



MASSACHUSETTS

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Health Care Services Review

278 Companion Guide

- *Request for Review and Response*
- *Inquiry and Response*

**Refers to the ASC X12N 278
Technical Report Type 3 Guides**
(version 005010X217 & 005010X215)

Companion Guide Version Number: 1.5

Preface

This is a companion guide to the *ASC X12N Implementation* guides that were adopted under the Health Insurance Portability and Accountability Act (HIPAA). This guide clarifies and specifies the data content needed to electronically exchange with Blue Cross Blue Shield of Massachusetts (Blue Cross).

Transmissions based on this guide, used with the *X12N Technical Report Type 3* guides, are compliant with both X12 syntax and those guides. This guide shares information that is within the framework of the *ASC X12N Implementation Guides* adopted under HIPAA.

The guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the *Implementation Technical Report Type 3* guides.

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1. Introduction

1.1. Overview

The Health Insurance Portability and Accountability Act–Administration Simplification (HIPAA-AS) requires Blue Cross Blue Shield of Massachusetts (Blue Cross) and all other covered entities to comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services.

This guide is designed to help those responsible for testing and setting up electronic referral submission and referral inquiry transactions. Specifically, it documents and clarifies when situational data elements and segments must be used for reporting and identifies codes and data elements that do not apply to Blue Cross. This guide supplements (but does not contradict) requirements in the ASC X12N 278 (version 005010X217 and 005010X215) implementations. This information should be given to the provider’s business area to ensure that referral submission and referral inquiry responses are interpreted correctly.

1.2. References

- The ASC X12N 278 (version 005010X217 and 005010X215) Technical Report Type 3 guides for *Health Care Services Review - Request for Review and Response* and *Health Care Services Review – Inquiry and Response* have been established as the standard for referral & authorization submission and referral & authorization inquiry transactions and is available at <http://www.wpc-edi.com>.
- The Blue Cross provider portal, Provider Central, contains documentation on transactions for providers and is located at <http://www.bluecrossma.com/provider>.

1.3. Technical Requirements

We support the 278 ASC X12N version 005010X217 and 005010X215 for referral & authorization submission and referral & authorization inquiry transactions. Providers who want to receive 278 referral responses must support this version.

We support real time transactions. Real time 278s have a single ST/SE loop, one information source, one information receiver, one subscriber loop, and one dependent loop (when needed). Typical turnaround time is under 10 seconds during which the portal connection is held open.

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2. Connecting and Communicating

2.1. e-Channels

We provide the following options for submission of 278 requests:

Direct Connection with BCBSMA	http://www.bluecrossma.com/provider
Change Healthcare	http://www.changehealthcare.com/legacy/our-partners/providers or 1-877-363-3666

2.2. Security

We are dedicated to maintaining the confidentiality of personal health information (PHI) and have adopted a mindset to safeguard member information as if it were our own.

Associates are required to safeguard member privacy by using reasonable measures during all phases of the information-handling process: from collection and storage, to disclosure and disposal. This policy applies to the personally identifiable health information of all applicants and past or present members. Information may be in the form of data in storage or in transit, on paper or in electronic format.

Due to its sensitivity, the use and disclosure of PHI is restricted except in circumstances where permitted or required by law, or where appropriate authorization for use or disclosure is obtained. Access to PHI is limited to those with a business need to know the information for treatment, payment, health care operations, or as otherwise permitted or required by law. Associates with a business need to handle PHI must be identified and granted appropriate access in accordance with their department-level policies and procedures.

We maintain policies and procedures for the HIPAA-compliant transfer of PHI to external health care partners. These provisions include secure file transfer, encryption, password protection, secure fax, and other measures, based on the nature of the data being transferred.

2.3. System Availability

We are available to process real time transactions Monday through Saturday from 1:00 AM ET–12:59 AM ET. Maintenance may be performed by Blue Cross plans on the following major holidays:

New Year's Day (1/1)
 Memorial Day (last Monday in May)
 Independence Day (7/4)
 Labor Day (first Monday in September)
 Thanksgiving Day (fourth Thursday in November)
 Christmas Day (12/25)

In addition, routine maintenance may be performed on Sundays. Trading partners may receive rejection messages stating that Blue Cross is unable to respond to their transactions.

3. Blue Cross Provider Support

If you cannot find the answers to your questions in this Companion Guide, please use the contact information below to reach the appropriate Blue Cross support area.

	For:	Contact information:
Blue Cross EDI support	Technical questions or help related to 278 referral or authorization transactions	Call 800-771-4097 (option 2) OR Email EDISupport@bcbsma.com
Provider Central	Information about our products, policies and procedures, FAQs, as well as companion guides for various electronic transactions. <i>Please use online documentation for the most up-to-date materials.</i>	Website: http://www.bluecrossma.com/provider

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4. Blue Cross 278 Referral & Authorization Submissions and 278 Referral & Authorization Inquiries

278 Referral Submissions

We process 278 referral submissions for:

- In state Blue Cross managed care members and
- Out-of-state BlueCard members. If the member is enrolled with an out-of-state Blue Cross plan, we coordinate with the member's home plan to return a 278 response. The 278 responses for these members may vary based on the home plan's processing.

278 Authorization Submissions

We process 278 authorization submissions for:

- In state Blue Cross members and
- Out-of-state BlueCard members. If the member is enrolled with an out-of-state Blue Cross plan, we coordinate with the member's home plan to return a 278 response. The 278 responses for these members may vary based on the home plan's processing.

278 Referral Inquiries

- We process 278 referral inquiries for Blue Cross Blue Shield of MA managed care members ONLY. The information contained in this document pertains to Blue Cross members.

278 Authorization Inquiries

- We process 278 authorization inquiries for Blue Cross Blue Shield of MA members ONLY. The information contained in this document pertains to Blue Cross members.

4.1. Identification Number Requirements

- **Blue Cross** member IDs begin with a three character alpha or alpha-numeric prefix followed by nine alpha-numeric characters.
- **Out-of-state Blue Cross** member IDs begin with a three character alpha or alpha-numeric prefix followed by four to fourteen alpha-numeric characters.

Note: Member IDs should not contain hyphens, spaces, or any special characters.

4.2. HIPAA Service Types

Referrals & Authorizations are allowed only for certain service types (see [Appendix A](#)). If a service type other than those listed in Appendix A is sent on a 278 referral or authorization submission, an error will be returned on the 278 response.

5. 999 Acknowledgment for Health Care Insurance

278 Referral & Authorization Submissions and 278 Referral & Authorization Inquiries submitted to Blue Cross must be HIPAA-compliant.

- Blue Cross does not return positive acknowledgments for successful 278 requests (the 278 response acts as the acknowledgment).

- We issue a *999 Acknowledgment for Health Care Insurance* (005010X231A1) when a 278 request fails validation of WEDI SNIP Type 1-5 HIPAA edits.

The purpose of the *999 Acknowledgment* (rejection) is to identify critical errors within the 278 request based on the ASC X12N 278 (version 005010X217 and 005010X215) Technical Report Type 3 guides. The submitter should review the 999 to determine what errors occurred.

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6. 278 Request Data Specifications

Notes:

- All data must be submitted in UPPER CASE.
- Leading spaces must be omitted.
- Trailing spaces must be omitted unless necessary to fulfill a minimum field length.

6.1. Header Data

Segment ID	Element ID	Data Element Name	Blue Cross Business Rule
ISA		Interchange control header	
	05	Interchange ID qualifier	"ZZ"
	06	Interchange sender ID	Value assigned by Blue Cross
	07	Interchange ID qualifier	"ZZ"
	08	Interchange receiver ID	Value assigned by Blue Cross
	14	Acknowledgment requested	"0" (numeric)
	15	Interchange usage indicator	"P" for Production Requests "T" for Test Requests
GS		Functional group header	
	02	Application sender's code	Value assigned by Blue Cross
	03	Application receiver's code	Value assigned by Blue Cross
	08	Version/Release/Industry identifier code	"005010X217" for referral or authorization submission "005010X215" for referral or authorization inquiry
BHT		Beginning of hierarchical trans.	
	02	Transaction set purpose code	"13" for referral or authorization submission

6.2. Loop Specific Data

Referral

Loop ID	Segment/Element ID	Data Element Name	Blue Cross Business Rule
2010A	NM1	Information source name	
	01	Entity identifier code	"X3"
	03	Name last or organization name	"BLUE CROSS BLUE SHIELD OF MASSACHUSETTS"
	08	Identification code qualifier	"PI"
	09	Identification code	"700"
2010B	NM1	Requester name	
	01	Entity identifier code	"1P" or "FA"
	02	Entity type qualifier	"1" or "2" Use 1 if NM101=1P Use 2 if NM101=FA
	08	Identification code qualifier	"XX"
	09	Identification code	Requester's NPI. Requester must be the member's primary care provider (or an approved covering provider)

Loop ID	Segment/ Element ID	Data Element Name	Blue Cross Business Rule
2010C	NM1	Subscriber name	
	03	Subscriber last name	Recommended when the patient is the subscriber
	04	Subscriber first name	Recommended when the patient is the subscriber
	08	Identification code qualifier	"MI"
	09	Identification code	The member's ID# as it appears on their Blue Cross ID card. It must include the alpha or alpha-numeric prefix (e.g., XXH, MTN)
2010C	DMG	Subscriber demographic information	
	02	Subscriber birthdate	Required when the patient is the subscriber
2010D	NM1	Dependent name	
	03	Dependent last name	Recommended when the patient is a dependent
	04	Dependent first name	Recommended when the patient is a dependent
2010D	DMG	Dependent demographic information	
	02	Dependent birthdate	Required when the patient is a dependent
2000E	UM	Health care services review information	
	01	Request category code	"SC" (specialty care review)
	02	Certification type code	"I" (initial)
	03	Service type code	Refer to Appendix A
2000E	DTP	Event date	
	01	Date/time qualifier	"AAH" (Event Date)
	03	Proposed or actual event date	The first date of service
2010EA	NM1	Patient event provider name	
	01	Entity identifier code	"SJ" (service provider) or "FA" (facility)
	02	Entity type qualifier	"1" (person) or "2" (non-person entity) For Specialty Referral set NM102=1. For Facility Referral set NM102=2.
	08	Identification code qualifier	"XX" (NPI)
	09	Identification code	Referred to provider's NPI
2010EA	PRV	Patient Event Provider Information	
2010EA	PRV01	Provider Code	Use AD only when NM101=AAJ Use AS only when NM101=DD Use AT only when NM101=71 Use OP only when NM101=72 Use OR only when NM101=DK Use OT only when NM101=73 Use PC only when NM101=P3 Use PE only when NM101=SJ Use RF only when NM101=DN

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Loop Specific Data cont.

Request for Admission Review

Loop ID	Segment/ Element ID	Data Element Name	Blue Cross Business Rule
2010A	NM1	Information source name	
	01	Entity identifier code	"X3"
	03	Name last or organization name	"BLUE CROSS BLUE SHIELD OF MASSACHUSETTS"
	08	Identification code qualifier	"PI"
	09	Identification code	"700"
2010B	NM1	Requester name	
	01	Entity identifier code	"1P" or "FA"
	02	Entity type qualifier	"1" (person) or "2" (non-person entity) Use 1 if NM101=1P Use 2 if NM101=FA
	08	Identification code qualifier	"XX"
	09	Identification code	Requester's NPI.
2010B	PRV	Requester Provider	
2010B	PRV01	Provider Code	AD, CV, PC, PE, RF Requests initiated by facility, use PE. Requests initiated by referring provider, use PC, RF or CV. Requests initiated by treating provider, use AD.
2010C	NM1	Subscriber name	
	03	Subscriber last name	Recommended when the patient is the subscriber
	04	Subscriber first name	Recommended when the patient is the subscriber
	08	Identification code qualifier	"MI"
	09	Identification code	The member's ID# as it appears on their Blue Cross ID card. It must include the alpha or alpha-numeric prefix (e.g. XXH, MTN)
2010C	DMG	Subscriber demographic information	
	02	Subscriber birthdate	Required when the patient is the subscriber
2010D	NM1	Dependent name	
	03	Dependent last name	Recommended when the patient is a dependent
	04	Dependent first name	Recommended when the patient is a dependent
2010D	DMG	Dependent demographic information	
	02	Dependent birthdate	Required when the patient is a dependent
2000E	UM	Health care services review information	
	01	Request category code	"AR" (admission review)
	02	Certification type code	"I" (initial)
	03	Service type code	Refer to Appendix A
	04-1	Facility Code Value	21

Loop ID	Segment/ Element ID	Data Element Name	Blue Cross Business Rule
	04-2	Facility Code Qualifier	B
	09	Release of Information Code	Y
2000E	DTP	Event date	
	01	Date/Time Qualifier	435
	02	Date/Time Period Format Qualifier	D8
2000E	HI	Patient Diagnosis	
	HI01-1 through HI12-1	Code List Qualifier Code	ABK, ABF Use ABK for the first diagnosis code and ABF for each subsequent code.
2000E	CL1	Institutional Claim Code	
	01	Admission Type Code	1, 2, 3, 4
2010EA	NM1	Patient event provider name	<p>Request initiated by facility (HL21 NM101=FA): send one Patient Event loop to identify the Admitting Provider with 2010EA NM101=SJ and 2010EA PRV01=PE.</p> <p>Request initiated by referring provider: send two Patient Event loops. Use the first loop to identify the facility with 2010EA NM101=AAJ and 2010EA PRV01=AD. Use the second loop to identify the service provider with 2010EA NM101=SJ and PRV01=PE.</p> <p>Request initiated by treating provider: send one Patient Event loop to identify the treating provider with 2010EA NM101=AAJ and 2010EA PRV01=AD.</p> <p>At the 2010EA level, only use the NM1 and PRV segments.</p>
	01	Entity identifier code	“SJ” (service provider) or “FA” (facility) or “AAJ” (admitting services)
	02	Entity type qualifier	“1” (person) or “2” (non-person entity) Use 2 if NM101=AAJ or FA, Else use “1”
	08	Identification code qualifier	“XX” (NPI)
	09	Identification code	Provider’s NPI
2010EA	PRV	Patient Event Provider Information	
2010EA	01	Provider Code	AD, PE
2000F	UM	Health Care Services Review Information	At the 2000F level, use only the SV2 and MSG segments.
2000F	DTP	Service Date	
	01	Date/Time Qualifier	472
	02	Date/Time Period Format Qualifier	D8
	03	Date/Time Period	Required for each Procedure Code.
2000F	SV2	Institutional Service Line	
	02-1	Product/Service ID Qualifier	‘HC’ for CPT-4 procedure code. ‘ZZ’ for ICD10 procedure code.”
	02-2	Procedure Code	

Loop Specific Data cont.

Request for Health Services Review

Loop ID	Segment/ Element ID	Data Element Name	Blue Cross Business Rule
2010A	NM1	Information source name	
	01	Entity identifier code	"X3"
	03	Name last or organization name	"BLUE CROSS BLUE SHIELD OF MASSACHUSETTS"
	02	Entity Type Qualifier	"2"
	08	Identification code qualifier	"PI"
	09	Identification code	"700"
2010B	NM1	Requester name	
	01	Entity identifier code	"1P" or "FA"
	02	Entity type qualifier	"1" (person) or "2" (non-person entity) Use 1 if NM101=1P Use 2 if NM101=FA
	08	Identification code qualifier	"XX"
	09	Identification code	Requester's NPI.
2010B	PRV	Requester Provider	
2010B	01	Provider Code	CV, PC, PE, RF
2010C	NM1	Subscriber name	
	03	Subscriber last name	Recommended when the patient is the subscriber
	04	Subscriber first name	Recommended when the patient is the subscriber
	08	Identification code qualifier	"MI"
	09	Identification code	The member's ID# as it appears on their Blue Cross ID card. It must include the alpha or alpha-numeric prefix (e.g. XXH, MTN)
2010C	DMG	Subscriber demographic information	
	02	Subscriber birthdate	Required when the patient is the subscriber
2010D	NM1	Dependent name	
	03	Dependent last name	Recommended when the patient is a dependent
	04	Dependent first name	Recommended when the patient is a dependent
2010D	DMG	Dependent demographic information	
	02	Dependent birthdate	Required when the patient is a dependent
2000E	UM	Health care services review information	At the 2000E level, BCBSMA uses only these segments: UM, REF (Previous Review Authorization Number), DTP (Event Date and Accident Date), HI, HSD, CR6, and MSG.
	01	Request category code	"HS" (health services review)
	02	Certification type code	"I" (initial)

Loop ID	Segment/ Element ID	Data Element Name	Blue Cross Business Rule
	03	Service type code	Refer to Appendix A
	09	Release of Information Code	Y
2000E	DTP	Event date	
	01	Date/Time Qualifier	"AAH"
	02	Date/Time Period Format Qualifier	"RD8"
2000E	HI	Patient Diagnosis	
	HI01-1 through HI12-1	Code List Qualifier Code	"ABK", "ABF" Use ABK for the first diagnosis code and ABF for each subsequent code.
2000E	HSD	Health Services Delivery	
	01	Quantity Qualifier	"VS"
	02	Quantity	Required when HSD01 is valued.
2000E	CR6	Home Health Care Information (applicable for Service Type 42)	
	04	Date Time Period	Required when the event date is not identified in 2000E DTP Event Date segment, and the duration of this plan of treatment is known.
	08	Certification Type Code	'I' Must be same value as 2000E UM02.
	09	Date	If any of CR609, CR610, or CR611 are valued, then all are required. Required when home health care is related to a specific surgical procedure, the surgery date is known, and the surgical procedure code is known.
	10	Product/Service ID Qualifier	If any of CR609, CR610, or CR611 are valued, then all are required.
	11	Medical Code Value	If any of CR609, CR610, or CR611 are valued, then all are required.
	12	Date	Required when the requester received verbal orders from the physician for the start of home health care and the date when the order was received is known.
	13	Date	Required when the date the patient was last seen by the physician is known.
	14	Date	Required when the physician has been contacted by the home health service provider.
	16	Date	If any of CR615, CR616, or CR617 are valued, then all are required. Required when home health care is associated with a recent inpatient stay, the admission stay date is known, and the facility type is known.
2010EA	NM1	Patient Event Provider Name	At the 2010EA level, BCBSMA uses only these segments: NM1 and PRV.
2010EA	01	Provider Code	"SJ", "FA"
2010EA	PRV	Patient Event Provider Information	
2010EA	01	Provider Code	"PE"
2000F	UM	Health Care Services Review Information	At the 2000F level, use only the DTP, SV2 and MSG segments.
2000F	DTP	Service Date	
	02	Date/Time Period Format Qualifier	"D8", "RD8"
	03	Date/Time Period	Required for each Procedure Code.
2000F	SV2	Institutional Service Line	BCBSMA uses SV1 and SV2 SV202-2.
	02-1	Product/Service ID Qualifier	'HC' for CPT-4 procedure code.

Loop ID	Segment/ Element ID	Data Element Name	Blue Cross Business Rule
			"ZZ" for ICD10 procedure code.
	02-2	Procedure Code	

7. 278 Response to request Data Specifications

7.1. Header Data

Segment ID	Element ID	Data Element Name	Blue Cross Business Rule
ISA		Interchange control header	
	05	Interchange ID qualifier	"ZZ"
	06	Interchange sender ID	ISA08 value from 278 request
	07	Interchange ID qualifier	"ZZ"
	08	Interchange receiver ID	ISA06 value from 278 request
	09	Interchange date	Processed date in GMT
	10	Interchange time	Processed time in GMT
GS		Functional group header	
	02	Application sender's code	GS03 value from 278 request
	03	Application receiver's code	GS02 value from 278 request
	04	Date	Processed date in GMT
	05	Time	Processed time in GMT
BHT		Beginning of hierarchical transaction	
	04	Date	Processed date in GMT
	05	Time	Processed time in GMT

7.2. Loop Specific Data

Loop ID	Segment/ Element ID	Data Element Name	Blue Cross Business Rule
2010A	NM1	Information source name	
	01	Entity identifier code	"X3"
	03	Name last or organization name	"BLUE CROSS BLUE SHIELD OF MASSACHUSETTS"
	08	Identification code qualifier	"PI"
	09	Identification code	"700"
2010C	NM1	Subscriber name	
	03	Subscriber last name	Subscriber's last name from Blue Cross membership files
	04	Subscriber first name	Subscriber's first name from Blue Cross membership files
	05	Subscriber middle initial	Subscriber's middle initial from Blue Cross membership files
	09	Subscriber primary identifier	Patient's ID# (including alpha or alpha-numeric prefix) from Blue Cross membership files. Note: Suffix is not included
2010C	DMG	Subscriber demographic information	
	02	Subscriber birthdate	If the patient is the subscriber, the subscriber's birthdate from Blue Cross membership file

Loop ID	Segment/ Element ID	Data Element Name	Blue Cross Business Rule
2010D	NM1	Dependent name	
	03	Dependent last name	Dependent's last name from Blue Cross membership files
	04	Dependent first name	Dependent's first name from Blue Cross membership files
	05	Dependent middle initial	Dependent's middle initial from Blue Cross membership files
2010D	DMG	Dependent demographic information	
	02	Dependent birthdate	Dependent's birthdate from Blue Cross membership files
2000E	UM	Health care services review information	
	01	Request category code	"SC" (specialty care review) "HS" (health services review) "AR" (admission review)
	03	Service type code	Service type code that was submitted on the 278 request
2000E	HCR	Health care services review	
	01	Certification action code	"A1" (certified in total) "A3" (not certified) "A4" (pending) "NA" (no action required)
	02	Review identification number	If HCR01 is "A1" or "A4", Blue Cross-assigned referral or authorization number
2000E	DTP	Event date or Admission date	
	01	Date/time qualifier	"AAH" (event) or "435" (admission)
	02	Date time period format qualifier	"RD8"
	03	Proposed or actual event date	Approved referral date range
2000E	HSD	Health care services delivery	
	01	Quantity qualifier	"VS" or "DY"
	02	Service unit count	Number of approved visits/days
2000E	HI	Patient Diagnosis	Used for Inpatient response
	01-1	Code List Qualifier Code	"ABK"
	01-2	Industry Code	Diagnosis code

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8. 278 Inquiry Data Specifications

Notes:

- All data must be submitted in UPPER CASE.
- Leading spaces must be omitted.
- Trailing spaces must be omitted unless necessary to fulfill a minimum field length.

8.1 Header Data

Segment ID	Element ID	Data Element Name	Blue Cross Business Rule
ISA		Interchange control header	
	05	Interchange ID qualifier	"ZZ"
	06	Interchange sender ID	Value assigned by Blue Cross
	07	Interchange ID qualifier	"ZZ"
	08	Interchange receiver ID	Value assigned by Blue Cross
	14	Acknowledgment requested	"0" (numeric)
	15	Interchange usage indicator	"P" for Production Requests "T" for Test Requests
GS		Functional group header	
	02	Application sender's code	Value assigned by Blue Cross
	03	Application receiver's code	Value assigned by Blue Cross
	08	Version/Release/Industry identifier code	"005010X217" for referral or authorization submission "005010X215" for referral or authorization inquiry
BHT		Beginning of hierarchical trans.	
	02	Transaction set purpose code	"28" for referral or authorization inquiry

8.2 Loop Specific Data

Loop ID	Segment/Element ID	Data Element Name	Blue Cross Business Rule
2010A	NM1	Information source name	
	01	Entity identifier code	"X3"
	03	Name last or organization name	"BLUE CROSS BLUE SHIELD OF MASSACHUSETTS"
	08	Identification code qualifier	"PI"
	09	Identification code	"700"
2010B	NM1	Requester name	
	01	Entity identifier code	"1P" or "FA"
	02	Entity type qualifier	"1" or "2" Use 1 if NM101=1P Use 2 if NM101=FA
	08	Identification code qualifier	"XX"
	09	Identification code	
2010C	NM1	Subscriber name	
	03	Subscriber last name	Recommended when the patient is the subscriber
	04	Subscriber first name	Recommended when the patient is the subscriber
	08	Identification code qualifier	"MI"
	09	Identification code	The member's ID# as it appears on their Blue Cross ID card. It must include the alpha or alpha-numeric prefix (e.g. XXH, MTN)
2010C	DMG	Subscriber demographic information	

Loop ID	Segment/ Element ID	Data Element Name	Blue Cross Business Rule
	02	Subscriber birthdate	Required when the patient is the subscriber
2010D	NM1	Dependent name	
	03	Dependent last name	Recommended when the patient is a dependent
	04	Dependent first name	Recommended when the patient is a dependent
2010D	DMG	Dependent demographic information	
	02	Dependent birthdate	Required when the patient is a dependent
2000E	UM	Health care services review information	
	01	Request category code	"SC" (Specialty Care Review) "AR" (Admission Review) "HS" (Health Services Review)
2010EA	NM1	Patient event provider name	Requesting and Servicing providers should be the same for AR and HS.
	01	Entity identifier code	"SJ" (service provider) or "FA" (facility)
	02	Entity type qualifier	"1" (person) or "2" (non-person entity) For Specialty Referral set NM102=1. For Facility Referral set NM102=2.
	08	Identification code qualifier	"XX" (NPI)
	09	Identification code	Referred to or servicing provider's NPI

9. 278 Inquiry Response Data Specifications

9.1. Header Data

Segment ID	Element ID	Data Element Name	Blue Cross Business Rule
ISA		Interchange control header	
	05	Interchange ID qualifier	"ZZ"
	06	Interchange sender ID	ISA08 value from 278 request
	07	Interchange ID qualifier	"ZZ"
	08	Interchange receiver ID	ISA06 value from 278 request
	09	Interchange date	Processed date in GMT
	10	Interchange time	Processed time in GMT
GS		Functional group header	
	02	Application sender's code	GS03 value from 278 request
	03	Application receiver's code	GS02 value from 278 request
	04	Date	Processed date in GMT
	05	Time	Processed time in GMT
BHT		Beginning of hierarchical transaction	
	04	Date	Processed date in GMT
	05	Time	Processed time in GMT

9.2. Loop Specific Data

Loop ID	Segment/ Element ID	Data Element Name	Blue Cross Business Rule
2010A	NM1	Information source name	
	01	Entity identifier code	"X3"
	03	Name last or organization name	"BLUE CROSS BLUE SHIELD OF MASSACHUSETTS"
	08	Identification code qualifier	"PI"
	09	Identification code	"700"
2010C	NM1	Subscriber name	
	03	Subscriber last name	Subscriber's last name from Blue Cross membership files
	04	Subscriber first name	Subscriber's first name from Blue Cross membership files
	05	Subscriber middle initial	Subscriber's middle initial from Blue Cross membership files
	09	Subscriber primary identifier	Patient's ID# (including alpha or alpha-numeric prefix) from Blue Cross membership files. Note: Suffix is not included
2010C	DMG	Subscriber demographic information	
	02	Subscriber birthdate	If the patient is the subscriber, the subscriber's birthdate from Blue Cross membership file

Loop ID	Segment/ Element ID	Data Element Name	Blue Cross Business Rule
2010D	NM1	Dependent name	
	03	Dependent last name	Dependent's last name from Blue Cross membership files
	04	Dependent first name	Dependent's first name from Blue Cross membership files
	05	Dependent middle initial	Dependent's middle initial from Blue Cross membership files
2010D	DMG	Dependent demographic information	
	02	Dependent birthdate	Dependent's birthdate from Blue Cross membership files
2000E	UM	Health care services review information	
	01	Request category code	"SC" (specialty care review) "HS" (health services review) "AR" (admission review)
	03	Service type code	Service type code that was submitted on the 278 request
2000E	HCR	Health care services review	
	01	Certification action code	"A1" (certified in total) "A3" (not certified) "A4" (pending) "NA" (no action required)
	02	Review identification number	If HCR01 is "A1" or "A4" this is the Blue Cross-assigned referral or authorization number
2000E	DTP	Event date or Admission date	
	01	Date/time qualifier	"AAH" (event) or "435" (admission)
	02	Date time period format qualifier	"RD8"
	03	Proposed or actual event date	Approved date range
2000E	HSD	Health care services delivery	
	01	Quantity qualifier	"VS" or "DY"
	02	Service unit count	Number of approved visits/days
2000E	HI	Patient Diagnosis	Used for Inpatient response
	01-1	Code List Qualifier Code	"ABK"
	01-2	Industry Code	Diagnosis code

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10. Appendices

Appendix A - Blue Cross Supported Service Types

Referral

Service Type	Service Type Definition	Blue Cross Business Rule
1	Medical care	
2	Surgical	
3	Consultation	
20	Second surgical opinion	
21	Third surgical opinion	
40	Oral surgery	Referrals are allowed only to oral surgeons
69	Maternity	Referrals are required only for Medicare Advantage
71	Audiology exam	
77	Otological exam	
83	Infertility	
93	Podiatry	

Health Services Review

Service Type	Service Type Definition	Blue Cross Business Rule
1	Medical Care	
2	Surgical	
5	Diagnostic Lab	
33	Chiropractic	
40	Oral Surgery	
42	Home Health Care	
45	Hospice	
56	Medically Related Transportation	
61	In-Vitro Fertilization	
62	MRI Cat Scan	
73	Diagnostic Medical	
75	Prosthetic Device	
76	Dialysis	
88	Pharmacy	
12	Durable Medical Equipment Purchase	
18	Durable Medical Equipment Rental	
AD	Occupational Therapy	
AE	Physical Medicine	
AF	Speech Therapy	
AG	Skilled nursing visits	

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Appendix B – 278 Responses for Error Scenarios

Error scenario	Referral response returned with...	Action needed...
Blue Cross subscriber ID # submitted on the request is not in the correct format	AAA03 = 72 (invalid/missing subscriber/insured ID)	<ul style="list-style-type: none"> Verify the patient's Blue Cross subscriber ID # on their ID card (be sure to include the alpha or alpha-numeric prefix) Resubmit your request with the correct ID #
Member's date of birth was not submitted on the request	AAA03 = 58 (invalid/missing date of birth)	<ul style="list-style-type: none"> Ask the patient for date of birth OR submit an eligibility/benefits request to retrieve the correct date of birth Resubmit your request with the patient's date of birth
The first date of service was not submitted on the request	AAA03 = 57 (invalid/missing date of service)	Resubmit your request with the first date of service
The referral request is too old: - referral submission greater than 90 days old	AAA03 = 62 (date of service not within allowable inquiry period)	No action necessary
The patient submitted on the request is not found in Blue Cross membership system	AAA03 = 67 (patient not found) OR AAA03 = 75 (subscriber/insured not found)	<ul style="list-style-type: none"> Verify the patient's Blue Cross subscriber ID # on their ID card (be sure to include the alpha or alpha-numeric prefix) and ask the patient to verify demographic information OR submit an eligibility/benefits request to retrieve the correct patient information Resubmit your request with the patient's correct information
The patient is not an active Blue Cross member	AAA03 = 95 (patient not eligible)	No action necessary
The member is covered under one or more active Blue Cross medical coverages	AAA03 = 68 (duplicate patient ID number)	Contact patient's Blue Cross plan
The patient is covered under a Blue Cross product that does not require referrals/authorizations (Note: authorizations may be required for some services)	HCR01 = NA (no action required) and a MSG segment "REFERRALS/AUTH NOT REQUIRED FOR THE MEMBER'S PRODUCT"	No action necessary
The referring provider is not the patient's primary care provider	AAA03 = 49 (provider is not the primary care physician)	Resubmit using the patient's primary care provider (or an approved covering provider)

Error scenario	Referral response returned with...	Action needed...
(or an approved covering provider)		
The referred to provider is not present in the patient event loop (2010EA)	AAA03 = 43 (invalid/missing provider identification)	Resubmit your referral request with the referred to provider's NPI
The referral request includes more than one referred to provider	AAA03 = 43 (invalid/missing provider identification) and a MSG segment "MULTIPLE REFERRED TO PROVIDERS"	Resubmit your referral request with only one referred to provider's NPI
The referred to provider's NPI is not found in Blue Cross files	AAA03 = 51 (provider not on file)	Resubmit your referral request with the referred to provider's correct NPI
The referred to provider's NPI is not active in Blue Cross files	AAA03 = 52 (service dates not within provider plan enrollment)	No action necessary
The referred to provider is not in the patient's plan network	AAA03 = 35 (out-of-network)	No action necessary
The referred to provider is not a physician, nurse practitioner, or physician assistant	AAA03 = IP (inappropriate provider role)	No action necessary
The service type is not present in the patient event loop (2000E)	AAA03 = 15 (required application data missing) and a MSG "SERVICE TYPE MISSING"	Resubmit your referral submission request with the appropriate service type
The service type submitted is not allowed for referral requests	AAA03 = 33 (input errors) and a MSG "SERVICE TYPE NOT SUPPORTED"	No action necessary
The service type submitted is 40 (oral surgery), but the referred to provider is not an oral surgeon	HCR01 = A3 (not certified) and HCR03 = 0X (service inconsistent with provider type)	No action necessary
The service type submitted is 69 (maternity), but the patient is not enrolled in a Medicare Advantage product	HCR01 = NA (no action required) and HCR03 = 0H (certification not required for this service)	No action necessary
The referral submission request is a duplicate of a previously submitted request	HCR01 = A3 (not certified) and HCR02 = Referral # and HCR03 = 0Q (duplicate request) and MSG "REFERRAL ALREADY EXISTS"	No action necessary
The referral inquiry request is for an out-of-state Blue Cross member	HCR01 = CT (contact payer) and a PER segment "PER*IC*BLUECARD ELIGIBILITY*TE*8006762583"	Contact the member's home plan (via BlueCard eligibility) for more information
The referral # submitted on the referral inquiry request is not found on Blue Cross files for the patient	AAA = AA (authorization number not found)	Resubmit your referral submission request with the correct referral #
The referral inquiry request matches a referral with no visits remaining	HCR01 = 51 (Complete) and MSG "ALL APPROVED VISITS HAVE BEEN USED"	No action necessary
The date of service submitted on the referral inquiry does not match the approved dates on the referral # submitted	AAA = 62 (date of service not within allowable inquiry period)	No action necessary

Error scenario	Referral response returned with...	Action needed...
The referral inquiry request did not include a referral # and no referral is found	AAA = T5 (certification information missing)	No action necessary

Appendix C - Sample 278 Requests

Sample 278 Referral Submission Request

```

ISA*00*                *00*                *ZZ*EMDEON                *ZZ*700
*150305*1212**^*00501*999999999*0*P*:~
GS*HI*EMDEON*RB TSA*20150305*121228*999999999*X*005010X217~
ST*278*999999999*005010X217~
BHT*0007*13*999999999*20150305*121228~
HL*1**20*1~
NM1*X3*2*BLUE CROSS BLUE SHIELD OF MASSACHUSETTS*****PI*700~
HL*2*1*21*1~
NM1*1P*1*****XX*999999999~
PER*IC**TE*999999999~
HL*3*2*22*1~
NM1*IL*1*LAST*FIRST***MI*XXH999999999~
DMG*D8*19000101
HL*4*3*EV*0~
UM*SC*I*1*11:B****Y~
DTP*AAH*D8*20150305~
HSD*VS*1~
NM1*SJ*1*****XX*999999999~
SE*16*999999999~
GE*1*1~
IEA*1*999999999~

```

Sample 278 Referral Inquiry Request

```

ISA*00*                *00*                *ZZ*EMDEON                *ZZ*700
*150305*1604**^*00501*999999999*0*P*:~
GS*HI*EMDEON*RB TSA*20150305*160408*999999999*X*005010X215~
ST*278*999999999*005010X215~
BHT*0007*28*999999999*20150305*160408~
HL*1**20*1~
NM1*X3*2*BLUE CROSS BLUE SHIELD OF MASSACHUSETTS*****PI*700~
HL*2*1*21*1~
NM1*1P*1*****XX*999999999~
HL*3*2*22*1~
NM1*IL*1*LAST*FIRST***MI*XXH999999999~
DMG*D8*19000101~
HL*4*3*EV*0~
UM*SC~
NM1*SJ*1*****XX*999999999~
SE*13*999999999~
GE*1*1~
IEA*1*999999999~

```

SAMPLE 278 INPATIENT SUBMISSION REQUEST

```

ISA*00*                *00*                *ZZ*EMDEON                *ZZ*700
*210924*1123**^*00501*999999999*0*P*:
GS*HI*EMDEON*RB TSA*20210924*1123*999999999*X*005010X217
ST*278*999999999*005010X217

```

BHT*0007*13*999999999*20210924*1123
 HL*1**20*1
 NM1*X3*2*BLUE CROSS BLUE SHIELD OF MASSACHUSETTS*****PI*700
 HL*2*1*21*1
 NM1*FA*2*****XX*999999999
 PER*IC**TE*617555555
 PRV*PE*PXC*282N00000X
 HL*3*2*22*1
 NM1*IL*1*LAST*FIRST****MI*MTN999999999
 DMG*D8*19000101
 HL*4*3*EV*0
 UM*AR*I*1*21:B****Y
 DTP*435*D8*20210924
 HI*ABK:I2602
 CL1*1
 NM1*SJ*1*****XX*999999999
 PRV*PE*PXC*282N00000X
 SE*19*999999999
 GE*1*999999999
 IEA*1*999999999

SAMPLE 278 INPATIENT INQUIRY REQUEST

ISA*00* *00* *ZZ*EMDEON *ZZ*700
 *210925*0525**^*00501*999999999*0*P*:
 GS*HI*EMDEON*RBTS*20210925*0525*999999999*X*005010X215
 ST*278*999999999*005010X215
 BHT*0007*28*999999999*20210925*0525
 HL*1**20*1
 NM1*X3*2*BLUE CROSS BLUE SHIELD OF MASSACHUSETTS*****PI*700
 HL*2*1*21*1
 NM1*FA*2*****XX*999999999
 HL*3*2*22*1
 NM1*IL*1*LAST*FIRST****MI*MTN999999999
 DMG*D8*19000101
 HL*4*3*EV*0
 UM*AR
 NM1*FA*2*****XX*999999999
 SE*13*999999999
 GE*1*999999999
 IEA*1*999999999

SAMPLE 278 HEALTH SERVICE REVIEW SUBMISSION REQUEST

ISA*00* *00* *ZZ*EMDEON *ZZ*700
 *210924*1518**^*00501*999999999*0*P*:
 GS*HI*EMDEON*RBTS*20210924*1518*999999999*X*005010X217
 ST*278*999999999*005010X217
 BHT*0007*13*999999999*20210924*1518
 HL*1**20*1
 NM1*X3*2*BLUE CROSS BLUE SHIELD OF MASSACHUSETTS*****PI*700
 HL*2*1*21*1
 NM1*FA*2*****XX*999999999
 REF*N5*9999999
 PER*IC**TE*999999999
 PRV*RF*PXC*111N00000X
 HL*3*2*22*1
 NM1*IL*1*LAST*FIRST****MI*XXH999999999
 DMG*D8*19000101*M
 HL*4*3*EV*0
 TRN*1*3727321*9999999
 UM*HS*I*33*11:B****Y

DTP*AAH*RD8*20210923-20211023
HI*ABK:R6889*ABF:M5432*ABF:M9901
HSD*VS*3
CRC*08*Y*11
CR2*****A*N**Y
NM1*FA*2*****XX*999999999
PRV*PE*PXC*111N00000X
SE*23*999999999
GE*1*999999999
IEA*1*999999999

SAMPLE 278 HEALTH SERVICE REVIEW INQUIRY REQUEST

ISA*00* *00* *ZZ*EMDEON *ZZ*700
*210925*0440**^*00501*999999999*0*P*:
GS*HI*EMDEON*RB TSA*20210925*0440*999999999*X*005010X215
ST*278*999999999*005010X215
BHT*0007*28*999999999*20210925*0440
HL*1**20*1
NM1*X3*2*BLUE CROSS BLUE SHIELD OF MASSACHUSETTS*****PI*700
HL*2*1*21*1
NM1*FA*2*****XX*999999999
HL*3*2*22*1
NM1*IL*1*LAST*FIRST***MI*MTN999999999
DMG*D8*19000101
HL*4*3*EV*0
UM*HS**AE
NM1*FA*2*****XX*999999999
SE*13*999999999
GE*1*999999999
IEA*1*999999999

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Appendix D - Sample 278 Responses

Sample 278 Referral Submission Response

```

ISA*00*                *00*                *ZZ*700                *ZZ*EMDEON
*150304*1140**^*00501*999999999*0*P*:~
GS*HI*RB TSA*EMDEON*20150304*1141*999999999*X*005010X217~
ST*278*999999999*005010X217~
BHT*0007*11*999999999*20150304*1141*18~
HL*1**20*1~
NM1*X3*2*BLUE CROSS BLUE SHIELD OF MASSACHUSETTS*****PI*700~
HL*2*1*21*1~
NM1*1P*1*****XX*999999999~
PER*IC**TE*999999999~
HL*3*2*22*1~
NM1*IL*1*LAST*FIRST***MI*XXH999999999~
DMG*D8*19000101~
HL*4*3*EV*0~
UM*SC*I*1*11:B~
HCR*A1*999999999~
DTP*AAH*RD8*20150304-20160303~
HSD*VS*1~
NM1*SJ*1*****XX*999999999~
SE*17*999999999~
GE*1*1~
IEA*1*999999999~

```

Sample 278 Referral Inquiry Response

```

ISA*00*                *00*                *ZZ*700                *ZZ*EMDEON
*150225*1358**^*00501*999999999*0*P*:~
GS*HI*RB TSA*EMDEON*20150225*1358*999999999*X*005010X215~
ST*278*999999999*005010X215~
BHT*0007*49*999999999*20150225*1358*18~
HL*1**20*1~
NM1*X3*2*BLUE CROSS BLUE SHIELD OF MASSACHUSETTS *****PI*700~
HL*2*1*21*1~
NM1*1P*1*****XX*999999999~
HL*3*2*22*1~
NM1*IL*1*LAST*FIRST***MI*XXH999999999~
DMG*D8*19000101~
HL*4*3*EV*0~
UM*SC**1*11:B~
HCR*A1*999999999~
DTP*AAH*RD8*20150225-20160225~
HSD*VS*1~
NM1*SJ*1*****XX*999999999~
SE*16*999999999~
GE*1*1~
IEA*1*999999999~

```

SAMPLE 278 INPATIENT SUBMISSION RESPONSE

```

ISA*00*                *00*                *ZZ*700                *ZZ*EMDEON
*210901*1801**^*00501*999999999*0*P*:
GS*HI*RB TSA*EMDEON*20210901*1801036*999999999*X*005010X217
ST*278*999999999*005010X217
BHT*0007*11*999999999*20210901*1801036*18
HL*1**20*1
NM1*PR*2*BLUE CROSS BLUE SHIELD OF MASSACHUSETTS*****PI*700
HL*2*1*21*1
NM1*FA*2*****XX*999999999

```

PRV*PE
 HL*3*2*22*1
 NM1*IL*1*LAST*FIRST****MI*MTN999999999
 DMG*D8*19000101
 HL*4*3*EV*1
 UM*AR*I*2*21:B**E
 HCR*A4*123456ABC00*0V
 DTP*435*RD8*20210714-20210723
 HI*ABK:J849
 CL1*3
 MSG*PLEASE SEND CLINICAL INFORMATION WITHIN 24 HOURS
 NM1*SJ*1*****XX*999999999
 PRV*PE*PXC*282N00000X
 HL*5*4*SS*0
 DTP*472*D8*20210714
 SV2**HC:31654
 SE*23*999999999
 GE*1*999999999
 IEA*1*999999999

SAMPLE 278 INPATIENT INQUIRY RESPONSE

ISA*00* *00* *ZZ*700 *ZZ*EMDEON
 *210925*1025**^*00501*999999999*0*P*:
 GS*HI*RB TSA*EMDEON*20210925*1025456*999999999*X*005010X215
 ST*278*999999999*005010X215
 BHT*0007*49*999999999*20210925*1025455*18
 HL*1**20*1
 NM1*PR*2*BLUE CROSS BLUE SHIELD OF MASSACHUSETTS*****PI*700
 HL*2*1*21*1
 NM1*FA*2*****XX*999999999
 HL*3*2*22*1
 NM1*IL*1*LAST*FIRST****MI*MTN999999999
 DMG*D8*19000101
 HL*4*3*EV*0
 UM*AR**1*21:B
 HCR*A4*123456ABC00*0V
 DTP*435*D8*20211001
 HI*ABK:K440
 NM1*SJ*1*LAST*FIRST****XX*999999999
 NM1*FA*2*ABC HOSPITAL CORP*****XX*999999999
 SE*17*999999999
 GE*1*999999999
 IEA*1*999999999

SAMPLE 278 HEALTH SERVICE REVIEW SUBMISSION RESPONSE

ISA*00* *01* *ZZ*700 *ZZ*EMDEON
*210924*2018**^*00501*999999999*0*P*:
GS*HI*RB TSA*EMDEON*20210924*2018468*999999999*X*005010X217
ST*278*999999999*005010X217
BHT*0007*11*999999999*20210924*2018468*18
HL*1**20*1
NM1*X3*2*BLUE CROSS BLUE SHIELD OF MASSACHUSETTS*****PI*700
HL*2*1*21*1
NM1*FA*2*****XX*999999999
REF*N5*99999
PRV*RF*PXC*111N00000X
HL*3*2*22*1
NM1*IL*1*LAST*FIRST*M***MI*XXH999999999
HL*4*3*EV*0

TRN*2*3727321*99999
TRN*1*98908QBA00*99999
UM*HS*I*33*11:B
HCR*A1*98908QBA00
DTP*AAH*RD8*20210923-20211023
HI*ABK:R6889*ABF:M5432*ABF:M9901
HSD*VS*3
NM1*FA*2*****XX*9999999999
PRV*PE*PXC*111N00000X
SE*21*999999999
GE*1*999999999
IEA*1*999999999

SAMPLE 278 HEALTH SERVICE REVIEW INQUIRY RESPONSE

ISA*00* *00* *ZZ*700 *ZZ*EMDEON
*210925*1058**^00501*999999999*0*P*:
GS*HI*RB TSA*EMDEON*20210925*1058111*999999999*X*005010X215
ST*278*999999999*005010X215
BHT*0007*49*999999999*20210925*1058115*18
HL*1**20*1
NM1*PR*2*BLUE CROSS BLUE SHIELD OF MASSACHUSETTS*****PI*700
HL*2*1*21*1
NM1*FA*2*****XX*9999999999
HL*3*2*22*1
NM1*IL*1*****MI*MTN999999999
HL*4*3*23*1
NM1*QC*1*LAST*FIRST*M***MI*MTN999999999
DMG*D8*19000101
HL*5*4*EV*0
UM*HS*I*AE*11:B
HCR*A1*12345ABC00
DTP*AAH*RD8*20210924-20211231
HI*ABK:R6889
HSD*VS*8
NM1*SJ*2*ABC PROVIDER LLC*****XX*9999999999
SE*19*999999999
GE*1*999999999
IEA*1*999999999

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Appendix E - Revision History

Revision Number	Date	Section	Notes
1.0	6/1/15	Initial	
1.1	3/16/16	All	
1.2	5/22/2017	e-Channels (2.1)	Replaced Emdeon website and phone number with Change Healthcare info
1.3	5/15/18	4.1	Revised prefix content
	5/15/18	6.2	Revised prefix content
	5/15/18	7.2	Revised prefix content
	5/15/18	Appendix B	Revised prefix content
1.4	09/2021	All	Updated to include Authorization data
1.5	03/2024	2.2	Updated security language.
		3.0	Updated table.

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MPC_031416-2X (5/18)