



Standard Companion Guide

Refers to the Implementation Guide

Based on X12 Version 005010X215

**Health Care Services Review – Inquiry and
Response (278 I)**

(278)

Companion Guide Version Number 7.0

January 3, 2020

CHANGE LOG

This section describes the differences between the current Companion Guide and previous guide(s).

Version	Release date	Changes
1.0		Initial Draft
2.0	November 14, 2012	<p>1.2 OVERVIEW</p> <ul style="list-style-type: none"> Added <i>NOTE: The 999 which will be sent back will be the 005010X231 version and not the 005010X231A1 version</i> <p>3.7 SYSTEM AVAILABILITY & DOWNTIME</p> <ul style="list-style-type: none"> Removed: <i>EDI 278 inquiry will be accepted, but not immediately processed 278 inquiry Acknowledgement with AAA03 = 42 and AAA04 = Y in Loop 2010A Do not resubmit. UnitedHealthcare will respond as soon as required system resources are available.</i> <p>9.1. Data Element Grid:</p> <ul style="list-style-type: none"> Removed <i>2010B PRV01 from the companion guide - all values (including OT) are accepted.</i> Update <i>2000E DTP01 with correct BHT02/AAH/435 segments</i>
4.0	March 24, 2014	<p>1.1 SCOPE</p> <ul style="list-style-type: none"> Added: Referral's are not yet supported for this transaction. Added: Prior Authorization/Notification request for UHC Community Plan members are not currently supported with the 278 Inquiry transaction <p>6.0 Payer Specific Business Rules and Limitations</p> <ul style="list-style-type: none"> Added #10 – Sentence about ICD-10 coding.
5.0	October 1, 2015	<p>Section 1.2 – Overview</p> <ul style="list-style-type: none"> Updated links and Network Bulletin site <p>Section 2.1 – Connectivity with UnitedHealthcare</p> <ul style="list-style-type: none"> Removed “Direct Connection” and “Connectivity Director” <p>Section 2.2 – Trading Partner Registration</p> <ul style="list-style-type: none"> Removed “Direct Connection to UnitedHealthcare and Connectivity Director Under Clearinghouse connections, added option 2 and website. <p>Section 2.4 – Testing with Unitedhealthcare</p>

Version	Release date	Changes
		<ul style="list-style-type: none"> • Removed “Direct Connection” to UnitedHealthcare and Connectivity Director • Added phone number and website to clearinghouse section. <p>Section 3.2 – Transmission Administrative Procedures</p> <ul style="list-style-type: none"> • Removed Direct Connect and Connectivity Director information <p>Section 3.4 – Communication Protocol Specifications</p> <ul style="list-style-type: none"> • Removed Direct Connect and Connectivity Director information <p>Section 3.5 – Passwords</p> <ul style="list-style-type: none"> • Removed Direct Connect and Connectivity Director information <p>Section 3.6 – Cost to Connect</p> <ul style="list-style-type: none"> • Updated paragraph to Optum Insight Solution. Removed Connectivity Director <p>Section 4.1 – EDI Customer Service</p> <ul style="list-style-type: none"> • Updated links and removed Direct Connect and Connectivity Director information <p>Section 4.2 – EDI Technical Assistance</p> <ul style="list-style-type: none"> • Removed Direct Connect and Connectivity Director Information. Updated clearinghouse wording. <p>Section 4.4 – Applicable Websites/email</p> <ul style="list-style-type: none"> • Updated links, and removed Connectivity Director and EDI support information <p>Section 9.1 – Data Element Grid – Request for Review</p> <ul style="list-style-type: none"> • Updated loop 2000E, HI to reflect ICD-10 requirement for date of service 10-1-15 <p>Section 10.5 – Frequently Asked Questions</p> <ul style="list-style-type: none"> • Updated # 3 with uhconline link
6.0	12/1/2017	<p>Section 1.1 – Scope</p> <ul style="list-style-type: none"> • Updated to add referrals for Oxford Polaris members only. <p>Section 1.2 – Overview</p> <ul style="list-style-type: none"> • Updated information about where companion guides can be found.(Removed uhconline and added uhcprovider.com) <p>Section 2.1 – Exchanging Transactions with UnitedHealthcare</p> <ul style="list-style-type: none"> • Updated connectivity section <p>Section 2.2 – Clearinghouse Connections</p> <ul style="list-style-type: none"> • Updated clearinghouse phone number and email <p>Section 2.3 –Certification and Testing Overview</p> <ul style="list-style-type: none"> • Removed phone number. Information found in

Version	Release date	Changes
		section 2.2 Section 2.4 – Testing with UnitedHealthcare <ul style="list-style-type: none"> • Deleted section. See Section 2.3 Section 3.6 – Cost to Connect <ul style="list-style-type: none"> • Updated information to reflect IEDI Section 4.1 – EDI Customer Service <ul style="list-style-type: none"> • Added information about IEDI sales team • Removed UHOnline and added UHCprovider.com/EDI Section 4.2 – EDI Technical Support <ul style="list-style-type: none"> • Updated Optum Phone number with option. Section 4.4 – Applicable Websites/Email <ul style="list-style-type: none"> • Updated with UHCprovider.com • Added /updated additional links Section 6 – Payer Specific Business Rules and Limitations <ul style="list-style-type: none"> • #9 Updated information for UM01 = SC for Oxford Polaris members • #10 Added only ICD10 codes will be accepted. Section 8 – Trading Partner Agreements <ul style="list-style-type: none"> • Removed Direct Connection and Connectivity Director Section 9.1 – Data Element Grid <ul style="list-style-type: none"> • Updated to include Oxford payer id 06111 and 061118515 • Removed ICD9 code information Section 10.1 – Implementation Check List <ul style="list-style-type: none"> • Removed Direct Connect and Connectivity Director Section 10.4 – Error Codes and Interpretations <ul style="list-style-type: none"> • Updated error codes for PRJ52254 Section 10.5 – Frequently Asked Questions Updated to include 87726 and Oxford Payer ID 06111, 061118515. Removed B2B Submitter id.
7.0	1/3/2020	Section 4.4 – Applicable Websites/Email <ul style="list-style-type: none"> • Updated hyperlinks for all entries

PREFACE

This companion guide (CG) to the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 adopted under HIPAA clarifies and specifies the data content when exchanging electronically with UnitedHealthcare.

Transmissions based on this companion guide, used in tandem with the TR3, also called Health Care Services Review — Inquiry and Response (278) ASC X12N/005010X215 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 Technical Report 3 (TR3), also known as X12N Implementation Guides, adopted under HIPAA, here on in within this document will be known as the Implementation Guide.

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1. INTRODUCTION

1.1. SCOPE

This UnitedHealthcare Health Care Service Review — Inquiry and Response (278) companion guide is designed to assist those who have previously submitted a pre-authorization and/or admission notification request and are seeking the determination and/or status of those requests. Referrals are only supported for Oxford Polaris members.

Prior Authorization/Notification requests for UHC Community Plan members are not currently supported with the 278 Inquiry transactions.

1.2. OVERVIEW

This UnitedHealthcare Request for Review – Inquiry and Response Companion Guide has been written to assist you in designing and implementing Authorization Inquiry transactions to meet UnitedHealthcare’s processing standards. This companion guide must be used in conjunction with the Health Care Service Review — Inquiry and Response (278) instructions as set forth by the ASC X12 Standards for Electronic Data Interchange (Version 005010X215), May 2006 (referred to hereafter as the Implementation Guide or IG). The UnitedHealthcare companion guide 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 EDI transactions with UnitedHealthcare.

In certain circumstances, UnitedHealthcare will provide either a 999 Functional Acknowledgement or a TA1 Interchange Acknowledgement transaction in response to a submitted 278 inquiry.

The 999 Functional Acknowledgement transaction is defined in the document ASC X12 Standards for Electronic Data Interchange Technical Report Type 3, (005010X231) Implementation Acknowledgement for Health Care Insurance (999). NOTE: The 999 which will be sent back will be the 005010X231 version and not the 005010X231A1 version.

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 999 nor 278 response will be sent. The submitted 278 inquiry will need to be corrected and resubmitted. Neither the structure nor content of the TA1 or 999 transactions are defined in this Companion Guide.

Updates to this CG occur periodically, available online and distributed to registered trading partners with reasonable notice, or a minimum of 30 days, prior to required implementation. 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 (005010X215) Health Care Services Request for Review -Inquiry and Response (278) and to purchase copies of these documents, consult the Washington Publishing Company web site at www.wpc-edi.com

1.4. ADDITIONAL INFORMATION

The American National Standards Institute (ANSI) is the coordinator and clearinghouse 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.

Please note that this is UnitedHealthcare's approach to the 278 Request for Review – Inquiry and Response transaction. After careful review of the existing IG for the Version 005010X215 we have compiled the UnitedHealthcare specific companion guide. We are not responsible for any changes and updates made to the Implementation Guide.

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 CONNECTIONS

Physicians, facilities and health care professionals should contact their current clearinghouse vendor to discuss their ability to support the 278 Inquiry transaction (005010X215), 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 no cost or 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, [Intelligent EDI \(IEDI\)](#), 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 OVERVIEW

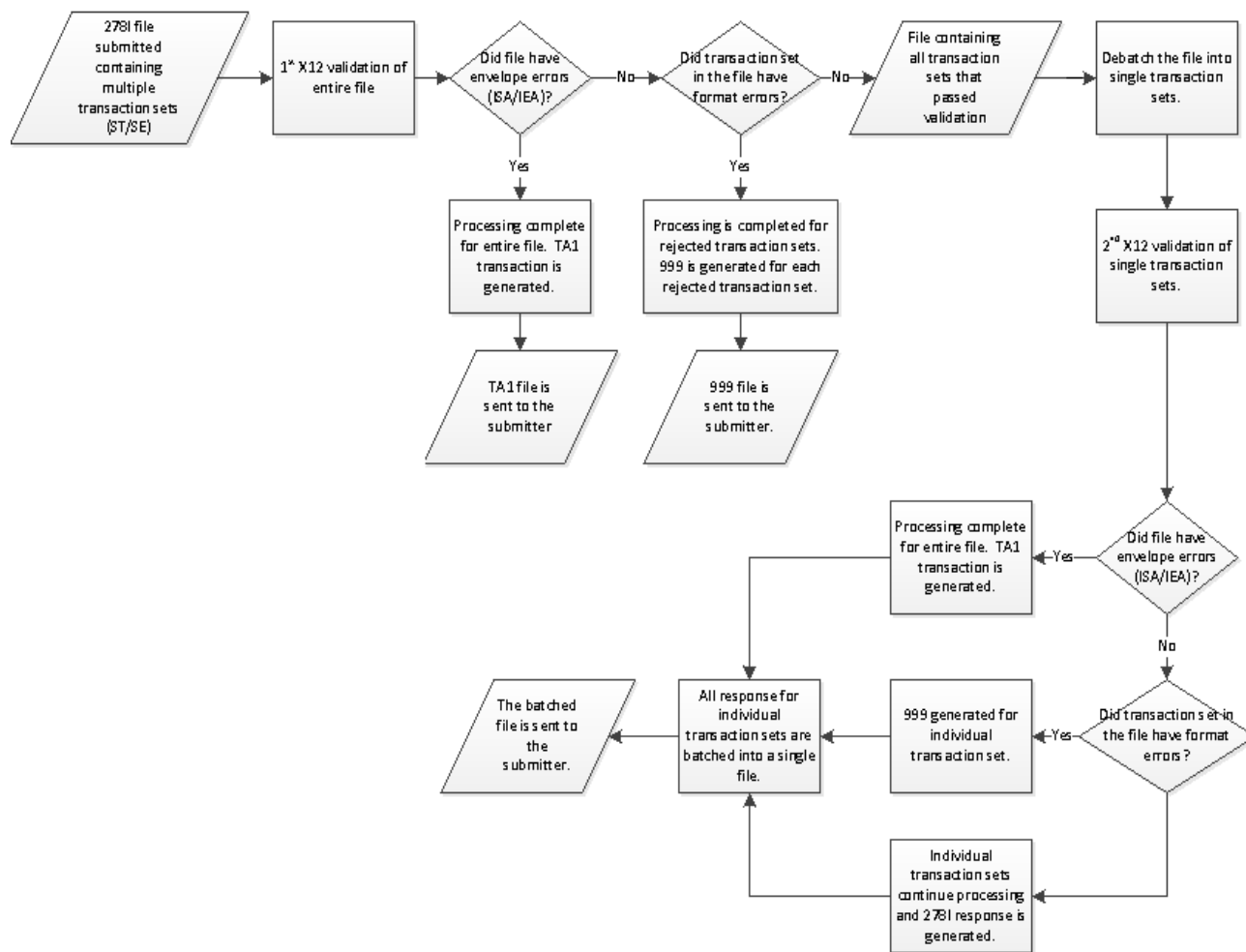
All trading partners who wish to submit 278 Inquiry transactions ASC X278 (Version 0050X215) and receive corresponding EDI responses must complete testing to ensure that their systems and connectivity are working correctly before any production transactions can be processed.

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

3. CONNECTIVITY WITH THE PAYER / COMMUNICATIONS

3.1. PROCESS FLOWS

Batched 278 5010 Inquiry and Response:

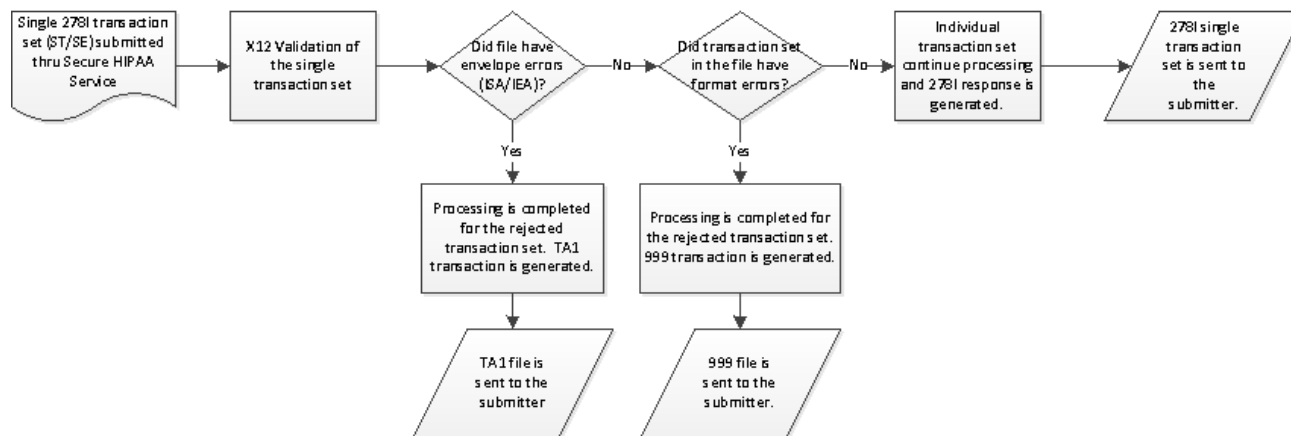


- Submitter submits a 278 inquiry batch request.
- B2B receives a 278 inquiry batch request.
- Validation Map is invoked
- If there is not valid data in the ISA/IEA or GS/GE segments, then a TA1 is generated and sent back to the submitter.
- When a batch of 278 inquiry transactions is received, the individual transaction within the batch is first checked for format compliance. A 999 Implementation Acknowledgement is created and sent back to the submitter. It will indicate the number

of transactions that passed and failed the initial edits. This will be created whether there are format errors or not.

- The 999 is created the same business day (20 seconds for real-time, 1 hour for batch processing) the file is submitted, unless a TA1 rejection occurred.
 - AK2/IK3/IK4 – Is used as error identification in a data segment and the location of the data segment.
 - IK5 identifies the transaction set response trailer.
 - AK9 indicates the number of transaction sets received and accepted.
 - Any time there are IK3 and IK4 segments in a 999, there is a rejected batch.
 - If there are no IK5 or AK9 segments, there is a problem with the format of the file and file was rejected.
- Transactions that passed the format validation (good transactions) are then de-batched and processed individually
 - Transactions that pass the validation edit, but fail further on in the processing (for example; ineligible member) will generate a 278 response including an AAA segment indicating the nature of the error. (See section 10.4 Error Codes and Interpretations.)
 - The Batch file will be converted into individual XML request for our clinical area.
 - Each XML 278 inquiry request is processed separately, in sequential order. This process will continue until all single transaction requests in the batch request are processed. A response is sent back to our B2B area from our clinical area, for each request.
 - Response converted to a 278 X12 response.
 - Responses will be re-batched.
 - We will hold the individual 278IBACK Responses until the entire batch has finished processing and send the 278IBACK responses to the submitter. (All of the response transactions from each of the 278 inquiry requests are batched together and sent to the submitter.)
 - Provider receives either a 278 response or a 278 response with an AAA error.

Real-time 278I 5010 Inquiry and Response:



- Submitter submits a 278 inquiry real-time request.
- B2B receives a 278 inquiry real time request via Secure HIPAA Services.
- Once B2B has identified the request as a 278 inquiry, UHG will have a fixed amount of time to process the request. (20 seconds for real-time, 1 hour for batch) Otherwise, a time out situation will exist.
- Validation Map is invoked
- If there is not valid data in the ISA/IEA or GS/GE segments, then a TA1 is generated and sent back to the submitter.
- A real-time (Implementation Guide Acknowledgement) is created and sent back to the submitter if the submitted 278I file failed format edits.
 - The 999 is created the same business day (20 seconds for real-time, 1 hour for batch processing) the file is submitted, unless a TA1 rejection occurred.
 - AK2/IK3/IK4 – Is used as error identification in a data segment and the location of the data segment.
 - IK5 identifies the transaction set response trailer.
 - If there are no IK5 or AK9 segments, there is a problem with the format of the file and file was rejected.
- Transactions that pass the validation edit, but fail further on in the processing (for example; ineligible member) will generate a 278 real-time response including a AAA segment indicating the nature of the error. (See section 10.4 Error Codes and Interpretations.)
- The de-batch map will convert the 278 inquiry file submissions into an XML request for our clinical area.
- A response is sent back from our clinical area, for each real time request.
- Response converted back to a 278 X12 response.
- Submitter receives either a 278 response or a 278 response with an AAA error.

3.2. TRANSMISSION ADMINISTRATIVE PROCEDURES

Physicians and Healthcare professionals should contact their current Clearinghouse Vendor to discuss transmission types and availability.

3.3. RE-TRANSMISSION PROCEDURE

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

3.4. COMMUNICATION PROTOCOL SPECIFICATIONS

Clearinghouse Connection: Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss protocol specifications. Inpatient facilities should contact their current clearinghouse vendor to discuss protocol specifications.

3.5. PASSWORDS

Clearinghouse Connection: Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss passwords.

3.6. COSTS TO CONNECT

There is no cost to connect using an Optum Insight IEDI solution for UnitedHealthcare. However for other clearinghouse solutions, please contact them for pricing.

3.7. SYSTEM AVAILABILITY & DOWNTIME

Estimated Response Times:

The following represent estimated average turnaround times for EDI 278 inquiry. There are many factors which may impact the speed of response at any given time, such as EDI traffic volume, delays incurred by intermediaries, and system resource availability. In general, responses to batch submissions should be returned within one hour, and responses to real-time submissions within 20 seconds. These time estimates account for the time that the transaction is within the UnitedHealthcare environment, and do not include additional processing time during transmission between the trading partner, clearinghouse(s), various other switches which may be in the communication path and UnitedHealthcare.

System Availability and Downtime Procedures:

UnitedHealthcare’s normal business hours for 278 inquiry processing are as follows:

- Monday through Friday: 7 am – 2 am (Eastern)
- Saturday: 7 am – 6 pm (Eastern)
- Sunday: 7 am – 6 pm (Eastern)

Outside these windows, UnitedHealthcare systems may be down for general maintenance and upgrades. During these times, our ability to process incoming EDI transactions may be impacted. When system resources are unavailable UnitedHealthcare will make every effort to queue incoming transactions and process them as soon as required resources are available. There may be certain rare cases in which the transaction cannot be held and must be resubmitted. The codes returned in the AAA segment of the 278 response will instruct the trading partner if any action is required. These codes are as follows:

<i>Processing Impact</i>	<i>UnitedHealthcare System Response</i>	<i>Trading Partner Action Required</i>
EDI 278 inquiry cannot be accepted	278I Acknowledgement with AAA03 = 42 and AAA04 = P in Loop 2010A	Resubmit after the maintenance Window is complete
EDI 278 inquiry will be accepted and processed	See the Response Transactions section in this guide	Based on the response received

In addition, unplanned system outages may also occur occasionally and impact our ability to accept or immediately process incoming transactions. During normal business hours, unplanned outages will be communicated via an email blast to the contacts established during the trading partner on-boarding process from the UnitedHealthcare EDI group. There is currently no communication for unplanned outages that occur outside normal business hours.

4. CONTACT INFORMATION

4.1. EDI CUSTOMER SERVICE AND SUPPORT

Most business policy questions can be answered by referencing the materials posted at [UHCprovider.com/EDI](https://www.uhcprovider.com/EDI).

View the EDI 278 Inquiry page for information specific to Prior auth and notification inquiry at <https://www.uhcprovider.com/en/resource-library/edi/edi-278i.html>

Updates to companion guide will also be posted at <https://www.uhcprovider.com/en/resource-library/edi/edi-companion-guides.html>

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

If you need assistance with an EDI transaction accepted by UnitedHealthcare, have questions on the format of the 278 Inquiry or invalid data in the 278 Inquiry responses, please contact EDI Support by:

- Using our [EDI Transaction Support Form](#),
- Sending an email to supportededi@uhc.com or
- Calling at 800-842-1109

For connectivity outside of a clearinghouse, contact the IEDI Sales team at 866-367-9778, option 3, or email them at IEDIsales@optum.com.

4.2. EDI TECHNICAL SUPPORT

When receiving the 278 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/E-MAIL

For a copy of the TR3 [005010X215 Health Care Services Review-Inquiry and Response (278)], please visit the Washington Publishing Company: <http://www.wpc-edi.com/reference>
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>

Optum EDI Client Center – <https://iedi.optum.com>

UnitedHealthcare Administrative Guide: Posted annually at [UHCprovider.com/guides](https://www.uhcprovider.com/guides)

UnitedHealthcare EDI Support: [UHCprovider.com/edicontracts](https://www.uhcprovider.com/edicontracts)

UnitedHealthcare EDI Education website: [UHCprovider.com/edi](https://www.uhcprovider.com/edi)

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 the transmission. A 278 inquiry file can only contain 278 inquiry transactions.

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, this will always be '1'. A 278 inquiry file can only contain 278 inquiry transactions.

5.4. ST-SE Control Segment Hierarchy

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

5.5. Control Segment Notes

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

The first element separator (character 4) in the ISA segment defines the element separator to be used through the entire interchange.

The ISA segment terminator (character 106) defines the segment terminator used throughout the entire interchange.

ISA16 defines the component element separator used throughout the entire interchange.

5.6. File Delimiters

UnitedHealthcare requests that you use the following delimiters on your 278 inquiry file. 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:

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 (*).**

Segment: The last position in the ISA will define what Segment Element Delimiter is used throughout the entire transaction. **The recommended Segment Terminator Delimiter is a tilde (~).**

Component-Element: Element ISA16 will define what Component-Element Separator is used throughout the entire transaction. **The recommended Component-Element Delimiter is a colon (:).**

6. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Inquiry Request

- 1) All inquiries must have purposeCode (BHT02), which will denote the business purpose of the transaction.
- 2) A 278 inquiry may be submitted with any of the below items:
 - Service Reference Number (SRN)
 - Global ID
 - Member info (*i.e.* Member ID, Member First Name, Member Last Name,
 - Member DOB, Subscriber First Name, Subscriber Last Name, and Subscriber DOB).
- 3) If purposeCode = 51 (individual cases) is submitted, then either the Service Reference # - OR- the Global ID is required, which will identify a single case. If no SRN or Global ID is supplied an error will be returned to the (*refer to section 10.4 Error Codes and Interpretations Table*).
- 4) When the purposeCode = 28, and the member information is supplied, memberID and eventDate(s) (eventStartDate and/or eventEndDate) (CCYY-MM-DD) are always required.
- 5) The following scenarios can be true for the eventStartDate and eventEndDate. If any of the below scenarios occur, the 278 inquiry will proceed with finding a match, else an error will be returned to the (*refer to section 10.4 Error Codes and Interpretations Table*).
 - eventStartDate can be greater than the current date
 - eventStartDate and eventEndDate can have the same value
 - eventEndDate can be greater than eventStartDate
- 6) When the member information is supplied, then one or both of the following member information must be supplied, in addition to memberID and eventStartDate and/or eventEndDate:
 - Member firstName and/or lastName
 - Member birthDate
- 7) When the subscriber information is supplied, then one or both of the following subscriber information must be supplied, in addition to memberID and eventStartDate and/or
 - eventEndDate:
 - subscriberFirstName and/or subscriberLastName
 - subscriberBirthDate

- 8) When the patient is the dependent or subscriber, the following combinations are applicable. (Note: memberID and eventDate(s) are always required.)

Member ID	Event Date(s)	First Name	Last Name	DOB
X	X			X
X	X	X	X	
X	X	X	X	X
X	X	X		X
X	X		X	X

When the patient is a dependent, the subscriber info fields are not required.

- 9) All inquires must have UM01 = AR (Admission Review) HS (Health Services Review) or IN (Individual). UM01 = SC (Specialty Care – *Referral*) will be accepted for the Oxford Polaris members, other UM01= SC will be rejected. **Refer to sections 9.1. Data Element Grid and 10.4 – Error Codes and Interpretations for additional details.*
- 10) Only ICD10 diagnosis codes will be accepted. All ICD9 codes will be rejected and only a 999 will be sent back. No AAA will be sent.

Inquiry Response

- Multiple Review Identification Numbers (RIN) (*also known as SRNs*) in Loop 2000E can be related to a single case, as a result there are no limits on the number of RIN’s (SRNs) that could be returned.
- Up to twenty matching cases can be returned in the X12 response. Each response can contain multiple service loops (lines), in chronological order per the request service dates.
- If the case’s status is Open, Closed, or Anticipated Admission then the Review Identification Numbers (RIN) in Loop 2000E (*also known as SRNs*) will be returned in the response.
- Matching cancelled cases or services will not be returned in the inquiry response.

Response Tracking Numbers:

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

IG Term	Response Location
Administrative Reference Number (ARN)	REF02 in 2000E where REF01=NT
Notification Receipt Number (NRN)	REF02 in 2000C and 2000D where REF01=BAF

7. ACKNOWLEDGEMENTS AND OR REPORTS

7.1. ACKNOWLEDGEMENTS

Batch 278 inquiry transactions:

- TA1 - A TA1 (Interchange Acknowledgement) will be returned only when the X12 contains Envelope errors.
- 999 - A 999 (Implementation Guide Acknowledgement) will always be returned. It will contain errors or good responses.

Real Time 278 inquiry transactions:

- TA1 - A TA1 (Interchange Acknowledgement) will be returned only when the X12 contains Envelope errors.

999 – Functional Acknowledgement:

Batch: For batch 278 inquiry transactions, a 999 (Implementation Guide Acknowledgement) will always be returned. It will contain errors or good responses.

Real Time: For real-time 278 inquiry transactions, a 999 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

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 278 inquiry file into our Clinical Management System. This Companion Guide is meant to illustrate the data needed by UnitedHealthcare to successfully process an inpatient admission notification. The table contains a row for each segment that UnitedHealthcare has something additional, over and above, the information in the IG. That information can:

1. Limit the repeat of loops or segments
2. Limit the length of a simple data element
3. Specify a subset of the IG internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Provide any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with UnitedHealthcare

In addition to the row for each segment, one or more additional rows are used to describe UnitedHealthcare's usage for composite and simple data elements and for any other information. All segments, data elements, and codes supported in the X12 IG are acceptable; however, all data may not be used in the processing of this transaction by UnitedHealthcare.

These requirements are in addition to those loops, segments and elements required by the IG which may not be listed in this guide. The absence of required information will cause the notification transaction to fail. Unless specified below, field lengths are as defined in the IG.

9.1. Data Element Grid

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		Direct to UHC = Sender ID will be provided by UnitedHealthcare. Connectivity Director = Send the value entered as your ediID on the registration or settings page. For both, left justify and pad with spaces if necessary to 15 characters.
	ISA07	Interchange ID Qualifier	ZZ	
	ISA08	Interchange Receiver ID	87726 or 06111 061118515	Left justify and pad with spaces to 15 characters. 87726 = UHC 06111 = Oxford
	ISA11	Repetition Separator	^	The delimiter in ISA 11 must be ^
	ISA16	Component Element Separator	:	The delimiter in ISA 13 must be :
Header	Functional Group Header			
	GS02	Application Sender's Code		This is the same value as the Sender's Interchange ID from ISA06 (do not pad with spaces)
	GS03	Application Receiver's Code	87726 or 06111 061118515	This is the same value as the Receiver's Interchange ID from ISA08 (do not pad with spaces). 87726 = UHC 06111 = Oxford
	GS05	Time		Valid formats: HHMM or HHMMSS
2000A	Notification Receiver			
2010A	NM1	Receiver Name		
2010A	NM101	Entity Identifier Code	PR	
2010A	NM102	Entity Type Qualifier	2	
2010A	NM108	Identification Code Qualifier	PI	
2010A	NM109	Identification Code	87726 or 06111	87726 = UnitedHealthcare 06111= Oxford
2010B	Requester Detail			
2010B	NM1	Requester Name		

Loop ID	Element	Name	Supported Codes	Notes/Comments
2010B	NM101	Entity Identifier Code	FA 1P	Will only accept the below for NM101: FA (Facility) 1P (Other Provider)
2010B	NM108	Identification Code Qualifier	24 or XX	Will only accept the below for NM108: 24 (Employer's Identification Number) XX (Centers for Medicare and Medicaid Services National Provider Identifier)
2010B	REF	Supplemental Identification		
2010B	REF01	Supplemental Identification Qualifier	EI	UHC is requesting this information if a REF segment is present EI = (Facility Tax Identification Number (TIN))
2010B	REF02	Supplemental Identifier		UHC is requesting this information if a REF segment is present. Facility Tax Identification Number (TIN) (If available and not provided in NM108)
2010B	REF	Supplemental Identification		
2010B	REF01	Supplemental Identification Qualifier	ZH	UHC is requesting this information if a REF segment is present. ZH (Unique provider identifier assigned by payer)
2010B	REF02	Supplemental Identifier		UHC is requesting this information if a REF segment is present. Unique identifier provided by UnitedHealthcare
2000C	Subscriber Level			
2010C	NM1	Subscriber Name	If BHT02 = 28 the Suscriber Loop must be provided	
2010C	NM108	Identification Code Qualifier	MI	Will only accept the below in NM108 MI (Member Identification Number)
2000E	Patient Event Level			
2000E	UM	Health Care Services Review Info		
2000E	UM01	Request Category Code	AR, HS, IN	Will only accept the below in UM01 AR (Admission Review) HS (Health Services Review) IN (Individual)
2000E	REF	Previous Review Authorization Number (Service Reference Number)	If BHT02 = 51, Service Reference Number or Global ID must be provided.	
2000E	REF01	Supplemental Identification Qualifier	BB	UHC is requesting this information if a REF segment is present. BB = Authorization Number (Service Reference Number)

Loop ID	Element	Name	Supported Codes	Notes/Comments
2000E	REF	PREVIOUS REVIEW ADMINISTRATIVE REFERENCE NUMBER (Global ID)	If BHT02 = 51, Service Reference Number or Global ID must be provided.	
2000E	REF01	Supplemental Identification Qualifier	NT	UHC is requesting this information if a REF segment is present. NT = Administrator's Reference Number (Global ID)
2000E	REF02	Reference Identification	Reference Identification	
2000E	DTP	Event Date		
2000E	DTP01	Date/Time Qualifier	AAH 435	if BHT02 = 28 (Transaction Set Purpose Code) and UM01 = HS or IN, then DTP01 must = AAH (Event) if BHT02 = 28 (Transaction Set Purpose Code) and UM01 = AR, then DTP01 must = 435 (Admission)
2000E	HI	Patient Diagnosis		
2000E	HI01-1	Diagnosis Type Code	ABF,ABJ,ABK, APR, DR	ICD-10 CODES WILL BE ACCEPTED FOR DATES OF SERVICE AS OF OCTOBER 1, 2015 Will only accept the below in HI01-1 ABF International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis ABJ International Classification of Diseases Clinical Modification (ICD-10-CM) Admitting Diagnosis ABK International Classification of Diseases Clinical Modification (ICD-10-CM) Principal Diagnosis APR International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit DR Diagnosis Related Group (DRG)

10. APPENDICES

10.1. IMPLEMENTATION CHECK LIST

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 inquiry request was sent zipped, the response file will be sent zipped. If the 278 inquiry request 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

N or Z_278IB_<submitter ID>_<batch ID>_<datetimestamp>.BTC

Outbound Responses from UnitedHealthcare

A.) 999 Functional Acknowledgement (Batch Only):

N or Z_278IB999_<batch ID>_<datetimestamp>.RES.pgp

B.) For batch transactions, the naming convention for the 278 acknowledgment file is listed below.

N or Z_278IBACK_<batch ID>_<submitter ID>_<datetimestamp>.RES

C.) A 278 acknowledgement can be sent after a time out has occurred.

N_278IACK_<batch ID>_<transaction ID>_<datetimestamp>.RES

D.) A TA1 Functional Acknowledgement will be sent when the X12 contains Envelope errors.

N or Z_278IBTA1_<batch ID>_<datetimestamp>.RES

10.3. BUSINESS AND TRANSMISSION EXAMPLES

278 Inquiry Global ID - Request

```
ISA*00*      *00*      *ZZ*BS321GRACEZI *ZZ*87726
*080101*1200*^*00501*000000005*0*T*:~
GS*HI*PROFSERV*87726*20010101*120000*1*X*005010X215~
ST*278*0001*005010X215~
BHT*0007*51*B2B20081003*20110801*1410*RD~
HL*1**20*1~
NM1*PR*2*UNITEDHEALTHCARE*****PI*87726~
HL*2*1*21*1~
NM1*1P*1*PATIENT*TEST****XX*999999999~
HL*3*2*22*1~
NM1*IL*1*****MI*00900010043~
HL*4*3*EV*0~
TRN*1*040601002349A*9000012121~
UM*AR***22:A~
REF*NT*1000000053000701~
SE*13*0001~
GE*1*1~
IEA*1*000000005~
```

278 Inquiry Global ID - Response

```
ISA*00*      *00*      *ZZ*87726      *ZZ*BS321GRACEZI
*120130*0744*^*00501*000000005*0*T*:~
GS*HI*87726*PROFSERV*20120130*07442792*1*X*005010X215~
ST*278*1 *005010X215~
BHT*0007*52*B2B20081003*20120130*07442741*RD~
HL*1**20*1~
NM1*X3*2*UNITEDHEALTHCARE*****PI*87726~
HL*2*1*21*1~
NM1*1P*1*PATIENT*TEST****XX*999999999~
HL*3*2*22*1~
NM1*IL*1*TEST*FIRSTNAME****MI*999999999~
REF*IG*0185783~
HL*4*3*23*1~
NM1*QC*1*TEST2*FIRST*M~
DMG*D8*20040205~
HL*5*4*EV*1~
TRN*1*8610132792323541*1411289245~
TRN*2*040601002349A*9000012121~
```

UM*AR**1*11:A~
HCR*A2*4037811200~
REF*BB*4037811200~
REF*NT*1000000053000701~
HI*BK:767.4~
CL1*2~
NM1*FA*2*UNIVE ANYSTATE/DEPT CARDIOLOGY*****XX*99999999~
REF*EI*376000511~
N3*840 S WOOD ST~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277733765~
NM1*71*1*PATIENT*TEST****XX*99999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*6*5*SS*0~
UM*HS~
HCR*51*4037811214~
DTP*472*D8*20110411~
SV2**HC:65270:::::Repair of laceration; conjunctiva, with or without nonperforating laceration scl~
NM1*SJ*1*PATIENT*FIRST****XX*99999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*7*6*SS*0~
UM*HS~
HCR*51*4037811213~
DTP*472*D8*20110411~
SV2**HC:21175:::::Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, adv~
NM1*SJ*1*PATIENT*FIRST****XX*99999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*8*7*SS*0~
UM*HS~
HCR*51*4037811212~
DTP*472*D8*20110411~
SV2**HC:76514:::::Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (~
NM1*SJ*1*PATIENT*FIRST****XX*99999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~

HL*9*8*SS*0~
UM*HS~
HCR*51*4037811211~
DTP*472*D8*20110411~
SV2**HC:92235::::Fluorescein angiography (includes multiframe imaging) with interpretation and re~
NM1*SJ*1*PATIENT*FIRST****XX*99999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*10*9*SS*0~
UM*HS~
HCR*51*4037811210~
DTP*472*D8*20110411~
SV2**HC:65782::::Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining~
NM1*SJ*1*HECKERLING*PAUL****XX*123456789~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*11*10*SS*0~
UM*HS~
HCR*A3*4037811209~
DTP*472*D8*20110411~
SV2**HC:21180::::Reconstruction, entire or majority of forehead and/or supraorbital rims; with au~
NM1*SJ*1*PATIENT*FIRST****XX*99999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*12*11*SS*0~
UM*HS~
HCR*51*4037811208~
DTP*472*D8*20110411~
SV2**HC:21179::::Reconstruction, entire or majority of forehead and/or supraorbital rims; with gr~
NM1*SJ*1*PATIENT*FIRST****XX*99999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*13*12*SS*0~
UM*HS~
HCR*51*4037811207~
DTP*472*D8*20110411~

SV2**HC:92060::::Sensorimotor examination with multiple measurements of ocular deviation (eg, res~

NM1*SJ*1*PATIENT*FIRST****XX*999999999~

REF*EI*376000511~

N3*1801 W TAYLOR ST STE 3A~

N4*CHICAGO*IL*60612~

PER*IC**TE*7277977463~

HL*14*13*SS*0~

UM*HS~

HCR*51*4037811206~

DTP*472*D8*20110411~

SV2**HC:92316::::Prescription of optical and physical characteristics of contact lens, with medic~

NM1*SJ*1*PATIENT*FIRST****XX*999999999~

REF*EI*376000511~

N3*1801 W TAYLOR ST STE 3A~

N4*CHICAGO*IL*60612~

PER*IC**TE*7277977463~

HL*15*14*SS*0~

UM*HS~

HCR*51*4037811205~

DTP*472*D8*20110411~

SV2**HC:92314::::Prescription of optical and physical characteristics of contact lens, with medic~

NM1*SJ*1*PATIENT*FIRST****XX*999999999~

REF*EI*376000511~

N3*1801 W TAYLOR ST STE 3A~

N4*CHICAGO*IL*60612~

PER*IC**TE*7277977463~

HL*16*15*SS*0~

UM*HS~

HCR*51*4037811204~

DTP*472*D8*20110411~

SV2**HC:92312::::Prescription of optical and physical characteristics of and fitting of contact l~

NM1*SJ*1*PATIENT*FIRST****XX*999999999~

REF*EI*376000511~

N3*1801 W TAYLOR ST STE 3A~

N4*CHICAGO*IL*60612~

PER*IC**TE*7277977463~

HL*17*16*SS*0~

UM*HS~

HCR*51*4037811203~

DTP*472*D8*20110411~

SV2**HC:92310::::Prescription of optical and physical characteristics of and fitting of contact l~

NM1*SJ*1*PATIENT*FIRST****XX*999999999~

REF*EI*376000511~

N3*1801 W TAYLOR ST STE 3A~

N4*CHICAGO*IL*60612~

PER*IC**TE*7277977463~
HL*18*17*SS*0~
UM*HS~
HCR*51*4037811202~
DTP*472*D8*20110411~
SV2**HC:92265::::Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes,
wit~
NM1*SJ*1*PATIENT*FIRST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
SE*162*1~
GE*1*1~
IEA*1*000000005~

278 Inquiry Member - Request

ISA*00* *00* *ZZ*BS321GRACEZI *ZZ*87726
*080101*1200*^*00501*000000005*0*T*::~~
GS*HI*PROFSERV*87726*20010101*120000*1*X*005010X215~
ST*278*0001*005010X215~
BHT*0007*28*B2B20081003*20110801*1410~
HL*1**20*1~
NM1*PR*2*MEDICA*****PI*94265~
HL*2*1*21*1~
NM1*1P*1*PATIENT*TEST****XX*999999999~
HL*3*2*22*1~
TRN*1*123456789987*9012345678*RADIOLOGY~
NM1*IL*1*LASTNAME*FIRSTNAME****MI*999999999~
DMG*D8*20040205~
HL*4*3*EV*0~
TRN*1*040601002349A*9000012121~
UM*AR***22:A~
DTP*AAH*RD8*20110411-20110425~
SE*15*0001~
GE*1*1~
IEA*1*000000005~

278 Inquiry Member - Response

ISA*00* *00* *ZZ*87726 *ZZ*BS321GRACEZI *120229*0852*^*00501*000000005*0*T*::~~
GS*HI*87726*PROFSERV*20120229*08522369*1*X*005010X215~
ST*278*1 *005010X215~
BHT*0007*49*B2B20081003*20120229*08522228*RD~
HL*1**20*1~

NM1*X3*2*UNITEDHEALTHCARE*****PI*94265~
HL*2*1*21*1~
NM1*1P*1*PATIENT*FIRST*****XX*999999999~
HL*3*2*22*1~
TRN*1*123456789987*9012345678*RADIOLOGY~
NM1*IL*1*TEST1*FIRSTNAME*****MI*999999999~
REF*IG*0185783~
HL*4*3*23*1~
NM1*QC*1*TEST2*FIRSTNAME*M~
DMG*D8*20040205~
HL*5*4*EV*1~
TRN*1*8610133036628117*1411289245~
TRN*2*040601002349A*9000012121~
UM*AR**45*11:A~
HCR*51*4040557100~
REF*BB*4040557100~
REF*NT*1000000053000859~
HI*BK:767.4~
CL1*3~
NM1*FA*2*UNIVE ANYSTATE/DEPT CARDIOLOGY*****XX*999999999~
REF*EI*376000511~
N3*840 S WOOD ST~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277733765~
NM1*71*1*PATIENT*FIRST*****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*6*5*SS*0~
UM*HS~
HCR*51*4040557114~
DTP*472*D8*20110411~
SV2**HC:65270:::::Repair of laceration; conjunctiva, with or without nonperforating laceration scl~
NM1*SJ*1*PATIENT*FIRST*****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*7*6*SS*0~
UM*HS~
HCR*51*4040557113~
DTP*472*D8*20110411~
SV2**HC:21175:::::Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, adv~
NM1*SJ*1*PATIENT*FIRST*****XX*999999999~
REF*EI*376000511~

N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*8*7*SS*0~
UM*HS~
HCR*51*4040557112~
DTP*472*D8*20110411~
SV2**HC:76514:::::Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (~
NM1*SJ*1*PATIENT*FIRST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*9*8*SS*0~
UM*HS~
HCR*51*4040557111~
DTP*472*D8*20110411~
SV2**HC:92235:::::Fluorescein angiography (includes multiframe imaging) with interpretation and
re~
NM1*SJ*1*PATIENT*FIRST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*10*9*SS*0~
UM*HS~
HCR*51*4040557110~
DTP*472*D8*20110411~
SV2**HC:65782:::::Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining~
NM1*SJ*1*PATIENT*FIRST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*11*10*SS*0~
UM*HS~
HCR*51*4040557109~
DTP*472*D8*20110411~
SV2**HC:21180:::::Reconstruction, entire or majority of forehead and/or supraorbital rims; with au~
NM1*SJ*1*PATIENT*FIRST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*12*11*SS*0~
UM*HS~

HCR*51*4040557108~
DTP*472*D8*20110411~
SV2**HC:21179::::Reconstruction, entire or majority of forehead and/or supraorbital rims; with gr~
NM1*SJ*1*PATIENT*FIRST****XX*99999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*13*12*SS*0~
UM*HS~
HCR*51*4040557107~
DTP*472*D8*20110411~
SV2**HC:92060::::Sensorimotor examination with multiple measurements of ocular deviation (eg,
res~
NM1*SJ*1*PATIENT*FIRST****XX*99999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*14*13*SS*0~
UM*HS~
HCR*51*4040557106~
DTP*472*D8*20110411~
SV2**HC:92316::::Prescription of optical and physical characteristics of contact lens, with medic~
NM1*SJ*1*PATIENT*FIRST****XX*99999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*15*14*SS*0~
UM*HS~
HCR*51*4040557105~
DTP*472*D8*20110411~
SV2**HC:92314::::Prescription of optical and physical characteristics of contact lens, with medic~
NM1*SJ*1*PATIENT*FIRST****XX*99999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*16*15*SS*0~
UM*HS~
HCR*51*4040557104~
DTP*472*D8*20110411~
SV2**HC:92312::::Prescription of optical and physical characteristics of and fitting of contact l~
NM1*SJ*1*PATIENT*FIRST****XX*99999999~
REF*EI*376000511~

N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*17*16*SS*0~
UM*HS~
HCR*51*4040557103~
DTP*472*D8*20110411~
SV2**HC:92310::::Prescription of optical and physical characteristics of and fitting of contact l~
NM1*SJ*1*PATIENT*FIRST****XX*99999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*18*17*SS*0~
UM*HS~
HCR*51*4040557102~
DTP*472*D8*20110411~
SV2**HC:92265::::Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes,
wit~
NM1*SJ*1*PATIENT*FIRST****XX*99999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*19*18*SS*0~
UM*HS~
HCR*51*4040557101~
DTP*472*D8*20110411~
SV2**HC:20931::::Allograft, structural, for spine surgery only (List separately in addition to co~
NM1*SJ*1*PATIENT*FIRST****XX*99999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*20*19*EV*1~
TRN*1*8610133036628117*1411289245~
TRN*2*040601002349A*9000012121~
UM*AR**1*11:A~
HCR*A2*4037811200~
REF*BB*4037811200~
REF*NT*1000000053000701~
HI*BK:767.4~
CL1*2~
NM1*FA*2*UNIVE ANYSTATE/DEPT CARDIOLOGY*****XX*123456789~
REF*EI*376000511~
N3*840 S WOOD ST~

N4*CHICAGO*IL*60612~
PER*IC**TE*7277733765~
NM1*71*1*PATIENT*FIRST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*21*20*SS*0~
UM*HS~
HCR*51*4037811214~
DTP*472*D8*20110411~
SV2**HC:65270:::::Repair of laceration; conjunctiva, with or without nonperforating laceration scl~
NM1*SJ*1*PATIENT*FIRST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*22*21*SS*0~
UM*HS~
HCR*51*4037811213~
DTP*472*D8*20110411~
SV2**HC:21175:::::Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, adv~
NM1*SJ*1*PATIENT*FIRST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*23*22*SS*0~
UM*HS~
HCR*51*4037811212~
DTP*472*D8*20110411~
SV2**HC:76514:::::Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (~
NM1*SJ*1*PATIENT*FIRST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*24*23*SS*0~
UM*HS~
HCR*51*4037811211~
DTP*472*D8*20110411~
SV2**HC:92235:::::Fluorescein angiography (includes multiframe imaging) with interpretation and
re~
NM1*SJ*1*PATIENT*FIRST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~

N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*25*24*SS*0~
UM*HS~
HCR*51*4037811210~
DTP*472*D8*20110411~
SV2**HC:65782:::::Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining~
NM1*SJ*1*PATIENT*FIRST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*26*25*SS*0~
UM*HS~
HCR*A3*4037811209~
DTP*472*D8*20110411~
SV2**HC:21180:::::Reconstruction, entire or majority of forehead and/or supraorbital rims; with au~
NM1*SJ*1*PATIENT*FIRST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*27*26*SS*0~
UM*HS~
HCR*51*4037811208~
DTP*472*D8*20110411~
SV2**HC:21179:::::Reconstruction, entire or majority of forehead and/or supraorbital rims; with gr~
NM1*SJ*1*PATIENT*FIRST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*28*27*SS*0~
UM*HS~
HCR*51*4037811207~
DTP*472*D8*20110411~
SV2**HC:92060:::::Sensorimotor examination with multiple measurements of ocular deviation (eg,
res~
NM1*SJ*1*PATIENT*FIRST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*29*28*SS*0~
UM*HS~
HCR*51*4037811206~

DTP*472*D8*20110411~
SV2**HC:92316::::Prescription of optical and physical characteristics of contact lens, with medic~
NM1*SJ*1*PATIENT*FIRST****XX*99999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*30*29*SS*0~
UM*HS~
HCR*51*4037811205~
DTP*472*D8*20110411~
SV2**HC:92314::::Prescription of optical and physical characteristics of contact lens, with medic~
NM1*SJ*1*PATIENT*FIRST****XX*99999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*31*30*SS*0~
UM*HS~
HCR*51*4037811204~
DTP*472*D8*20110411~
SV2**HC:92312::::Prescription of optical and physical characteristics of and fitting of contact l~
NM1*SJ*1*PATIENT*FIRST****XX*99999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*32*31*SS*0~
UM*HS~
HCR*51*4037811203~
DTP*472*D8*20110411~
SV2**HC:92310::::Prescription of optical and physical characteristics of and fitting of contact l~
NM1*SJ*1*PATIENT*FIRST****XX*99999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*33*32*SS*0~
UM*HS~
HCR*51*4037811202~
DTP*472*D8*20110411~
SV2**HC:92265::::Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes,
wit~
NM1*SJ*1*PATIENT*FIRST****XX*99999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~

N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
SE*322*1~
GE*1*1~
IEA*1*000000005~

278 Inquiry SRN - Request

ISA*00* *00* *ZZ*BS321GRACEZI *ZZ*87726
*080101*1200*^*00501*000000005*0*T*:~
GS*HI*PROFSERV*87726*20010101*120000*1*X*005010X215~
ST*278*0001*005010X215~
BHT*0007*51*B2B20081003*20110801*1410*RD~
HL*1**20*1~
NM1*PR*2*UNITEDHEATHCARE*****PI*87726~
HL*2*1*21*1~
NM1*1P*1*PATIENT*TEST***XX*999999999~
REF*EI*376000511~
REF*ZH*987654320~
N3*1454 N COUNTY ROAD 2050~
N4*CARTHAGE*IL*62321~
HL*3*2*22*1~
NM1*IL*1*****MI*00900010043~
DMG*D8*20040205~
HL*4*3*EV*1~
TRN*1*040601002349A*9000012121~
UM*AR***11:A~
HCR*A2~
REF*BB*4037811214~
REF*NT*1000000053000701~
DTP*AAH*RD8*20110401-20110601~
DTP*435*D8*20110411~
DTP*096*D8*20110421~
DTP*881*D8*20110421~
HI*BK:767.4~
NM1*71*1*PATIENT*TEST***34*999999999~
N3*640 MADISON AVE~
N4*SCRANTON*PA*818510~
HL*5*4*SS*0~
UM*HS*I**11:A~
DTP*472*D8*20110411~
SV2*300*HC:47562~
NM1*SJ*1*TEST*NAME***46*999999999~
N3*11784 FIRESTONE BLVD~
N4*NORWALK*CA*90650~

SE*35*0001~
GE*1*1~
IEA*1*000000005~

278 Inquiry SRN - Response

ISA*00* *00* *ZZ*87726 *ZZ*BS321GRACEZI
*120130*0849*^*00501*000000005*0*T*:~
GS*HI*87726*PROFSERV*20120130*08492211*1*X*005010X215~
ST*278*1 *005010X215~
BHT*0007*52*B2B20081003*20120130*08492165*RD~
HL*1**20*1~
NM1*X3*2*UNITEDHEALTHCARE*****PI*87726~
HL*2*1*21*1~
NM1*1P*1*PATIENT*TEST****XX*999999999~
HL*3*2*22*1~
NM1*IL*1*TEST1*FIRSTNAME****MI*9999999999~
REF*IG*0185783~
HL*4*3*23*1~
NM1*QC*1*TEST1*FIRSTNAME*M~
DMG*D8*20040205~
HL*5*4*EV*1~
TRN*1*8610132792323715*1411289245~
TRN*2*040601002349A*9000012121~
UM*AR**1*11:A~
HCR*A2*4037811200~
REF*BB*4037811200~
REF*NT*1000000053000701~
HI*BK:767.4~
CL1*2~
NM1*FA*2*UNIVE ILLINOIS/DEPT CARDIOLOGY*****XX*123456789~
REF*EI*376000511~
N3*840 S WOOD ST~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277733765~
NM1*71*1*PATIENT*TEST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*6*5*SS*0~
UM*HS~
HCR*51*4037811214~

DTP*472*D8*20110411~
SV2**HC:65270:::::Repair of laceration; conjunctiva, with or without nonperforating laceration scl~
NM1*SJ*1*PATIENT*TEST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*7*6*SS*0~
UM*HS~
HCR*51*4037811213~
DTP*472*D8*20110411~
SV2**HC:21175:::::Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, adv~
NM1*SJ*1*PATIENT*TEST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*8*7*SS*0~
UM*HS~
HCR*51*4037811212~
DTP*472*D8*20110411~
SV2**HC:76514:::::Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (~
NM1*SJ*1*PATIENT*TEST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*9*8*SS*0~
UM*HS~
HCR*51*4037811211~
DTP*472*D8*20110411~
SV2**HC:92235:::::Fluorescein angiography (includes multiframe imaging) with interpretation and
re~
NM1*SJ*1*PATIENT*TEST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*10*9*SS*0~
UM*HS~
HCR*51*4037811210~
DTP*472*D8*20110411~
SV2**HC:65782:::::Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining~
NM1*SJ*1*PATIENT*TEST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~

N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*11*10*SS*0~
UM*HS~
HCR*A3*4037811209~
DTP*472*D8*20110411~
SV2**HC:21180::::Reconstruction, entire or majority of forehead and/or supraorbital rims; with au~
NM1*SJ*1*PATIENT*TEST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*12*11*SS*0~
UM*HS~
HCR*51*4037811208~
DTP*472*D8*20110411~
SV2**HC:21179::::Reconstruction, entire or majority of forehead and/or supraorbital rims; with gr~
NM1*SJ*1*PATIENT*TEST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*13*12*SS*0~
UM*HS~
HCR*51*4037811207~
DTP*472*D8*20110411~
SV2**HC:92060::::Sensorimotor examination with multiple measurements of ocular deviation (eg,
res~
NM1*SJ*1*PATIENT*TEST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*14*13*SS*0~
UM*HS~
HCR*51*4037811206~
DTP*472*D8*20110411~
SV2**HC:92316::::Prescription of optical and physical characteristics of contact lens, with medic~
NM1*SJ*1*PATIENT*TEST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*15*14*SS*0~
UM*HS~
HCR*51*4037811205~

DTP*472*D8*20110411~
SV2**HC:92314::::Prescription of optical and physical characteristics of contact lens, with medic~
NM1*SJ*1*PATIENT*TEST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*16*15*SS*0~
UM*HS~
HCR*51*4037811204~
DTP*472*D8*20110411~
SV2**HC:92312::::Prescription of optical and physical characteristics of and fitting of contact l~
NM1*SJ*1*PATIENT*TEST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*17*16*SS*0~
UM*HS~
HCR*51*4037811203~
DTP*472*D8*20110411~
SV2**HC:92310::::Prescription of optical and physical characteristics of and fitting of contact l~
NM1*SJ*1*PATIENT*TEST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
HL*18*17*SS*0~
UM*HS~
HCR*51*4037811202~
DTP*472*D8*20110411~
SV2**HC:92265::::Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes,
wit~
NM1*SJ*1*PATIENT*TEST****XX*999999999~
REF*EI*376000511~
N3*1801 W TAYLOR ST STE 3A~
N4*CHICAGO*IL*60612~
PER*IC**TE*7277977463~
SE*162*1~
GE*1*1~
IEA*1*000000005~

278 Inquiry Invalid/Missing Patient Name - Request

ISA*00* *00* *ZZ*BS321GRACEZI *ZZ*87726
*080101*1200*^*00501*000000005*0*T*:~
GS*HI*PROFSERV*87726*20010101*120000*1*X*005010X215~
ST*278*0001*005010X215~
BHT*0007*28*B2B20081003*20110801*1410~
HL*1**20*1~
NM1*PR*2*UNITEDHEALTHCARE*****PI*87726~
HL*2*1*21*1~
NM1*1P*1*HECKERLING*PAUL****XX*1234567891~
HL*3*2*22*1~
NM1*IL*1*MORENOFF*****MI*00214807216~
HL*4*3*EV*0~
TRN*1*040601002349A*9000012121~
UM*AR***22:A~
DTP*AAH*RD8*20110411-20110411~
SE*13*0001~
GE*1*1~
IEA*1*000000005~

278 Inquiry Invalid/Missing Patient Name - Response

ISA*00* *00* *ZZ*87726 *ZZ*BS321GRACEZI
*120110*0849*^*00501*000000005*0*T*:~
GS*HI*87726*PROFSERV*20120110*08491599*1*X*005010X215~
ST*278*1 *005010X215~
BHT*0007*49*B2B20081003*20120110*08491569*18~
HL*1**20*1~
NM1*X3*2*UNITEDHEALTHCARE*****PI*87726~
HL*2*1*21*1~
NM1*1P*1*HECKERLING*PAUL****XX*123456789~
HL*3*2*22*1~
NM1*IL*1*MORENOFF*****MI*00214807216~
AAA*N**65*C~
HL*4*3*EV*0~
TRN*1*8610132620337069*1411289245~
TRN*2*040601002349A*9000012121~
SE*13*1~
GE*1*1~
IEA*1*000000005~

278 Inquiry Multiple Cases - Request

ISA*00* *00* *ZZ*BS321GRACEZI *ZZ*87726
*080101*1200*^*00501*000000005*0*T*:~
GS*HI*PROFSERV*87726*20010101*120000*1*X*005010X215~
ST*278*0001*005010X215~

BHT*0007*28*B2B20081003*20110801*1410~
HL*1**20*1~
NM1*PR*2*UNITEDHEALTHCARE*****PI*87726~
HL*2*1*21*1~
NM1*FA*2*MEMORIAL HOSPITAL OF TAMPA*****XX*1023098258~
REF*EI*376000511~
HL*3*2*22*1~
NM1*IL*1*MILLAN*****MI*00034703265~
HL*4*3*23*1~
NM1*QC*1~
DMG*D8*19860219~
HL*5*4*EV*0~
TRN*1*040601002349A*9000012121~
UM*AR***11:A~
DTP*AAH*RD8*20110701-20110930~
SE*17*0001~
GE*1*1~
IEA*1*000000005~

278 Inquiry Multiple Cases - Response

ISA*00* *00* *ZZ*87726 *ZZ*BS321GRACEZI
*120130*0853*^*00501*000000005*0*T*:~
GS*HI*87726*PROFSERV*20120130*08535639*1*X*005010X215~
ST*278*1 *005010X215~
BHT*0007*49*B2B20081003*20120130*08535300*RS~
HL*1**20*1~
NM1*X3*2*UNITEDHEALTHCARE*****PI*87726~
HL*2*1*21*1~
NM1*FA*2*MEMORIAL HOSPITAL OF TAMPA*****XX*102309825~
REF*EI*376000511~
HL*3*2*22*1~
NM1*IL*1*MILLAN*RAMIRO****MI*931434318~
REF*IG*0710306~
HL*4*3*23*1~
NM1*QC*1*MILLAN*DIEGO*A~
DMG*D8*19860219~
HL*5*4*EV*1~
TRN*1*8610132792323913*1411289245~
TRN*2*040601002349A*9000012121~
UM*AR**1*11:A~
HCR*51*4037042000~
REF*BB*4037042000~
REF*NT*6564552288213007~
HI*BK:767.4~
CL1*3~

NM1*FA*2*MEMORIAL HOSPITAL OF TAMPA*****XX*102309825~
REF*EI*6217955840~
N3*2901 W SWANN AVE~
N4*TAMPA*FL*336094056~
PER*IC**TE*8138736400*TE*8138792651~
NM1*71*1*ABINALES*BENJAMIN*V***XX*162912540~
REF*EI*5918287462~
N3*7500 4TH ST N~
N4*SAINT PETERSBURG*FL*337025410~
PER*IC**TE*7275264122*FX*7275251230~
HL*6*5*SS*0~
UM*HS~
HCR*51*4037042001~
DTP*472*D8*20110719~
SV2**HC:20931::::Allograft, structural, for spine surgery only (List separately in addition to co~
NM1*SJ*1*ABINALES*BENJAMIN*V***XX*162912540~
REF*EI*5918287462~
REF*ZH*324591~
N3*7500 4TH ST N~
N4*SAINT PETERSBURG*FL*337025410~
PER*IC**TE*7275264122*FX*7275251230~
HL*7*6*EV*1~
TRN*1*8610132792323913*1411289245~
TRN*2*040601002349A*9000012121~
UM*AR**1*11:A~
HCR*51*4051002900~
REF*BB*4051002900~
REF*NT*98345288211988~
HI*BK:767.4~
CL1*3~
NM1*FA*2*MEMORIAL HOSPITAL OF TAMPA*****XX*102309825~
REF*EI*6217955840~
N3*2901 W SWANN AVE~
N4*TAMPA*FL*336094056~
PER*IC**TE*8138736400*TE*8138792651~
NM1*71*1*ABINALES*PACITA*T***XX*152812475~
REF*EI*5918287461~
N3*7500 4TH ST N~
N4*SAINT PETERSBURG*FL*337025410~
PER*IC**TE*7275264122*FX*7275251230~
HL*8*7*SS*0~
UM*HS~
HCR*51*4051002901~
DTP*472*D8*20110720~
SV2**HC:20931::::Allograft, structural, for spine surgery only (List separately in addition to co~
NM1*SJ*1*One*Hello****24*500420420~

REF*ZH*000432167~
N3*cute isnt it~
N4*SAINT PETERSBURG*FL*33702~
PER*IC**TE*7277977463~
HL*9*8*EV*1~
TRN*1*8610132792323913*1411289245~
TRN*2*040601002349A*9000012121~
UM*AR**1*11:A~
HCR*51*4051002800~
REF*BB*4051002800~
REF*NT*98345288200989~
HI*BK:767.4~
CL1*3~
NM1*FA*2*MEMORIAL HOSPITAL OF TAMPA*****XX*102309825~
REF*EI*6217955840~
N3*2901 W SWANN AVE~
N4*TAMPA*FL*336094056~
PER*IC**TE*8138736400*TE*8138792651~
NM1*71*1*ABINALES*PACITA*T***XX*152812475~
REF*EI*5918287461~
N3*7500 4TH ST N~
N4*SAINT PETERSBURG*FL*337025410~
PER*IC**TE*7275264122*FX*7275251230~
HL*10*9*SS*0~
UM*HS~
HCR*51*4051002801~
DTP*472*D8*20110720~
SV2**HC:20931:::::Allograft, structural, for spine surgery only (List separately in addition to co~
NM1*SJ*1*One*Hello****24*500420420~
REF*ZH*000432167~
N3*cute isnt it~
N4*SAINT PETERSBURG*FL*33702~
PER*IC**TE*7277977463~
HL*11*10*EV*1~
TRN*1*8610132792323913*1411289245~
TRN*2*040601002349A*9000012121~
UM*AR**1*11:A~
HCR*51*4051002500~
REF*BB*4051002500~
REF*NT*98345288200987~
HI*BK:767.4~
CL1*3~
NM1*FA*2*MEMORIAL HOSPITAL OF TAMPA*****XX*102309825~
REF*EI*6217955840~
N3*2901 W SWANN AVE~
N4*TAMPA*FL*336094056~

PER*IC**TE*8138736400*TE*8138792651~
NM1*71*1*ABINALES*PACITA*T***XX*152812475~
REF*EI*5918287461~
N3*7500 4TH ST N~
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DTP*AAH*RD8*20110501-20110630~
SE*14*0001~
GE*1*1~
IEA*1*000000005~

278 Inquiry Patient Not Found - Response

ISA*00* *00* *ZZ*87726 *ZZ*BS321GRACEZI
*120302*0954*^*00501*000000005*0*T*:~
GS*HI*87726*PROFSERV*20120302*09542712*1*X*005010X215~
ST*278*1 *005010X215~
BHT*0007*49*B2B20081003*20120302*09542554*18~
HL*1**20*1~
NM1*X3*2*UNITEDHEALTHCARE*****PI*87726~
HL*2*1*21*1~
NM1*FA*2*BAYCARE OUTPATIENT IMG*****XX*155834299~
HL*3*2*22*1~
NM1*IL*1*KIRK*BRADLEY****MI*00447823611~
AAA*Y**67*C~
DMG*D8*19810822~
HL*4*3*EV*0~
TRN*1*8610133067102032*1411289245~
TRN*2*040601002349A*9000012121~
SE*14*1~
GE*1*1~
IEA*1*000000005~

278 Inquiry Provider Not Authorized - Request

ISA*00* *00* *ZZ*BS321GRACEZI *ZZ*87726
*080101*1200*^*00501*000000005*0*T*:~
GS*HI*PROFSERV*87726*20010101*120000*1*X*005010X215~
ST*278*0001*005010X215~
BHT*0007*51*B2B20081003*20110801*1410*RD~
HL*1**20*1~

NM1*PR*2*UNITEDHEALTHCARE*****PI*87726~
HL*2*1*21*1~
NM1*1P*1*HECKERLING*PAUL*****XX*1234567822~
HL*3*2*EV*0~
UM*AR***22:A~
REF*BB*4037811210~
SE*10*0001~
GE*1*1~
IEA*1*000000005~

278 Inquiry Provider Not Authorized - Response

ISA*00* *00* *ZZ*87726 *ZZ*BS321GRACEZI
*120130*0856*^*00501*000000005*O*T*:~
GS*HI*87726*PROFSERV*20120130*08560301*1*X*005010X215~
ST*278*1 *005010X215~
BHT*0007*52*B2B20081003*20120130*08560277*18~
HL*1**20*1~
NM1*X3*2*UNITEDHEALTHCARE*****PI*87726~
HL*2*1*21*1~
NM1*1P*1*HECKERLING*PAUL*****XX*123456782~
AAA*Y**41*C~
SE*8*1~
GE*1*1~
IEA*1*000000005~

10.4. ERROR CODES AND INTERPRETATIONS

Loop	AAA03 Code	AAA04 Code	Notes/Comments
2000A	04	C	More than 20 cases/records exist. Not all returned. Refine your search criteria
2010A	41	C	BHT02 (Purpose Code) is not supported.
2010A	ZZ	C	Production transaction submitted to test environment. (ISA15)
2010A	ZZ	C	Test transaction submitted to production environment. (ISA15)
2010A	ZZ	C	Unable to Process Request. Please correct and re-submit.
2010A	ZZ	C	BHT06 (Transaction Type) is not supported.
2010A	04	C	More than 20 cases/records exist. Not all returned. Refine your search criteria
2010A	42	P	Refer to section 3.7 - System Availability and Downtime for additional information.
2010A	42	Y	Refer to section 3.7 - System Availability and Downtime for additional information.
2010A	79	N	Call the number listed on the back of the members card
2010B	41	C	You are not authorized to view the case or cases you are requesting for.
2010C	65	C	Member First Name is missing.

Loop	AAA03 Code	AAA04 Code	Notes/Comments
2010C	65	C	Member Last Name is missing.
2010C	67	C	Member not found.
2010C	71	C	Patient Name and/or DOB do not match submitted Member ID.
2010C	72	C	Member Id required.
2010C	76	N	Unable to determine coverage for this member. Please check status on UHC Provider Portal.
2010C	76	N	Unable to validate coverage for this member. Please check status on UHC Provider Portal.
2010C	79	C	Member Name or Date of Birth missing.
2010D	64	C	Member Id required.
2010D	65	C	Member Last Name is missing.
2010D	65	C	Member First Name is missing.
2010D	71	C	Patient Name and/or DOB do not match submitted Member ID.
2010D	72	C	Member Id required.
2010D	79	C	Member Name or Date of Birth missing.

Loop	AAA03 Code	AAA04 Code	Notes/Comments
2000E	15	C	PCP Referral ID or Global ID required
2000E	15	C	Service Reference Number or Global Id required
2000E	33	C	Invalid Diagnosis Code Type
2000E	33	C	Referral Inquiry is not supported (UMO01=SC)
2000E	33	C	Both Event Date and Admission Date cannot be populated
2000E	33	C	Event Start Date is required and Facility Admission Date is not applicable
2000E	33	N	BLOCKED- See ID card
2000E	57	C	Member Search Event Start Date or Admission Date missing
2010E	62	C	There are no Cases found for this patient in the requested time periods.
2000E	AA	C	No records found for the case or cases you are requesting for.
2000E	NC	C	The Case you requested has been Cancelled or all Services have been Cancelled.

10.5. FREQUENTLY ASKED QUESTIONS

1. How can hospital reconcile the 278ACK generated by this transaction?

Submitters can use the required Submitter Transaction ID (BHT03) to reconcile the response.

2. Can trading partners submit one notification per batch?

Yes.

3. Can rejected transactions be resubmitted?

Yes. For rejected transactions, the AAA04 Follow-up Action Code will identify scenarios where notification can be corrected and resubmitted. These transactions can be resubmitted via fax, phone or www.UnitedHealthcareOnline.com

4. Does this Companion Guide apply to all United Healthcare payers?

No. It applies to commercial and government business for UnitedHealthcare using Payer ID 87726 and UnitedHealthcare Oxford Payer id 06111 and 061118515.

5. 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 in order 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 dependant 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.

6. 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.

7. Is there an identifying factor that can be used to distinguish between the 1st 999 file and the potential 2nd 999 file? If they are not picked up sequentially by the hospital, they may be processed out of order.

The first 999 will be named distinctively different from any subsequent 999s contained within the batched 278IBACK file.

For example, the first response file is named:

N_278IB999_000000004_01102008142034.res.pgp

The second file you might receive can have 999s in it but will be a batch named:

N_278IBACK_000000004_ABC123456789_01102008142034.res.pgp

8. Could there be multiple AAA segments if there are multiple errors?

Yes