MASSACHUSETTS

Health Care Services Review
278 Companion Guide
(for Referrals only):
- *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: 1.3

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 is 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 submission and referral 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 submission and referral 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:

Provider Central	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.

New England Healthcare Exchange Network (NEHEN) trading partners transmit transactions using private network frame relay connections, virtual private networks (VPN), or X.509 digital certificates for web services connections.

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 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. *Please use online documentation for the most up-to-date materials.*	Website: http://www.bluecrossma.com/provider

4. Blue Cross 278 Referral Submissions and 278 Referral 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 Referral *Inquiries*
- We process 278 referral inquiries for Blue Cross managed care members <u>ONLY</u>. 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 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 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 submission, an error will be returned on the 278 response.

5. 999 Acknowledgment for Health Care Insurance
278 Referral Submissions and 278 Referral 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 submission "005010X215" for referral inquiry
BHT		**Beginning of hierarchical trans.**	
	02	Transaction set purpose code	"13" for referral submission "28" for referral inquiry

6.2. 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"
	02	Entity type qualifier	"1"
	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)
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"

Loop ID	Segment/ Element ID	Data Element Name	Blue Cross Business Rule
	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)
	02	Entity type qualifier	"1" (person)
	08	Identification code qualifier	"XX" (NPI)
	09	Identification code	Referred to provider's NPI

7. 278 Response 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)
	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) "NA" (no action required)
	02	Review identification number	Blue Cross-assigned referral number
2000E	**DTP**	**Event date**	
	01	Date/time qualifier	"AAH" (event)
	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"
	02	Service unit count	Number of approved visits

8. Appendices

Appendix A - Blue Cross Supported Referral Service Types

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	

Appendix B – 278 Responses for Error Scenarios

Error scenario	Referral response returned with…	Action needed…
Blue Cross subscriber ID # submitted on the referral request is not in the correct format	**AAA03 = 72** (invalid/missing subscriber/insured ID)	• Verify the patient's Blue Cross subscriber ID # on their ID card (be sure to include the alpha or alpha-numeric prefix) • Resubmit your referral request with the correct ID #
Member's date of birth was not submitted on the referral request	**AAA03 = 58** (invalid/missing date of birth)	• Ask the patient for date of birth OR submit an eligibility/benefits request to retrieve the correct date of birth • Resubmit your referral request with the patient's date of birth
The first date of service was not submitted on the referral request	**AAA03 = 57** (invalid/missing date of service)	Resubmit your referral 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 referral request is not found in Blue Cross membership system	**AAA03 = 67** (patient not found) OR **AAA03 = 75** (subscriber/insured not found)	• 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 referral 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 (Note: authorizations may be required for some services)	**HCR01 = NA** (no action required) and a **MSG** segment "REFERRALS NOT REQUIRED FOR THE MEMBER'S PRODUCT"	No action necessary

Error scenario	Referral response returned with…	Action needed…
The referring provider is not the patient's primary care provider (or an approved covering provider)	**AAA03 = 49** (provider is not the primary care physician)	Resubmit using the patient's primary care provider (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 a 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 Referral Requests

Sample 278 Referral Submission Request
```
ISA*00*          *00*          *ZZ*EMDEON          *ZZ*700
*150305*1212*^*00501*999999999*0*P*:~
GS*HI*EMDEON*RBTSA*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*9999999999~
PER*IC**TE*9999999999~
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*9999999999~
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*RBTSA*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*9999999999~
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*9999999999~
SE*13*999999999~
GE*1*1~
IEA*1*999999999~
```

Appendix D - Sample 278 Referral Responses

Sample 278 Referral Submission Response
```
ISA*00*          *00*          *ZZ*700          *ZZ*EMDEON
*150304*1140*^*00501*999999999*0*P*:~
GS*HI*RBTSA*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*9999999999~
PER*IC**TE*9999999999~
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*9999999999~
DTP*AAH*RD8*20150304-20160303~
HSD*VS*1~
NM1*SJ*1******XX*9999999999~
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*RBTSA*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*9999999999~
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*9999999999~
DTP*AAH*RD8*20150225-20160225~
HSD*VS*1~
NM1*SJ*1******XX*9999999999~
SE*16*999999999~
GE*1*1~
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

MPC_031416-2X (5/18)