



CareSource

HIPAA Transaction Standard Companion Guide

Refers to the Implementation Guides Based on ASC X12 version 005010

Companion Guide Version Number: 1.1

Preface:

The information contained in this guide is meant to provide assistance to providers regarding the electronic submission of health information to CareSource. The sole purpose of this document is to provide guidance to entities who wish to become a Trading Partner. Every effort has been made to assure the information in this guide conforms to current requirements of the law. Each Medicaid provider and Trading Partner has the ultimate responsibility to follow federal and state laws. All users of this guide are advised to review these legal requirements with their legal counsel.

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content when exchanging electronically with CareSource. Transmissions based on this companion guide, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides 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 Implementation Guides.

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1. INTRODUCTION

This document is intended as a companion to the errata Health Care Services Request for Review and Response (278) ASC X12N/005010X220A1, published in MAY 2006, and the Health Care Services Request for Review and Response (278) Implementation Guide (IG) ASC X12N/005010X220, originally published MAY 2006. This companion guide will give CareSource specific guidelines they need to process certain scenarios that the Implementation Guides can't provide. This clarifying information will be listed in a table format consisting of a row for each segment that CareSource has something additional, over and above, the information in the Implementation Guides. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listing
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with CareSource

a. Scope

The companion guide is intended to be used as a supplement of the implementation guides.

b. Overview

This companion guide clarifies what CareSource looks for in specific loops/segments under specific scenarios on a payable claim.

c. References

This companion guide supplements errata and IG documents “278 E1.pdf”, “278 E2.pdf” and “278.pdf” respectively, which are published by the **Washington Publishing Company** www.wpc-edi.com.

2. GETTING STARTED

a. Working with CareSource

Please email CareSource's EDI department at EDIServices@caresource.com to initiate interaction regarding questions/comments/clarifications needed regarding this companion guide.

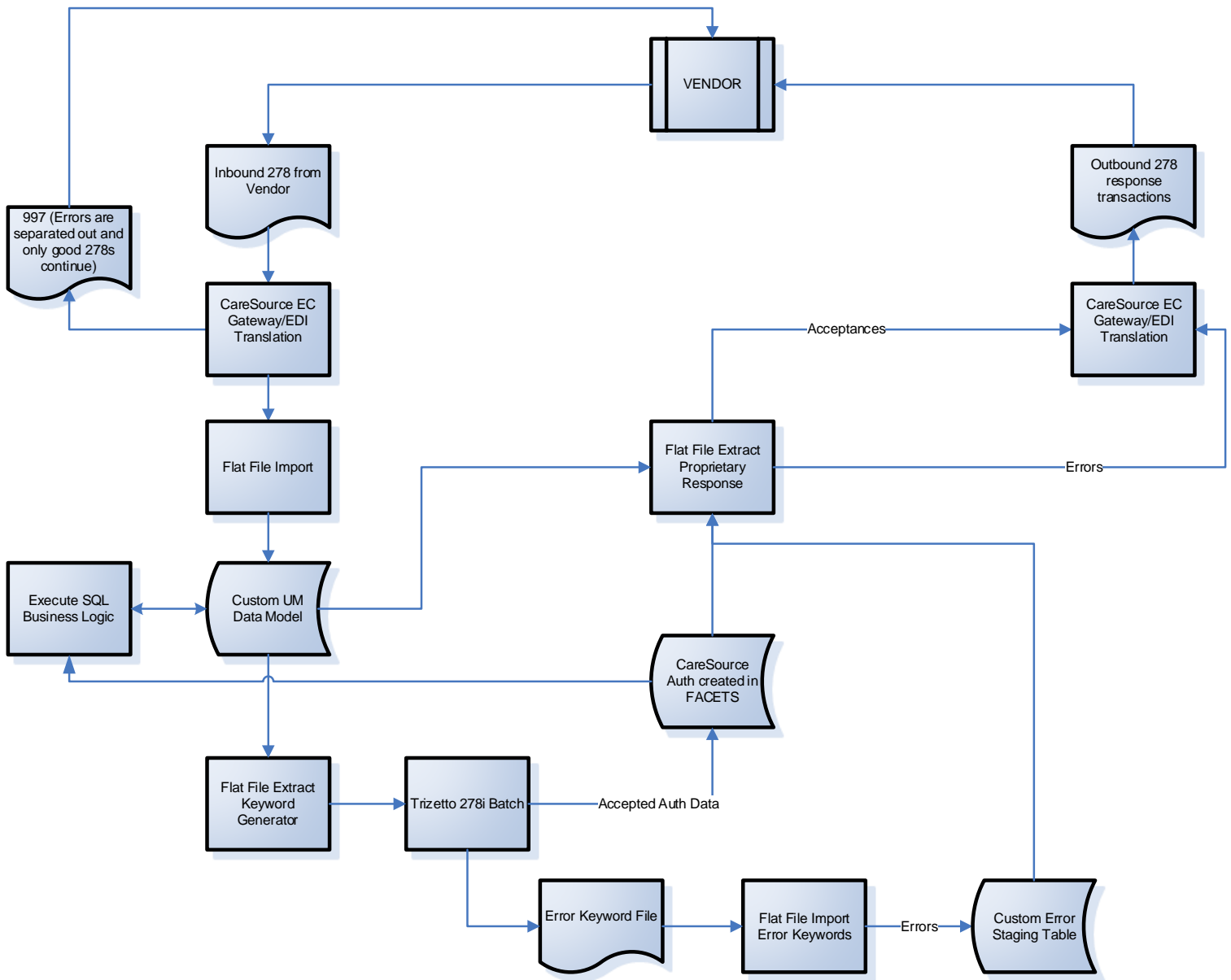
- b. Trading Partner Registration
- c. Certification and Testing Overview

3. Testing with the Payer

4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

- a. Process Flows and Passwords

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- b. Transmission Administrative Procedures
- c. Re-Transmission Procedure
- d. Communication Protocol Specifications – Downtime for Server Maintenance will be notified via email

5. CONTACT INFORMATION

- EDI Technical Assistance: EDIServices@caresource.com
- Provider Services Number: 1-800-488-0134
- Applicable Website: www.caresource.com

6. CONTROL SEGMENTS / ENVELOPES

Specific requirements/expectations, based on transaction type, will be communicated by the EDI department during the life cycle requirements phase for the following:

- ISA-IEA Interchange Control
- GS-GE Functional Group
- ST-SE Transaction Set

7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Please refer to the Notes/Comments column in section “Transaction Specific Information.”

8. ACKNOWLEDGEMENTS AND/OR REPORTS

9. TRADING PARTNER AGREEMENTS

Trading Partners

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

10 TRANSACTION SPECIFIC INFORMATION:

Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
C.3	Control Segment Header	ISA	ISA - Interchange Control			R	
C.4	Header	ISA01	Authorization Information Qualifier	00	2	R	00
C.4	Header	ISA02	Authorization Information		10	R	blank
C.4	Header	ISA03	Security Information Qualifier	00	2	R	00
C.4	Header	ISA04	Security Information		10	R	blank
C.4	Header	ISA05	Interchange ID Qualifier	01	2	R	01
C.4	Header	ISA06	Interchange Sender ID		15	R	311143265
C.5	Header	ISA07	Interchange ID Qualifier	ZZ	2	R	CareSource Tax ID
C.5	Header	ISA08	Interchange Receiver ID		15	R	<Trading Partner Identifier>
C.5	Header	ISA09	Interchange Date		6	R	yymmdd
C.5	Header	ISA10	Interchange Time		4	R	hhmm
C.5	Header	ISA11	Repetition Separator		1	R	^
C.5	Header	ISA12	Interchange Control Version Number	00501	5	R	00501
C.5	Header	ISA13	Interchange Control Number		9	R	<Unique control number> / Interchange control number
C.6	Header	ISA14	Acknowledgment Requested	0	1	R	0
C.6	Header	ISA15	Interchange Usage Indicator	P, T	1	R	P - Test; T - Test

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
C.6	Header	ISA16	Component Element Separator		1	R	~
C.7	Header	GS	Functional Group Header			R	
C.7	Header	GS01	Functional Identifier Code		2	R	HI
C.7	Header	GS02	Application Sender's Code		15	R	311143265
C.7	Header	GS03	Application Receiver's Code		15	R	<Trading Partner Identifier>
C.7	Header	GS04	functional group creation date		8	R	CCYYMMDD
C.8	Header	GS05	creation time		8	R	HHMM
C.8	Header	GS06	Group Control Number		9	R	Counter - Increment by 1
C.8	Header	GS07	Responsible Agency Code	X	2	R	X: Accredited Standards Committee X12
C.8	Header	GS08	Version / Release / Industry Identifier Code	005010X2 20A1	12	R	005010X217: Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003
65	HEADER	ST	TRANSACTION SET HEADER				
65	HEADER	ST01	Transaction Set Identifier Code	278	3	M	
65	HEADER	ST02	Transaction Set Control Number		9	M	
66	HEADER	ST03	Implementation Convention Reference		35	0	
67	HEADER	BHT	BEGINNING OF HIERARCHICAL TRANSACTION				
67	HEADER	BHT01	Hierarchical Structure Code		4	M	
67	HEADER	BHT02	Transaction Set Purpose Code	01,13,36	2	M	
68	HEADER	BHT03	Reference Identification		50	O	
68	HEADER	BHT04	Date		8	O	
68	HEADER	BHT05	Time		8	O	
68	HEADER	BHT06	Transaction Type Code	RU	2	O	
		HL	HL-Utilization Management Organization (UMO) Level				
69	2000A	HL01	Hierarchical ID Number		12	M	
70	2000A	HL03	Hierarchical Level Code		2	M	
70	2000A	HL04	Hierarchical Child Code		1	O	
71	2010A	NM1	UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME				
71	2010A	NM101	Entity Identifier Code	2B, 36, PR, X3	3	M	X3: Utilization Management Organization
72	2010A	NM102	Entity Type Qualifier	1, 2	1	M	2: Non-Person Entity
72	2010A	NM103	Name Last or Organization Name		60	X	CareSource

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
72	2010A	NM104	Name First		35	O	
72	2010A	NM105	Name Middle		25	O	
72	2010A	NM107	Name Suffix		10	O	
73	2010A	NM108	Identification Code Qualifier		2	X	
73	2010A	NM109	Identification Code (Utilization Management Organization (UMO) Identifier)		80	X	31114
74	2000B	HL	REQUESTER LEVEL				
74	2000B	HL01	Hierarchical ID Number		12	M	
74	2000B	HL02	Hierarchical Parent ID Number		12	O	1
75	2000B	HL03	Hierarchical Level Code		2	M	21: Information Receiver
75	2000B	HL04	Hierarchical Child Code		1	M	1: Additional Subordinate HL Data Segment in This Hierarchical Structure
76	2000B	NM1	REQUESTER NAME				
76	2010B	NM101	Entity Identifier Code	1P, 2B, 36, FA, PR	2	M	1P: Provider
77	2010B	NM102	Entity Type Qualifier	1,2	1	M	2: Non-Person Entity
77	2010B	NM103	Name Last or Organization Name		60	X	
77	2010B	NM104	Name First		35	O	
77	2010B	NM105	Name Middle		25	O	
77	2010B	NM107	Name Suffix		10	O	
77	2010B	NM108	Identification Code Qualifier	24, 34, 46, XV, XX	2	X	
78	2010B	NM109	Identification Code		80	X	222222222: NPI
79	2010B	REF	REQUESTER SUPPLEMENTAL IDENTIFICATION				
79	2010B	REF01	Reference Identification Qualifier	1G, 1J, EI, G5, N5, N7, SY, ZH	30	M	
80	2010B	REF02	Reference Identification		50	X	222222222: Tax ID
81	2010B	N3	REQUESTER ADDRESS		55	M	
81	2010B	N301	Address Information		55	O	
81	2010B	N302	Address Information		55	O	
82	2010B	N4	REQUESTER CITY, STATE, ZIP CODE				
82	2010B	N401	City Name		30	O	
83	2010B	N402	State or Province Code		15	O	
83	2010B	N403	Postal Code		3	O	
83	2010B	N404	Country Code				
83	2010B	N407	Country Subdivision Code		3	X	
84	2010B	PER	REQUESTER CONTACT INFORMATION				

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
85	2010B	PER01	Contact Function Code	IC	2	M	
85	2010B	PER02	Name		60	O	
85	2010B	PER03	Communication Number Qualifier	EM, FX, TE, UR	2	X	
85	2010B	PER04	Communication Number		256	X	
85	2010B	PER05	Communication Number Qualifier	EM, EX, FX, TE, UR	2	X	
86	2010B	PER06	Communication Number		256	X	
86	2010B	PER07	Communication Number Qualifier	EM, EX, FX, TE, UR	2	X	
86	2010B	PER08	Communication Number		256	X	
87		PRV	REQUESTER PROVIDER INFORMATION				
89	2000C	HL	SUBSCRIBER LEVEL				
89	2000C	HL01	Hierarchical ID Number		12	M	3
89	2000C	HL02	Hierarchical Parent ID Number		12	O	2
90	2000C	HL03	Hierarchical Level Code		2	M	22: Subscriber
90	2000C	HL04	Hierarchical Child Code		1	O	1: Additional Subordinate HL Data Segment in This Hierarchical Structure
91	2010C	NM1	SUBSCRIBER NAME				
92	2010C	NM101	Entity Identifier Code	IL	3	M	
92	2010C	NM102	Entity Type Qualifier	1	1	M	
92	2010C	NM103	Name Last or Organization Name		60	X	
92	2010C	NM104	Name First		35	O	
92	2010C	NM105	Name Middle		25	O	
92	2010C	NM106	Name Prefix		10	O	
93	2010C	NM107	Name Suffix		10	O	
93	2010C	NM108	Identification Code Qualifier	II, MI	2	X	
93	2010C	NM109	Identification Code		80	X	Subscriber Member Number
94	2010C	REF	SUBSCRIBER SUPPLEMENTAL IDENTIFICATION				
95	2010C	REF01	Reference Identification Qualifier	IL, 3L, 6P, DP, EJ, F6, HJ, IG, N6, NQ, SY	3	M	
95	2010C	REF02	Reference Identification		50	X	
96	2010C	N3	SUBSCRIBER ADDRESS				
96	2010C	N301	Address Information		55	M	
96	2010C	N302	Address Information		55	O	
97	2010C	N4	SUBSCRIBER CITY, STATE, ZIP CODE				
97	2010C	N401	City Name		23	O	

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98	2010C	N402	State or Province Code		2	X	
98	2010C	N403	Postal Code		15	O	
98	2010C	N404	Country Code		3	X	
99	2010C	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION				
99	2010C	DMG01	Date Time Period Format Qualifier		3	X	
100	2010C	DMG02	Date Time Period				CCYYMMDD
100	2010C	DMG03	Gender Code	F,M,U			
101	2010C	INS	SUBSCRIBER RELATIONSHIP				
101	2010C	INS01	Yes/No Condition or Response Code	Y	1	M	Y=Yes
102	2010C	INS02	Individual Relationship Code		2	M	18: Self
102	2010C	INS08	Employment Status Code		2	O	
103	2000D	HL	DEPENDENT LEVEL				
103	2000D	HL01	Hierarchical ID Number		12	M	
103	2000D	HL02	Hierarchical Parent ID Number		12	O	
104	2000D	HL03	Hierarchical Level Code		2	M	
104	2000D	HL04	Hierarchical Child Code		1	O	
105	2010D	NM1	DEPENDENT NAME				
105	2010D	NM101	Entity Identifier Code	QC	3	M	
106	2010D	NM102	Entity Type Qualifier		1	M	
106	2010D	NM103	Name Last or Organization Name		60	X	
106	2010D	NM104	Name First		35	O	
106	2010D	NM105	Name Middle		25	O	
106	2010D	NM107	Name Suffix		10	O	
107	2010D	REF	DEPENDENT SUPPLEMENTAL IDENTIFICATION				
107	2010D	REF01	Reference Identification Qualifier	EJ, SY	3	M	
108	2010D	REF02	Reference Identification		50	X	
109	2010D	N3	DEPENDENT ADDRESS				
109	2010D	N301	Address Information		55	M	
109	2010D	N302	Address Information		55	O	
109	2010D	N4	DEPENDENT CITY, STATE, ZIP CODE		30	O	
110	2010D	N401	City Name		30	O	
110	2010D	N402	State or Province Code		2	X	
111	2010D	N403	Postal Code		15	O	
111	2010D	N404	Country Code		3	X	
111	2010D	N407	Country Subdivision Code		3	X	
112	2010D	DMG	DEPENDENT DEMOGRAPHIC INFORMATION				
112	2010D	DMG01	Date Time Period Format Qualifier		3	X	

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
113	2010D	DMG02	Date Time Period		35	X	CCYYMMDD
113	2010D	DMG03	Gender Code	F, M, U	1	O	
114	2010D	INS	DEPENDENT RELATIONSHIP				
114	2010D	INS01	Yes/No Condition or Response Code	N	1	M	
115	2010D	INS02	Individual Relationship Code	01, 19, G8	2	M	
116	2000E	HL	PATIENT EVENT LEVEL				
116	2000E	HL01	Hierarchical ID Number		12	M	
116	2000E	HL02	Hierarchical Parent ID Number		12	O	
117	2000E	HL03	Hierarchical Level Code	EV	2	M	
117	2000E	HL04	Hierarchical Child Code	0, 1	1	O	
118	2000E	TRN	PATIENT EVENT TRACKING NUMBER	1	2	M	
119	2000E	TRN02	Reference Identification		50	M	
119	2000E	TRN03	Originating Company Identifier		10	O	
119	2000E	TRN04	Reference Identification		50	O	
120	2000E	UM	HEALTH CARE SERVICES REVIEW INFORMATION				
120	2000E	UM01	Request Category Code	AR, HS, IN, SC	2	M	
121	2000E	UM02	Certification Type Code	1,2,3,4,N, R,S	1	O	
121	2000E	UM03	Service Type Code		2	O	
122	2000E	UM04	HEALTH CARE SERVICE LOCATION INFORMATION			O	
124	2000E	UM04 - 1	Facility Code Value		2	M	
124	2000E	UM04 - 2	Facility Code Qualifier	A, B	2	O	
124	2000E	UM05	RELATED CAUSES INFORMATION			O	
124	2000E	UM05 - 1	Related-Causes Code	AA,AP ,EM	3	M	
125	2000E	UM05 - 2	Related-Causes Code	AP, EM	3	O	
125	2000E	UM05 - 3	Related-Causes Code	AP	3	O	
125	2000E	UM05 - 4	State or Province Code		2	O	
125	2000E	UM05 - 5	Country Code		3	O	
125	2000E	UM06	Level of Service Code	03, E, U	3	O	
126	2000E	UM07	Current Health Condition Code		1	O	
126	2000E	UM08	Prognosis Code		1	O	
127	2000E	UM09	Release of Information Code		1	O	
127	2000E	UM10	Release of Medical Billing Data Related to a Claim SITUATIONAL UM10 1514		2	O	
128	2000E	REF	PREVIOUS REVIEW AUTHORIZATION NUMBER				

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
128	2000E	REF01	Reference Identification Qualifier	BB	3	M	
128	2000E	REF02	Reference Identification		50	M	
129	2000E	REF	PREVIOUS REVIEW ADMINISTRATIVE REFERENCE NUMBER				
129	2000E	REF01	Reference Identification Qualifier	NT	3	M	
129	2000E	REF02	Reference Identification		50	M	
130	2000E	DTP	ACCIDENT DATE				
130	2000E	DTP01	Date/Time Qualifier	439	3	M	
130	2000E	DTP02	Date Time Period Format Qualifier		3	M	
130	2000E	DTP03	Date Time Period	D8	35	M	CCYYMMDD
		DTP	LAST MENSTRUAL PERIOD DATE				
131	2000E	DTP01	Date/Time Qualifier	484	3	M	
131	2000E	DTP02	Date Time Period Format Qualifier		3	M	
131	2000E	DTP03	Date Time Period	D8	35	M	CCYYMMDD
132		DTP	ESTIMATED DATE OF BIRTH				
132	2000E	DTP01	Date/Time Qualifier	ABC	3	M	
132	2000E	DTP02	Date Time Period Format Qualifier		3	M	
132	2000E	DTP03	Date Time Period	D8	35	M	CCYYMMDD
133	2000E	DTP	ONSET OF CURRENT SYMPTOMS OR ILLNESS DATE				
133	2000E	DTP01	Date/Time Qualifier	431	3	M	
133	2000E	DTP02	Date Time Period Format Qualifier		3	M	
133	2000E	DTP03	Date Time Period		35	M	CCYYMMDD
134	2000E	DTP	EVENT DATE				
134	2000E	DTP01	Date/Time Qualifier	AAH	3	M	
134	2000E	DTP02	Date Time Period Format Qualifier	D8, RD8	3	M	
134	2000E	DTP03	Date Time Period		35	M	CCYYMMDD
135	2000E	DTP	ADMISSION DATE				
135	2000E	DTP01	Date/Time Qualifier	435	3	M	
135	2000E	DTP02	Date Time Period Format Qualifier	D8, RD8	3	M	
135	2000E	DTP03	Date Time Period		35	M	
136	2000E	DTP	DISCHARGE DATE				
136	2000E	DTP01	Date/Time Qualifier	096	3	M	
136	2000E	DTP02	Date Time Period Format Qualifier	D8	3	M	
136	2000E	DTP03	Date Time Period		35	M	CCYYMMDD
137	2000E	HI	PATIENT DIAGNOSIS				

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
137	2000E	HI01	HEALTH CARE CODE INFORMATION			M	
137	2000E	HI01 - 1	Code List Qualifier Code	ABF,ABJ, ABK,APR, BF, BJ, BK, DR, PR	3	M	
138	2000E	HI01 - 2	Industry Code		30	M	
138	2000E	HI01 - 3	Date Time Period Format Qualifier	D8	3	X	CCYYMMDD
138	2000E	HI01 - 4	Date Time Period		35	X	
139	2000E	HI02	HEALTH CARE CODE INFORMATION			O	
139	2000E	HI02 - 1	Code List Qualifier Code	ABF,ABJ, ABK,APR, BF, BJ, BK, DR, PR	3	M	
140	2000E	HI02 - 2	Industry Code		30	M	
140	2000E	HI02 - 3	Date Time Period Format Qualifier	D8	3	X	CCYYMMDD
140	2000E	HI02 - 4	Date Time Period		35	X	
140	2000E	HI03	HEALTH CARE CODE INFORMATION			O	
141	2000E	HI03 - 1	Code List Qualifier Code		3	M	
141	2000E	HI03 - 2	Industry Code		30	M	
141	2000E	HI03 - 3	Date Time Period Format Qualifier	D8	3	X	CCYYMMDD
141	2000E	HI03 - 4	Date Time Period		35	X	
142	2000E	HI04	HEALTH CARE CODE INFORMATION	ABF,APR, BF, DR, PR			
142	2000E	HI04 - 1	Code List Qualifier Code		3	M	
142	2000E	HI04 - 2	Industry Code		30	M	
143	2000E	HI04 - 3	Date Time Period Format Qualifier	D8	3	X	CCYYMMDD
143	2000E	HI04 - 4	Date Time Period		35	X	
143	2000E	HI05	HEALTH CARE CODE INFORMATION			O	
143	2000E	HI05 - 1	Code List Qualifier Code	ABF,APR, BF, DR, PR	3	M	
144	2000E	HI05 - 2	Industry Code		30	M	
144	2000E	HI05 - 3	Date Time Period Format Qualifier		3	X	
144	2000E	HI05 - 4	Date Time Period		35	X	
144	2000E	HI06	HEALTH CARE CODE INFORMATION				
145	2000E	HI06 - 1	Code List Qualifier Code	ABF,APR, BF, DR, PR			
145	2000E	HI06 - 2	Industry Code	D8	3	X	CCYYMMDD
145	2000E	HI06 - 3	Date Time Period Format Qualifier		3	X	

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
145	2000E	HI06 - 4	Date Time Period	D8	35	X	CCYYMMDD
145	2000E	HI06 - 5	Monetary Amount		18	O	
146	2000E	HI07	HEALTH CARE CODE INFORMATION				
146	2000E	HI07 - 1	Code List Qualifier Code	ABF,APR, BF, DR, PR	3	M	
146	2000E	HI07 - 2	Industry Code		30	M	
147	2000E	HI07 - 3	Date Time Period Format Qualifier	D8	3	X	CCYYMMD
147	2000E	HI07 - 4	Date Time Period		35	X	
147	2000E	HI08	HEALTH CARE CODE INFORMATION			O	
147	2000E	HI08 - 1	Code List Qualifier Code	ABF,APR, BF, DR, PR	3	M	
148	2000E	HI08 - 2	Industry Code		30	M	
148	2000E	HI08 - 3	Date Time Period Format Qualifier	D8	3	X	CCYYMMD
148	2000E	HI08 - 4	Date Time Period		35	X	
148	2000E	HI09	HEALTH CARE CODE INFORMATION			O	
149	2000E	HI09 - 1	Code List Qualifier Code	ABF,APR, BF, DR, PR	3	M	
149	2000E	HI09 - 2	Industry Code		30	M	
149	2000E	HI09 - 3	Date Time Period Format Qualifier	D8	3	X	CCYYMMD
149	2000E	HI09 - 4	Date Time Period		35	X	
150	2000E	HI10	HEALTH CARE CODE INFORMATION			O	
150	2000E	HI10 - 1	Code List Qualifier Code	ABF,APR, BF, DR, PR	3	M	
150	2000E	HI10 - 2	Industry Code		30	M	
151	2000E	HI10 - 3	Date Time Period Format Qualifier	D8	3	X	CCYYMMD
151	2000E	HI11	HEALTH CARE CODE INFORMATION				
151	2000E	HI11 - 1	Code List Qualifier Code	ABF,APR, BF, DR, PR	3	M	
152	2000E	HI11 - 2	Industry Code		30	M	
152	2000E	HI11 - 3	Date Time Period Format Qualifier	D8	3	X	CCYYMMD
152	2000E	HI11 - 4	Date Time Period		35	X	
152	2000E	HI12	HEALTH CARE CODE INFORMATION				
153	2000E	HI12 - 1	Code List Qualifier Code	ABF,APR, BF, DR, PR	3	M	
153	2000E	HI12 - 2	Industry Code		30	M	
153	2000E	HI12 - 3	Date Time Period Format Qualifier		3	X	
153	2000E	HI12 - 4	Date Time Period		35	X	
156	2000E	HSD	HEALTH CARE SERVICES DELIVERY				

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
156	2000E	HSD01	Quantity Qualifier	DY, FL, HS, MN, VS	2	X	
156	2000E	HSD02	Quantity		15	X	
157	2000E	HSD03	Unit or Basis for Measurement Code		2	O	
157	2000E	HSD04	Sample Selection Modulus		6	O	
157	2000E	HSD05	Time Period Qualifier		2	X	
157	2000E	HSD06	Number of Periods		3	O	
157	2000E	HSD07	Ship/Delivery or Calendar Pattern Code		2	O	
159	2000E	HSD08	Ship/Delivery Pattern Time Code		1	O	
160	2000E	CRC	AMBULANCE CERTIFICATION INFORMATION				
160	2000E	CRC01	Code Category	07	2	M	
160	2000E	CRC02	Yes/No Condition or Response Code	Y, N	1	M	
161	2000E	CRC03	Condition Indicator		3	M	
161	2000E	CRC04	Condition Indicator		3	O	
161	2000E	CRC05	Condition Indicator		3	O	
162	2000E	CRC06	Condition Indicator		3	O	
162	2000E	CRC07	Condition Indicator		3	O	
163	2000E	CRC	CHIROPRACTIC CERTIFICATION INFORMATION				
163	2000E	CRC01	Code Category	08	2	M	
163	2000E	CRC02	Yes/No Condition or Response Code	Y, N	1	M	
164	2000E	CRC03	Condition Indicator		3	M	
164	2000E	CRC04	Condition Indicator		3	O	
164	2000E	CRC05	Condition Indicator		3	O	
164	2000E	CRC06	Condition Indicator		3	O	
165	2000E	CRC07	Condition Indicator		3	O	
166	2000E	CRC	DURABLE MEDICAL EQUIPMENT INFORMATION				
166	2000E	CRC01	Code Category	09	2	M	
166	2000E	CRC02	Yes/No Condition or Response Code	Y, N	1	M	
169	2000E	CRC03	Condition Indicator		3	M	
169	2000E	CRC04	Condition Indicator		3	O	
169	2000E	CRC05	Condition Indicator		3	O	
169	2000E	CRC06	Condition Indicator		3	O	
169	2000E	CRC07	Condition Indicator		3	O	
170	2000E	CRC	OXYGEN THERAPY CERTIFICATION INFORMATION				

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170	2000E	CRC01	Code Category	11	2	M	
170	2000E	CRC02	Yes/No Condition or Response Code	Y, N	1	M	
171	2000E	CRC03	Condition Indicator		3	M	
171	2000E	CRC04	Condition Indicator		3	O	
171	2000E	CRC05	Condition Indicator		3	O	
171	2000E	CRC06	Condition Indicator		3	O	
171	2000E	CRC07	Condition Indicator		3	O	
173	2000E	CRC -	FUNCTIONAL LIMITATIONS INFORMATION				
173	2000E	CRC01	Code Category	75	2	M	
173	2000E	CRC02	Yes/No Condition or Response Code	N, Y	1	M	
174	2000E	CRC03	Condition Indicator		3	M	
176	2000E	CRC04	Condition Indicator		3	O	
176	2000E	CRC05	Condition Indicator		3	O	
176	2000E	CRC06	Condition Indicator		3	O	
176	2000E	CRC07	Condition Indicator		3	O	
177	2000E	CRC	ACTIVITIES PERMITTED INFORMATION				
177	2000E	CRC01	Code Category	76	2	M	
177	2000E	CRC02	Yes/No Condition or Response Code	N, Y	1	M	
178	2000E	CRC03	Condition Indicator		3	M	
178	2000E	CRC04	Condition Indicator		3	O	
179	2000E	CRC05	Condition Indicator		3	O	
179	2000E	CRC06	Condition Indicator		3	O	
179	2000E	CRC07	Condition Indicator		3	O	
180	2000E	CRC	MENTAL STATUS INFORMATION				
180	2000E	CRC01	Code Category	77	2	M	
180	2000E	CRC02	Yes/No Condition or Response Code	N, Y	1	M	
181	2000E	CRC03	Condition Indicator		3	M	
182	2000E	CRC04	Condition Indicator		3	O	
182	2000E	CRC05	Condition Indicator		3	O	
182	2000E	CRC06	Condition Indicator		3	O	
182	2000E	CRC07	Condition Indicator		3	O	
183	2000E	CL1	INSTITUTIONAL CLAIM CODE				
183	2000E	CL101	Admission Type Code		1	O	
183	2000E	CL102	Admission Source Code		1	O	
183	2000E	CL103	Patient Status Code		1	O	
184	2000E	CL104	Nursing Home Residential Status Code		1	O	
185	2000E	CR1	AMBULANCE TRANSPORT INFORMATION				

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
185	2000E	CR101	Unit or Basis for Measurement Code	KG, LB	2	X	
186	2000E	CR102	Weight		10	X	
186	2000E	CR103	Ambulance Transport Code	I, R, T, X	1	O	
186	2000E	CR104	Ambulance Transport Reason Code		1	O	
186	2000E	CR105	Unit or Basis for Measurement Code		2	X	
187	2000E	CR106	Quantity		15	X	
187	2000E	CR109	Description		80	O	
187	2000E	CR110	Description		80	O	
188	2000E	CR2	SPINAL MANIPULATION SERVICE INFORMATION				
188	2000E	CR201	Count		9	X	
189	2000E	CR202	Quantity		15	X	
189	2000E	CR203	Subluxation Level Code		3	X	
190	2000E	CR204	Subluxation Level Code		3	O	
191	2000E	CR209	Yes/No Condition or Response Code		1	O	
191	2000E	CR210	Description		80	O	
191	2000E	CR211	Description		80	O	
191	2000E	CR212	Yes/No Condition or Response Code	Y,N	1	O	
192	2000E	CR5	HOME OXYGEN THERAPY INFORMATION				
193	2000E	CR503	Oxygen Equipment Type Code	A,B,C,D,E, O	1	O	
193	2000E	CR504	Oxygen Equipment Type Code	A,B,C,D,E, O	1	O	
193	2000E	CR505	Description		80	O	
193	2000E	CR506	Quantity		15	O	Oxygen Flow Rate
193	2000E	CR507	Quantity		15	O	Daily Oxygen Use Count
194	2000E	CR508	Quantity		15	O	Oxygen Use Period Hour Count
194	2000E	CR509	Description		80	O	Respiratory Therapist Order Text
194	2000E	CR510	Quantity		15	O	
194	2000E	CR511	Quantity		15	O	
194	2000E	CR512	Oxygen Test Condition Code	1,2,3	1	O	Oxygen Test Findings Code
195	2000E	CR513	Oxygen Test Findings Code		1	O	
195	2000E	CR514	Oxygen Test Findings Code		1	O	
195	2000E	CR515	Oxygen Test Findings Code		1	O	
195	2000E	CR516	Quantity		15	O	
195	2000E	CR517	Oxygen Delivery System Code	A,B, C, D, E	1	O	
196	2000E	CR518	Oxygen Equipment Type Code		1	O	

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197	2000E	CR6	HOME HEALTH CARE INFORMATION				
198	2000E	CR601	Prognosis Code		1	M	
198	2000E	CR602	Date		8	M	
198	2000E	CR603	Date Time Period Format Qualifier	RD8	3	X	CCYYMMDD
198	2000E	CR604	Date Time Period		35	X	
199	2000E	CR607	Yes/No Condition or Response Code	W	1	M	
199	2000E	CR608	Certification Type Code		1	M	
199	2000E	CR609	Date		8	X	CCYYMMDD
200	2000E	CR610	Product/Service ID Qualifier		2	X	
200	2000E	CR611	Medical Code Value		15	X	
200	2000E	CR612	Date		8	O	Physician Order Date CCYYMMDD
201	2000E	CR613	Date		8	O	
201	2000E	CR614	Date		8	O	
201	2000E	CR615	Date Time Period Format Qualifier	RD8	3	X	CCYYMMDD
201	2000E	CR616	Date Time Period		35	X	Last Admission Period
202	2000E	CR617	Patient Location Code		1	X	
203	2000E	PWK	ADDITIONAL PATIENT INFORMATION				
204	2000E	PWK01	Report Type Code		2	M	
206	2000E	PWK02	Report Transmission Code	AA, BM,EL, EM, FX, VO	2	O	
206	2000E	PWK05	Identification Code Qualifier		2	X	
206	2000E	PWK06	Identification Code	AC	80	X	
207	2000E	PWK07	Description		80	O	
208	2000E	MSG	MESSAGE TEXT				
208	2000E	MSG01	Free-form Message Text		264	M	
209	2010EA	NM1	PATIENT EVENT PROVIDER NAME				
210	2010EA	NM101	Entity Identifier Code		2	M	
210	2010EA	NM102	Entity Type Qualifier		1	M	
210	2010EA	NM103	Name Last or Organization Name		60	X	
210	2010EA	NM104	Name First		35	O	
211	2010EA	NM105	Name Middle		25	O	
211	2010EA	NM106	Name Prefix		10	O	
211	2010EA	NM107	Name Suffix		10	O	

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
211	2010EA	NM108	Identification Code Qualifier	24,34,46,X X	2	X	
212	2010EA	NM109	Identification Code		90	X	
213	2010EA	REF	PATIENT EVENT PROVIDER SUPPLEMENTAL INFORMATION				
214	2010EA	REF01	Reference Identification Qualifier	OB, 1G, 1J, EI, N5, N7, SY, ZH	3	M	
214	2010EA	REF02	Reference Identification		50	X	
214	2010EA	REF03	Description		80	X	
215	2010EA	N3	PATIENT EVENT PROVIDER ADDRESS				
215	2010EA	N301	Address Information		55	M	
215	2010EA	N302	Address Information		55	O	
216	2010EA	N4	PATIENT EVENT PROVIDER CITY, STATE, ZIP CODE				
216	2010EA	N401	City Name		30	O	
217	2010EA	N402	State or Province Code		2	X	
217	2010EA	N403	Postal Code		5	O	
217	2010EA	N404	Country Code		3	X	
217	2010EA	N407	Country Subdivision Code		3	X	
218	2010EA	PER	PATIENT EVENT PROVIDER CONTACT INFORMATION				
219	2010EA	PER01	Contact Function Code	IC	2	M	
219	2010EA	PER02	Name		60	O	
219	2010EA	PER03	Communication Number Qualifier	EM, FX, TE, UR	2	X	
219	2010EA	PER04	Communication Number		56	X	
219	2010EA	PER05	Communication Number Qualifier	EM, EX, FX, TE, UR	2	X	
220	2010EA	PER06	Communication Number		256	X	
220	2010EA	PER07	Communication Number Qualifier	EM, EX, FX, TE, UR	2	X	
220	2010EA	PER08	Communication Number		256	X	
221	2010EA	PRV	PATIENT EVENT PROVIDER INFORMATION				
221	2010EA	PRV01	Provider Code	AD,AS,AT, OP,OR,OT, PC, PE, PF	3	M	
222	2010EA	PRV02	Reference Identification Qualifier		3	X	
222	2010EA	PRV03	Reference Identification		50	X	

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
223	2010EB	NM1	PATIENT EVENT TRANSPORT INFORMATION				
224	2010EB	NM101	Entity Identifier Code	45,FS,ND, PW, R3	3	M	
224	2010EB	NM102	Entity Type Qualifier		1	M	
224	2010EB	NM103	Name Last or Organization Name		60	X	
225	2010EB	N3	PATIENT EVENT TRANSPORT LOCATION ADDRESS		55	M	
225	2010EB	N301	Address Information		55	O	
225	2010EB	N302	Address Information				
226	2010EB	N4	PATIENT EVENT TRANSPORT LOCATION CITY/STATE/ZIP CODE				
226	2010EB	N401	City Name		30	O	
227	2010EB	N402	State or Province Code		2	M	
227	2010EB	N403	ZIP Code		15	O	
228	2010EC	NM1	PATIENT EVENT OTHER UMO NAME				
228	2010EC	NM101	Entity Identifier Code	00,CA, GG	3	M	
229	2010EC	NM102	Entity Type Qualifier	2	1	M	Non-Person Entity
229	2010EC	NM103	Name Last or Organization Name		60	X	Other UMO Name
230	2010EC	REF	OTHER UMO DENIAL REASON				
230	2010EC	REF01	Reference Identification Qualifier	ZZ	3	M	
230	2010EC	REF02	Reference Identification		50	X	
230	2010EC	REF04	REFERENCE IDENTIFIER		80	X	
231	2010EC	REF04 - 1	Reference Identification Qualifier	ZZ	3	M	
231	2010EC	REF04 - 2	Reference Identification		50	M	
231	2010EC	REF04 - 3	Reference Identification Qualifier	ZZ	3	X	
231	2010EC	REF04 - 4	Reference Identification		50	X	
231	2010EC	REF04 - 5	Reference Identification Qualifier	ZZ	3	X	
232	2010EC	REF04 - 6	Reference Identification		50	X	
233	2010EC	DTP	OTHER UMO DENIAL DATE				
233	2010EC	DTP01	Date/Time Qualifier	598	3	M	598-Rejected
233	2010EC	DTP02	Date Time Period Format Qualifier		3	M	CCYYMMDD
233	2010EC	DTP03	Date Time Period		35	M	Other UMO Denial Date
234	2000F	HL	SERVICE LEVEL				
234	2000F	HL01	Hierarchical ID Number		12	M	
234	2000F	HL02	Hierarchical Parent ID Number		12	O	
235	2000F	HL03	Hierarchical Level Code	SS	2	M	
235	2000F	HL04	Hierarchical Child Code	0	1	O	

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
236	2000F	TRN	SERVICE TRACE NUMBER				
237	2000F	TRN01	Trace Type Code	1	2	M	
237	2000F	TRN02	Reference Identification		50	M	
237	2000F	TRN03	Originating Company Identifier		10	O	
237	2000F	TRN04	Reference Identification		50	O	
238	2000F	UM	HEALTH CARE SERVICES REVIEW INFORMATION				
238	2000F	UM01	Request Category Code	HS, SC	2	M	
239	2000F	UM02	Certification Type Code	1,2,3,4, I,N,R	1	O	
240	2000F	UM03	Service Type Code		2	O	
242	2000F	UM04	HEALTH CARE SERVICE LOCATION INFORMATION			O	
242	2000F	UM04 - 1	Facility Code Value		2	M	
242	2000F	UM04 - 2	Facility Code Qualifier	A, B	2	O	
242	2000F	REF	PREVIOUS REVIEW AUTHORIZATION NUMBER				
244	2000F	REF01	Reference Identification Qualifier	BB	3	M	Authorization Number
244	2000F	REF02	Reference Identification		50	X	
245	2000F	REF	PREVIOUS REVIEW ADMINISTRATIVE REFERENCE NUMBER				
245	2000F	REF01	Reference Identification Qualifier	NT	3	M	Administrator's Reference Number
245	2000F	REF02	Reference Identification		50	X	
246	2000F	DTP	SERVICE DATE				
246	2000F	DTP01	Date/Time Qualifier	472	3	M	
246	2000F	DTP02	Date Time Period Format Qualifier		3	M	CCYYMMDDCCYYMMDD
246	2000F	DTP03	Date Time Period		35	M	
247	2000F	SV1	PROFESSIONAL SERVICE				
247	2000F	SV101	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			M	
247	2000F	SV101 - 1	Product/Service ID Qualifier	HC, IV, N4, WK	2	M	
248	2000F	SV101 - 2	Product/Service ID		48	M	
248	2000F	SV101 - 3	Procedure Modifier		2	O	
249	2000F	SV101 - 4	Procedure Modifier		2	O	
249	2000F	SV101 - 5	Procedure Modifier		2	O	
249	2000F	SV101 - 6	Procedure Modifier		2	O	
249	2000F	SV101 - 7	Description		80	O	
250	2000F	SV101 - 8	Product/Service ID		48	O	

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250	2000F	SV102	Monetary Amount		18	O	
250	2000F	SV103	Unit or Basis for Measurement Code		2	X	
250	2000F	SV104	Quantity		15	X	
251	2000F	SV107	COMPOSITE DIAGNOSIS CODE POINTER			O	
251	2000F	SV107 - 1	Diagnosis Code Pointer		2	M	
251	2000F	SV107 - 2	Diagnosis Code Pointer		2	O	
251	2000F	SV107 - 3	Diagnosis Code Pointer		2	O	
251	2000F	SV107 - 4	Diagnosis Code Pointer		2	O	
252	2000F	SV111	Yes/No Condition or Response Code		1	O	
252	2000F	SV120	Level of Care Code		1	O	
253	2000F	SV2	INSTITUTIONAL SERVICE LINE				
253	2000F	SV201	Product/Service ID		48	X	
254	2000F	SV202	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			X	
254	2000F	SV202 - 1	Product/Service ID Qualifier	HC, ID, IV, N4, WK,ZZ	22	M	
255	2000F	SV202 - 2	Product/Service ID		48	M	
255	2000F	SV202 - 3	Procedure Modifier		2	O	
255	2000F	SV202 - 4	Procedure Modifier		2	O	
255	2000F	SV202 - 5	Procedure Modifier		2	O	
256	2000F	SV202 - 6	Procedure Modifier		2	O	
256	2000F	SV202 - 7	Description		80	O	
256	2000F	SV202 - 8	Product/Service ID		48	O	
256	2000F	SV203	Monetary Amount		18	O	
257	2000F	SV204	Unit or Basis for Measurement Code	DA,F2, UN	2	X	
257	2000F	SV205	Quantity		15	X	
257	2000F	SV206	Unit Rate		10	O	
257	2000F	SV209	Nursing Home Residential Status Code		1	O	
258	2000F	SV210	Level of Care Code		1	O	
259	2000F	SV3	DENTAL SERVICE				
259	2000F	SV301	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			M	
259	2000F	SV301 - 1	Product/Service ID Qualifier	AD	2	M	
259	2000F	SV301 - 2	Product/Service ID		48	M	
260	2000F	SV301 - 3	Procedure Modifier		2	O	
260	2000F	SV301 - 4	Procedure Modifier		2	O	
260	2000F	SV301 - 5	Procedure Modifier		2	O	
260	2000F	SV301 - 6	Procedure Modifier		2	O	

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261	2000F	SV301 - 7	Description		80	O	
261	2000F	SV301 - 8	Product/Service ID		48	O	
261	2000F	SV302	Monetary Amount		18	O	
261	2000F	SV304	ORAL CAVITY DESIGNATION			O	
262	2000F	SV304 - 1	Oral Cavity Designation Code		3	M	
262	2000F	SV304 - 2	Oral Cavity Designation Code		3	O	
262	2000F	SV304 - 3	Oral Cavity Designation Code		3	O	
262	2000F	SV304 - 4	Oral Cavity Designation Code		3	O	
262	2000F	SV304 - 5	Oral Cavity Designation Code		3	O	
262	2000F	SV305	Prosthesis, Crown or Inlay Code	I, R	1	O	
263	2000F	SV306	Quantity		15	O	
263	2000F	SV307	Description		80	O	
263	2000F	TOO	TOOTH INFORMATION				
264	2000F	TOO01	Code List Qualifier Code		3	X	
264	2000F	TOO02	Industry Code		30	X	
264	2000F	TOO03	TOOTH SURFACE			O	
265	2000F	TOO03 - 1	Tooth Surface Code	B,F,D,I,L, M,O	2	M	
265	2000F	TOO03 - 2	Tooth Surface Code		2	O	
265	2000F	TOO03 - 3	Tooth Surface Code		2	O	
265	2000F	TOO03 - 4	Tooth Surface Code		2	O	
265	2000F	TOO03 - 5	Tooth Surface Code		2	O	
267	2000F	HSD	HEALTH CARE SERVICES DELIVERY				
268	2000F	HSD01	Quantity Qualifier		2	X	
268	2000F	HSD02	Quantity		15	X	
268	2000F	HSD03	Unit or Basis for Measurement Code	DA,MO, WK	2	O	
268	2000F	HSD04	Sample Selection Modulus	6,7,21,26, 27,34,35	6	O	
268	2000F	HSD05	Time Period Qualifier		2	X	
268	2000F	HSD06	Number of Periods		3	O	
268	2000F	HSD07	Ship/Delivery or Calendar Pattern Code		2	O	
270	2000F	HSD08	Ship/Delivery Pattern Time Code		1	O	
271	2000F	PWK	ADDITIONAL SERVICE INFORMATION				
272	2000F	PWK01	Report Type Code		2	M	
273	2000F	PWK02	Report Transmission Code	AA,BM,EL, EM,FX, VO	2	X	
274	2000F	PWK05	Identification Code Qualifier	AC	80	X	
274	2000F	PWK06	Identification Code		80	O	
275	2000F	PWK07	Description				

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276	2000F	MSG	MESSAGE TEXT				
276	2000F	MSG01	Free-form Message Text		264	M	
277	2010F	NM1	SERVICE PROVIDER NAME				
278	2010F	NM101	Entity Identifier Code		3	M	
278	2010F	NM102	Entity Type Qualifier	1,2	1	M	
278	2010F	NM103	Name Last or Organization Name		60	X	
278	2010F	NM104	Name First		35	O	
278	2010F	NM105	Name Middle		25	O	
279	2010F	NM106	Name Prefix		10	O	
279	2010F	NM107	Name Suffix		10	O	
279	2010F	NM108	Identification Code Qualifier	24,34,46,XX	2	X	
280	2010F	NM109	Identification Code		80	X	
281	2010F	REF	SERVICE PROVIDER SUPPLEMENTAL IDENTIFICATION				
281	2010F	REF01	Reference Identification Qualifier		3	M	
282	2010F	REF02	Reference Identification		50	X	
282	2010F	REF03	Description		80	X	
283	2010F	N3	SERVICE PROVIDER ADDRESS				
283	2010F	N301	Address Information		55	M	
283	2010F	N302	Address Information		55	O	
284	2010F	N4	SERVICE PROVIDER CITY, STATE, ZIP CODE				
284	2010F	N401	City Name		30	O	
285	2010F	N402	State or Province Code		2	X	
285	2010F	N403	Postal Code		15	O	
285	2010F	N404	Country Code		3	X	
285	2010F	N407	Country Subdivision Code		3	X	
286	2010F	PER	SERVICE PROVIDER CONTACT INFORMATION				
287	2010F	PER01	Contact Function Code	IC	2	M	
287	2010F	PER02	Name		60	O	
287	2010F	PER03	Communication Number Qualifier		2	X	
287	2010F	PER04	Communication Number		56	X	
287	2010F	PER05	Communication Number Qualifier	EM,EX,FX,TE,UR	2	X	
288	2010F	PER06	Communication Number		256	X	
288	2010F	PER07	Communication Number Qualifier		2	X	

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288	2010F	PER08	Communication Number		256	X	
289	2010F	PRV	SERVICE PROVIDER INFORMATION				
289	2010F	PRV01	Provider Code	AS,OP,OR,OT,PC,PE	3	M	
290	2010F	PRV02	Reference Identification Qualifier	PXC	3	X	
290	2010F	PRV03	Reference Identification		50	X	
291	TRAILER	SE	TRANSACTION SET TRAILER				
291	TRAILER	SE01	Number of Included Segments		10	M	
291	TRAILER	SE02	Transaction Set Control Number		9	M	

278 Health Care Services Review — Response to Review Segment Detail

This section specifies the segments, data elements, and codes for this implementation. Refer to Section 2.1 Presentation Examples for detailed information on the Components of the Segment Detail section.

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes/Comments
302	HEADER	ST01	Transaction Set Identifier Code	278	3	M	Health Care Services Review Information
302	HEADER	ST02	Transaction Set Control Number		9	M	
303	HEADER	ST03	Implementation Convention Reference		35	O	
304	HEADER	BHT	BEGINNING OF HIERARCHICAL TRANSACTION				
304	HEADER	BHT01	Hierarchical Structure Code		4	M	
304	HEADER	BHT02	Transaction Set Purpose Code	01,13,36	2	M	
304	HEADER	BHT03	Reference Identification		50	O	
304	HEADER	BHT04	Date		8	O	
305	HEADER	BHT05	Time		8	O	
305	HEADER	BHT06	Transaction Type Code	RU	2	O	
306	2000A	HL	HL-Utilization Management Organization (UMO) Level				
306	2000A	HL01	Hierarchical ID Number		12	M	
306	2000A	HL02	Hierarchical Parent ID Number		12	O	
307	2000A	HL03	Hierarchical Level Code	20	2	M	
307	2000A	HL04	Hierarchical Child Code	0,1	1	O	
308	2000A	AAA	REQUEST VALIDATION				
308	2000A	AAA01	Yes/No Condition or Response Code		1	M	
308	2000A	AAA02	Agency Qualifier Code		2	O	
309	2000A	AAA03	Reject Reason Code	04,41,42,79	2	O	
309	2000A	AAA04	Follow-up Action Code	C,N,P,Y	1	O	
310	2010A	NM1	UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME				
310	2010A	NM101	Entity Identifier Code	2B,36,PR,X3	3	M	
311	2010A	NM102	Entity Type Qualifier		1	M	
311	2010A	NM103	Name Last or Organization Name		60	X	
311	2010A	NM104	Name First		35	O	
311	2010A	NM105	Name Middle		25	O	
311	2010A	NM107	Name Suffix		10	O	
311	2010A	NM108	Identification Code Qualifier	24,34,46 PI, XV	2	X	
312	2010A	NM109	Identification Code		80	X	
313	2010A	PER	UTILIZATION MANAGEMENT ORGANIZATION (UMO) CONTACT INFORMATION				

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314	2010A	PER01	Contact Function Code	IC	2	M	
314	2010A	PER02	Name		60	O	
314	2010A	PER03	Communication Number Qualifier	EM,FX,TE,UR	2	X	
314	2010A	PER04	Communication Number		256	X	
314	2010A	PER05	Communication Number Qualifier	EM,EX,FX,TE,UR	2	X	
315	2010A	PER06	Communication Number		256	X	
315	2010A	PER07	Communication Number Qualifier	EM,EX,FX,TE,UR	2	X	
315	2010A	PER08	Communication Number		256	X	
316	2010A	AAA	UTILIZATION MANAGEMENT ORGANIZATION (UMO) REQUEST VALIDATION				
316	2010A	AAA01	Yes/No Condition or Response Code		1	M	
316	2010A	AAA03	Reject Reason Code	42,79,80,T4	2	O	
317	2010A	AAA04	Follow-up Action Code	N,P,Y	1	O	
318	2000B	HL	REQUESTER LEVEL				
318	2000B	HL01	Hierarchical ID Number		12	M	
319	2000B	HL02	Hierarchical Parent ID Number		12	O	
319	2000B	HL03	Hierarchical Level Code	21	2	M	
319	2000B	HL04	Hierarchical Child Code	0,1	1	O	
320	2010B	NM1	REQUESTER NAME				
320	2010B	NM101	Entity Identifier Code	1P, FA	3	M	
320	2010B	NM102	Entity Type Qualifier	1,2	1	M	
321	2010B	NM103	Name Last or Organization Name		60	X	
321	2010B	NM104	Name First		35	O	
321	2010B	NM105	Name Middle		25	O	
321	2010B	NM107	Name Suffix		10	O	
321	2010B	NM108	Identification Code Qualifier	24,34,46,XX	2	X	
321	2010B	NM109	Identification Code		80	X	
323	2010B	REF	REQUESTER SUPPLEMENTAL IDENTIFICATION				
323	2010B	REF01	Reference Identification Qualifier	1G,1J, EI, G5,N5,N7, SY,ZH	3	M	
324	2010B	REF02	Reference Identification		50	X	
325	2010B	AAA	REQUESTER REQUEST VALIDATION				
325	2010B	AAA01	Yes/No Condition or Response Code	N	1	M	
325	2010B	AAA03	Reject Reason Code		2	O	

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326	2010B	AAA04	Follow-up Action Code	C,N,R	1	O	
327	2010B	PRV	REQUESTER PROVIDER INFORMATION				
327	2010B	PRV01	Provider Code		3	M	
328	2010B	PRV02	Reference Identification Qualifier	PXC	3	X	
328	2010B	PRV03	Reference Identification		50	X	
329	2000C	HL	SUBSCRIBER LEVEL				
329	2000C	HL01	Hierarchical ID Number		12	M	
330	2000C	HL02	Hierarchical Parent ID Number			O	
330	2000C	HL03	Hierarchical Level Code	22		M	22=Subscriber
330	2000C	HL04	Hierarchical Child Code			O	
331	2010C	NM1	SUBSCRIBER NAME				
331	2010C	NM101	Entity Identifier Code	IL	3	M	
331	2010C	NM102	Entity Type Qualifier		1	M	
332	2010C	NM103	Name Last or Organization Name		60	X	
332	2010C	NM104	Name First		35	O	
332	2010C	NM105	Name Middle		25	O	
332	2010C	NM106	Name Prefix		10	O	
332	2010C	NM107	Name Suffix		10	O	
332	2010C	NM108	Identification Code Qualifier	II, MI	2	X	
333	2010C	NM109	Identification Code		80	X	
334	2010C	REF	SUBSCRIBER SUPPLEMENTAL IDENTIFICATION				
334	2010C	REF01	Reference Identification Qualifier	IL, 3L, 6P, DP, EJ, F6, HJ, IG, N6, NQ, SY	3	M	
335	2010C	REF02	Reference Identification		50	X	
336	2010C	N3	SUBSCRIBER MAILING ADDRESS				
336	2010C	N301	Address Information		55	M	
336	2010C	N302	Address Information		55	O	
337	2010C	N4	SUBSCRIBER CITY, STATE, ZIP CODE				
337	2010C	N401	City Name		30	O	
338	2010C	N402	State or Province Code		2	X	
338	2010C	N403	Postal Code		15	O	
338	2010C	N404	Country Code		3	X	
338	2010C	N407	Country Subdivision Code		3	X	
339	2010C	AAA	SUBSCRIBER REQUEST VALIDATION				
339	2010C	AAA01	Yes/No Condition or Response Code		1	M	
339	2010C	AAA03	Reject Reason Code		2	O	
340	2010C	AAA04	Follow-up Action Code	C,N	1	O	

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341	2010C	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION				
341	2010C	DMG01	Date Time Period Format Qualifier		3	X	
341	2010C	DMG02	Date Time Period		35	X	
342	2010C	DMG03	Gender Code	F,M,U	1	O	
343	2010C	INS	SUBSCRIBER RELATIONSHIP				
343	2010C	INS01	Yes/No Condition or Response Code	Y	1	M	
344	2010C	INS02	Individual Relationship Code		2	M	
344	2010C	INS08	Employment Status Code	AO,AU,DI, PV,RU	2	O	
345	2000D	HL	DEPENDENT LEVEL				
345	2000D	HL01	Hierarchical ID Number		12	M	
345	2000D	HL02	Hierarchical Parent ID Number		12	O	
346	2000D	HL03	Hierarchical Level Code		2	M	
346	2000D	HL04	Hierarchical Child Code	0, 1	1	O	
347	2010D	NM1	DEPENDENT NAME				
347	2010D	NM101	Entity Identifier Code	QC	3	M	QC = Patient
348	2010D	NM102	Entity Type Qualifier	1	1	M	
348	2010D	NM103	Name Last or Organization Name		60	X	
348	2010D	NM104	Name First		35	O	
348	2010D	NM105	Name Middle		25	O	
348	2010D	NM105	Name Suffix		10	O	
348	2010D	NM108	Identification Code Qualifier	II, MI	2	X	
349	2010D	NM109	Identification Code		80	X	
350	2010D	REF	DEPENDENT SUPPLEMENTAL IDENTIFICATION				
350	2010D	REF01	Reference Identification Qualifier	EJ, SY	3	M	
350	2010D	REF02	Reference Identification		50	X	
352	2010D	N3	DEPENDENT ADDRESS				
352	2010D	N301	Address Information		55	M	
352	2010D	N302	Address Information		55	O	
353	2010D	N4	DEPENDENT CITY, STATE, ZIP CODE				
353	2010D	N401	City Name		30	O	Dependent City Name
354	2010D	N402	State or Province Code		2	X	
354	2010D	N403	Postal Code		15	O	
354	2010D	N404	Country Code		3	X	
354	2010D	N407	Country Subdivision Code		3	X	
355	2010D	AAA	DEPENDENT REQUEST VALIDATION				
355	2010D	AAA01	Yes/No Condition or Response Code		1	M	
355	2010D	AAA03	Reject Reason Code	15,33,58, 64,65,66,6	2	O	

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				7,68,71,77 ,95			
356	2010D	AAA04	Follow-up Action Code	C,N	1	O	
357	2010D	DMG	DEPENDENT DEMOGRAPHIC INFORMATION				
357	2010D	DMG01	Date Time Period Format Qualifier		3	X	
357	2010D	DMG02	Date Time Period		35	X	
358	2010D	DMG03	Gender Code		1	O	
359	2010D	INS	DEPENDENT RELATIONSHIP				
359	2010D	INS01	Yes/No Condition or Response Code	N	1	M	
360	2010D	INS02	Individual Relationship Code	01,19,G8			
360	2010D	INS17	Number				
361	2000E	HL	PATIENT EVENT LEVEL				
361	2000E	HL01	Hierarchical ID Number		12	M	
361	2000E	HL02	Hierarchical Parent ID Number		12	M	
362	2000E	HL03	Hierarchical Level Code	EV	2	M	EV = Event
362	2000E	HL04	Hierarchical Child Code	0, 1	1	O	
363	2000E	TRN	PATIENT EVENT TRACKING NUMBER				
364	2000E	TRN01	Trace Type Code		2	M	
364	2000E	TRN02	Reference Identification		50	M	
364	2000E	TRN03	Originating Company Identifier		10	O	
364	2000E	TRN04	Reference Identification		50	O	
365	2000E	AAA	PATIENT EVENT REQUEST VALIDATION				
365	2000E	AAA01	Yes/No Condition or Response Code	N	1	M	
365	2000E	AAA03	Reject Reason Code		2	O	
366	2000E	AAA04	Follow-up Action Code	C, N		O	
367	2000E	UM	HEALTH CARE SERVICES REVIEW INFORMATION				
367	2000E	UM01	Request Category Code		2	M	
368	2000E	UM02	Certification Type Code	1,2,3,4, I,N,R,S	1	O	
368	2000E	UM03	Service Type Code		2	O	
371	2000E	UM04	HEALTH CARE SERVICE LOCATION INFORMATION				
371	2000E	UM04 - 1	Facility Code Value		2	M	
371	2000E	UM04 - 2	Facility Code Qualifier	A, B	2	O	
371	2000E	UM06	Level of Service Code	03, E, U	3	O	
373	2000E	HCR	HEALTH CARE SERVICES REVIEW				
374	2000E	HCR01	Action Code		2	M	

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374	2000E	HCR02	Reference Identification		50	O	
374	2000E	HCR03	Industry Code		30	O	
375	2000E	HCR04	Yes/No Condition or Response Code	N, Y	1	O	
376	2000E	REF	ADMINISTRATIVE REFERENCE NUMBER				
376	2000E	REF01	Reference Identification Qualifier	NT	3	M	
376	2000E	REF02	Reference Identification		50	X	
377	2000E	REF	PREVIOUS REVIEW AUTHORIZATION NUMBER				
377	2000E	REF01	Reference Identification Qualifier	BB	3	M	
377	2000E	REF02	Reference Identification		50	X	
378	2000E	DTP	ACCIDENT DATE				
378	2000E	DTP01	Date/Time Qualifier	439	3	M	
378	2000E	DTP02	Date Time Period Format Qualifier	D8	3	M	
378	2000E	DTP03	Date Time Period		35	M	
379	2000E	DTP01	Date/Time Qualifier		3	M	
379	2000E	DTP02	Date Time Period Format Qualifier		3	M	
380	2000E	DTP03	Date Time Period		35	M	
380	2000E	DTP	ESTIMATED DATE OF BIRTH				
380	2000E	DTP01	Date/Time Qualifier		3	M	
380	2000E	DTP02	Date Time Period Format Qualifier	ABC	3	M	Estimated Date of Birth
380	2000E	DTP03	Date Time Period	D8	35	M	CCYYMMDD
381	2000E	DTP	ONSET OF CURRENT SYMPTOMS OR ILLNESS DATE				
381	2000E	DTP01	Date/Time Qualifier	431	3	M	Onset of Current Symptoms or Illness
381	2000E	DTP02	Date Time Period Format Qualifier		3	M	
381	2000E	DTP03	Date Time Period		35	M	
382	2000E	DTP	EVENT DATE				
382	2000E	DTP01	Date/Time Qualifier	AAH	3	M	Event
382	2000E	DTP02	Date Time Period Format Qualifier		3	M	
382	2000E	DTP03	Date Time Period	D8, RD8	35	M	CCYYMMDD
383	2000E	DTP	ADMISSION DATE				
383	2000E	DTP01	Date/Time Qualifier	435	3	M	Admission
383	2000E	DTP02	Date Time Period Format Qualifier		3	M	
383	2000E	DTP03	Date Time Period	D8, RD8	35	M	
384	2000E	DTP	DISCHARGE DATE				

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384	2000E	DTP01	Date/Time Qualifier	096	3	M	Discharge
384	2000E		Date Time Period Format Qualifier		3	M	
		DTP02					
384	2000E	DTP03	Date Time Period	D8	35	M	
385	2000E	DTP	CERTIFICATION ISSUE DATE				
385	2000E	DTP01	Date/Time Qualifier	102	3	M	Issue
385	2000E		Date Time Period Format Qualifier		3	M	
		DTP02					
385	2000E	DTP03	Date Time Period	D8	35	M	
386	2000E		CERTIFICATION EXPIRATION DATE				
		DTP					
386	2000E	DTP01	Date/Time Qualifier	102	3	M	
386	2000E		Date Time Period Format Qualifier		3	M	
		DTP02					
386	2000E	DTP03	Date Time Period	D8	35	M	
387	2000E		CERTIFICATION EFFECTIVE DATE				
		DTP					
387	2000E	DTP01	Date/Time Qualifier	007	3	M	Effective
387	2000E		Date Time Period Format Qualifier		3	M	
		DTP02					
387	2000E	DTP03	Date Time Period		35	M	
389	2000E	HI	PATIENT DIAGNOSIS				
389	2000E		HEALTH CARE CODE INFORMATION				
		HI01				M	
389	2000E	HI01 - 1	Code List Qualifier Code		3	M	
390	2000E	HI01 - 2	Industry Code		30	M	
390	2000E		Date Time Period Format Qualifier		3	X	
		HI01 - 3					
390	2000E	HI01 - 4	Date Time Period		35	X	
390	2000E		HEALTH CARE CODE INFORMATION				
		HI02					
391	2000E	HI02 - 1	Code List Qualifier Code		3	M	
391	2000E	HI02 - 2	Industry Code		30	M	
391	2000E		Date Time Period Format Qualifier		3	X	
		HI02 - 3					
392	2000E	HI02 - 4	Date Time Period		35	X	
392	2000E		HEALTH CARE CODE INFORMATION				
		HI03					
392	2000E	HI03 - 1	Code List Qualifier Code		3	M	
393	2000E	HI03 - 2	Industry Code		30	M	
393	2000E		Date Time Period Format Qualifier		3	X	
		HI03 - 3					
393	2000E	HI03 - 4	Date Time Period		35	X	
393	2000E		HEALTH CARE CODE INFORMATION				
		HI04					
394	2000E	HI04 - 1	Code List Qualifier Code		3	M	
394	2000E	HI04 - 2	Industry Code		30	M	

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394	2000E	HI04 - 3	Date Time Period Format Qualifier	D8	3	X	CCYYMMDD
395	2000E	HI04 - 4	Date Time Period		35	X	
395	2000E	HI05	HEALTH CARE CODE INFORMATION			O	
395	2000E	HI05 - 1	Code List Qualifier Code		3	M	
396	2000E	HI05 - 2	Industry Code		30	M	
396	2000E	HI05 - 3	Date Time Period Format Qualifier		3	X	
396	2000E	HI05 - 4	Date Time Period		35	X	
396	2000E	HI06	HEALTH CARE CODE INFORMATION				
397	2000E	HI06 - 1	Code List Qualifier Code		3	M	
397	2000E	HI06 - 2	Industry Code		30	M	
397	2000E	HI06 - 3	Date Time Period Format Qualifier		3	M	
398	2000E	HI06 - 4	Date Time Period		135	X	
398	2000E	HI07	HEALTH CARE CODE INFORMATION				
398	2000E	HI07 - 1	Code List Qualifier Code		3	M	
399	2000E	HI07 - 2	Industry Code		30	M	
399	2000E	HI07 - 3	Date Time Period Format Qualifier		3	X	
399	2000E	HI07 - 4	Date Time Period		35	X	
399	2000E	HI08	HEALTH CARE CODE INFORMATION				
400	2000E	HI08 - 1	Code List Qualifier Code		3	M	
400	2000E	HI08 - 2	Industry Code		30	M	
400	2000E	HI08 - 3	Date Time Period Format Qualifier		3	X	CCYYMMDD
401	2000E	HI08 - 4	Date Time Period		35	X	
401	2000E	HI09	HEALTH CARE CODE INFORMATION			O	
401	2000E	HI09 - 1	Code List Qualifier Code		3	M	
402	2000E	HI09 - 2	Industry Code		30	M	
402	2000E	HI09 - 3	Date Time Period Format Qualifier		3	X	
402	2000E	HI09 - 4	Date Time Period		35	X	
402	2000E	HI10	HEALTH CARE CODE INFORMATION			O	
402	2000E	HI10 - 1	Code List Qualifier Code		3	M	
403	2000E	HI10 - 2	Industry Code		30	M	
403	2000E	HI10 - 3	Date Time Period Format Qualifier		3	X	
404	2000E	HI10 - 4	Date Time Period		35	X	
404	2000E	HI11	HEALTH CARE CODE INFORMATION			O	
404	2000E	HI11 - 1	Code List Qualifier Code		3	M	
405	2000E	HI11 - 2	Industry Code		30	M	

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405	2000E	HI11 - 3	Date Time Period Format Qualifier		3	X	
405	2000E	HI11 - 4	Date Time Period		35	X	
405	2000E	HI12	HEALTH CARE CODE INFORMATION			O	
406	2000E	HI12 - 1			3	M	
406	2000E	HI12 - 2			30	M	
406	2000E	HI12 - 3			3	X	CCYYMMDD
407	2000E	HI12 - 4	Date Time Period		35	X	
408	2000E	HSD	HEALTH CARE SERVICES DELIVERY				
409	2000E	HSD01	Quantity Qualifier	DY, FL, HS, MN, VS	2	X	
409	2000E	HSD02	Quantity		15	X	
409	2000E	HSD03	Unit or Basis for Measurement Code	DA, MO, WK	2	O	
410	2000E	HSD05	Time Period Qualifier		2	X	
410	2000E	HSD06	Number of Periods		3	O	
410	2000E	HSD07	Ship/Delivery or Calendar Pattern Code		2	O	
411	2000E	HSD08	Ship/Delivery Pattern Time Code		1	O	
413	2000E	CL1	INSTITUTIONAL CLAIM CODE				
413	2000E	CL101	Admission Type Code		1	O	
413	2000E	CL102	Admission Source Code		1	O	
413	2000E	CL103	Patient Status Code		1	O	
414	2000E	CR1	AMBULANCE TRANSPORT INFORMATION				
414	2000E	CR103	Ambulance Transport Code	I, R, T, X	1	O	
415	2000E	CR105	Ambulance Transport Reason Code		1	O	
415	2000E	CR106	Quantity		15	X	
416	2000E	CR2	SPINAL MANIPULATION SERVICE INFORMATION				
416	2000E	CR201	Count		9	X	
417	2000E	CR202	Quantity		15	X	
417	2000E	CR203	Subluxation Level Code		3	X	
420	2000E	CR5	HOME OXYGEN THERAPY INFORMATION				
420	2000E	CR503	Oxygen Equipment Type Code	A, B, C, D, O	1	O	
421	2000E	CR504	Oxygen Equipment Type Code		1	O	
421	2000E	CR506	Quantity		15	O	
421	2000E	CR507	Quantity		15	O	
421	2000E	CR508	Numeric		15	O	
421	2000E	CR509	Description		80	O	
422	2000E	CR516	Quantity		15	O	

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422	2000E	CR517	Oxygen Delivery System Code		1	O	
422	2000E	CR518	Oxygen Equipment Type Code		1	O	
423	2000E	CR6	HOME HEALTH CARE INFORMATION				
423	2000E	CR601	Prognosis Code		1	M	
424	2000E	CR602	Date		8	M	CCYYMMDD
424	2000E	CR603	Date Time Period Format Qualifier	RD8	3	X	
424	2000E	CR604	Date Time Period		35	X	
424	2000E	CR607	Yes/No Condition or Response Code	W	1	M	
425	2000E	CR608	Certification Type Code				
426	2000E	PWK	ADDITIONAL PATIENT INFORMATION				
427	2000E	PWK01	Report Type Code		2	M	
429	2000E	PWK02	Report Transmission Code		2	O	
429	2000E	PWK05	Identification Code Qualifier		2	X	
429	2000E	PWK06	Identification Code		80	X	
429	2000E	PWK07	Description		80	O	
431	2000E	MSG	MESSAGE TEXT				
431	2000E	MSG01	Free-form Message Text		64	M	
432	2010EA	NM1	PATIENT EVENT PROVIDER NAME				
432	2010EA	NM101	Entity Identifier Code		3	M	
432	2010EA	NM102	Entity Type Qualifier	1,2	1	M	
432	2010EA	NM103	Name Last or Organization Name		60	X	
432	2010EA	NM104	Name First		35	O	
432	2010EA	NM105	Name Middle		25	O	
432	2010EA	NM106	Name Prefix		10	O	
434	2010EA	NM107	Name Suffix		10	O	
434	2010EA	NM108	Identification Code Qualifier	24,34,46,XX	2	X	
434	2010EA	NM109	Identification Code		80	X	
435	2010EA	REF	PATIENT EVENT PROVIDER SUPPLEMENTAL IDENTIFICATION				
435	2010EA	REF01	Reference Identification Qualifier	0B,1G,1J, EI,N5,N7, SY,ZH,	3	M	
436	2010EA	REF02	Reference Identification		50	X	
436	2010EA	REF03	Description		90	X	
437	2010EA	N3	PATIENT EVENT PROVIDER ADDRESS				
437	2010EA	N301	Address Information		55	M	
437	2010EA	N302	Address Information		55	O	
438	2010EA	N4	PATIENT EVENT PROVIDER CITY,				

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			STATE, ZIP CODE				
438	2010EA	N401	City Name		30	O	
439	2010EA	N402	State or Province Code		2	X	
439	2010EA	N403	Postal Code		15	O	
439	2010EA	N404	Country Code		3	X	
439	2010EA	N407	Country Subdivision Code		3	X	
440	2010EA	PER	PROVIDER CONTACT INFORMATION				
441	2010EA	PER01	Contact Function Code	IC	2	M	
441	2010EA	PER02	Name		60	O	
441	2010EA	PER03	Communication Number Qualifier	EM, FX, TE, UR	2	X	
441	2010EA	PER04	Communication Number		56	X	
441	2010EA	PER05	Communication Number Qualifier		2	X	
442	2010EA	PER06	Communication Number		56	X	
442	2010EA	PER07	Communication Number Qualifier		2	X	
442	2010EA	PER08	Communication Number		56	X	
443	2010EA	AAA	PATIENT EVENT PROVIDER REQUEST VALIDATION				
443	2010EA	AAA01	Yes/No Condition or Response Code		1	M	
443	2010EA	AAA03	Reject Reason Code		2	O	
444	2010EA	AAA04	Follow-up Action Code	C, N	1	O	
445	2010EA	PRV	PATIENT EVENT PROVIDER INFORMATION				
445	2010EA	PRV01	Provider Code		3	M	Use only when NM101 = DN.
446	2010EA	PRV02	Reference Identification Qualifier	PXC	3	X	
446	2010EA	PRV03	Reference Identification		50	X	
447	2010EB	NM1	ADDITIONAL PATIENT INFORMATION CONTACT NAME				
448	2010EB	NM101	Entity Identifier Code	L5	3	M	Contact
448	2010EB	NM102	Entity Type Qualifier	1,2	1	M	
448	2010EB	NM103	Name Last or Organization Name		60	X	
448	2010EB	NM104	Name First		35	O	
448	2010EB	NM105	Name Middle		25	O	
448	2010EB	NM107	Name Suffix		10	O	
449	2010EB	NM108	Identification Code Qualifier		2	X	
449	2010EB	NM109	Identification Code		80	X	
450	2010EB	N3	ADDITIONAL PATIENT INFORMATION CONTACT ADDRESS				
450	2010EB	N301	Address Information		55	M	

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450	2010EB	N302	Address Information		55	O	
451	2010EB	N4	ADDITIONAL PATIENT INFORMATION CONTACT CITY, STATE, ZIP CODE				
451	2010EB	N401	City Name		30	O	
452	2010EB	N402	State or Province Code		2	X	
452	2010EB	N403	Postal Code		15	O	
452	2010EB	N404	Country Code		3	X	
452	2010EB	N407	Country Subdivision Code		3	X	
453	2010EB	PER	ADDITIONAL PATIENT INFORMATION CONTACT INFORMATION				
454	2010EB	PER01	Contact Function Code	IC	2	M	
454	2010EB	PER02	Name		60	O	
454	2010EB	PER03	Communication Number Qualifier	EM, FX, TE, UR	2	X	
454	2010EB	PER04	Communication Number		56	X	
454	2010EB	PER05	Communication Number Qualifier	EM, EX, FX, TE	2	X	
455	2010EB	PER06	Communication Number		256	X	
455	2010EB	PER07	Communication Number Qualifier		2	X	
455	2010EB	PER08	Communication Number		256	X	
456	2010EC	NM1	PATIENT EVENT TRANSPORT INFORMATION				
456	2010EC	NM101	Entity Identifier Code		3	M	
457	2010EC	NM102	Entity Type Qualifier		1	M	
457	2010EC	NM103	Name Last or Organization Name		60	X	
458	2010EC	N3	PATIENT EVENT TRANSPORT LOCATION ADDRESS				
458	2010EC	N301	Address Information		55	M	
458	2010EC	N302	Address Information		55	O	
459	2010EC	N4	PATIENT EVENT TRANSPORT LOCATION CITY/STATE/ZIP CODE				
459	2010EC	N401	City Name		30	O	
460	2010EC	N402	State or Province Code		2	X	
460	2010EC	N403	Postal Code		15	O	
461	2010EC	AAA	PATIENT EVENT TRANSPORT LOCATION REQUEST VALIDATION				
461	2010EC	AAA01	Yes/No Condition or Response Code		1	M	
461	2010EC	AAA03	Reject Reason Code		2	O	
462	2010EC	AAA04	Follow-up Action Code	C,N	1	O	
463	2000F	HL	SERVICE LEVEL				
463	2000F	HL01	Hierarchical ID Number		12	M	

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463	2000F	HL02	Hierarchical Parent ID Number		12	O	
464	2000F	HL03	Hierarchical Level Code	SS	2	M	Service
464	2000F	HL04	Hierarchical Child Code		1	O	
465	2000F	TRN	SERVICE TRACE NUMBER				
466	2000F	TRN01	Trace Type Code	1,2	2	M	
466	2000F	TRN02	Reference Identification		50	M	
466	2000F	TRN03	Originating Company Identifier		10	O	
466	2000F	TRN04	Reference Identification		50	O	
467	2000F	AAA	SERVICE REQUEST VALIDATION				
467	2000F	AAA01	Yes/No Condition or Response Code		1	M	
467	2000F	AAA03	Reject Reason Code		2	O	
468	2000F	AAA04	Follow-up Action Code	C, N	1	O	
469	2000F	UM	HEALTH CARE SERVICES REVIEW INFORMATION				
469	2000F	UM01	Request Category Code	HS, SC	2	M	
470	2000F	UM02	Certification Type Code	1		O	
470	2000F	UM03	Service Type Code	2		O	
473	2000F	UM04	HEALTH CARE SERVICE LOCATION			O	
473	2000F	UM04 - 1	Facility Code Value		2	M	
473	2000F	UM04 - 2	Facility Code Qualifier	A, B	2	O	
474	2000F	HCR	HEALTH CARE SERVICES REVIEW				
475	2000F	HCR01	Action Code		2	M	
475	2000F	HCR02	Reference Identification		50	O	
475	2000F	HCR03	Industry Code		30	O	
476	2000F	HCR04	Yes/No Condition or Response Code	Y, N	1	O	
477	2000F	REF	ADMINISTRATIVE REFERENCE NUMBER				
477	2000F	REF01	Reference Identification Qualifier	NT	3	M	
477	2000F	REF02	Reference Identification		50	X	
478	2000F	REF	PREVIOUS REVIEW AUTHORIZATION NUMBER				
478	2000F	REF01	Reference Identification Qualifier	BB	3	M	
478	2000F	REF02	Reference Identification		50	X	
478	2000F	DTP	SERVICE DATE				
479	2000F	DTP01	Date/Time Qualifier	472	3	M	
479	2000F	DTP02	Date Time Period Format Qualifier	D8, RD8	3	M	CCYYMMDD
479	2000F	DTP03	Date Time Period		35	M	
480	2000F	DTP	CERTIFICATION ISSUE DATE				

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480	2000F	DTP01	Date/Time Qualifier	102	3	M	
480	2000F	DTP02	Date Time Period Format Qualifier	D8	3	M	CCYYMMDD
480	2000F	DTP03	Date Time Period		35	M	
481	2000F	DTP	CERTIFICATION EXPIRATION DATE				
481	2000F	DTP01	Date/Time Qualifier	036	3	M	Expiration
481	2000F	DTP02	Date Time Period Format Qualifier	D8	3	M	CCYYMMDD
481	2000F	DTP03	Date Time Period		35	M	
482	2000F	DTP	CERTIFICATION EFFECTIVE DATE				
482	2000F	DTP01	Date/Time Qualifier	007	3	M	Effective
482	2000F	DTP02	Date Time Period Format Qualifier	D8, RD8	3	M	CCYYMMDD
482	2000F	DTP03	Date Time Period		35	M	
483	2000F	HI	REQUEST FOR ADDITIONAL INFORMATION				
483	2000F	HI01	HEALTH CARE CODE INFORMATION			M	
484	2000F	HI01 - 1	Code List Qualifier Code	LOI	3	M	
484	2000F	HI01 - 2	Industry Code		30	M	
484	2000F	HI02	HEALTH CARE CODE INFORMATION			O	
484	2000F	HI02 - 1	Code List Qualifier Code	LOI	3	M	
485	2000F	HI02 - 2	Industry Code		30	M	
485	2000F	HI03					
485	2000F	HI03 - 1	Code List Qualifier Code	LOI	3	M	
485	2000F	HI03 - 2	Industry Code		30	M	
486	2000F	HI04	HEALTH CARE CODE INFORMATION				
486	2000F	HI04 - 1	Code List Qualifier Code	LOI	3	M	
486	2000F	HI04 - 2	Industry Code		30	M	
486	2000F	HI05	HEALTH CARE CODE INFORMATION				
487	2000F	HI05 - 1	Code List Qualifier Code	LOI	3	M	
487	2000F	HI05 - 2	Industry Code		30	M	
487	2000F	HI06					
487	2000F	HI06 - 1	Code List Qualifier Code	LOI	3	M	
488	2000F	HI06 - 2	Industry Code		30	M	
488	2000F	HI07					
488	2000F	HI07- 1	Code List Qualifier Code	LOI	3	M	
488	2000F	HI07- 2	Industry Code		30	M	
489	2000F	HI08	HEALTH CARE CODE INFORMATION				
489	2000F	HI08 - 1	Code List Qualifier Code	LOI	3	M	
489	2000F	HI08 - 2	Industry Code		30	M	
489	2000F	HI09	HEALTH CARE CODE INFORMATION				
490	2000F	HI09 - 1	Code List Qualifier Code	LOI	3	M	

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490	2000F	HI09 - 2	Industry Code		30	M	
490	2000F	HI10	HEALTH CARE CODE INFORMATION				
490	2000F	HI10 - 1	Code List Qualifier Code	LOI	3	M	
491	2000F	HI10 - 2	Industry Code		30	M	
491	2000F	HI11	HEALTH CARE CODE INFORMATION				
491	2000F	HI11- 1	Code List Qualifier Code	LOI	3	M	
491	2000F	HI11- 2	Industry Code		30	M	
492	2000F	HI12	HEALTH CARE CODE INFORMATION				
492	2000F	HI12- 1	Code List Qualifier Code	LOI	3	M	
492	2000F	HI12- 2	Industry Code		30	M	
492	2000F	SV1	PROFESSIONAL SERVICE				
493	2000F	SV101	COMPOSITE MEDICAL PROCEDURE			M	
493	2000F	SV101 - 1	Product/Service ID Qualifier	HC, IV, N4, WK	2	M	
494	2000F	SV101 - 2	Product/Service ID		48	M	
494	2000F	SV101 - 3	Procedure Modifier		2	O	
494	2000F	SV101 - 4	Procedure Modifier		2	O	
495	2000F	SV101 - 5	Procedure Modifier		2	O	
495	2000F	SV101 - 6	Procedure Modifier		2	O	
495	2000F	SV101 - 7	Description		80	O	
495	2000F	SV101 - 8	Product/Service ID		48	O	
495	2000F	SV102	Monetary Amount		18	O	
496	2000F	SV103	Unit or Basis for Measurement Code	F2, MJ, UN	2	X	
496	2000F	SV104	Quantity		15	X	
496	2000F	SV111	Yes/No Condition or Response Code		1	O	
497	2000F	SV120	Level of Care Code		1	O	
498	2000F	SV2	INSTITUTIONAL SERVICE LINE				
498	2000F	SV201	Product/Service ID		48	X	
499	2000F	SV202	COMPOSITE MEDICAL PROCEDURE			X	
499	2000F	SV202 - 1	Product/Service ID Qualifier	HC, ID, IV, N4,WK, ZZ	2	M	
500	2000F	SV202 - 2	Product/Service ID		48	M	
500	2000F	SV202 - 3	Procedure Modifier		2	O	
500	2000F	SV202 - 4	Procedure Modifier		2	O	
500	2000F	SV202 - 5	Procedure Modifier		2	O	
500	2000F	SV202 - 6	Procedure Modifier		2	O	
501	2000F	SV202 - 7	Description		80	O	
501	2000F	SV202 - 8	Product/Service ID		48	O	
501	2000F	SV203	Monetary Amount		18	O	

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501	2000F	SV204	Unit or Basis for Measurement Code	DA, F2, UN	2	X	
502	2000F	SV205	Quantity		15	X	
502	2000F	SV206	Unit Rate		10	O	
502	2000F	SV210	Level of Care Code		1	O	
503	2000F	SV3	DENTAL SERVICE				
503	2000F	SV301	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			M	
504	2000F	SV301 - 1	Product/Service ID Qualifier	AD	2	M	
504	2000F	SV301 - 2	Product/Service ID		48	M	
504	2000F	SV301 - 3	Procedure Modifier		2	O	
504	2000F	SV301 - 4	Procedure Modifier		2	O	
504	2000F	SV301 - 5	Procedure Modifier		2	O	
504	2000F	SV301 - 6	Procedure Modifier		2	O	
505	2000F	SV301 - 7	Description		80	O	
505	2000F	SV301 - 8	Product/Service ID		48	O	
505	2000F	SV302	Monetary Amount		18	O	
505	2000F	SV304	ORAL CAVITY DESIGNATION			O	
505	2000F	SV304 - 1	Oral Cavity Designation Code		3	M	
505	2000F	SV304 - 2	Oral Cavity Designation Code		3	O	
506	2000F	SV304 - 3	Oral Cavity Designation Code		3	O	
506	2000F	SV304 - 4	Oral Cavity Designation Code		3	O	
506	2000F	SV304 - 5	Oral Cavity Designation Code		3	O	
506	2000F	SV305	Prosthesis, Crown or Inlay Code	I, R	1	O	
507	2000F	SV306	Quantity		15	O	
508	2000F	TOO	TOOTH INFORMATION				
508	2000F	TOO01	Code List Qualifier Code	JP	3	X	
508	2000F	TOO02	Industry Code		30	X	
508	2000F	TOO03	TOOTH SURFACE			O	
508	2000F	TOO03 - 1	Tooth Surface Code	B,D,F,I,L, M,O	1	M	
509	2000F	TOO03 - 2	Tooth Surface Code		2	O	
509	2000F	TOO03 - 3	Tooth Surface Code		2	O	
509	2000F	TOO03 - 4	Tooth Surface Code		2	O	
509	2000F	TOO03 - 5	Tooth Surface Code		2	O	
511	2000F	HSD	HEALTH CARE SERVICES DELIVERY				
511	2000F	HSD01	Quantity Qualifier		2	X	
511	2000F	HSD02	Quantity		15	X	
512	2000F	HSD03	Unit or Basis for Measurement Code		2	O	
512	2000F	HSD04	Sample Selection Modulus		6	O	
512	2000F	HSD05	Time Period Qualifier		2	X	
512	2000F	HSD06	Number of Periods		3	O	

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513	2000F	HSD07	Ship/Delivery or Calendar Pattern Code		2	O	
514	2000F	HSD08	Ship/Delivery Pattern Time Code		1	O	
516	2000F	PWK	ADDITIONAL SERVICE INFORMATION				
516	2000F	PWK01	Report Type Code		2	M	
518	2000F	PWK02	Report Transmission Code		2	O	
518	2000F	PWK05	Identification Code Qualifier		2	X	
518	2000F	PWK06	Identification Code	AC	80	X	
519	2000F	PWK07	Description		80	O	
520	2000F	MSG	MESSAGE TEXT				
520	2000F	MSG01	Free-form Message Text		264	M	
521	2010FA	NM1	SERVICE PROVIDER NAME				
521	2010FA	NM101	Entity Identifier Code		3	M	
522	2010FA	NM102	Entity Type Qualifier	1,2	1	M	
522	2010FA	NM103	Name Last or Organization Name		60	X	
522	2010FA	NM104	Name First		35	O	
522	2010FA	NM105	Name Middle		25	O	
522	2010FA	NM106	Name Prefix		10	O	
523	2010FA	NM107	Name Suffix		10	O	
523	2010FA	NM108	Identification Code Qualifier	24,34,46,XX	2	X	
523	2010FA	NM109	Identification Code		80	X	
524	2010FA	REF	SERVICE PROVIDER SUPPLEMENTAL IDENTIFICATION				
524	2010FA	REF01	Reference Identification Qualifier		3	M	
525	2010FA	REF02	Reference Identification		50	X	
525	2010FA	REF03	Description		80	X	
526	2010FA	N3	SERVICE PROVIDER ADDRESS				
526	2010FA	N301	Address Information		55	M	
526	2010FA	N302	Address Information		55	O	
527	2010FA	N4	SERVICE PROVIDER CITY, STATE, ZIP CODE				
527	2010FA	N401	City Name		30	O	
528	2010FA	N402	State or Province Code		2	X	
528	2010FA	N403	Postal Code		15	O	
528	2010FA	N404	Country Code		3	X	
528	2010FA	N407	Country Subdivision Code		3	X	
529	2010FA	PER	SERVICE PROVIDER CONTACT INFORMATION				
530	2010FA	PER01	Contact Function Code	IC	2	M	

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530	2010FA	PER02	Name		60	O	
530	2010FA	PER03	Communication Number Qualifier		2	X	
530	2010FA	PER04	Communication Number		256	X	
530	2010FA	PER05	Communication Number Qualifier		2	X	
531	2010FA	PER06	Communication Number		256	X	
531	2010FA	PER07	Communication Number Qualifier		2	X	
531	2010FA	PER08	Communication Number		256	X	
532	2010FA	AAA	SERVICE PROVIDER REQUEST VALIDATION				
532	2010FA	AAA01	Yes/No Condition or Response Code		1	M	
532	2010FA	AAA03	Reject Reason Code	15,33,35,41	2	O	
533	2010FA	AAA04	Follow-up Action Code	C,N	1	O	
534	2010FA	PRV	SERVICE PROVIDER INFORMATION				
534	2010FA	PRV01	Provider Code		3	M	
535	2010FA	PRV02	Reference Identification Qualifier	PXC	3	X	
535	2010FA	PRV03	Reference Identification		50	X	
536	2010FB	NM1	ADDITIONAL SERVICE INFORMATION CONTACT NAME				
536	2010FB	NM101	Entity Identifier Code	L5	3	M	
536	2010FB	NM102	Entity Type Qualifier	1,2	1	M	
536	2010FB	NM103	Name Last or Organization Name		60	X	
536	2010FB	NM104	Name First		35	O	
536	2010FB	NM105	Name Middle		25	O	
536	2010FB	NM107	Name Suffix		10	O	
537	2010FB	NM108	Identification Code Qualifier		2	X	
537	2010FB	NM109	Identification Code		80	X	
539	2010FB	N3	ADDITIONAL SERVICE INFORMATION CONTACT ADDRESS				
539	2010FB	N301	Address Information		55	M	
539	2010FB	N302	Address Information		55	O	
540	2010FB	N4	ADDITIONAL SERVICE INFORMATION CONTACT CITY, STATE, ZIP CODE				
540	2010FB	N401	City Name		30	O	
541	2010FB	N402	State or Province Code		2	X	
541	2010FB	N403	Postal Code		15	O	
541	2010FB	N404	Country Code		3	X	

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541	2010FB	N407	Country Subdivision Code		3	X	
542	2010FB	PER	ADDITIONAL SERVICE INFORMATION CONTACT INFORMATION				
543	2010FB	PER01	Contact Function Code	IC	2	M	
543	2010FB	PER02	Name		60	O	
543	2010FB	PER03	Communication Number Qualifier		2	X	
543	2010FB	PER04	Communication Number		256	X	
543	2010FB	PER05	Communication Number Qualifier		2	X	
544	2010FB	PER06	Communication Number		256	X	
544	2010FB	PER07	Communication Number Qualifier		2	X	
544	2010FB	PER08	Communication Number		256	X	
545	TRAILER	SE	TRANSACTION SET TRAILER				
545	TRAILER	SE01	Number of Included Segments		10	M	
545	TRAILER	SE02	Transaction Set Control Number		9	M	

APPENDICES:

1. Implementation Checklist
2. Business Scenarios

Business Scenarios1: Referral

Request for Review

This is an example of a standard Referral Request / Response sequence between a Primary Care Provider and a Utilization Management Organization. The example will show how a PCP can request a referral to a specialist for a patient from a UMO.

```
ST*278*0001*005010X217~
BHT*0007*13*A12345*20200502*1101~
HL*1**20*1~
NM1*X3*2* Caresourc*****46*789312~
HL*2*1*21*1~
NM1*1P*1*GARDENER*JAMES****46*8189991234~
HL*3*2*22*1~
NM1*IL*1*SMITH*JOE***MI*12345678901~
HL*4*3*EV*0~
TRN*1*111099*9012345678~
UM*SC*I*3*11:B*****Y~
HI*BF:41090:D8:20200430~
HSD*VS*1~
NM1*SJ*1*WATSON*SUSAN****34*987654321~
PER*IC**TE*4029993456~
SE*16*0001~
```

Response to the Request for Review

The following example represents the response to a request for review from Care Source to PCP. In this case Care Source has approved the referral request with no modifications.

```
ST*278*0001*005010X217~  
BHT*0007*11*A12345*20200502*1102*18~  
HL*1**20*1~  
NM1*X3*2* Caresourc*****46*789312~  
HL*2*1*21*1~  
NM1*1P*1*GARDENER*JAMES****46*8189991234~  
HL*3*2*22*1~  
NM1*IL*1*SMITH*JOE***MI*12345678901~  
HL*4*3*EV*0~  
TRN*2*111099*9012345678~  
UM*SC*I*3*11:B~  
HCR*A1*AUTH0001~  
DTP*AAH*RD8*20200502-20200602~  
HI*BF:41090:D8:20200430~  
HSD*VS*1~  
NM1*SJ*1*WATSON*SUSAN****34*987654321~  
PER*IC**TE*4029993456~  
SE*18*0001~
```

Business Scenario 2: Admission for Surgery

This is an example of a health services review request/response sequence between a specialist provider and a utilization management organization. The example shows how a specialist can request hospitalization for a patient from a UMO.

Request for Review

```
ST*278*0001*005010X217~  
BHT*0007*13*B56789*20200502*1430~  
HL*1**20*1~  
NM1*X3*2* Caresourc*****46*789312~  
HL*2*1*21*1~  
NM1*1P*1*WATSON*SUSAN****34*98765432~  
PER*IC**TE*4029993456~  
HL*3*2*22*1~  
NM1*IL*1*SMITH*JOE***MI*12345678901~  
HL*4*3*EV*1~  
TRN*1*97021001*9012345678~  
UM*AR*I*2*21:B*****Y~  
DTP*435*D8*20200516~  
HI*BF:41090:D8:20200125~  
HSD*DY*7~  
CL1*2~  
NM1*FA*2*MONTGOMERY  
HOSPITAL*****  
24*000012121~  
N3*475 MAIN STREET~  
N4*ANYTOWN*PA*19087~  
HL*5*4*SS*0~  
UM*HS*I*2~
```

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DTP*472*D8*20200516~
SV2**HC:33510~
NM1*SJ*1*WATSON*SUSAN****34*987654321~
PRV*PE*PXC*203BS0133X~
SE*26*0001~

Response to the Request for Review

ST*278*0001*005010X217~
BHT*0007*11*B56789*20200502*1431*18~
HL*1**20*1~
NM1*X3*2*Caresourc*****46*789312~
HL*2*1*21*1~
NM1*1P*1*WATSON*SUSAN****34*987654321~
HL*3*2*22*1~
NM1*IL*1*SMITH*JOE***MI*12345678901~
HL*4*3*EV*1~
TRN*2*97021001*9012345678~
UM*AR*I*2*21:B~
HCR*A6*AUTH0002~
DTP*435*D8*20200516~
HI*BF:41090:D8:20200125~
HSD*DY*5~
NM1*FA*2*MONTGOMERY HOSPITAL*****24*000012121~
N3*475 MAIN STREET~
N4*ANYTOWN*PA*19087~
HL*5*4*SS*0~
UM*HS*I*2~
HCR*A1*AUTH0002~
DTP*472*D8*20200516~
SV2**HC:33510~
NM1*SJ*1*WATSON*SUSAN****34*987654321~
PRV*PE*PXC*203BS0133X~
SE*26*0001~

Business Scenario 3: Request for Behavioral Health Emergency Admission

This is an example of admission for behavioral health care Emergency Admission.

Request for Review

ST*278*0001*005010X217~
BHT*0007*13*YZZ345*20200502*1101~
HL*1**20*1~
NM1*X3*2*Caresource*****46*789312~
HL*2*1*21*1~
NM1*FA*2*GENERAL HOSPITAL*****46*8189991234~
HL*3*2*22*1~
NM1*IL*1*SMITH*MARY***MI*12345678901~
HL*4*3*EV*0~
TRN*1*YZZ099*987654321~
UM*AR*I*A4*21:B**03***Y~

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DTP*435*D8*20200505~
HI*BF:29603:D8:20200430 HSD*DY*3~
CL1*1~
NM1*FA*2*GENERAL HOSPITAL*****46*987654321~
PER*IC**TE*4029993456~
NM1*71*1*JONES*MARCUS*****24*453667654~
NM1*SJ*1*BROWN*JACOB*****24*123454545~
SE*20*0001~

Response to the Request for Review

ST*278*0001*005010X217~
BHT*0007*11*YZZ345*20200502*1102*19~
HL*1**20*1~
NM1*X3*2*Caresource*****46*789312~
PER*IC**TE*8004000134~
HL*2*1*21*1~
NM1*FA*2*GENERAL HOSPITAL*****46*8189991234~
HL*3*2*22*1~
NM1*IL*1*SMITH*MARY****MI*12345678901~
HL*4*3*EV*0~
TRN*2*YZZ099*987654321~
UM*AR*I*A4*21:B**03~
HCR*A4**0U~
REF*NT*P20030216001~
HI*BF:29603:D8:20200429~
PWK*AS*VO~
NM1*FA*2*GENERAL HOSPITAL*****46*987654321~
NM1*71*1*JONES*MARCUS*****24*453667654~
NM1*SJ*1*BROWN*JACOB*****24*123454545~
SE*20*0001~

Business Scenario 4: Request for Nonemergency Transportation Service (Multi destinations Trip)

Request for Non-emergency Transportation

ST*278*0001*005010X217~
BHT*0007*13*165932*20200502*1525~
HL*1**20*1~
NM1*X3*2*Caresource*****PI*1234560010~
HL*2*1*21*1~
NM1*1P*1*XYZ AMBULANCE SVC*****24*7759621873~
HL*3*22*1~
NM1*IL*1*SMITH*JOE****MI*12345689001~
REF*EJ*6532214A76~
DMG*D8*19580322*M~
HL*4*3*EV*1~
UM*HS*I*56*41:B~
DTP*AAH*D8*20200510~
CRC*07*Y*09~
CR1***X*D*DH*27***TRIP FROM HOME TO OFFICE VISIT TO DIALYSIS TREATMENT AND BACK HOME~
NM1*PW*2*HOME~

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N3*8652 Starwood Lane~
N4*SACRAMENTO*CA*95826~
NM1*ND*2*DR. GARDNER OFFICE~
N3*1921 FULTON AVENUE~
N4*SACRAMENTO*CA*95624~
NM1*R3*2*XYZ DIALYSIS CENTER~
N3*7622 MORSETOWN ROAD~
N4*SACRAMENTO*CA*95826~
NM1*FS*2*HOME~
N3*8652 STARWOOD LANE~
N4*SACRAMENTO*CA*95826~
HL*5*4*SS*0~
SV1*HC:A0428:RX**UN*5~
HL*6*5*SS*0~
SV1*HC:A0428:PD**UN*8~
HL*7*6*SS*0~
SV1*HC:A0428:DR**UN*14~
SE*34*0001~

Response to Non-emergency Transportation

ST*278*0001*005010X217~
BHT*0007*11*165932*20205002*0815*18~
HL*1**20*1~
NM1*X3*2*CareSource*****PI*1234560010~
HL*2*1*21*1~
NM1*1P*1*XYZ AMBULANCE SVC*****24*7759621873~
HL*3*22*1~
NM1*IL*1*SMITH*JOE****MI*12345689001~
REF*EJ*6532214A76~
DMG*D8*19580322*M~
HL*4*3*EV*1~
UM*HS*I*56*41:B~
HCR*A1*2020010796321~
DTP*AAH*D8*20200510~
CR1***X**DH*27~
NM1*PW*2*HOME~
N3*8652 STARWOOD LANE~
N4*SACRAMENTO*CA*95826~
NM1*ND*2*DR. GARDNER OFFICE~
N3*1921 FULTON AVENUE~
N4*SACRAMENTO*CA*95624~
NM1*R3*2*XYZ DIALYSIS CENTER~
N3*7622 MORSETOWN ROAD~
N4*SACRAMENTO*CA*95826~
NM1*FS*2*HOME~
N3*8652 STARWOOD LANE~
N4*SACRAMENTO*CA*95826~
HL*5*4*SS*0~
SV1*HC:A0428:RX**UN*5~
HL*6*4*SS*0~

**Care Source Companion Guide –
Outbound 278 – Health Care Service Review
(Request for Review and Response)**

SV1*HC:A0428:PD**UN*8~
HL*7*4*SS*0~
SV1*HC:A0428:DR**UN*14~
SE*34*0001~

Business Scenario 5: Medical Services Reservation

This is an example of a Medical Services Reservation request and response between payer and a primary care physician.

Request for Medical Services Reservation

ST*278*0001*005010X217~
BHT*0007*36*5269367*20200502*2243*RU~
HL*1**20*1~
NM1*X3*2*Caresource*****PI*1234560010~
HL*2*1*21*1~
NM1*1P*1*GARDNER*JAMES****24*0010102364~
HL*3*22*1~
NM1*IL*1*SMITH*JOE***MI*12345689001~
DMG*D8*19580322*M~
HL*4*3*EV*1~
UM*IN*I*1*11:B~
HL*5*4*SS*0~
DTP*472*D8*20200510~
SV1*HC:99212**UN*1~
SE*15*0001~

Response to Medical Services Reservation

The following example represents the response to the Medical Service Reservation.

ST*278*0001*005010X217
BHT*0007*11*5269367*20200502*0859*RU~
HL*1**20*1~
NM1*X3*2*Caresource*****PI*1234560010~
HL*2*1*21*1~
NM1*1P*1*GARDNER*JAMES****24*0010102364~
HL*3*22*1~
NM1*IL*1*SMITH*JOE***MI*12345689001~
DMG*D8*19580322*M~
HL*4*3*EV*1~
UM*IN*I*1*11:B~
HCR*A1*6735172961~
HL*5*4*SS*0~
DTP*472*D8*20200110~
SV1*HC:99212**UN*1~
HSD*****29*2~
SE*17*0001~

- 3. Transmission Examples**
- 4. Frequently Asked Questions**
- 5. Change Summary**