in the 2000E loop
		Section 10.4 – Error Codes and Interpretations
		    • This is a new section to show the new HCR03 messages for blocking.

4.0	8/3/2015	▪ Removed all references to "direct connections" and "Connectivity Director" in the following sections: • 2.1, 2.2, 2.4, 3.1, 3.3 3.4, 3.5, 8, 9.2, 10.1 and 10.2 ▪ Changed effective date for ICD-10 on #17 FAQ under section 10.5 to Section 2.2 Trading Partner Registration ▪ Removed "the OptumInsight HIN Sales Team at 800-341-6141" ▪ Added Contact iEDI Sales Team

5.0	1/6/2017	Section 9.2 – Inpatient Admission Notification Data Elements
		    • ISA08 Supported Code 9080111864 removed
		    • GS03 Element 9080111864 removed
		Section 10.3 Business and Transaction Examples
		    • Case 6: removed Decision Reason
		    • HCR*CT removed explanation
		Section 10.4 – Error Codes and Interpretations
		    • Following error code interpretations have been updated to "Refer to Implementation Guide":
		         – 2010A 43/C, 44/C, 46/C 47/C
		         – 2010B 42/Y
		         – 2010C 58/C, 64/C, 65/C 67/C, 68/C, 71/C, 72/C, 73/C, 76/C, 78/N, 95/N
		         – 2010D 58/C, 65/C, 67/N, 68/C, 95/N
		         – 2000E 57/C, 60/C 84/C, AF/C, AH/C, AM/C, AN/c
		         – 2010E 43/C, 44/C, 46/C 47/C
		         – 2000F 57/C, 60/C, AG/C
		         – 2010F 43/C, 44/C, 46/C 47/C

5.1	11/28/2017	Updated UnitedHealthcare and Optum contact information, including hyperlinks to online resources; Reviewed document in detail, updating as needed.
6.0	10/18/2019	Review to update document dates

7.0	10/13/2020	Section 6.2 – Service Type (UM03) and Place of Service (UM04) Codes • Outpatient Facility Observation added Section 9.1 – Data Element Grid • Added to 2010A REF02 Note/Comments section: If MPIN is not available, leave value blank
7.1	10/22/2020	Section 2.2 -Optum connection methods. • Removed **Intelligent EDI (IEDI)** link Section 10.3 Case 6: • Removed: Notification Held for Manual Processing. • Added: Notification Time Out 2010B AAA04 Follow-Up Action Code • Removed: Y = Do not resubmit • Added: Resubmit 2000E HCR HCR01 Action Code Removed • Removed: CT= Contact Payor • Removed: Note: If you receive a "CT" response, you will need to use the Prior Authorization and Notification tool in Link at UHCprovider.com to obtain the Service Reference Number (SRN), it will not be sent to you via a 278N response. • ADDED: if the error continues, resubmit via LINK at UHCprovider.com.
7.2	11/18/2020	Section 9.1 - INPATIENT ADMISSION NOTIFICATION DATA ELEMENTS • Clarification of Subscriber Loop 2000C. Information should contain patient information. It is not required to send both a subscriber and dependent loop, as member identifiers are unique. • Clarification of Dependent Loop 2000D. Only required if patient was not included in 2000C loop Section 10.4 ERROR CODES AND INTERPRETATIONS • Removed duplicated 2000E errors Section 10.5 FREQUENTLY ASKED QUESTIONS • Discharge date is required from facilities as included in the initial transaction or as a second transaction containing the patients actual discharge date.

7.3	8/19/21	Section 4.2- PROCESS FLOW: REAL-TIME 278 HEALTH CARE SERVICE NOTIFICATION • Added Important Note about setting up a batch response along with real-time. Section 10.2 – FILE NAMING CONVENTIONS • Removed 278N Error Scenario – sending the 278N BERR File • Added a new Letter A - TA1 Interchange Acknowledgment • Letter D – changed 278NBACK to 278NACK
7.4	3/8/2022	Section 6.2 Service Type (UM03) and Place of Service (UM04) Codes • Remove reference for Observation Notification

PREFACE

This companion guide (CG) to the v5010 ASC X12N Technical Report Type 3 (TR3) adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging transactions electronically with UnitedHealthcare.

Transmissions based on this companion guide, used in tandem with the TR3, also called Health Care Services Review – Request for Review and Response (278) ASC X12N/005010X217, are compliant with both ASC X12 syntax and those guides. This companion guide is intended to convey information that is within the framework of the ASC X12N TR3 adopted for use under HIPAA. The companion guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3.

The TR3, also known as X12N Implementation Guide (IG), adopted under HIPAA, here on in within this document will be known as IG or TR3.

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1. INTRODUCTION

1.1 SCOPE

This UnitedHealthcare Companion Guide (CG) is designed to assist those providing hospital admission notifications to UnitedHealthcare using the 0005010X216 – Health Care Services Review Notification and Acknowledgement. Admission Notification lets UnitedHealthcare know that a member has been admitted to an acute care hospital, skilled nursing facility or acute rehabilitation facility so we can coordinate programs related to the care setting, discharge plan and referral to after-care.

Timely admission notification allows UnitedHealthcare, physicians and hospital staff to engage into an essential dialogue to help ensure the patient's care path is consistent with evidence-based medicine practices and supports coordination of care related to the facility stay for their long-term well-being.

Admission notification should be made as soon as possible to enable us to organize the appropriate resources for a positive effect on clinical outcomes while the patient is in the hospital and after discharge.

To send an advanced notification and/or prior authorization to UnitedHealthcare, please refer to the EDI 278N: Hospital Admission Notification transaction information page online. The Helpful Resources section contains additional information regarding notification protocol and guidelines.

1.2 OVERVIEW

This CG will replace, in total, the previous UnitedHealthcare CG versions for Inpatient Admission Notification.

UnitedHealthcare has chosen to adopt the X12 notification transaction named Health Care Services Review Notification and Acknowledgement 278 005010X216 which is designed specifically for notifications. X12 has indicated that when HIPAA expands its scope to include notifications, this transaction will be the one recommended by X12. In the meantime, this transaction is available for use without penalty or restriction under HIPAA.

This UnitedHealthcare CG has been written to assist you in designing and implementing Health Care Services Review Notification and Acknowledgement transactions to meet the processing standards of UnitedHealthcare. This CG must be used in conjunction with the Health Care Services Review Notification and Acknowledgement (278N) instructions as set forth by the ASC X12 Standards for Electronic Data Interchange (Version 005010X216), May 2006. The UnitedHealthcare CG identifies key data elements from the transaction set that we request you provide to us. The recommendations made are to enable you to more effectively complete Electronic Data Interchange (EDI) transactions with UnitedHealthcare.

Updates to this CG occur periodically and are available online. CG documents are posted in the EDI section of our Resource Library on the Companion Guides page:
https://www.uhcprovider.com/en/resource-library/edi/edi-companion-guides.html
In addition, trading partners can sign up for the Network Bulletin and other online news:
https://uhg.csharmony.epsilon.com/Account/Register

1.3 REFERENCE

For more information regarding the ASC X12 Standards for Electronic Data Interchange (005010X216) Health Care Services Review Notification and Acknowledgement (278N), or the (005010X230) Functional Acknowledgement for Health Care Insurance (997) and to purchase copies of the TR3 documents, consult the Washington Publishing Company website: http://www.wpc-edi.com

1.4 ADDITIONAL INFORMATION

The American National Standards Institute (ANSI) is the coordinator for information on national and international standards. In 1979 ANSI chartered the Accredited Standards Committee (ASC) X12 to develop uniform standards for electronic interchange of business transactions and eliminate the problem of non-standard electronic data communication. The objective of the ASC X12 Committee is to develop standards to facilitate electronic interchange relating to all types of business transactions. The ANSI X12 standards is recognized by the United States as the standard for North America. EDI adoption has been proved to reduce the administrative burden on providers.

The 5010 (version 216) of Health Care Services Review – Services Review Notification and Acknowledgement is not the same transaction as the HIPAA guide currently being moved through the NPRM (Notice of Proposed Rule Making) process. The notification transaction is not a covered business transaction under HIPAA. HIPAA specifically states that only authorization, pre-certification and referral business transactions are subject to the HIPAA rules. Notifications themselves are not subject to HIPAA, and do not fit into the HIPAA 278 referral and authorization format. However, X12 has also developed a separate implementation of the 278N (not covered by HIPAA) for notifications, which UnitedHealthcare is adopting. Note that X12 has recommended that when HIPAA expands its scope to include notifications, this transaction we are adopting is the one recommended by X12.

Please note that this is UnitedHealthcare's approach to the 278N notification and acknowledgement transactions. After careful review of the existing IG for the Version 005010X2176 we have compiled the UnitedHealthcare specific CG. We are not responsible for any changes and updates made to the IG.

2. GETTING STARTED

2.1 EXCHANGING TRANSACTIONS WITH UNITEDHEALTHCARE

UnitedHealthcare exchanges transactions with clearinghouses and direct submitters, also referred to as Trading Partners. Most transactions go through the Optum clearinghouse, OptumInsight, the managed gateway for UnitedHealthcare EDI transactions.

2.2 CLEARINGHOUSE CONNECTION

Physicians, facilities and health care professionals should contact their current clearinghouse vendor to discuss their ability to support the 278 005010X216 Health Care Services Review Notification and Acknowledgement transaction, as well as associated timeframes, costs, etc. This includes protocols for testing the exchange of transactions with UnitedHealthcare through your clearinghouse.

Optum: Physicians, facilities and health care professionals can submit and receive EDI transactions direct. Optum partners with providers to deliver the tools that help drive administrative simplification at minimal cost and realize the benefits originally intended by HIPAA — standard, low-cost claim transactions.

- Please contact Optum Support at 800-341-6141 to get set up.
- If interested in using Optum's online solution, contact the Optum sales team at 866-367-9778, option 3, send an email to IEDIsales@optum.com or visit https://www.optum.com/campaign/fp/free-edi.html.

2.3 CERTIFICATION AND TESTING

All trading partners who wish to submit 278N Notifications to UnitedHealthcare via the ASC X12 278 (Version 005010X216), and receive corresponding EDI responses, must complete testing to ensure that their systems and connectivity are working correctly before any production transactions can be processed.

For testing EDI transactions with UnitedHealthcare, care providers and health care professionals should contact their current clearinghouse vendor or Optum.

3. CONNECTIVITY AND COMMUNICATION PROTOCOLS

HIGH LEVEL BATCH 278N PROCESS
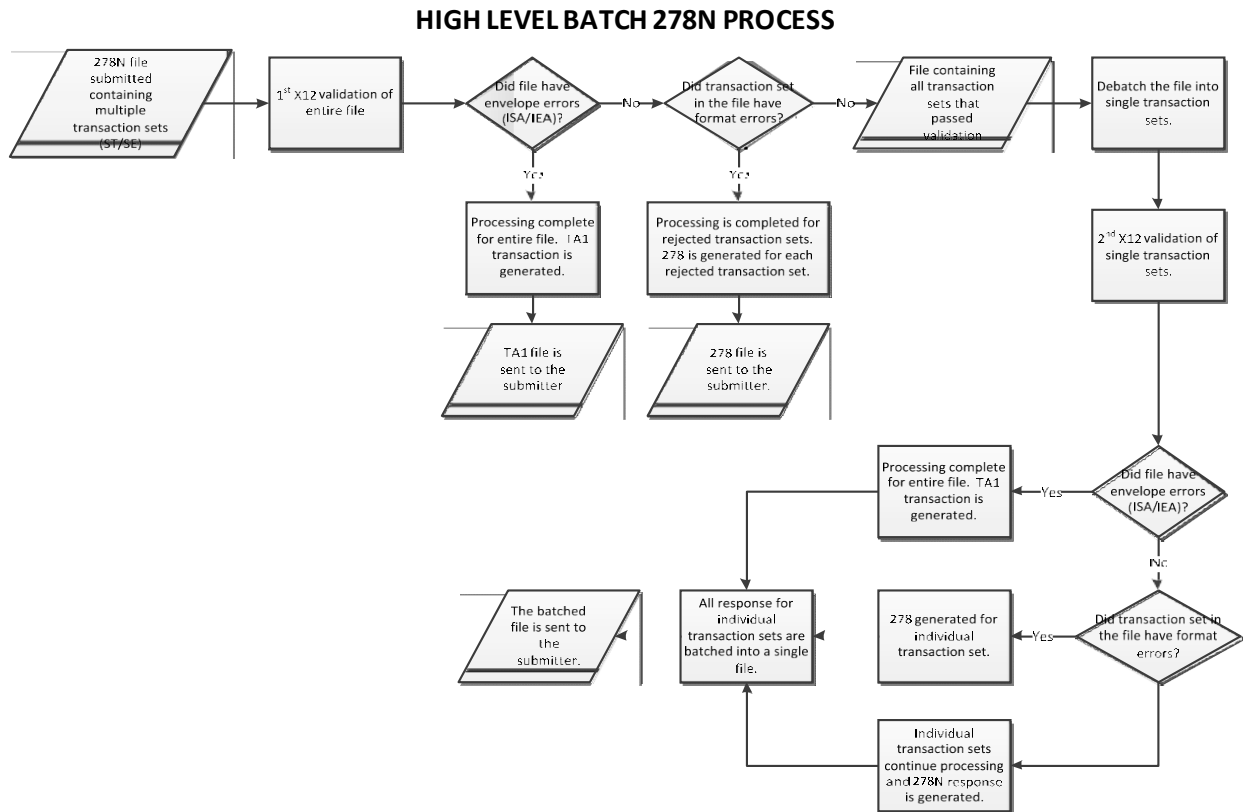
The flow pictured above reflects the response process for batch process.

3.1 PROCESS FLOW: BATCH 278 HEALTH CARE SERVICE NOTIFICATION

The process flow pictured above reflects the response process for batch process. The response to a batch of notification response transactions will consist of:

1. First level response – TA1 will be generated when errors occur within the envelope.
2. Second level response - 997 Functional Acknowledgement may contain both positive and negative responses.
3. A second batch containing one 278N or 997 response transaction for each 278N submitted in the batch. It is also possible for another separate (non-batched) 278N response transaction to be returned if the initial request incurred a time out situation and the first 278N sent was identifying that we were unable to respond at the current time.

When a batch of 278 transactions is received, the individual transaction within the batch is first checked for format compliance. A 997 Functional Acknowledgement transaction is then created with an AK2/AK5 loop for each submitted transaction in the batch indicating whether the transaction was accepted or rejected, and an AK9 segment containing counts of transactions within the batch that passed and failed the initial edits. If validation errors are identified, the 997 will identify the segment and element level where the error occurred. The 997 Functional Acknowledgement transaction is sent back to the submitter.

1. Transactions that passed the format validation (good transactions) are then de-batched and processed individually.
2. Each transaction is sent through another map to validate the individual notification. Transactions that fail this edit will generate a 997 with an error message indicating that there was a map validation error.
3. Transactions that passed the validation edits and successfully process are sent for final processing. The system will generate a 278N response for each transaction indicating whether the notification was successfully processed.
4. All the response transactions including those resulting from the initial edits (997s and 278Ns) from each of the 278N requests are batched together and sent to the submitter.

HIGH LEVEL REAL-TIME 278N PROCESS
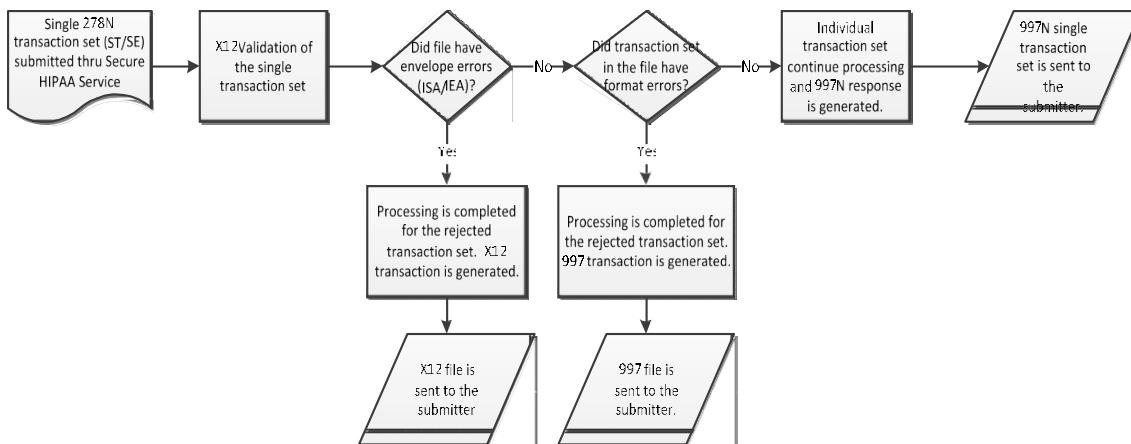
3.2 PROCESS FLOW: REAL-TIME 278 HEALTH CARE SERVICE NOTIFICATION

The flow pictured above reflects the response process for Real-time Notifications process. The response to real-time notification transactions will consist of:

1. First level response – TA1 will be generated when errors occur within the outer envelope.
2. Second level response – A real-time 997 transaction, if the submitted 278N failed format edits.
3. If the response is delayed, a real-time 278N response indicating the delay. In this case the actual notification response will be provided when ready via FTP.

Each transaction is first validated to ensure that the 278N contains information needed for processing. Transactions which fail this validation will generate a real-time 997 message back to the sender with an error message indicating that there was a map validation error. Transactions that pass the validation but failed to process (due to member eligibility, for example) will generate a real-time 278N response transaction including a AAA segment indicating the nature of the error.

Transactions which pass initial validation are sent for final processing. As transactions are processed by the systems, a real-time 278N response transaction is generated indicating whether the notification was successfully.

IMPORTANT NOTE: The time out response will be sent back in batch mode, therefore, anyone setting up a 278 Notification real-time transaction will need to set up a batch connection also.

3.3 TRANSMISSION ADMINISTRATIVE PROCEDURES

UnitedHealthcare supports both batch and real-time 278N transmissions. Contact your current clearinghouse vendor to discuss transmission types and availability.

3.4 RE-TRANSMISSION PROCEDURES

Please follow the instructions within the 278 AAA data segment for information on whether resubmission is allowed or what data corrections need to be made for a successful response.

3.5 COMMUNICATION PROTOCOL SPECIFICATIONS

Clearinghouse Connection: Physicians, facilities and health care professionals should contact their current clearinghouse for communication protocols with UnitedHealthcare.

3.6 PASSWORDS

Clearinghouse Connection: Physicians, facilities and health care professionals should contact their current clearinghouse vendor to discuss password policies.

3.7 SYSTEM AVAILABILITY

Normal business hours: Monday - Friday, 5 am to 9 pm CST
Weekend hours: Saturday - Sunday, 5 am to 6 pm CST (exceptions may occur)

UnitedHealthcare systems may be down for general maintenance and upgrades. During these times, our ability to process incoming 278 EDI transactions may be impacted. The codes returned in the AAA segment of

the 278 response will instruct the trading partner if any action is required.

In addition, unplanned system outages may also occur occasionally and impact our ability to accept or immediately process incoming 278N transactions. UnitedHealthcare will send an email communication for scheduled and unplanned outages.

3.8 COSTS TO CONNECT

Clearinghouse Connection: Physicians, facilities and health care professionals should contact their current clearinghouse vendor to discuss costs.

Optum:
- Optum Support – 800-341-6141
- Optum's online solution, Intelligent EDI (IEDI)
    - Call 866-367-9778, option 3
    - Email IEDIsales@optum.com
    - Visit https://www.optum.com/campaign/fp/free-edi.html.

4. CONTACT INFORMATION

4.1 EDI SUPPORT

Most questions can be answered by referring to the EDI section of our resource library: UHCprovider.com/EDI. View the EDI 278N page for information specific to Notifications: https://www.uhcprovider.com/en/resource-library/edi/edi-278n.html.

If you need assistance with an EDI transaction accepted by UnitedHealthcare, have questions on the format of the 278N or invalid data in the 278N response, please contact EDI Support by:
- Using our EDI Transaction Support Form,
- Sending an email to supportedi@uhc.com or
- Calling at 800-842-1109

For questions related to submitting transactions through a clearinghouse, please contact your clearinghouse or software vendor directly.

4.2 EDI TECHNICAL SUPPORT

When receiving the 278N from a clearinghouse, please contact the clearinghouse. If using Optum, contact their technical support team at 800-225-8951, option 6.

4.3 PROVIDER SERVICES

Provider Services should be contacted at 877-842-3210 instead of EDI Support if you have questions regarding the details of a member's benefits. Provider Services is available Monday - Friday, 7 am - 7 pm in the provider's time zone.

4.4 APPLICABLE WEBSITES/EMAIL

CAQH CORE: http://www.caqh.org
Companion Guides: https://www.uhcprovider.com/en/resource-library/edi/edi-companion-guides.html
Optum: https://www.optum.com

OptumInsight/Optum EDI Client Center - https://www.enshealth.com
UnitedHealthcare Administrative Guide:
https://www.uhcprovider.com/content/dam/provider/docs/public/admin-
guides/UnitedHealthcare_Administrative_Guide_2017.pdf
UnitedHealthcare EDI Support: supportedi@uhc.com or EDI Transaction Support Form
UnitedHealthcare EDI Education website: https://www.uhcprovider.com/en/resource-library/edi.html
Washington Publishing Company: http://www.wpc-edi.com

5. CONTROL SEGMENTS/ENVELOPES

5.1 ISA-IEA

Transactions transmitted during a session or as a batch are identified by an interchange header segment (ISA) and trailer segment (IEA) which form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission (batch) and provides sender and receiver identification.

5.2 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. The number of GS/GE functional groups that exist in a transmission may vary.

5.3 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). For real time transactions, there will always be one ST and SE combination. A 278 file can only contain 278 transactions. A 278 Authorization and Referral file can only contain 278 Authorization and Referral transactions.

5.4 CONTROL SEGMENT HIERARCHY

ISA - Interchange Control Header segment
    GS - Functional Group Header segment
        ST - Transaction Set Header segment
            First 278N Transaction
        SE - Transaction Set Trailer segment
        ST - Transaction Set Header segment
            Second 278N Transaction
        SE - Transaction Set Trailer segment
        ST - Transaction Set Header segment
            Third 278N Transaction
        SE - Transaction Set Trailer segment
    GE - Functional Group Trailer segment
IEA - Interchange Control Trailer segment

5.5 CONTROL SEGMENT NOTES

The ISA data segment is a fixed length record and all fields must be supplied. Fields not populated with actual data must be filled with space.

1. The first element separator (byte 4) in the ISA segment defines the element separator to be used through the entire interchange.
2. The ISA segment terminator (byte 106) defines the segment terminator used throughout the entire interchange.
3. ISA16 defines the component element

5.6 FILE DELIMITERS

UnitedHealthcare requests that you use the following delimiters on your 278 files. If used as delimiters, these characters (* : ~ ^) must not be submitted within the data content of the transaction sets. Please contact UnitedHealthcare if there is a need to use a delimiter other than the following:

1. **Data Element:** The first element separator following the ISA will define what Data Element Delimiter is used throughout the entire transaction. **The recommended data element delimiter is an asterisk(*)**.
2. **Data Segment:** The last position in the ISA will define what Segment Element Delimiter is used throughout the entire transaction. **The recommended data segment delimiter is a tilde(~)**.
3. **Component Element:** ISA16 defines the component element delimiter is to be used throughout the entire transaction. **The recommended component-element delimiter is a colon(:)**.

6. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

6.1 278 REQUESTS

1. Many providers have multiple NPIs and/or Tax Identification Numbers (TINs) so UnitedHealthcare will use these values as well as various other data elements supplied in the transaction to attempt to unambiguously identify specific hospital facilities and other providers. It is very important that the information provided in the transaction allows UnitedHealthcare to identify the specific geographic location of the admitting facility. Therefore, it is important to include the correct physical address of the facility in the notification transaction.
2. To maintain the same level of data integrity that UnitedHealthcare has today with notifications submitted via alternate means, it is important for hospitals to appropriately use the values outlined in UM03 and UM04. Those values can be found in the section below. These values help UnitedHealthcare to distinguish, for example, maternity admissions from hospital inpatient from surgical admissions from skilled nursing admissions, and so on. These values also help us distinguish, for example, an Acute Hospital admission from an Inpatient Rehabilitation admission. Ultimately, these values help us to clinically route our notifications to appropriate parties and enhance our ability to impact clinical outcomes in a timely manner.
3. Each admission notification transaction must identify an admitting or attending provider, or both, in a 2010EA loop, in addition to the admitting facility. As with the admitting facility, due to the potential for multiple NPI/TIN assignments to providers, please include as much information as possible in the transaction, such as accurate physician first and last name, address and phone number if available to help reduce ambiguity.
4. An inpatient admission notification transaction which has been successfully processed and added to the database will be indicated by the presence of a Review Identification Number in HCR02. Presence of a

Review Identification Number in the acknowledgement of a notification transaction indicates only that the transaction was processed and added to the database. It does not imply that the notification is following inpatient admission notification policy requirements by UnitedHealthcare. If the notification was not successfully processed, HCR02 will not be populated.

5. The response to an unsuccessful notification will have BHT02=44 and will contain an "AAA" segment with an indication of the reason for failure (refer to the Error Codes and Interpretations section in the appendix of this guide).

6. A transaction that is successfully processed by our clinical applications, whether submitted via batch or real-time, will contain the UnitedHealthcare received date and time in the BHT04/05 segments of the 278ACK. This date/time are correctly converted and returned to the trading partner in Eastern Time. This is the same date/time that is later used to evaluate timeliness of the notification upon claim submission.

7. Discharge location is required when supplying a discharge date in Loop 2000E — PATIENT EVENT LEVEL DTP segment (DTP = 096). The discharge location should be submitted in Loop 2000E MSG01 segment. The text in the MSG01 segment must begin with "DC=" followed by a discharge location code (see section 9 – Transaction Specific Information for discharge location codes). Note: The Estimated discharge date must be in the future; otherwise it will be considered an Actual discharge date and discharge location will be required in the MSG segment.

8. Guidelines in determining the Level of Service (Loop 2000E UM06 segment) for a 278 Notification Submission:
    a. Emergency - The patient required immediate medical intervention as a result of severe, life threatening or potentially disabling conditions. Generally, the patient was admitted through the emergency room.
    b. Urgent - The patient required immediate attention for the care and treatment of a physical or mental disorder. Generally, the patient was admitted to the first available, suitable accommodation (direct admits from a Doctor's Office for example).
    c. Elective - The patient's condition permitted adequate time to schedule the availability of a suitable accommodation.

6.2 SERVICE TYPE (UM03) AND PLACE OF SERVICE (UM04) CODES

Service type codes (UM03) and place of service (UM04) codes are supported by UnitedHealthcare:

Acute Hospital	Service Type	Service Type Code (UM03)
UM04-1= 11 (Uniform Billing Claim Form Bill Type) or UM04-1= 21 (Professional Services)	Medical Care	1
	Surgical	2
	Hospice	45
	Long Term Care	54
	Maternity	69
	Transplants	70
	Rehabilitation	A9
	Neonatal Intensive Care	NI

Skilled Nursing Facility	Service Type	Service Type Code (UM03)
UM04-1= 21 (Uniform Billing Claim Form Bill Type) or UM04-1 = 31 (Professional Services)	Hospice	45
	Chemotherapy	78
	Rehabilitation	A9
	Skilled Nursing Care	AG

When UM03 = 69 (Maternity), per page 128 of the TR3, Last Menstrual Period (LMP) Date and Estimated Date of Birth are required in loop 2000E, segment DTP. If these values cannot be determined, UnitedHealthcare will accept a default value equal to the Admission Date, for both LMP and Estimated Date of Birth.

UM03=65 (Newborn Care) is no longer accepted. Instead use UM03=1 for Medical Care along with the appropriate diagnosis code.

6.3 278 RESPONSE

Disclaimer: Information provided in 278 responses is not a guarantee of payment or coverage in any specific amount. Actual benefits depend on various factors, including compliance with applicable administrative protocols, date(s) of services rendered and benefit plan terms and conditions.

Responses may consist of multiple transactions and transaction types and will vary depending on how the transactions were submitted. Refer to the 278N Health Care Services Review Information - Acknowledgement section in the IG for response transaction format and content.

All 278N responses will include much of the information from the original transaction, including subscriber, patient, and submitter identifying information, as well as a Notification Receipt Number in a REF segment in Loops 2000C and 2000D (REF01 = BAF) regardless of whether the notification could be successfully processed. In addition, for any transaction that is updating a previously created case, the Administrative Reference Number for that case will be included in a REF segment in Loop 2000E (REF01 = NT). Please refer to these numbers when calling for technical assistance regarding a 278N notification submission. Successfully processed transactions will include a reference number in HCR02. Transactions that pass the validation but fail to process successfully will contain a AAA segment in the response that indicates the nature of the error.

Response Tracking Numbers:
The following tracking numbers are available in the X12 specification and can be used for research and follow-up:

TR3 Term	Response Location	Notes
Notification Receipt Number (NRN)	Loop 2000C & 2000D **REF02** (where REF01=BAF)	Unique Number assigned to each 278N that comes into UnitedHealthcare. This number can be used to research any transaction whether it was successfully processed or not. When communicating with UnitedHealthcare EDI Support regarding a technical question about a notification (successful or unsuccessful) submission, we recommend using this reference number.

Review Identification Number (RIN)	Loop 2000E **HCR02**	Indicates transaction was applied to the database successfully. Also known in the TR3 as "Administrative Reference Number". Also referred to as Service Reference Number by the Health Plan. This number should be used when discussing notifications with UnitedHealthcare Customer Service.
Administrative Reference Number (ARN)	Loop 2000E **REF02** (where REF01=NT)	This value will be the equivalent of the RIN or NRN. A successful notification will create the RIN. An unsuccessful notification will create the NRN.

6.4 DUPLICATE PROCESSING

UnitedHealthcare will consider a 278N a duplicate if the following conditions are ALL true:

1. BHT02 = CN
2. There is an exact match to Facility and Member
3. If the Actual Admission Date (from the transaction) equals that Actual Admission Date from a notification already on file.
4. If a match is found, we will send back the duplicate error code of 33 in the AAA segment of the response, and include the Review Identification Number, (also known as a Service Reference Number or Notification Number) from the case on file, in the REF segment (REF01 = BB) of the acknowledgement. HCR segment will read: Duplicate 2000E REF01 = BB. See case example #7.
5. If no match is found, we will create a new case and return a new Review Identification Number to the submitter. See case example #1.

6.5 UPDATE PROCESSING DURING DUPLICATE CHECK

Authorizations Update Processing – Inpatient Cases:

UnitedHealthcare will update an existing case if the following conditions are ALL true:

1. BHT02 = CN
2. There is an exact match to Facility and Member
3. If the Actual Admission Date (from the transaction) equals that Actual Admission Date from a notification already on file.
4. If a match is found and there is no actual discharge date recorded, we will update the Actual Discharge Date (from the transaction) if provided, and include the Review Identification Number, (also known as a Service Reference Number or Notification Number) from the case on file, in the REF segment (REF01 = BB). See Case example #8.
5. When actual discharge date is updated, the discharge disposition location is required. (2000E MSG01, prefixed by "DC=").
6. Possible values are: 4, 11, 12, 13, 15, 16, 19, 20, 21 and 26.
7. If Discharge Disposition Location is not sent or not a valid value, the transaction will be rejected.
8. If a match is found, but there is no Actual Discharge Date provided on the transaction, or there is already a discharge date recorded for the case, we will send back the duplicate error code of 33 in the AAA segment of the response, and include the Review Identification Number, (also known as a Service Reference Number or Notification Number) from the case on file, in the REF segment (REF01 = BB). HCR segment will read: Duplicate 2000E REF01 = BB. See Case example #7.
9. If no match is found, we will create a new case and return a new Review Identification Number to the submitter. See Case #1.

7. ACKNOWLEDGEMENTS AND REPORTS

7.1 ACKNOWLEDGEMENTS

In certain circumstances, UnitedHealthcare will provide either a 997 Functional Acknowledgement or a TA1 Interchange Acknowledgement transaction in response to a submitted 278N. The 997 Functional Acknowledgement transaction is defined in the document ASC X12 Standards for Electronic Data Interchange Technical Report Type 3, (005010X230) Functional Acknowledgement for Health Care Insurance (997). The TA1 Interchange Acknowledgement file informs the submitter that the transaction arrived and provides Information about the syntactical quality of the Envelope of the submitted X12 file. United Healthcare will only respond with a TA1 when the X12 contains Envelope errors. If a TA1 is produced, then neither the 997 nor 278 response will be sent. The submitted 278N will need to be corrected and resubmitted. Neither the structure nor content of the TA1 or 997 transactions are defined in this Companion Guide.

Batch 278N Transactions:
- TA1 – Interchange Acknowledgement: A TA1 (Interchange Acknowledgement) will be returned only when the X12 contains Envelope errors.
- 997 - A 997 (Implementation Guide Acknowledgement) will always be returned. It will contain errors or good responses.

Real-Time 278N Transactions:
- TA1 – Interchange Acknowledgement: A TA1 (Interchange Acknowledgement) will be returned only when the X12 contains Envelope errors.
- 997 - A 997 will be returned only when there are format errors in the inquiry file.

7.2 REPORT INVENTORY

There are no known applicable reports.

8. TRADING PARTNER AGREEMENTS

8.1 TRADING PARTNERS

An EDI Trading Partner is defined as any UnitedHealthcare customer (provider, billing service, software vendor, clearinghouse, employer group, financial institution, etc.) that transmits to or receives electronic data from UHG.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

A Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

9. TRANSACTION SPECIFIC INFORMATION

UnitedHealthcare has put together the following grid to assist you in designing and programming the information we need in order to apply your 278N file into our Clinical Management System. This CG is meant to illustrate the data needed by UnitedHealthcare to successfully process an inpatient admission notification. The table represents only those fields that UnitedHealthcare requires a specific value in or has additional guidance on what the value should be. The table does not represent all the fields necessary for a successful transaction; the TR3 should be reviewed for that information.

9.1 INPATIENT ADMISSION NOTIFICATION DATA ELEMENTS

Loop ID	Element	Name	Supported Codes	Notes/Comments
Header	**Interchange Control Header**			
	ISA01	Authorization Information Qualifier	00	
	ISA03	Security Information Qualifier	00	
	ISA05	Interchange ID Qualifier	ZZ	
	ISA06	Interchange Sender ID		Left justify and pad with spaces if necessary, to 15 characters.
	ISA07	Interchange ID Qualifier	ZZ	
	ISA08	Interchange Receiver ID	87726	Left justify and pad with spaces if necessary, to 15 characters.
	ISA11	Repetition Separator	^	The delimiter in ISA 11 must be ^ (caret)
	ISA16	Component Element Separator	:	The delimiter in ISA 16 must be: (colon)
Header	**Functional Group Header**			
	GS02	Application Sender's Code		This is the same value as the Senders Interchange ID from ISA06 (do not pad with spaces).
	GS03	Application Receiver's Code	87726	This is the same value as the Receiver's Interchange ID from ISA08 (do not pad with spaces).
	GS05	Time	HHMM HHMMSS	
Header	**Beginning of Hierarchical Transaction**			
	BHT02	Transaction Set Purpose Code	CN	
	BHT03	Reference Identification		This can be used to send medical record number and will be returned within the response.

2000A	Submitter Level			
2010A	**Notification Source Name**			
2010A	**NM1**	**Source name**		
2010A	NM101	Entity Identifier Code	FA	
2010A	NM102	Entity Type Qualifier	2	
2010A	NM103	Organization Name		The name of the facility submitting the admission notification is required
2010A	NM108	Identification Code Qualifier	24 XXX	In order to accurately identify the submitting facility NPI or Tax Identification Number (TIN) or both. If sending both, use the following REF segment for the TIN.
2010A	NM109	Identification Code		TIN or NPI, depending on NM108; NPI is preferred.
2010A	**REF**	**Supplemental Identification: Use REF segment if sending both NPI and TIN**		
2010A	REF01	Supplemental Identification Qualifier	EI	UnitedHealthcare is requesting this information if a REF segment is present: EI = Facility TIN
2010A	REF02	Supplemental Identifier		UnitedHealthcare is requesting this information if a REF segment is present: Facility TIN if available and not provided in NM108
2010A	**REF**	**Supplemental Identification**		
2010A	REF01	Supplemental Identification Qualifier	ZH	UnitedHealthcare is requesting this information if a REF segment is present: ZH = Unique provider identifier assigned by payer (MPIN).
2010A	REF02	Supplemental Identifier		Unique identifier provided by UnitedHealthcare. Must be padded with leading zeros to equal **9 digits.** If MPIN is not available, leave value blank, do not include zeros.
2010A	**PER**	**Requester Contact: UnitedHealthcare is requesting a Facility contact (name and phone number) for further information.**		

2010A	PER02	Name		Free form contact name. This should be the name of an individual at the submitting facility that UnitedHealthcare can contact if there are questions or more information is needed about this admission notification. If an individual contact name cannot be provided, please populate this field with the facility name from NM103.
2010A	PER03	Communication Number Qualifier	TE	At least one contact phone number is required.
2010A	PER04	*Communication Number*		Phone number - Format 10 digits no punctuation or spaces
2010A	PER05	Communication Number Qualifier	EX	If applicable
2010B	PER06	*Communication Number*		Extension (numeric only), if applicable
2000B	**Receiver Level**			
2010B	**Notification Receiver Name**			
2010B	**NM1**	**Receiver Name**		
2010B	NM101	Entity Identifier Code	PR	
2010B	NM102	Entity Type Qualifier	2	
2010B	NM108	Identification Code Qualifier	PI	
2010B	NM109	Identification Code	87726	87726=UnitedHealthcare
2000C	**Subscriber Level: One subscriber loop per admission notification is always required, which should contain patient information for the best results.** **Optionally one Subscriber loop 2000C and one Dependent loop 2000D can be submitted**			
2010C	Subscriber / Patient Name			
2010C	NM1	Subscriber / Patient Name		
2010C	NM103	Name Last		Last name (Required)
2010C	NM104	Name First		First name. Required if member has a legal first name. If member has only 1 legal name, send member name in Last Name and do not populate first name.
2010C	NM108	Identification Code Qualifier	MI	
2010C	NM109	Member ID		Unique Member ID
2010C	**REF**	**Supplemental Group Number**		

2010C	REF01	Reference Identification Qualifier	1L 6P IG	
2010C	**DMG**	**Subscriber / Patient Demographic Information: Date of birth needed to verify eligibility**		
2010C	DMG01	Date Time Period Format Qualifier		
2010C	DMG02	Birth Date		
2010C	DMG03	Gender		Required if the subscriber is the patient
2000D	**Dependent Level: If the patient is a dependent of the subscriber identified in loop 2000C, then one 2000D loop is required to identify the dependent.** **If the patient was identified in the 2000C loop, then 2000D loop is not required**			
2010D	**Dependent Name**			
2010D	**NM1**	**Dependent Name: Required if the patient is a dependent and subscriber was included in the 2000C loop**		
2010D	NM103	Name Last		Last Name
2010D	NM104	Name First		First Name - Required if dependent has a legal first name. If dependent has only 1 legal name, send dependent name in Last Name and do not populate first name.
2010D	**DMG**	**Dependent Demographic Information**		
2010D	DMG01	Date Time Period Format Qualifier		
2010D	DMG02	Dependent Date of Birth	Required if patient is a dependent	
2010D	DMG03	Dependent Gender	Required if patient is a dependent	
2010D	INS	Dependent Relationship (Optional)		
2010D	INS01	Insured Indicator		
2010D	INS02	Individual Relationship Code		
2000E	**Patient Event Level: Exactly one patient event loop is required for admission notifications**			
2000E	**UM**	**Healthcare Services Review – Supply for identification of admission type (refer to Section 6.2 for valid UM03 and UM04 values)**		
2000E	UM01	Request Category Code	AR	

2000E	UM02	Certification Type Code	I S	If submitting a change to a previously submitted and approved notification, please provide the Administrative Reference Number from the original authorization request in the following REF segment. This is required when submitting a revision or update.
2000E	UM03	Service Type Code		Refer to Standard Service Type and Facility Type Codes in section 6.2. These are the only codes that will be supported.
2000E	UM04 - 1	Facility Type Code		Refer to Standard Service Type and Facility Type Codes in section 6.2. These are the only codes that will be supported.
2000E	UM04 - 2	Facility Code Qualifier		Refer to Standard Service Type and Facility Type Codes in section 6.2. These are the only codes that will be supported.
2000E	**REF**	**Previous Administrative Reference Number: Use for submitting an update or revision to a previously submitted and approved notification**		
2000E	REF01	Reference ID Qualifier		
2000E	REF02	Administrative Reference number		The Administrative Reference Number (REF01) from the response to the original notification transaction.
2000E	**DTP**	**Admission Date: Required for admission notifications (UM01=AR)**		
2000E	DTP02	Date Time Period Format	D8	
2000E	**DTP**	**Qualifier Discharge Date: Supply estimated discharge date, if known. Estimated discharge date must be in the future, otherwise, it will be considered an actual discharge date and discharge location will be required in the MSG segment.**		
2000E	DTP01	Date Time Qualifier		
2000E	DTP02	Date Time Period Format		
2000E	DTP03	Qualifier or Actual Proposed Discharge Date		

2000E	HI	Patient Diagnosis: In order to assign appropriate resources to the case, UnitedHealthcare needs to understand why the patient is being admitted. If an admitting ICD-10 diagnosis code is available, please send it in this HI segment with qualifier ABJ. Additional diagnosis codes may be sent as well. If the actual admitting diagnosis code is not available, do not send the HI segment. Instead, use the MSG segment in this loop to send the textual reason for admission or chief complaint.		
2000E	HI01 – 1	Diagnosis Type Code		
2000E	HI01 – 2	Diagnosis Code		
2000E	HI02 – 1	Diagnosis Type Code	ABF ABJ	
2000E	HI02 – 2	Diagnosis Code		
2000E	HI03 - 1	Diagnosis Type Code	ABF ABK	
2000E	HI03 - 3	Diagnosis Code		
2000E	**HSD**	**Healthcare Services Delivery**		
2000E	HSD01	Quantity Qualifier	DY	DY is only accepted for Admission Review (AR).
2000E	**CL1**	**Institutional Claim Code: Required for admission notifications (UM01=AR)**		
2000E	CL101	Admission Type Code	1 2 3 4	1=Emergency 2=Urgent 3=Elective 4=Newborn
2000E	**MSG**	**Message Text**	**Admit Time:** Provide in this segment. AT=HHMMSS **Diagnosis:** See note for admitting diagnosis above (2000E/HI). If the actual admitting diagnosis code is not available, this MSG segment must contain text indicating the reason for admission or chief complaint. Please do not use local abbreviations or acronyms. ICD=_ **Discharge Location:** If providing a Discharge Date in the DTP segment, please provide discharge location code in this segment. DC=__	

2000E	MSG	Message Examples and Notes	**Examples:** MSG***AT**=134405; **ICD**=BROKEN LEG~ MSG***AT**=220959; **DC**=12~ MSG***DC**=26~ **Format Notes:** **AT**=HHMMSS=Admit Time (if available) **ICD**=If the admitting diagnosis code was not sent in HI segment, then use this field to provide free form diagnosis text (admitting reason, chief complaint, etc.) up to 180 characters. Please use English descriptions or common industry terminology. Do not use facility-specific acronyms, terminology or abbreviations. **DC**= If 2000E DTP – Discharge Date (DTP=096) is present, a discharge location is required. The discharge location should be submitted in Loop 2000E MSG01 segment. The text in the MSG01 segment must begin with "DC=" followed by one of the discharge location codes: Discharge Codes: 4 – Comprehensive Inpatient Rehabilitation Facility 11 – Home with Home Care and/or DME 12 – Home/Against Medical Advice 13 – Hospice 15 – Inpatient Hospital 16 – Inpatient Psychiatric Facility 19 – Military Treatment Facility 20 – Expired 21 – No Services/Home 26 – Skilled Nursing Facility 99 - Other	
2010EA	**NM1**	**Facility Name: Loop required for admitting facility**		
2010EA	NM101	Entity Identifier Code	FA	
2010EA	NM102	Entity Type Qualifier	2	
2010EA	NM103	Organization Name		To assist in data matching, it is preferred that this value not contain title or suffix abbreviations
				such as Dr., MD, OB, etc. either before or after the organization name
2010EA	NM108	Identification Code Qualifier	XX 24	In order to accurately identify the submitting facility, UnitedHealthcare must receive either the NPI or Tax Identification Number (TIN), or both. If sending both, use the following REF segment for the TIN
2010EA	NM109	Identification Code		TIN or NPI, depending on NM108. NPI is preferred.

2010EA	REF	Supplemental Identification: Use if sending both NPI and TIN		
2010EA	REF01	Supplemental Identification Qualifier	EI ZH	Accept only EI = Facility Tax Identification Number (TIN). ZH = Unique provider identifier assigned by payer (MPIN).
2010EA	REF02	Supplemental Identifier		The Facility TIN or MPIN if the REF segment is present. Value must be padded with leading zeros to equal 9 digits. If MPIN is not available, leave value blank.
2010EA	N3	Service Provider Address: Physical address of the facility where the patient is being admitted. Cannot be a Post Office Box.		
2010EA	N301	Address Information		Facility address line 1
2010EA	N302	Address Information		Facility address line 2, if applicable
2010EA	N4	Service Provider City/State/Zip: To assist in data matching, please provide the city, state, and zip code of the provider where the patient is being admitted or service is being provided when multiple locations exist.		
2010EA	N401	City Name		
2010EA	N402	State or Province Code		
2010EA	N403	Postal Code		
2010EA	PER	Provider Contact Information: Facility contact for further information		
2010EA	PER01	Contact Function Code		
2010EA	PER02	Name		Please send the name of the contact if it is different or not sent in NM1. Free form contact name: This should be the name of an individual at the submitting facility that UnitedHealthcare can contact if there are questions or more information is needed about this admission notification. If an
				individual contact name cannot be provided, please populate this field with "Not Available".
2010EA	PER03	Communication Number Qualifier	TE	At least one contact phone number is required
2010EA	PER04	Communication Number		Phone number - Format 10 digits with no punctuation or spaces
2010EA	PER05	Communication Number Qualifier	FX	If applicable

2010EA	PER06	*Communication Number*		Extension Number, if applicable
2010EA	**NM1**	**Admitting or Attending Physician Name: Please identify other providers related to this notification. UnitedHealthcare requires the admitting physician, attending physician, or both for a successful admission notification. Servicing provider is required if submitting 2000F service loop**		
2010EA	NM101	Entity Identifier Code	71 AAJ SJ	
2010EA	NM102	Entity Type Qualifier	1	
2010EA	NM103	Name Last or Organization Name		To assist in data matching, it is preferred that this value not contain title or suffix abbreviations such as Dr., MD, OB, etc. either before or after the organization name
2010EA	NM104	Name First		To assist in data matching, it is preferred that this value not contain title or suffix abbreviations such as Dr., MD, OB, etc. either before or after the organization name
2010EA	NM108	Identification Code Qualifier	24 XX	In order to accurately identify the physician, UnitedHealthcare must receive either the physician's NPI or Tax Identification Number (TIN), or both. If sending both, use the following REF segment for the TIN.
2010EA	NM109	Identification Code		TIN or NPI, depending on NM108
2010EA	**REF**	**Supplemental Identification: Use if sending both NPI and TIN**		
2010EA	REF	Supplemental Identification Qualifier	EI	Physician's TIN if available and not provided in NM108
2010EA	**N3**	**Service Provider Address: Physician's address**		
2010EA	N301	Address Information		
2010EA	N302	Address Information		
2010EA	**N4**	**City/State/Zip**		
2010EA	N401	City Name		
2010EA	N402	State or Province Code		
2010EA	N403	Postal Code		
2010EA	**PER**	**Contact information**		
2010EA	PER01	Contact Function Code		

2010EA	PER02	Name		
2010EA	PER03	Communication Number Qualifier	TE	
2010EA	PER04	Communication Number		
2010EA	PER05	Communication Number Qualifier	FX	
2010EA	PER06	Communication Number		
2000F		Service Level: Use Loop 2000F to identify the type of services to be provided and Loop 2010F to identify the servicing provider, if provider not identified in loop 2010EA		
2000F	**UM**	**Healthcare Services Review**		
2000F	UM01	Request Category Code	HS	Required qualifier code when Loop 2000F is present
2000F	UM02	Certification Type Code	I S	If submitting a change to a previously submitted and approved notification, please provide the Notification Service Reference Number from the original notification in the following REF segment
2000F	UM03	Service Type Code		Please see section 6.2 for the standard service and facility type codes accepted for notifications
2000F	**DTP**	**Service Date: Required for any service being submitted**		
2000F	DTP01	Date Time Qualifier		Provide if the DTP segment is present
2000F	DTP02	Date Time Period Format Qualifier	D8 or RD8	Provide if the DTP segment is present
2000F	DTP03	Service Date		Provide if the DTP segment is present
2000F	**SV1**	**Procedures/Professional Service: Required when identifying a specific professional service**		
2000F	SV101 – 1	Code List Qualifier Code	HC N4	
2000F	SV101 – 2	Procedure Code		Provide if the SV1 segment is present
2000F	SV101 – 3-6	Modifier(s)		Provide if the SV1 segment is present
2000F	SV101-7	Description		Provide if the SV1 segment is present
2000F	SV102	Monetary Amount		Provide if the SV1 segment is present

2000F	SV103	Unit or Basis for Measurement Code	MJ UN	Provide if the SV1 segment is present
2000F	SV104	Quantity		Provide if the SV1 segment is present
2000F	**SV2**	**Procedures/Institutional Service: Institutional procedure information**		
2000F	SV202 – 1	Code List Qualifier Code	HC	Provide if the SV2 segment is present
2000F	SV202 – 2	Procedure Code		Provide if the SV2 segment is present
2000F	SV202 – 3-6	Modifier(s)		Provide if the SV2 segment is present
2000F	SV203	Monetary Amount		Provide if the SV2 segment is present
2000F	SV204	Unit or Basis for Measurement Code	DA UN	Provide if the SV2 segment is present
2000F	SV205	Quantity		Provide if the SV2 segment is present
2000F	SV209	Nursing Home Residential Status		Provide if the SV2 segment is present
2000F	SV210	Nursing Home Level of Care		Provide if the SV2 segment is present
2010F	**Service Provider If not already identified in 2010EA**			
2010F	**NM1**	**Service Provider Name**		
2010F	NM102	Entity Type Qualifier	1	Required when Loop 2010F is present
2010F	NM103	Name Last or Organization Name		To assist in data matching, it is preferred this value not contain title or suffix abbreviations such as Dr., MD, OB, etc. either before or after the provider's last name.
2010F	NM104	Name First		To assist in data matching, it is preferred this value not contain title or suffix abbreviations such as Dr., MD, OB, etc. either before or after the providers first name
2010F	NM108	Identification Code Qualifier	XX 24	XX = NPI 24 = Tax Identification Number (TIN) In order to accurately identify the submitting facility, UnitedHealthcare must receive either the NPI or Tax Identification Number (TIN), or both. If sending both, use the following REF segment for the TIN
2010F	NM109	Identification Code		TIN or NPI, depending on NM108

2010F	REF	Service Provider Supplemental Identifier: Use if sending both NPI and TIN		
2010F	REF01	Supplemental Identification Qualifier	EI	EI = Facility Tax Identification Number (TIN); Provide if the REF segment is present
2010F	REF02	Supplemental Identifier		Provider's TIN: Provide if the REF segment is present
2010F	N3	Service Provider Address		
2010F	N301	Address Information		
2010F	N302	Address Information		
2010F	N4	Service Provider City/State/Zip: To assist in data matching, please provide the city, state and zip code of the provider where the patient is being admitted.		
2010F	N401	City Name		
2010F	N402	State or Province Code		
2010F	N403	Postal Code		
2010F	PER	Service Provider Contact Information		
2010F	PER01	Contact Function Code	TE	
2010F	PER02	Name		
2010F	PER03	Communication Number Qualifier	TE FX	
2010F	PER04	Communication Number		

10. APPENDECIES

10.1 IMPLEMENTATION CHECKLIST

The implementation check list will vary depending on your choice of connection, e.g. clearinghouse. A basic check list would be to:

1. Register with trading partner
2. Create and sign contract with trading partner
3. Establish connectivity
4. Send test transactions
5. If testing succeeds, proceed to send production transactions

10.2 FILE NAMING CONVENTIONS

All response files, other than the response file related to a time out situation, will be sent as either zipped or unzipped. If the 278 notification was sent zipped, the response file will be sent zipped. If the 278 notification was sent unzipped, the response file will be sent unzipped. Time out situation response files will always be sent unzipped. If a batch is received with an invalid file name according to the specifications in the File Naming Conventions section, the file will not be processed.

Inbound 278 Batch Request to UnitedHealthcare:
For batch transactions, we will receive the following file name. The extension '.BTC' is an abbreviation for batch. The 278 requests will be included in the file. We will validate that the submitter id and batch id in the file name match the data in the ISA segment.

N or Z_278B_<*Submitter ID*>_<Batch ID>_<datetimestamp>.BTC.pgp
Example: N_278B_ABC123456789_000000004_01102010142034.BTC.pgp

Outbound Responses from UnitedHealthcare:
For batch transactions, the naming convention for the 278-acknowledgment file is listed below. The extension '.RES' is an abbreviation for response.
   A. TA1 Interchange Acknowledgement:
       i. N or Z_278NBTA1_<batch ID>_<submitter ID >_<datetimestamp>.RES.
       ii. Example: N_278NBTA1_000000004_ABC123456789_01102010142034.RES.
   B. 997 Functional Acknowledgement (Batch Only):
       i. N or Z_278NB997_<batch ID>_<submitter ID >_<datetimestamp>.RES.pgp
       ii. Example: Z_278NB997_000000004_ABC123456789_01102010142034.RES.pgp
   C. 278 Acknowledgement (Batch Only) – may contain 997 transactions:
       i. N or Z_278NBACK_<batch ID>_<submitter ID >_<datetimestamp>.RES.pgp
       ii. Example: Z_278NBACK_000000004_ABC123456789_01102010142034.RES.pgp
   D. 278N Acknowledgement
       i. N 278NACK_<batch ID>_<submitter ID >_<datetimestamp>.RES.pgp
       ii. Example: N_278NACK_000000004_ABC123456789_01102010142034.RES.pgp

File Naming Notes:
   1. The Date/Time format used in the file names is as follows: MMDDYYYYHHMMSS (Time is expressed in military format based on central time zone).
   2. The batch number in the notification submission file name must be equal to ISA13 in the Interchange Control Header within the file.
   3. The submitter ID in the notification submission file name must be equal to ISA06 in the Interchange Control Header within the file.
   4. The names of the 997 Functional Acknowledgement file and the B2B Gateway Response file will include the batch number from the inbound batch file.
   5. All response files, other than the response file related to a time out situation, will be sent as either zipped or unzipped. The file will be sent back to the customer in the same way that it was sent to UnitedHealthcare. If the 278N request was sent zipped, B2B will send the response file zipped. Time out situation response files will always be sent unzipped.
   6. 'N' identifies the file as being unzipped and 'Z' identifies the file as being zipped. The extension '.BTC' is an abbreviation for batch.
   7. If a batch is received with an invalid file name according to the specifications in the File Naming Conventions section in this guide, technical resources within UnitedHealthcare will be alerted to follow-up with the submitter for correction.
   8. Files received via Clearinghouse methods may use a different naming convention, for more information contact the appropriate connection area listed in section 2.0 of this guide.
   9. The 278NBACK is the first response you will receive and contains a batch of responses to each submission notification. If the 278NBACK contains a AAA segment error of "42" in AAA03 and a

"Y" in AAA04 (indicating a delay in processing) for any of the submissions, you will get a second file called 278NACK once the submissions are processed. This 278NACK will contain the responses for those submissions that were delayed and queued up and finally processed.

10.3 BUSINESS AND TRANSMISSION EXAMPLES

The following pages display a batch 278N with two notifications. These examples are provided as guidance for formatting only and do not necessarily contain valid identifier values. Following the batch example are the Example Response Scenarios.

Loop	Loop Name	Segment	Input	
ISA	Interchange Control Header		ISA*00* *00* *ZZ*BPR2 *080114*1837*^*00501*000000 01	19997000 *ZZ*87726 1*0*T*:~
GS	Functional Group Header		GS*HI*BPR219997000*87726*200	80114*183724*1*X*005010X216~
ST	Transaction Set Header		ST*278*0001*005010X216~	
BHT	Begin Hierarchical Transaction		BHT*0007*CN*12345678*200801	14*183724*NO~
2000A	Source	Hierarchical Level	HL*1**20*1~	
		Name	NM1*FA*2*Hospital Name*****XX* 5566778899~	
		Contact	PER*IC*Hospital Contact Name*TE*8885551212*EX*1234~	
2000B	Receiver	Hierarchical Level	HL*2*1*21*1~	
		Name	NM1*PR*2*UnitedHealth Group*****PI*87726~	
2000C	Subscriber	Hierarchical Level	HL*3*2*22*1~	
		Name	NM1*IL*1*PATIENT*TEST***MI*999999999	
		Reference (Group number)	REF*6P*888888~	
		Demographics	DMG*D8*19600406*M~	
2000E	Patient Event	Hierarchical Level	HL*4*3*EV*1~	
		Health Care ~ Services Review	UM*AR*I*2*11:A**03	
		Date / Time	DTP*435*D8*20070913~	
		Institutional Claim Code	CL1*3~	
		MSG (Reason for admission if ICD-10 code is not available)	MSG*ICD=Chest Pains~	
2010EA	Facility Name	Name	NM1*FA*2*Hospital Name*****XX*5566778899~	
		Reference (TIN)	REF*EI*123456789~	
		Reference (Payer assigned)	REF*ZH*987654321~	
		Address	N3*1234 Acme Blvd.*Unit 303~	
		Address	N4*San Sickville*CA*954 67~	
		Contact	PER*IC*Phil Uppe*TE*2321234567*FX*2321236899~	
2010EA	Other Provider(s)	Name	NM1*71*1*Doctor Last*Doctor First****XX*9876543211~	
		Reference	REF*EI*666555444~	
		Address	N3*5678 Acme Blvd.*Unit 404~	
		Address	N4*San Sickville*CA*954 67~	
		Contact	PER*IC*Office Admin Name*TE*8885551212*FX*8885551313~	

2000F	Service	Hierarchical Level	HL*5*4*SS*0~	
		Trace	TRN*1*666777887*12345 67893~	
		Health Care ~ Services Review	UM*HS*I*1*21:A	
		Date / Time	DTP*472*D8*20070915~	
		Institutional Service	SV2**HC:12345~	
SE	Transaction Set Trailer		SE*33*0001~	
ST	Transaction Set Header		ST*278*0002*005010X 2	6~
BHT	Begin Hierarchical Transaction		BHT*0007*CN*12345 678	*20080114*183724*NO~
2000A	Source	Hierarchical Level	HL*1**20*1~	
		Name	NM1*FA*2*Hospital Nam e*****XX*5566778899~	
		Contact	PER*IC*Hospital Contact Name*TE*8885551212*EX* 1234~	
2000B	Receiver	Hierarchical Level	HL*2*1*21*1~	
		Name	NM1*PR*2*UnitedHealth Group*****PI*87726~	
2000C	Subscriber	Hierarchical Level	HL*3*2*22*1~	
		Name	NM1*IL*1*PATIENT2*TEST****MI*888888888~	
		Reference (Group number)	REF*6P*888888~	
		Demographics	DMG*D8*19620507*F~	
2000E	Service Facility	Hierarchical Level	HL*4*3*EV*0~	
		Health Care ~ Services Review	UM*AR*I*69*11:A**E	
		Date / Time	DTP*484*D8*20080101~	
		Date / Time	DTP*ABC*D8*20080613~	
		Date / Time	DTP*435*D8*20080613~	
		Institutional Claim Code	CL1*3~	
		MSG (Reason for admission if ICD-10 code is not available)	MSG*ICD =Delivery~	
2010EA	Facility Name	Name	NM1*FA* Hospital Name*****XX*5566778899~	
		Reference (TIN)	REF*EI*1 23456789~	
		Reference (Payer assigned)	REF*ZH*9 87654321~	
		Address	N3*1234 Acme Blvd.*Unit 303~	
		Address	N4*San Sickville*CA*95467~	
		Contact	PER*IC*Phil Uppe*TE*2321234567*FX*2321236899~	
2010EA	Other Provider(s)	Name	NM1*71*1*Doctor Last*Doctor First****XX*9876543211~	
		Reference	REF*EI*6 66555444~	
		Address	N3*5678 Acme Blvd.*Unit 404~	
		Address	N4*San Sickville*CA*95467~	
		Contact	PER*IC*Office Admin Name*TE*8885551212*FX*8885551313~	
SE	Transaction Set Trailer		SE*30*00 02~	
GE	Functional Group Trailer		GE*2*1~	
IEA	Interchange Control Trailer		IEA*1*00 000011~	

ISA*00*   *00*   *ZZ*BPR219997000   *ZZ*87726
*080114*1837*^*00501*000000011*0*T*:
GS*HI*BPR219997000*87726*20080114*183724*1*X*005010X216
ST*278*0001*005010X216 BHT*0007*CN*12345678*20080114*183724*NO
HL*1**20*1
NM1*FA*2*Hospital N am e *****XX*5566778899
PER*IC*Hospital Contact Name *TE*8885551212*EX*1234
HL*2*1*21*1
NM1*PR*2*UnitedHealth Group *****PI*87726
HL*3*2*22*1
NM1*IL*1*PATIENT1*TEST****MI*999999999

REF*6P*888888
DMG*D8*19600406*M
HL*4*3*EV*1
UM*AR*I*2*11:A**03
DTP*435*D8*20070913
CL1*3
MSG*ICD=Chest Pains
NM1*FA*2*Hospital N am e *****XX*5566778899
REF*EI*123456789
REF*ZH*987654321
N3*1234 Acme Blvd.*Unit 303
N4*San Sickville*CA*95467
PER*IC*Phil Uppe*TE*2321234567*FX*2321236899
NM1*71*1*Doctor Last*Doctor First ****XX*9876543211 REF*EI*666555444
N3*5678 Acme Blvd.*Unit 404
N4*San Sickville*CA*95467
PER*IC*Office Admin Name*TE*8885551212*FX*8885551313
HL*5*4*SS*0
TRN*1*666777887*1234567893
UM*HS*I*1*21:A
DTP*472*D8*20070915
SV2**HC:12345
SE*33*0001
ST*278*0002*005010X216
BHT*0007*CN*12345678*20080114*183724*NO
HL*1**20*1
NM1*FA*2*Hospital Name*****XX*5566778899
PER*IC*Hospital Contact Name*TE*8885551212*EX*1234
HL*2*1*21*1
NM1*PR*2*UnitedHealth Group*****PI*87726
HL*3*2*22*1 NM1*IL*1*PATIENT2*TEST****MI*888888888
REF*6P*888888
DMG*D8*19620507*F
HL*4*3*EV*0
UM*AR*I*69*11:A**E
DTP*484*D8*20080101
DTP*ABC*D8*20080613
DTP*435*D8*20080613
CL1*3
MSG*ICD=Delivery
NM1*FA*2*Hospital Name*****XX*5566778899
REF*EI*123456789
REF*ZH*987654321
N3*1234 Acme Blvd.*Unit 303
N4*San Sickville*CA*95467
PER*IC*Phil Uppe*TE*2321234567*FX*2321236899

```
NM1*71*1*Doctor Last*Doctor First****XX*9876543211
REF*EI*666555444
N3*5678 Acme Blvd.*Unit 404
N4*San Sickville*CA*95467
PER*IC*Office Admin Name*TE*8885551212*FX*8885551313
SE*30*0002
GE*2*1
IEA*1*000000011
```

Example Response Scenarios

Case 1: This example includes response file name examples and response examples for a 997; a 278NBACK showing a delayed response; and a 278NACK final successful response.

Case 1: Notification successfully entered the system				
278N Response Transaction				
Loop	**Segment**	**Element**	**Description**	**Comments**
	BHT	BHT02	Transaction Set Purpose Code	53 = Completion
2000E	REF	REF01	Reference Identification Qualifier	NT = Administrator's Reference Number
		REF02	Reference ID	8500122235376134
	HCR		Health Care Services Review	
		HCR01	Action Code	A6=Modified
		HCR02	Review Identification Number	1811307384

997 Received
```
N_278NB997_BFT219997000_000000000_09252008040505
ISA*00*    *00*    *33*87726    *ZZ*BFT219997000    *080925*1024*^*00501*000002057*0*P*:
GS*FA*87726*1234567890*20080925*1024*100005
ST*997*000000001*005010X230
AK1*HI*100005*005010X216
AK2*278*0001*005010X216
AK5*A
AK9*A*1*1*1
SE*6*000000001
GE*1*100005
IEA*1*000002057
```

278NBACK Received showing a delayed response
```
N_278NBACK_BFT219997000_000002057    09252008040505
ISA*00*    *00*    *33*87726    *ZZ*BFT219997000    *080925*1024*^*00501*000002057*0*T*:
GS*HI*87726*1234567890*20080925*1024*100005*X*005010X216
ST*278*0001*005010X216
BHT*0007*53*117900*20080925*121726
HL*1**20*1
NM1*FA*2*MEDICAL CENTER OF SICKVILLE****24*123456789
```

```
HL*2*1*21*1 NM1*X3*2******PI*87726
PER*IC*PHIL UPPE*TE*2147733765
```

AAA*N42*Y**
```
HL*3*2*22*1
REF*BAF*8500122235376134
NM1*IL*1*DOE*JANE*B***MI*987654321
REF*6P*12345
DMG*D8*19990101
HL*4*3*EV*0
TRN*2*2001042801*9012345678*CARDIOLOGY
UM*AR*I*2*11:A**03
DTP*435*D8*20080915
SE*18*0001
GE*1*100005
IEA*1*000002057
```

278NACK Final successful response
```
N_278NACK_BFT219997000_000002057_09252008040505
ISA*00*     *00*     *33*87726      *ZZ*BFT219997000     *080925*1028*^*00501*000002057*0*T*:
GS*HI*87726*1234567890*20080925*1028*100005*X*005010X216
ST*278*0001*005010X216 BHT*0007*53*117900*20080925*1219
HL*1**20*1
NM1*FA*2*MEDICAL CENTER OF SICKVILLE*****24*123456789
HL*2*1*21*1
NM1*X3*2******PI*87726
HL*3*2*22*1
REF*BAF*8500122235376134
NM1*IL*1*DOE*JANE*B***MI*987654321
REF*6P*12345
DMG*D8*19990101*F
HL*4*3*EV*0
TRN*1*2001042801*9012345678*CARDIOLOGY
UM*AR*I*2*11:A**03
HCR*A6*1811307384*
REF*NT*8500122235376134
DTP*435*D8*20080915
SE*18*0001
GE*1*100005
IEA*1*000002057
```

Case 2: This is an example of a submission where the Admitting/Attending physician TIN or NPI was not provided.

Loop	Segment	Element	Description	Comments
Case 2: Notification Error				
278N Response Transaction				
	BHT	BHT02	Transaction Set Purpose Code	44 = Rejection
Any	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	See IG for Loop 43 in this example
		AAA04	Follow-Up Action Code	C = Correct and Resubmit N = Resubmission not allowed

278NBACK Received
ISA*00*   *00*   *33*87726   *ZZ*BFT219997000   *081014*1559*^*00501*000009909*0*T*:
GS*HI*87726*1234567890*20081014*15593809*1*X*005010X216
ST*278*0001*005010X216
BHT*0007*44*117900*20081014*165931
HL*1**20*1
NM1*FA*2*MEMORIAL HOSPITAL OF SICKVILLE*****24*621795584
HL*2*1*21*1
NM1*X3*2*UNITED HEALTHGROUP*****PI*87726
HL*3*2*22*1
REF*BAF*8500122400854741
NM1*IL*1*DOE*JOHN****MI*100000000
REF*6P*22010
DMG*D8*19990101*M
HL*4*3*EV*1
TRN*1*2001042801*9012345678*CARDIOLOGY
UM*AR*I*2*11:A**E
DTP*435*D8*20081013
NM1*71*1*DOCLASTNAME*PAUL
REF*ZH*000000000
AAA*N**43*C SE*19*0001
GE*1*1
IEA*1*000009909

Case 3a: This is an example of a submission whose member was not eligible.

Loop	Segment	Element	Description	Comments
Case 3a: Member Blocked				
278N Response Transaction				
	BHT	BHT02	Transaction Set Purpose Code	44 = Rejection
2010C	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	78 = Subscriber/Insured not in group/plan identified
		AAA04	Follow-Up Action Code	N = Resubmission not allowed

Loop	Segment	Element	Description	Comments
2000E	HCR	HCR01	Action code	A3 = Not certified
		HCR03	Free Form Message	Informational message from UHG may be sent
		AAA03	Reject Reason Code	See IG for loop
		AAA04	Follow-up action code	C = Correct and Resubmit, N = Resubmission not allowed.

278NBACK Received

```
ISA*00*    *00*    *33*87726     *ZZ*BFT219997000     *081107*1134*^*00501*000009035*0*T*:
GS*HI*87726*1234567890*20081107*11345951*1*X*005010X216
ST*278*0001*005010X216
BHT*0007*44*117900*20081107*1234
HL*1**20*1
NM1*FA*2*MEDICAL CENTER OF SICKVILLE*****24*123456789
HL*2*1*21*1
NM1*X3*2*UNITED HEALTHGROUP*****PI*87726
HL*3*2*22*1
REF*BAF*8500122591664453
NM1*IL*1*DOCLASTNAME*PAUL****MI*000000001
REF*6P*100000
AAA*N**78*N
DMG*D8*19460311*M
HL*4*3*EV*1
TRN*1*2001042801*9012345678*CARDIOLOGY
UM*AR*I*2*11:A**03
HCR*A3**
DTP*435*D8*20081107
SE*18*0001
GE*1*1
IEA*1*000009035
```

Case 3b: This is an example of a case or service that was blocked.

Case 3b: Case or Service Blocked				
278N Response Transaction				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	44 = Rejection
2000E	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	33 = Input Errors
		AAA04	Follow-Up Action Code	N = Resubmission not allowed.
2000E	HCR	HCR01	Action Code	A3 = Not Certified
		HCR03	Free Form Message	Informational Message from UHG will be sent. See Appendix 10.6 HCR03 Table

278NBACK Received
```
ISA*00*     *00*     *33*87726     *ZZ*BFT219997000     *081107*1134*^*00501*000009035*0*T*:
GS*HI*87726*1234567890*20081107*11345951*1*X*005010X216
ST*278*0001*005010X216
BHT*0007*44*117900*20081107*1234
HL*1**20*1
NM1*FA*2*MEDICAL CENTER OF SICKVILLE*****24*123456789
HL*2*1*21*1
NM1*X3*2*UNITED HEALTHGROUP*****PI*87726
HL*3*2*22*1 REF*BAF*8500122591664453
NM1*IL*1*DOCLASTNAME*PAUL****MI*000000001
REF*6P*100000
AAA*N**33*N
DMG*D8*19460311*M
HL*4*3*EV*1
TRN*1*2001042801*9012345678*CARDIOLOGY
UM*AR*I*2*11:A**03
HCR*A3**[CODE] See CG HCR03 Appx 4037
DTP*435*D8*20081107
SE*18*0001
GE*1*1
IEA*1*000009035
```

Case 4: This is an example of a 278NBACK that resulted in a notification that was submitted with UM03-68 (Well Baby) which is not allowed.

Case 4: Notification Not Required for Well Baby				
278N Response Transaction				
Loop	**Segment**	**Element**	**Description**	**Comments**
	BHT	BHT02	Transaction Set Purpose Code	44 = Rejection
2010A	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	84 = Certification not required
		AAA04	Follow-Up Action Code	N = Resubmission not allowed

278NBACK Received
```
ISA*00*     *00*     *33*87726     *ZZ*BFT219997000     *091028*1302*^*00501*000009001*0*T*:
GS*HI*87726*1234567890*20091028*13024645*1*X*005010X216
ST*278*0001*005010X216
BHT*0007*44*117900*20091028*1402
HL*1**20*1
NM1*FA*2* MEDICAL CENTER OF SICKVILLE*****24*123456789
HL*2*1*21*1
NM1*X3*2*UNITED HEALTHGROUP*****PI*87726
HL*3*2*22*1
REF*BAF*0500125675002250
NM1*IL*1*LASTNAME*BILL****MI*987654321
```

REF*6P*101000
DMG*D8*19770101*M
HL*4*3*23*1
REF*BAF*0500125675002250
NM1*QC*1*LASTNAME*BETTY
DMG*D8*19860101*F
INS*N*G8
HL*5*4*EV*1
TRN*1*2001042801*9012345678*CARDIOLOGY
AAA*N**84*N
UM*AR*I*68*11:A
DTP*435*D8*20091021
SE*22*0001
GE*1*1
IEA*1*000009001

Case 5: This is an example of a 278NBACK that resulted in a notification that experienced a delay for a submission that occurred during a maintenance window.

Case 5: Timeout / Notification Held for Retry				
278N Response Transaction				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	53 = Completion
2010B	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	42 = Unable to respond at the current time
		AAA04	Follow-Up Action Code	Y = Do not resubmit

278NBACK Received
ISA*00*   *00*   *33*87726   *ZZ*BFT219997000   *081017*0133*^*00501*000009011*0*T*:
GS*HI*87726*1234567890*20081017*01330582*1*X*005010X216
ST*278*0001*005010X216
BHT*0007*53*117900*20081017*023028
HL*1**20*1
NM1*FA*2*MEDICAL CENTER OF SICKVILLE*****24*123456789
HL*2*1*21*1 NM1*X3*2******PI*87726
PER*IC*UPPE PHIL*TE*2145551212
AAA*N**42*Y
HL*3*2*22*1
REF*BAF*8500122419381165
NM1*IL*1*DOE*JANE****MI*000000001
REF*6P*12345
HL*4*3*23*1
REF*BAF*8500122419381165
NM1*QC*1*DOE*BABY
HL*5*4*EV*0
TRN*2*2001042801*9012345678*CARDIOLOGY

UM*AR*I*NI*11:A**03
DTP*435*D8*20081016
SE*20*0001
GE*1*1
IEA*1*000009011

Case 6: This is an example of a 278NBACK that resulted in a notification that rejected during processing because of a system issue.

Case 6: Notification Time Out				
278N Response Transaction				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	53 = Completion
2010B	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	42 = Unable to respond at the current time
		AAA04	Follow-Up Action Code	Resubmit
2000E	HCR	HCR01	Action Code	CT = Contact Payer

Note: If error continues, resubmit via LINK at UHCprovider.com.

Case 7: This is a response to a duplicate submission.

Case 7: Duplicate Notification				
278N Response Transaction				
Loop	Segment	Element	Description	Comments
	BHT	BHT02	Transaction Set Purpose Code	44 = Rejection
2000E	AAA	AAA01	Valid Request Indicator	N
		AAA03	Reject Reason Code	33 = Input errors
		AAA04	Follow-Up Action Code	N = Resubmission not allowed
	REF	REF01	Reference Identification Qualifier	NT = Admission reference number
		REF02	Reference ID	8500122400855276
	HCR	HCR01	Action Code	NA
		HCR03	Review Decision Reason	Duplicate 2000E REF01=BB

278NBACK Received
ISA*00* *00* *33*87726 *ZZ*BFT219997000 *081015*1250*^*00501*000009003*0*T*:
GS*HI*87726*1234567890*20081015*12502351*1*X*005010X216
ST*278*0001*005010X216
BHT*0007*44*117900*20081015*1349
HL*1**20*1
NM1*FA*2*MEMORIAL HOSPITAL OF SICKVILLE*****24*123456789
HL*2*1*21*1
NM1*X3*2*UNITED H E A L T H G R O U P *****PI*87726
HL*3*2*22*1
REF*BAF*8500122408241586
NM1*IL*1*DOE*JOHN****MI*900000000

REF*6P*12345 DMG*D8*19990101*M
HL*4*3*EV*1
TRN*1*2001042801*9012345678*CARDIOLOGY
AAA*N**33*N
UM*AR*I*1*11:A**03
REF*NT*8500122400855276
REF*BB*1811307833
HCR*NA**DUPLICATE 2000E REF01 = BB
DTP*435*D8*20081016
HL*5*4*SS*0
UM*HS*I*1*21:B
DTP*472*D8*20081016
SV2**HC:33518
SE*23*0001
GE*1*1
IEA*1*000009003

Case 8: This is a response to an updated submission or a submission matching the existing clinical case where no updates were applied.

Case 8: Updated Notification				
278N Response Transaction				
Loop	**Segment**	**Element**	**Description**	**Comments**
	BHT	BHT02	Transaction Set Purpose Code	53 = Completion
2000E	REF	REF01	Reference Identification Qualifier	NT = Admission reference number
		REF02	Reference ID	8500125787073603
	REF	REF01	Administrative Reference Number	BB = Preview review authorization number
		REF02	Reference ID	0194921202

The two examples below show the original response to the submitted 278N and then the response to the 278N that was updated to include a discharge date.

Response to the original 278N that was submitted:
ISA*00*   *00*   *33*87726   *ZZ*BFT219997000   *091110*1534*^*00501*000007016*0*T*:
GS*HI*87726*1234567890*20091110*15340790*1*X*005010X216
ST*278*0001*005010X216
BHT*0007*53*117900*20091110*163346
HL*1**20*1
NM1*FA*2*MEMORIAL HOSPITAL OF SICKVILLE*****24*123456789
HL*2*1*21*1
NM1*X3*2*UNITED H E A L T H G R O U P *****PI*87726
HL*3*2*22*1
REF*BAF*8500125787073603
NM1*IL*1*DOE*JANE****MI*123456789
DMG*D8*19591206*F

```
HL*4*3*EV*1
TRN*1*2001042801*9012345678*CARDIOLOGY
UM*AR*I*2*11:A
HCR*A6*0194921202
```

Response to the updated 278N that was submitted to include a discharge date:
```
ISA*00*       *00*   *33*87726      *ZZ*BFT219997000    *091110*1554*^*00501*000007016*0*T*:
GS*HI*87726*1234567890*20091110*15545287*1*X*005010X216
ST*278*0001*005010X216
BHT*0007*53*117900*20091110*165448
HL*1**20*1
NM1*FA*2*MEMORIAL HOSPITAL OF SICKVILLE*****24*123456789
HL*2*1*21*1
NM1*X3*2*UNITED H E A L T H G R O U P *****PI*87726
HL*3*2*22*1
REF*BAF*8500125787073611
NM1*IL*1*DOE*JANE****MI*123456789
DMG*D8*19591206*F
HL*4*3*EV*1
TRN*1*2001042801*9012345678*CARDIOLOGY
UM*AR*I*2*11:A
HCR*A6*0194921202*
REF*NT*8500125787073603
REF*BB*0194921202
DTP*435*D8*20091016
DTP*096*D8*20091017
MSG*ICD=CHF*DC=4
SE*19*0001
GE*1*1
IEA*1*000007016
```

Updated response includes the original HCR-02 Reference Number (0194921202) and the original transaction identifier (REF*NT*8500125787073603). You will also see the update which is the discharge date (DTP*096*D8*20091017).

10.4 ERROR CODES AND INTERPRETATIONS

In certain circumstances, an informational message will be returned in HCR03 (Loop 2000E or 2000F) which may include additional information concerning the reason for rejection.

Loop	AAA03	AAA04	Notes/Comments
2000A	33	C	Unable to process
2000A	41	N	BHT02 (purpose code) is not supported
2000A	42	Y	Cannot process at this time, please resubmit
2010A	41	N	Test transaction submitted to production

2010A	43	C	Refer to Implementation Guide
2010A	44	C	Refer to Implementation Guide
2010A	46	C	Refer to Implementation Guide.
2010A	47	C	Refer to Implementation Guide
2010A	47	C	Refer to Implementation Guide
2010B	42	P	Refer to Implementation Guide
2010B	79	N	Invalid Participant Identification
2010C	15	C	Date of birth and subscriber name are both required if the subscriber level is the patient.
2010C	58	C	Refer to Implementation Guide
2010C	64	C	Refer to Implementation Guide
2010C	65	C	Refer to Implementation Guide
2010C	67	N	Refer to Implementation Guide
2010C	68	C	Refer to Implementation Guide
2010C	71	C	Refer to Implementation Guide
2010C	72	C	Refer to Implementation Guide
2010C	73	C	Refer to Implementation Guide
2010C	75	N	Refer to Implementation Guide
2010C	76	C	Refer to Implementation Guide
2010C	78	N	Refer to Implementation Guide
2010C	95	N	Refer to Implementation Guide
2010D	58	C	Refer to Implementation Guide
2010D	65	C	Refer to Implementation Guide
2010D	68	C	Refer to Implementation Guide
2000E	15	C	2000E UM04 is required for an Admission Review. (UM01=AR)
2000E	15	C	2000E UM03 value is not supported. See Companion Guide for supported
2000E	15	C	Admission Review (UM01=AR) requires at least an Admitting or Attending
2000E	33	C	Only AR is supported for Notifications. (2000E UM01)
2000E	33	C	Only one Facility Provider supported.
2000E	33	C	2000E HSD01 of DY requires an HSD02 Quantity of zero or greater.
2000E	33	C	Invalid or missing Service Descriptor (Admission Type or Level of Service)
2000E	33	C	Only I or S supported (2000E UM02)
2000E	33	C	When Certification Type is I, do not include Administrative Reference Number (2000E)

2000E	33	C	2000E UM04-2 is not supported for an Admission Review.
2000E	33	C	2000E UM04-1 is not supported. See Companion Guide for supported values.
2000E	33	C	Previous Review Administrative Reference Number and Authorization Number are not associated.
2000E	33	C	Previous Review Administrative Reference Number not found. Case cannot be updated (UM02=S)
2000E	33	C	For Admission Review (UM01=AR), if HSD segment sent, only supported HSD01
2000E	33	C	Unable to Process
2000E	33	C	Unknown Discharge Disposition
2000E	33	C	Discharge Disposition missing
2000E	33	C	A value was submitted that does not conform to the Companion Guide
2000E	33	N	Duplicate request with Administrative Reference Number xxxxxxxxxxxxxxxx.
2000E	33	N	A coverage determination has been made. Updates to case are not supported.
2000E	33	N	Case/Service Block: See informational message in HCR03
2000E	57	C	Refer to Implementation Guide
2000E	60	C	Refer to Implementation Guide
2000E	84	N	Refer to Implementation Guide
2000E	AF	C	Refer to Implementation Guide
2000E	AH	C	Refer to Implementation Guide
2000E	AM	C	Refer to Implementation Guide
2000E	AM	C	Refer to Implementation Guide
2000E	AM	C	Refer to Implementation Guide
2000E	AN	C	Refer to Implementation Guide
2000E	T5	C	Administrative Reference Number is required for a Revision. (2000E REF02)
2000E	T5	C	Administrative Reference Number must be 16 digits. (2000E REF02)
2000E	57	C	Refer to Implementation Guide
2000E	60	C	Refer to Implementation Guide
2000E	84	N	Refer to Implementation Guide

2000E	AF	C	Refer to Implementation Guide
2000E	AH	C	Refer to Implementation Guide
2000E	AM	C	Refer to Implementation Guide
2000E	AM	C	Refer to Implementation Guide
2000E	AM	C	Refer to Implementation Guide
2000E	AN	C	Refer to Implementation Guide
2000E	T5	C	Administrative Reference Number is required for a Revision. (2000E REF02)
2000E	T5	C	Administrative Reference Number must be 16 digits. (2000E REF02)
2010E	15	C	Facility Provider required for Admission Review. (UM01=AR)
2010E	33	C	Facility cannot be a person.
2010E	33	C	Zip Code must be 5 or 9 digits.
2010E	33	C	Provider Phone Number must be 10 digits.
2010E	33	C	Only one Admitting Provider supported.
2010E	33	C	Only one Attending Provider supported.
2010E	41	N	Case is not Open. Updates are not supported. You may call the number on the back of the member id card for further information.
2010E	41	N	Case is Cancelled or Denied. Update is not supported. You may call the number on the back of the member id card for further information.
2010E	41	N	Member does not match previously submitted Member for the event. Case cannot be updated. (UM02=S)
2010E	44	C	Refer to Implementation Guide
2010E	46	C	Refer to Implementation Guide
2010E	47	C	Refer to Implementation Guide
2000F	15	C	2000F UM04-1 value is not supported for Notifications. See Companion Guide for supported values.
2000F	15	C	SV1 (Professional Service) is required when requesting a Professional Service (2000F)

2000F	33	C	HSD is not supported for services on an Admission Review (2000F)
2000F	33	C	Facility Provider not supported for Professional Service (UM01 = HS)
2000F	33	C	Only HS is supported (2000F UM01)
2000F	33	C	Only I or S are supported (2000F UM02)
2000F	33	C	When Certification Type is I, do not include Authorization Number (2000F)
2000F	33	C	2000F UM03 value is not supported. See Companion Guide for supported values.
2000F	33	C	2000F UM04 is not supported for an Admission Review.
2000F	33	C	2000F UM04-1 value is not supported. See Companion Guide for supported values.
2000F	33	C	Dental Service (SV3) is not currently supported. (2000F)
2000F	33	C	Unable to Process/Please call.
2000F	33	C	HSD segment does not conform to supported service delivery patterns. See Companion Guide for valid patterns.
2000F	33	N	A coverage determination has been made. Updates to case are not supported (UM02=S)
2000F	33	N	Service is cancelled or denied. Update is not supported. You may call the number on the back of the member id card for further information.
2000F	33	N	Case/Service Block: See informational message in HCR03
2000F	57	C	Refer to Implementation Guide
2000F	60	C	Refer to Implementation Guide
2000F	AG	C	Refer to Implementation Guide
2000F	T5	C	Authorization Number is required for a Revision (2000F)
2000F	T5	C	Authorization Number must be 10 digits. (2000F)
2010F	33	C	Only one Servicing Provider is supported per Service (2010F)
2010F	33	C	Facility cannot be a person

2010F	33	C	Zip Code must be 5 or 9 digits
2010F	33	C	Provider Phone Number must be 10 digits
2010F	43	C	Refer to Implementation Guide
2010F	44	C	Refer to Implementation Guide
2010F	46	C	Refer to Implementation Guide
2010F	47	C	Refer to Implementation Guide

10.5 FREQUENTLY ASKED QUESTIONS

1. **At which point of the transaction flow is the notification requirement considered fulfilled?**
   Formally, the 278ACK response sent to the submitter from our clinical systems, containing the Review Identification Number, would indicate that the notification was processed. The fulfillment of the notification requirement itself is a combination of the receipt of the 278ACK response with the Review Identification Number (HCR02), a BHT04 (date) and BHT05 (time) value in the response within 24 hours of the admission date/time reported on the claim, and accurate and compliant submission of data elements required by the Administrative Guide.

2. **Will the 278N support admission notification submissions for members where a UnitedHealthcare plan, subject to notification protocol, is secondary?**
   Yes.

3. **How often should a notification batch be submitted?**
   Because a notification is required to be received by UnitedHealthcare within 24 hours of inpatient admission, we recommend submitting at least 2 batches per day. We prefer the hospital submits batches more often than that to ensure the 24-hour window is met as well as it can have a more effective impact on care management.

4. **How can hospital reconcile the 278ACK generated by this transaction?**
   Submitters can use the required Submitter Transaction ID (BHT03) to reconcile the response.

5. **Not all facilities that share NPIs between locations/departments perform a discharge and new inpatient admission at time of transfer. Do we meet the requirement by only notifying within 24 hours of the first inpatient admission and not notifying when a transfer occurs?**

   If a patient is transferred between two locations, the second facility/location is responsible for submitting another admission notification when the patient is admitted at that facility. If a patient is transferred between levels of care, as outlined below, a second admission notification is required. Claim payment is dependent on having an admission notification on file under the TIN/NPI that is billed on the related claim for the level of care submitted. A second notification is generally required when:
   - Patient transfers from Acute IP to SNF
   - Patient transfers from Acute IP to Inpatient Rehab
   - Patient transfers from Inpatient Rehab to Skilled Nursing
   - Patient transfers from Acute IP to a different Acute IP facility (patient changes locations – even if TIN of NPI is same at the new facility

- Patient discharges and readmits to same facility or different facility

6. **Can notifications be submitted for newborns via the 278N?**
Notifications are only required for sick/NICU newborns, see section 6.2. UM03=65 (Newborn Care) is no longer accepted. Instead use UM03=1 for Medical Care along with the appropriate diagnosis code.

7. **UnitedHealthcare has indicated that it is important they be able to identify the physical hospital in which a patient has been admitted (if multiple locations share FTIN/NPI). Does the 278N include fields for submitting this information?**
Yes, this would be in 2010EA segment N3 and N4 starting from page 184 of the Implementation Guide or Segment 2010EA in the "Inpatient Admission Notification Data Elements" section of this Companion Guide.

8. **Can we use the admitting facility TIN as the TIN for the admitting/attending physician?**
No. Per our Administrative Guide, we require at least the physician first and last name, and either TIN or NPI, to identify the physician.

9. **Can trading partners submit one notification per batch?**
Yes.

10. **Is UnitedHealthcare requiring a follow-up transaction to provide discharge information?**
Yes, if discharge date with a value of current or prior date, is not included in the initial transaction we are requesting a second transaction from the facility including the actual discharge date.

11. **Can rejected transactions be resubmitted?**
Yes. For rejected transactions, the AAA04 Follow-Up Action Code will identify scenarios where notifications can be corrected and resubmitted. These transactions can be resubmitted via 278N or Link.

12. **Does the Submitter ID have to be assigned by UnitedHealthcare?**
Yes. This ID will be sent to you from UnitedHealthcare during the connectivity set up process.

13. **Are inpatient psychiatric services a separate service type/UM03 or included under medical?**
Inpatient psychiatric services are covered under United Behavioral Health, which is not subject to this Admission Notification Protocol. See the UBH Administrative Guide for information on their admission notification policy.

14. **If we are connecting via a clearinghouse, is testing required only with the clearinghouse?**
Hospitals using a clearinghouse will be responsible for testing the transaction with the clearinghouse and the clearinghouse will be responsible for testing with UnitedHealthcare. In addition, UnitedHealthcare will be validating the data submitted within UM03/04 and the diagnosis code to confirm that the data being submitted is appropriate. If data integrity issues are uncovered, UnitedHealthcare will work directly with the hospital to resolve the issues.

15. **Are the ante partum and postpartum inpatient admissions considering a code 69 for maternity or are they are code 1 for medical care? In addition, if the mother starts out as ante partum service with a medical care code of 1, and then changes to maternity because the birth is happening, do you need another transaction that tells you it is now a maternity code 69?**
The UM03 value should always reflect the Service Type of the admission. A pregnant woman, receiving non-maternity medical care, should be sent with a value 1. A pregnant woman, receiving non-maternity care, who goes into labor, should also be sent with a value 1. A value of 69 should be sent for routine maternity admission only.

16. **What if a data element does not match UnitedHealthcare's database? For example, if the patient name is misspelled?**
We have implemented changes to the matching logic to minimize the need for resubmission and be as "forgiving" as possible without creating inappropriate matches. However,

if a data element, used for facility, physician, or member does not match the information in our database, it is possible that the transaction will reject and require resubmission. The match is dependent on the specific data element and where it falls in our matching logic. For example, to find a member, UnitedHealthcare will first match on the Subscriber ID and the first 3 alpha-only characters of the last and first names of the member. If there is a match, the file will continue processing. Scenarios for each type of data element vary.

17. **How often can a facility submit a batch submission?**
There is no restriction to how many batches may be sent in a single day. We recommend hospitals submit a batch at least twice per day.

18. **What is the difference between the 278N response and a 278ACK?**
The 278NBACK is the first response you will receive and contains a batch of responses to each submission notification. If the 278NBACK contains a AAA segment error of "42" in AAA03 and a "Y" in AAA04 (indicating a delay in processing) for any of the submissions, you will get a second file called 278NACK once the submissions are processed. This 278NACK will contain the responses for those submissions that were delayed and queued up and finally processed.

19. **Is there an identifying factor that can be used to distinguish between the first 997 file and the potential second 997 file? If they are not picked up sequentially by the hospital, they may be processed out of order.**
The first 997 will be named distinctively different from any subsequent 997s contained within the batched 278NBACK file. For example, the first response file is named:
N_278NB997_000000004_ABC123456789_01102008142034.res.pgp
The second file you might receive can have 997s in it but will be a batch named:
N_278NBACK_000000004_ABC123456789_01102008142034.res.pgp

20. **Could there be multiple AAA segments if there are multiple errors?**
Yes, but on different loops.

10.6 HCR03 MESSAGE TABLE

Message Code	HCR03 Message	Definition & Trading Partner Action
4037	[code]:See CG HCR03 Appx 4037	Definition: Code requires a Radiology Notification. Action: Please use the Radiology Notification Submission & Status link on UHCOnline.com to begin that process. To proceed with the submission of a non-Radiology notification please remove this procedure code and continue.
4038	[code]:See CG HCR03 Appx 4038	Definition: Code requires a Radiology Notification. Action: To submit or check the status of a Radiology notification for this member, please call the number on the back of the member's Medical ID card. To proceed with this notification please remove this code and continue.
4039	[code]:See CG HCR03 Appx 4039	Definition: Code requires Cardiology Notification. Action: Please use the Cardiology Notification Submission & Status link on UHCOnline.com to begin that process. To proceed with the submission of a non-Cardiology Notification please remove this procedure code and continue.
4040	[code]:See CG HCR03 Appx 4040	Definition: Code requires Specialty Drug Prior Authorization. Action: Please use the Specialty Drug Submission & Status (Medicare Part B) link on UHCOnline.com to begin that process. To proceed with this submission please remove this procedure code and continue.
n/a	Transaction Blocked	Definition: Notification not supported for this member, product, group and/or service. Action: Do not resubmit. Please call number on member card.
n/a	Transaction Stopped	Definition: Notification not supported for this member, product, group and/or service. Action: Do not resubmit. Please call number on member card.