

Michigan Department of Health and Human Services

*HIPAA 5010 EDI Companion Guide for ANSI
ASC X12N278
Prior Authorization Request and Response*

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1. Introduction

This document is intended as a companion to the 005010X212 • 278 Health Care Services Review — Request for Review and Response Technical Report 3 (TR3) dated May 2006. This document also includes updates appearing in:

- Errata 005010X212E1 • 278 Health Care Services Review — Request for Review and Response dated April 2008
- Errata 005010X212E2 • 278 Health Care Services Review — Request for Review and Response dated January 2009

The 5010 Implementation Guide and related Errata documents can be purchased from the Washington Publishing Company web site at: www.wpc-edi.com

1.1 Scope

This document is expected to be used in conjunction with the TR3 and related Errata for the 278 transaction. The content of this document follows the guidelines authorized in the version modifications to the Health Insurance Portability and Accountability Act (HIPAA) Final Rule transaction standards published in the Federal Register January 16, 2009. Health plans, covered entities and their business associates that engage in the exchange of eligibility transactions are required by the Affordable Care Act (ACA) to comply with additional operating rule regulations for the 278 transaction. These operating rules are maintained by CAQH CORE.

This Companion Guide provides MDHHS-specific instructions regarding certain elements within the TR3 but does not change, supersede, or add to the definitions, data conditions, or use of data elements or segments in the standard. This document provides MDHHS rules regarding:

- Identifiers to use when a national standard has not been adopted
- Parameters in the TR3 and related Errata that provide options

Section 6, Control Segments / Envelopes, contains provider data clarifications for fields and values. Transaction specific data will be detailed using a table with the following information included:

- Loop
- Segment
- Data Element
- Loop/Segment/Element Name
- Companion Guide Rules

1.2 Overview

As noted in the TR3, the 278 transaction set supports the following business events:

- Admission certification review request and associated response
- Referral review request and associated response
- Health care services certification review request and associated response
- Extend certification review request and associated response
- Certification appeal review request and associated response
- Reservation of medical services request and associated response
- Cancellations of service reservations request and associated response

Technical details for the following topics can be found in the MDHHS Electronic Submissions Manual (ESM). Please see Section 1.3 References for the ESM location, it covers:

- Testing with the Payer
- File Transfer Service (FTS) usage for retrieval
- Using the ACA CORE Communication Protocols with MDHHS, including header requirements, error reporting, and transmission procedures
- Acknowledgements and Reports (999 and TA1)

1.3 References

This section specifies additional on-line sources of helpful information related to electronic data interchange and X12 transactions.

- Technical Reports

Washington Publishing Company (WPC) at www.wpc-edi.com

- MDHHS Electronic Submissions Manual

To successfully download HIPAA transactions from the CHAMPS system, it is necessary to comply with the information contained in the MDHHS Electronic Submissions Manual. The most current version of this manual can be downloaded from the MDHHS web site at the following location:

michigan.gov/tradingpartners >> HIPAA - Companion Guides >> Electronic Submissions Manual

- MDHHS Medicaid Policy, Provider Manual and Forms

michigan.gov/medicaidproviders >> Policy and Forms (green section)

1.4 Transaction Description

The 278 Health Care Services Request and Response transactions do not replace the verbal request process. If there is an urgent/emergent situation, telephone authorization must still be obtained.

MDHHS accommodates the 278 Health Care Services transactions for the processing of prior authorizations. As noted in the X12N 278 (005010X217) Implementation Guide, the Michigan Department of Health and Human Services (MDHHS) will support one patient event (prior authorization request or preadmission certification request) per 278 transaction (ST through SE)

MDHHS has made special arrangements to assist Michigan Peer Review Organization (MPRO) for the interchange of preadmission certification and select Special Services 278 Health Care Services Request and Response transactions. 278 Health Care Service Requests for preadmission certification and select Special Services received by MDHHS will be forwarded to MPRO for processing. MPRO will return the corresponding preadmission certification 278 Health Care Service Responses to MDHHS for forwarding back to the requesting entity. Please see Appendix A - Submission of Supporting Documentation for information regarding how to contact

MDHHS and MPRO. When using the 278 Health Care Services Request transaction, the following Michigan Department of Health and Human Services (MDHHS) forms do not need to be submitted:

- Special Services Prior Approval-Request Authorization (MSA-1653-B)
- Occupational/Physical Therapy-Speech Pathology Prior Approval-Request/Authorization (MSA-115)
- Dental Prior Approval Authorization Request (MSA-16780-B)

The 278 Health Care Services Request and Response transactions supply the same information noted on these forms. Any forms not noted must still be mailed and/or faxed. Submission of supporting documentation for the 278 batch will continue to be the same as DDE. The 278 Health Care Services. Request and Response transactions do not support the ability to submit all supporting documentation electronically. To process a 278 Health Care Services Request properly, the requester will still be required to mail or fax (when applicable) the necessary supporting documentation. If you have questions, please contact MDHHS at 1-800-622-0276 or for MPRO 800-727-7223.

To correlate an electronically-submitted prior authorization request properly with mailed or faxed supporting documentation, MDHHS requires the use of a trace number located in the TRN segment of Loop 2000C. This trace number must be a unique number for each individual prior authorization or preadmission certification request. The trace number submitted on the electronic request must be noted on all mailed or faxed supporting documentation. Failure to place the trace number in the 278 Request and on all mailed or faxed documentation may result in the rejection or denial of the prior authorization or preadmission certification request.

MDHHS will return a 999 Acknowledgement when a 278 Request for Review transaction is accepted for processing or when syntactical errors are encountered. When errors are encountered within the interchange, a TA1 transaction will be produced and no Functional Groups within the Interchange will be processed.

When a 278 Health Care Service Request for prior authorization is accepted for processing, MDHHS will generate a 278 Health Care Service Response within fifteen (15) business days.

MPRO will generate a 278 Health Care Service Response for an accepted 278 Health Care Service Request for preadmission certification within one (1) business day.

When the 278 Request for Review transaction has missing or invalid data, the electronic request for prior authorization or preadmission certification will be rejected resulting in a 278 Health Care Service Response transaction with applicable AAA segment(s). The AAA segments provide explanation of the error(s) found and, in most instances; will require correction and resubmission of the request.

MDHHS may return a 278 Response transaction requesting additional information. The request for additional information will specify where the additional information should be mailed or faxed. If MDHHS does not receive the requested information within thirty business days, another 278 Response transaction will be returned denying the electronically submitted prior authorization request.

MPRO will request all additional information via the telephone. If MPRO does not receive the requested additional information within three (3) business days, a 278 Response transaction will be returned denying the preadmission certification request.

Please refer to the MDHHS Electronic Submissions Manual for information regarding:

- Interaction with the MDHHS File Transfer Service (FTS), formerly known as the File Transfer Service (FTS)
- Modes of submission (SSL FTP, or HTTPS)
- Interchange Acknowledgement (TA1) transaction
- Interchange Acknowledgement (999) transaction

2. Getting Started

2.1 Working with MDHHS

An entity (provider, billing agent, clearinghouse, etc.) who wishes to retrieve responses, must enroll with MDHHS as a provider or billing agent. Please access the Provider Enrollment section at the location below for information on provider and billing agent enrollment:

michigan.gov/tradingpartners >> Electronic Submissions Transactions >> How to Enroll

2.2 Certification and Testing Overview

Michigan Medicaid provides test systems for our Trading Partners' use to verify their transactions are properly generated and submitted to MDHHS. The Michigan Medicaid provider community may use the test systems to pursue CMS Level II Compliance, to ensure: "an entity covered by HIPAA has completed end-to-end testing with each of its external trading partners and is prepared to move into production mode" (source: CMS ICD-10 Implementation Guide).

All MDHHS Providers, Health Plans, Clearinghouses, and Billing Agents are required to test their ability to send valid electronic transactions and obtain appropriate results. Please review the following information with your transaction submission and IT teams, ensure HIPAA test transactions are appropriately identified as "Test", and verify you are working in the test environment when

submitting claim, encounter, or query transactions. Please note that the rates included in the CHAMPS B2B Test system may vary from the actual rates used in the production CHAMPS claims-payment production system.

3. Testing with Michigan Medicaid

If you choose to test, the MDHHS Electronic Submissions Manual contains an overview of the testing process (see Section 1.3 *References*). More information on testing is available at www.michigan.gov/tradingpartners >> Electronic Submissions Transactions.

In general, the steps to complete testing are as follows:

- Register as an electronic biller
- Obtain authentication credentials appropriate to the mode of electronic billing
- Send an email to: MDHSEncounterData@michigan.gov and to: MDHHS-B2B-Testing@michigan.gov to request testing enrollment and instructions for using the MDHHS test systems
- Perform the required testing in the MDHHS Test Systems
- Request MDHHS review and approve your test submissions to certify your organization as an electronic submitter, prior to sending production electronic transactions to the MDHHS Medicaid system (CHAMPS).

4. Connectivity with Michigan Medicaid / Communications

4.1 System Availability

The MDHHS CHAMPS system is available 24 hours 7 days a week apart from a regular monthly maintenance window, which starts at 6:00 p.m. on the second Saturday of each month and ends at 6:00 a.m. on Sunday. For information on unscheduled outages, please check the Biller “B” Aware page at the following location:

www.michigan.gov/mdhhs >> Doing Business with MDHHS >> click on Health Care Providers >> Providers >> Medicaid (green section) >> Medicaid Alerts >> Biller "B" Aware

4.2 Process Flows

MDHHS supports batch submission for ANSI ASC X12N transactions.

4.3 Transmission Administrative Procedures

4.3.1 Structure Requirements

MDHHS complies with the standards established by the HIPAA Implementation Guides.

4.3.2 Response Times

MDHHS complies with the requirements established by the HIPAA Implementation Guides.

4.3.3 Interchange Acknowledgements

Please refer to the MDHHS Electronic Submissions Manual for information regarding:

- Interchange Acknowledgement (TA1) transaction
- Interchange Acknowledgement (999) transaction

4.4 Communication Protocols

Please see the Electronic Submissions Manual for information on using communication protocols (see: *Section 1.3 References*).

5. Contacts

EDI Services	EDI Services handles all issues and questions with the FTS or files exchanged with CHAMPS.
	Website: www.michigan.gov/tradingpartners
	Email: AutomatedBilling@michigan.gov
Provider Support Unit	The Provider Support Unit handles all billing questions related to paper claims and the 837 and questions regarding provider and billing agent enrollment.
	Website: www.michigan.gov/medicaidproviders >> CHAMPS
	Email: ProviderSupport@michigan.gov
	Provider Inquiry Line: 1-800-292-2550

6. Control Segments / Envelopes

6.1 ANSI ASC X12 278 - Companion Guide Rules

Please refer to the MDHHS Electronic Submission Manual for information regarding:

- Interaction with the MDHHS's File Transfer Service (FTS)
- Modes of retrieval (ASCII and binary formats) including Line Feed information

This document uses several text conventions to distinguish MDHHS data elements from the TR3 data elements. The following table lists the text conventions used in this document:

Convention used	Explanation
< >	Text included within < > describes the values MDHHS requires for submission.
" "	Text with " " around a value represents HIPAA TR3 values.
()	The HIPAA TR3 description of the value in quotes, described above, is provided parenthetically.
Light yellow shading	Light yellow shading indicates items changed in this revision of the Companion Guide

6.1.1 278 - Request Interchange Control Header

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Interchange Control Header	
	ISA		Segment - Interchange Control Header	
	ISA	ISA01	Authorization Information Qualifier	"00" (No Authorization Information Present (No Meaningful Information in I02))
	ISA	ISA02	Authorization Information	10 spaces
	ISA	ISA03	Security Information Qualifier	"00" (No Security Information Present (No Meaningful Information in I04))
	ISA	ISA04	Security Information	10 spaces
	ISA	ISA05	Interchange ID Qualifier	"ZZ" (Mutually Defined)
	ISA	ISA06	Interchange Sender ID	Trading Partner ID FTP, SSL FTP, or HTTPS use the FTS ID left justified, followed by spaces. For electronic batch use NPI or CHAMPS Provider ID, left justified, followed by spaces.
	ISA	ISA07	Interchange ID Qualifier	"ZZ" (Mutually Defined)
	ISA	ISA08	Interchange Receiver ID	"D00111" left justified followed by spaces.
	ISA	ISA11	Repetition Separator	"^"
	ISA	ISA16	Component Element Separator	":"

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Functional Group Header	
	GS		Segment - Functional Group Header	
	GS	GS02	Application Sender's Code	Trading Partner ID Use the FTS ID. This value should always match ISA06 <Interchange Sender ID>.
	GS	GS03	Application Receiver's Code	"D00111" for MDHHS

6.1.2 278 - Request Transaction Set

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Transaction Set Header	
	BHT		Segment - Beginning of Hierarchical Transaction	
	BHT	BHT02	Transaction Set Purpose Code	<Purpose of transaction set> "01" (Cancellation) "13" (Request)
2010A			Loop - Utilization Management Organization (UMO) Name	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010A	NM1		Segment - Utilization Management Organization (UMO) Name	
2010A	NM1	NM101	Entity Identifier Code	"PR" (Payer)
2010A	NM1	NM102	Entity Type Qualifier	"2" (Non Person Entity)
2010A	NM1	NM103	Name Last or Organization Name	<Utilization Management Organization (UMO) Last or Organization Name> "MDHHS" when Loop - 2000E UM01 is equal to: "HS" (Health Care Service Review) "IN" (Individual) "SC" (Specialty Care Review) "MPRO" when Loop - 2000E UM01 is equal to "AR" (Admission Review)
2010A	NM1	NM108	Identification Code Qualifier	"PI" (Payer Identification)
2010A	NM1	NM109	Identification Code	<Utilization Management Organization (UMO) Identifier> "D00111" for MDHHS.
2010B			Loop - Requester Name	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010B	NM1		Segment - Requester Name	
2010B	NM1	NM108	Identification Code Qualifier	"XX" (Health Care Financing Administration National Provider Identifier)
2010B	NM1	NM109	Identification Code	<Requester Identifier> National Provider Identifier (NPI)
2010B	PER		Segment - Requester Contact Information	
2010B	PER	PER02	Name	<Requester Contact Name> If this is a request for a blanket PA, then submit the requestor contact name incase MDHHS or MPRO need to contact for additional information.
2010B	PER	PER03	Communication Number Qualifier	"TE" (Telephone) Required when PER02 <Requester Contact Name> has a value.
2010B	PER	PER04	Communication Number	<Requestor Contact Communication Number> Telephone number Required when PER02 <Requester Contact Name> has a value.
2010B	PER	PER05	Communication Number Qualifier	"TE" (Telephone) "EX" (Telephone Extension)
2010B	PER	PER06	Communication Number	<Requestor Contact Communication Number> Telephone extension or additional telephone number. Required when PER05 <Communication Number Qualifier> has a value.
2010C			Loop - Subscriber Name	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010C	NM1		Segment - Subscriber Name	
2010C	NM1	NM108	Identification Code Qualifier	"MI" (Member Identification Number)
2010C	NM1	NM109	Identification Code	<Subscriber Primary Identifier> Report the MDHHS beneficiary 10-digit identification number.
2010C	DMG		Subscriber Demographic Information	
2010C	DMG	DMG02	Date Time Period	<Subscriber Birth Date> Required by MDHHS and MPRO.
2000E			Loop - Patient Event Level	
2000E	UM		Health Care Services Review Information	
2000E	UM	UM01	Request Category Code	Allowed values for MDHHS and MPRO Special Services: "HS"(Health Service Review) "IN" (Individual) "SC" (Specialty Care Review) Allowed values for MPRO requesting Admission to a Facility: "AR" (Admission Review)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000E	UM	UM02	Certification Type Code	Allowed values for MDHHS: "I" (Initial) "R" (Renewal) Allowed values for MPRO: "I" (Initial) "N" (Reconsideration)
2000E	UM	UM04-1	Facility Code Value	<Facility Type Code> Institutional (Loop - 2000E UM04-2 <Facility Code Qualifier> equals "A") - First and second position of the Uniform Bill Type Code. Professional or Dental (Loop - 2000E UM04-2 <Facility Code Qualifier> equals "B") - Place of Service Code
2000E	UM	UM04-2	Facility Code Qualifier	"A" (Uniform Billing Claim Form Bill Type) "B" (Place of Service Codes for Professional or Dental Services)
2000E	UM	UM05-1	Related-Causes Code	If PA request is related to auto accident then UM05-1 equals to "AA" (Auto Accident) should be submitted.
2000E	UM	UM05-4	State or Province Code	Required when UM05-1 <Related Causes Code> has a value "AA" (Auto Accident).
2000E	REF		Segment - Previous Review Authorization Number	
2000E	REF	REF01	Reference Identification Qualifier	"BB" (Authorization Number)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000E	REF	REF02	Reference Identification	<Previous Review Authorization Number> Required when Loop - 2000E UM02 <Certification Type Code> equals "R" (Renewal). Submit original PA Tracking Number or Certification Number.
2000E	REF		Segment - Previous Review Administrative Reference Number	
2000E	REF	REF01	Reference Identification Qualifier	"NT" (Administrator's Reference Number)
2000E	REF	REF02	Reference Identification	<Previous Administrative Reference Number> Required when Loop - 2000E UM02 <Certification Type Code> equals "N" (Reconsideration). Submit original PA Tracking Number or Certification Number.
2000E	DTP		Segment - Accident Date	
2000E	DTP	DPT03	Date Time Period	<Accident Date> Required when Loop - 2000E UM05-1 <Related-Causes Code> has a value "AA" (Auto Accident).
2000E	DTP		Segment - Event Date	
2000E	DTP	DPT03	Date Time Period	<Proposed or Actual Event Date> Required when PA request is for MDHHS or MPRO Special Services.
2000E	DTP		Segment - Admission Date	
2000E	DTP	DPT03	Date Time Period	<Proposed or Actual Admission Date> Required when PA request is for MPRO.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000E	DTP		Segment - Discharge Date	
2000E	DTP	DPT03	Date Time Period	<Proposed or Actual Discharge Date> Required when PA request is for MPRO.
2000E	HSD		Segment - Health Care Services Delivery	Required when service units were not provided in Loop - 2000F SV104 (Professional) /SV205 (Institutional)/SV306 (Dental) and Loop - 2000F HSD02.
2000E	HSD	HSD01	Quantity Qualifier	"FL" (Units) Required when service units were not provided in Loop - 2000F: SV103 <Unit or Basis for Measurement Code> (Professional), or SV204 <Unit or Basis for Measurement Code> (Institutional), or SV305 <Unit or Basis for Measurement Code> (Dental), or Loop - 2000F HSD01 <Quantity Qualifier>.
2010EA			Loop - Patient Event Provider Name	
2010EA	NM1		Segment - Patient Event Provider Name	Required when Loop - 2000E UM01 <Request Category Code> equals "AR" (Admission Review). Only one 2010EA, NM1 segment is allowed by MDHHS.
2010EA	NM1	NM108	Identification Code Qualifier	"XX" (Centers for Medicare and Medicaid Services National Provider Identifier)
2010EA	NM1	NM109	Identification Code	<Patient Event Provider Identifier> National Provider Identifier (NPI)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F			Loop - Service Level	
2000F	UM		Segment - Health Care Services Review Information	MDHHS requires Health Care Service Review Information to be submitted at the header. If submitted at the line it will not be considered for processing the PA.
2000F	REF		Segment - Previous Review Authorization Number	MDHHS requires Previous Review Authorization Number to be submitted at the header. If submitted at the line it will not be considered for processing the PA.
2000F	REF		Segment - Previous Review Administrative Reference Number	MDHHS requires Previous Review Administrative Reference Number to be submitted at the header. If submitted at the line it will not be considered for processing the PA.
2000F	DTP		Segment - Service Date	Do not submit if this is a PA for MPRO requesting admission to a Facility.
2000F	DTP	DTP03	Date Time Period	<Proposed or Actual Service Date> Required if Patient Event Date in Loop - 2000E DTP (Patient Event Date) is not submitted and PA request is for MDHHS or MPRO Special Services. If both Loop - 2000E DTP (Patient Event Date) and Loop - 2000F (Service Date) are submitted then Line Service Dates should be within the Patient Event "From" and "To" Dates.
2000F	SV1		Segment - Professional Service	
2000F	SV1	SV101-1	Product/Service ID Qualifier	"HC" (Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	SV1	SV102	Monetary Amount	<Service Line Amount> Amount must be greater than zero.
2000F	SV1	SV103	Unit or Basis for Measurement Code	"UN" (Unit) Required when service units were not provided in Loop - 2000E / Loop - 2000F HSD01 <Quantity Qualifier>.
2000F	SV1	SV104	Quantity	<Service Unit Count> Required if SV103 <Unit or Basis for Measurement Code> is submitted.
2000F	SV2		Segment - Institutional Service Line	Only one Procedure Code or Revenue Code is allowed on each PA Service Line (s) for Institutional Claim Type PA request i.e. SV2 segment. If 278 PA request needs to be processed with Revenue Code on PA Service Line (s), then submit Service Line Revenue Code in SV201. If 278 PA request needs to be processed with Procedure Code on PA Service Line (s), then submit Procedure Code in SV202 - 2 and its corresponding Product or Service ID Qualifier in SV202-1
2000F	SV2	SV202-1	Product/Service ID Qualifier	<Product or Service ID Qualifier> "HC" (Health Care Financing Administration Common) "ID" (International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) - Procedure) "ZZ" (Mutually Defined)
2000F	SV2	SV203	Monetary Amount	<Service Line Amount> Amount must be greater than zero.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	SV2	SV204	Unit or Basis for Measurement Code	"UN" (Unit) Required when service units were not provided in Loop - 2000E / Loop - 2000F HSD01 <Quantity Qualifier>.
2000F	SV2	SV205	Quantity	<Service Unit Count> Required if SV204 <Unit or Basis for Measurement Code> is submitted.
2000F	SV2	SV206	Unit Rate	<Service Line Rate> Amount must be greater than zero.
2000F	SV3		Segment - Dental Service	
2000F	SV3	SV302	Monetary Amount	<Service Line Amount> Amount must be greater than zero.
2000F	HSD		Segment - Health Care Services Delivery	Required when service units were not provided in Loop - 2000F SV104 (Professional) /SV205 (Institutional)/SV306 (Dental) and Loop - 2000E HSD02.
2000F	HSD	HSD01	Quantity Qualifier	"FL" (Units) Required when service units were not provided in Loop - 2000F: SV103 <Unit or Basis for Measurement Code> (Professional), or SV204 <Unit or Basis for Measurement Code> (Institutional), or SV305 <Unit or Basis for Measurement Code> (Dental), or Loop - 2000F HSD01 <Quantity Qualifier>.
2010F			Loop - Service Provider Name	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010F	NM1		Segment - Service Provider Name	Required when Loop 2010EA is not valued. Only one 2010F, NM1 segment is allowed by MDHHS.
2010F	NM1	NM108	Identification Code Qualifier	"XX" (Centers for Medicare and Medicaid Services National Provider Identifier)
2010F	NM1	NM109	Identification Code	<Service Provider Identifier> National Provider Identifier (NPI)

6.1.3 278 - Response Interchange Control Header

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Interchange Control Header	
	ISA		Segment - Interchange Control Header	
	ISA	ISA01	Authorization Information Qualifier	"00" (No Authorization Information Present / No Meaningful Information in I02)) "03" (Additional Data Identification)
	ISA	ISA02	Authorization Information	10 spaces
	ISA	ISA03	Security Information Qualifier	"00" (No Authorization Information Present / No Meaningful Information in I04))
	ISA	ISA04	Security Information	10 spaces

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	ISA	ISA05	Interchange ID Qualifier	"ZZ" (mutually defined)
	ISA	ISA06	Interchange Sender ID	"D00111" left justified followed by spaces.
	ISA	ISA07	Interchange ID Qualifier	"ZZ" (Mutually Defined)
	ISA	ISA08	Interchange Receiver ID	Value received on the 278 Inbound ISA06 <Interchange Sender ID> will be returned.
	ISA	ISA11	Repetition Separator	"^"
	ISA	ISA14	Acknowledgment Requested	"0" (No Acknowledgement Requested)
	ISA	ISA16	Component Element Separator	<:>
			Functional Group Header	
	GS		Segment - Functional Group Header	
	GS	GS02	Application Sender's Code	"D00111"
	GS	GS03	Application Receiver's Code	Value received on the 278 Inbound GS02 <Application Sender's Code> will be returned.

6.1.4 278 - Response Transaction Set

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Transaction Set Header	
	ST		Segment - Transaction Set Header	
	ST	ST02	Transaction Set Control Number	<Transaction set control number> MDHHS/MPRO will assign a unique number within the transaction set, to indicate the start of the transaction. MDHHS/MPRO will transmit identical transaction set control numbers in SE02.
	BHT		Segment - Beginning of Hierarchical Transaction	
	BHT	BHT03	Reference Identification	<Submitter Transaction Identifier> Value received on BHT03 278 Inbound will be returned.
	BHT	BHT06	Transaction Type Code	"18" (Response - No Further Updates to Follow)
2010A			Loop - Utilization Management Organization (UMO) Name	
2010A	NM1	NM101	Entity Identifier Code	"PR" (Payer)
2010A	NM1	NM103	Name Last or Organization Name	<Utilization Management Organization (UMO) Last or Organization Name> "Michigan Department of Health and Human Services" or "MDHHS"
2010A	NM1	NM108	Identification Code Qualifier	"PI" (Payer Identification)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010A	NM1	NM109	Identification Code	<Utilization Management Organization (UMO) Identifier> "D00111"
2010A	AAA		Segment - Utilization Management Organization (UMO) Request Validation	Segment will be sent if applicable
2010A	AAA	AAA03	Reject Reason Code	"79" (Invalid Participant Identification)
2010A	AAA	AAA04	Follow-up Action Code	"P" (Please Resubmit Original Transaction)
2010B			Loop - Requester Name	
2010B	NM1		Segment - Requester Name	
2010B	NM1	NM101	Entity Identifier Code	Value received on 278 Inbound Loop - 2010B NM101 will be returned.
2010B	NM1	NM103	Name Last or Organization Name	Value received on 278 Inbound Loop - 2010B NM103 will be returned.
2010B	NM1	NM108	Identification Code Qualifier	"XX" (Centers for Medicare and Medicaid Services National Provider Identifier)
2010B	NM1	NM109	Identification Code	<Requester Identifier> Value received on 278 Inbound Loop - 2010B NM109 will be returned.
2010B	AAA		Segment - Requester Request Validation	Segment will be sent if applicable
2010B	AAA	AAA03	Reject Reason Code	<Reject Reason Code> "43" (Invalid/Missing Provider Identification) This value will be sent if Loop - 2010B NM108/NM109 has invalid data on 278 Inbound.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010B	AAA	AAA04	Follow-up Action Code	<Follow-up Action Code> "C" (Please Correct and Resubmit)
2010C			Loop - Subscriber Name	
2010C	NM1		Segment - Subscriber Name	
2010C	NM1	NM103	Name Last or Organization Name	<Subscriber Last Name> Value received on 278 Inbound Loop - 2010C NM103 will be returned.
2010C	NM1	NM108	Identification Code Qualifier	"MI" (Member Identification Number)
2010C	NM1	NM109	Identification Code	<Subscriber Primary Identifier> Value received on 278 Inbound Loop - 2010C NM109 will be returned.
2010C	AAA		Segment - Subscriber Request Validation	Segment will be sent if applicable
2010C	AAA	AAA03	Reject Reason Code	"58" (Invalid/Missing Date-of-Birth) "72" (Invalid/Missing Subscriber/Insured ID)
2010C	AAA	AAA04	Follow-up Action Code	"C" (Please Correct and Resubmit)
2010C	DMG		Segment - Subscriber Demographic Information	
2010C	DMG	DMG02	Date Time Period	<Subscriber Birth Date> Value received on 278 Inbound Loop - 2010C DMG02 will be returned.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010C	DMG	DMG03	Gender Code	<Subscriber Gender Code> Value received on 278 Inbound Loop - 2010C DMG03 will be returned.
2000E			Loop - Patient Event Level	
2000E	TRN		Segment - Patient Event Tracking Number	
2000E	TRN	TRN01	Trace Type Code	"2" (Reference Transaction Trace Number) if Loop - 2000E TRN segment is submitted on 278 Inbound
2000E	TRN	TRN02	Reference Identification	<Patient Event Trace Number> Value received on 278 Inbound Loop - 2000E TRN02 will be returned, if applicable.
2000E	TRN	TRN03	Originating Company Identifier	<Trace Assigning Entity Identifier> Value received on 278 Inbound Loop - 2000E TRN03 will be returned, if applicable.
2000E	TRN	TRN04	Reference Identification	<Trace Assigning Entity Additional Identifier> Value received on 278 Inbound Loop - 2000E TRN04 will be returned, if applicable.
2000E	AAA		Segment - Patient Event Request Validation	Segment will be sent if applicable

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000E	AAA	AAA03	Reject Reason Code	"33" (Input Error) This value will be sent if Loop - 2000E UM02/UM04-1 has invalid data on 278 Inbound. "AI" (Invalid/Missing Accident Date) "AK" (Invalid or Missing Date of Birth) "AH" (Invalid/Missing Onset or Current Condition or Illness Date) "57" (Invalid/Missing Date(s) of Service) "15" (Required Application Data missing) This value will be sent if Loop - 2000E HSD02 was not submitted and Service Units on line are not present on 278 Inbound.
2000E	AAA	AAA04	Follow-up Action Code	"C" (Please correct and resubmit)
2000E	UM		Segment - Health Care Services Review Information	
2000E	UM	UM01	Request Category Code	Value received on 278 Inbound Loop - 2000E UM01 will be returned.
2000E	UM	UM02	Certification Type Code	Value received on 278 Inbound Loop - 2000E UM02 will be returned.
2000E	UM	UM03	Service Type Code	Value received on 278 Inbound Loop - 2000E UM03 will be returned.
2000E	UM	UM04-1	Facility Code Value	Value received on 278 Inbound Loop - 2000E UM04-1 will be returned, if applicable.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000E	UM	UM04-2	Facility Code Qualifier	Value received on 278 Inbound Loop - 2000E UM04-2 will be returned, if applicable.
2000E	UM	UM06	Level of Service Code	Value received on 278 Inbound Loop - 2000E UM06 will be returned, if applicable.
2000E	HCR		Segment -Health Care Services Review	Segment will be sent if applicable
2000E	HCR	HCR01	Action Code	"A1" (Certified in Total) "A2" (Certified in Partial) "A3" (Not Certified) "A6" (Modified) "C" (Cancelled) "CT" (Contact Payer) If HCR01 = "CT" (Contact Payer) then Submitter should refer correspondence from MDHHS / MPRO for further details.
2000E	HCR	HCR02	Reference Identification	<Review Identification Number> PA Tracking Number or Certification Number will be sent if HCR01 equals "A1", or "A2", or "A6".
2000E	HCR	HCR03	Industry Code	<Review Decision Reason Code> This value will be sent if HCR01 equals "A3".
2000E	REF		Segment - Administrative Reference Number	Segment will be sent if applicable
2000E	REF	REF01	Reference Identification Qualifier	"BB" (Authorization Number)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000E	REF	REF02	Reference Identification	<Administrative Reference Number> PA Tracking Number or Certification Number will be sent if Loop - 2000E HCR01 equals "A3".
2000E	REF		Segment - Previous Review Authorization Number	
2000E	REF	REF01	Reference Identification Qualifier	"NT" (Administrator's Reference Number)
2000E	REF	REF02	Reference Identification	<Previous Review Authorization Number> Value received on 278 Inbound Loop - 2000E REF02 will be returned, if applicable.
2000E	DTP		Segment - Accident Date	
2000E	DTP	DTP03	Date Time Period	<Accident Date> Value received on 278 Inbound Loop - 2000E DPT03 will be returned, if applicable.
2000E	DTP		Segment - Last Menstrual Period Date	
2000E	DTP	DTP03	Date Time Period	<Last Menstrual Period Date> Value received on 278 Inbound Loop - 2000E DPT03 will be returned, if applicable.
2000E	DTP		Segment - Estimated Date of Birth	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000E	DTP	DTP03	Date Time Period	<Estimated Birth Date> Value received on 278 Inbound Loop - 2000E DPT03 will be returned, if applicable.
2000E	DTP		Segment - Onset of Current Symptoms or Illness Date	
2000E	DTP	DTP03	Date Time Period	<Onset Date> Value received on 278 Inbound Loop - 2000E DPT03 will be returned, if applicable.
2000E	DTP		Segment - Event Date	
2000E	DTP	DTP02	Date Time Period Format Qualifier	"RD8" (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)
2000E	DTP	DTP03	Date Time Period	<Proposed or Actual Event Date> Approved Service "From Date" - "To Date" for PA request processed by MDHHS or MPRO Special Services will be sent, if applicable (or) Value submitted on 278 Inbound Loop - 2000E DTP03 will be returned, if applicable
2000E	DTP		Segment - Admission Date	
2000E	DTP	DTP02	Date Time Period Format Qualifier	"D8" (Date Expressed in Format CCYYMMDD)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000E	DTP	DTP03	Date Time Period	<Proposed or Actual Admission Date> Approved Service "From Date" for PA request processed by MPRO will be sent, if applicable (or) Value submitted on 278 Inbound Loop - 2000E DTP03 "From Date" will be returned, if applicable
2000E	DTP		Segment - Discharge Date	
2000E	DTP	DTP02	Date Time Period Format Qualifier	"D8" (Date Expressed in Format CCYYMMDD)
2000E	DTP	DTP03	Date Time Period	<Proposed or Actual Discharge Date> Approved Service "To Date" for PA request processed by MPRO will be sent, if applicable (or) Value submitted on 278 Inbound Loop - 2000E DTP03 "To Date" will be returned, if applicable
2000E	DTP		Segment - Certification Issue Date	Segment will be sent if applicable
2000E	DTP	DTP03	Date Time Period	<Certification Issue Date> The value will be sent when Loop - 2000E HCR01 equals "A1" or "A2" or "A6".
2000E	DTP		Segment - Certification Expiration Date	Segment will be sent if applicable
2000E	DTP	DTP03	Date Time Period	<Certification Expiration Date> The value will be sent when Loop - 2000E HCR01 equals "A1" or "A2" or "A6".
2000E	DTP		Segment - Certification Effective Date	Segment will be sent if applicable

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000E	DTP	DTP03	Date Time Period	<Certification Effective Date> The value will be sent when Loop - 2000E HCR01 equals "A1" or "A2" or "A6".
2000E	HI	HI01	Segment - Health Care Code Information	
2000E	HI	HI01-1	Code List Qualifier Code	Value received on 278 Inbound Loop - 2000E HI01-1 will be returned, if applicable.
2000E	HI	HI01-2	Industry Code	Value received on 278 Inbound Loop - 2000E HI01-2 will be returned or modified value processed by MDHHS or MPRO will be sent, if applicable.
2000E	HI	HI01-4	Date Time Period	Value received on 278 Inbound Loop - 2000E HI01-4 will be returned, if applicable.
2000E	HI	HI02-1	Code List Qualifier Code	Value received on 278 Inbound Loop - 2000E HI02-1 will be returned, if applicable.
2000E	HI	HI02-2	Industry Code	Value received on 278 Inbound Loop - 2000E HI02-2 be returned, if applicable.
2000E	HI	HI02-4	Date Time Period	Value received on 278 Inbound Loop - 2000E HI02-4 will be returned, if applicable.
2000E	HI	HI03-1	Code List Qualifier Code	Value received on 278 Inbound Loop - 2000E HI03-1 will be returned, if applicable.
2000E	HI	HI03-2	Industry Code	Value received on 278 Inbound Loop - 2000E HI03-2 will be returned, if applicable.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000E	HI	HI03-4	Date Time Period	Value received on 278 Inbound Loop - 2000E HI03-4 will be returned, if applicable.
2000E	HI	HI04-1	Code List Qualifier Code	Value received on 278 Inbound Loop - 2000E HI04-1 will be returned, if applicable.
2000E	HI	HI04-2	Industry Code	Value received on 278 Inbound Loop - 2000E HI04-2 will be returned, if applicable.
2000E	HI	HI04-4	Date Time Period	Value received on 278 Inbound Loop - 2000E HI04-4 will be returned, if applicable.
2000E	HI	HI05-1	Code List Qualifier Code	Value received on 278 Inbound Loop - 2000E HI05-1 will be returned, if applicable.
2000E	HI	HI05-2	Industry Code	Value received on 278 Inbound Loop - 2000E HI05-2 will be returned, if applicable.
2000E	HI	HI05-4	Date Time Period	Value received on 278 Inbound Loop - 2000E HI05-4 will be returned, if applicable.
2000E	HI	HI06-1	Code List Qualifier Code	Value received on 278 Inbound Loop - 2000E HI06-1 will be returned, if applicable.
2000E	HI	HI06-2	Industry Code	Value received on 278 Inbound Loop - 2000E HI06-2 will be returned, if applicable.
2000E	HI	HI06-4	Date Time Period	Value received on 278 Inbound Loop - 2000E HI06-4 will be returned, if applicable.
2000E	HI	HI07-1	Code List Qualifier Code	Value received on 278 Inbound Loop - 2000E HI07-1 will be returned, if applicable.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000E	HI	HI07-2	Industry Code	Value received on 278 Inbound Loop - 2000E HI07-2 will be returned, if applicable.
2000E	HI	HI07-4	Date Time Period	Value received on 278 Inbound Loop - 2000E HI07-4 will be returned, if applicable.
2000E	HI	HI08-1	Code List Qualifier Code	Value received on 278 Inbound Loop - 2000E HI08-1 will be returned, if applicable.
2000E	HI	HI08-2	Industry Code	Value received on 278 Inbound Loop - 2000E HI08-2 will be returned, if applicable.
2000E	HI	HI08-4	Date Time Period	Value received on 278 Inbound Loop - 2000E HI08-4 will be returned, if applicable.
2000E	HI	HI09-1	Code List Qualifier Code	Value received on 278 Inbound Loop - 2000E HI09-1 will be returned, if applicable.
2000E	HI	HI09-2	Industry Code	Value received on 278 Inbound Loop - 2000E HI09-2 will be returned, if applicable.
2000E	HI	HI09-4	Date Time Period	Value received on 278 Inbound Loop - 2000E HI09-4 will be returned, if applicable.
2000E	HI	HI10-1	Code List Qualifier Code	Value received on 278 Inbound Loop - 2000E HI10-1 will be returned, if applicable.
2000E	HI	HI10-2	Industry Code	Value received on 278 Inbound Loop - 2000E HI10-2 will be returned, if applicable.
2000E	HI	HI10-4	Date Time Period	Value received on 278 Inbound Loop - 2000E HI10-4 will be returned, if applicable.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000E	HI	HI11-1	Code List Qualifier Code	Value received on 278 Inbound Loop - 2000E HI11-1 will be returned, if applicable.
2000E	HI	HI11-2	Industry Code	Value received on 278 Inbound Loop - 2000E HI11-2 will be returned, if applicable.
2000E	HI	HI11-4	Date Time Period	Value received on 278 Inbound Loop - 2000E HI11-4 will be returned, if applicable.
2000E	HI	HI12-1	Code List Qualifier Code	Value received on 278 Inbound Loop - 2000E HI12-1 will be returned, if applicable.
2000E	HI	HI12-2	Industry Code	Value received on 278 Inbound Loop - 2000E HI12-2 will be returned, if applicable.
2000E	HI	HI12-4	Date Time Period	Value received on 278 Inbound Loop - 2000E HI12-4 will be returned, if applicable.
2000E	HSD		Segment - Health Care Services Delivery	
2000E	HSD	HSD01	Quantity Qualifier	Value received on 278 Inbound Loop - 2000E HSD01 will be returned, if applicable.
2000E	HSD	HSD02	Quantity	Value received on 278 Inbound Loop - 2000E HSD02 will be returned, if applicable.
2000E	CL1		Segment - Institutional Claim Code	
2000E	CL1	CL101	Admission Type Code	Value received on 278 Inbound Loop - 2000E CL101 will be returned, if applicable.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000E	CL1	CL102	Admission Source Code	Value received on 278 Inbound Loop - 2000E CL102 will be returned, if applicable.
2000E	CL1	CL103	Patient Status Code	Value received on 278 Inbound Loop - 2000E CL103 will be returned, if applicable.
2000E	CR1		Segment - Ambulance Transport Information	
2000E	CR1	CR103	Ambulance Transport Code	Value received on 278 Inbound Loop - 2000E CR103 will be returned, if applicable.
2000E	CR1	CR105	Unit or Basis for Measurement Code	Value received on 278 Inbound Loop - 2000E CR105 will be returned, if applicable.
2000E	CR1	CR106	Quantity	Value received on 278 Inbound Loop - 2000E CR106 will be returned, if applicable.
2000E	CR2		Segment - Spinal Manipulation Service Information	
2000E	CR2	CR201	Count	Value received on 278 Inbound Loop - 2000E CR201 will be returned, if applicable.
2000E	CR2	CR202	Quantity	Value received on 278 Inbound Loop - 2000E CR202 will be returned, if applicable.
2000E	CR2	CR203	Subluxation Level Code	Value received on 278 Inbound Loop - 2000E CR203 will be returned, if applicable.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000E	CR2	CR204	Subluxation Level Code	Value received on 278 Inbound Loop - 2000E CR204 will be returned, if applicable.
2000E	CR5		Segment - Home Oxygen Therapy Information	
2000E	CR5	CR503	Oxygen Equipment Type Code	Value received on 278 Inbound Loop - 2000E CR503 will be returned, if applicable.
2000E	CR5	CR504	Oxygen Equipment Type Code	Value received on 278 Inbound Loop - 2000E CR504 will be returned, if applicable.
2000E	CR5	CR506	Quantity	Value received on 278 Inbound Loop - 2000E CR506 will be returned, if applicable.
2000E	CR5	CR507	Quantity	Value received on 278 Inbound Loop - 2000E CR507 will be returned, if applicable.
2000E	CR5	CR508	Quantity	Value received on 278 Inbound Loop - 2000E CR508 will be returned, if applicable.
2000E	CR5	CR509	Description	Value received on 278 Inbound Loop - 2000E CR509 will be returned, if applicable.
2000E	CR5	CR516	Quantity	Value received on 278 Inbound Loop - 2000E CR516 will be returned, if applicable.
2000E	CR5	CR517	Oxygen Delivery System Code	Value received on 278 Inbound Loop - 2000E CR517 will be returned, if applicable.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000E	CR5	CR518	Oxygen Equipment Type Code	Value received on 278 Inbound Loop - 2000E CR518 will be returned, if applicable.
2000E	CR6		Segment - Home Health Care Information	
2000E	CR6	CR601	Prognosis Code	Value received on 278 Inbound Loop - 2000E CR601 will be returned, if applicable.
2000E	CR6	CR602	Date	Value received on 278 Inbound Loop - 2000E CR602 will be returned, if applicable.
2000E	CR6	CR603	Date Time Period Format Qualifier	Value received on 278 Inbound Loop - 2000E CR603 will be returned, if applicable.
2000E	CR6	CR604	Date Time Period	Value received on 278 Inbound Loop - 2000E CR604 will be returned, if applicable.
2000E	CR6	CR607	Yes/No Condition or Response Code	Value received on 278 Inbound Loop - 2000E CR607 will be returned, if applicable.
2000E	CR6	CR608	Certification Type Code	Value received on 278 Inbound Loop - 2000E CR608 will be returned, if applicable.
2010EA			Loop - Patient Event Provider Name	
2010EA	NM1	NM101	Entity Identifier Code	Value received on 278 Inbound Loop - 2010EA NM101 will be returned, if applicable.
2010EA	NM1	NM103	Name Last or Organization Name	Value received on 278 Inbound Loop - 2010EA NM103 will be returned, if applicable.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010EA	NM1	NM108	Identification Code Qualifier	"XX" (Centers for Medicare and Medicaid Services National Provider Identifier) will be returned, if applicable.
2010EA	NM1	NM109	Identification Code	<Patient Event Provider Identifier> Value received on 278 Inbound Loop - 2010EA NM109 will be returned, if applicable.
2010EA	AAA		Segment - Patient Event Provider Request Validation	Segment will be sent if applicable
2010EA	AAA	AAA03	Reject Reason Code	<Reject Reason Code> "43" (Invalid/Missing Provider Identification) This value will be sent if Loop – 2010EA NM108/NM109 has invalid data on 278 Inbound.
2010EA	AAA	AAA04	Follow-up Action Code	<Follow-up Action Code> "C" (Please Correct and Resubmit)
2010EC			Loop - Patient Event Transport Information	
2010EC	NM1	NM101	Entity Identifier Code	Value received on 278 Inbound Loop - 2010EB NM101 will be returned, if applicable.
2010EC	NM1	NM103	Name Last or Organization Name	Value received on 278 Inbound Loop - 2010EB NM103 will be returned, if applicable.
2010EC	N3		Segment - Patient Event Transport Location Address	
2010EC	N3	N301	Address Information	Value received on 278 Inbound Loop - 2010EB N301 will be returned, if applicable.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010EC	N3	N302	Address Information	Value received on 278 Inbound Loop - 2010EB N302 will be returned, if applicable.
2010EC	N4		Segment - Patient Event Transport Location City/State/ZIP Code	
2010EC	N4	N401	City Name	Value received on 278 Inbound Loop - 2010EB N401 will be returned, if applicable.
2010EC	N4	N402	State or Province Code	Value received on 278 Inbound Loop - 2010EB N402 will be returned, if applicable.
2010EC	N4	N403	Postal Code	Value received on 278 Inbound Loop - 2010EB N403 will be returned, if applicable.
2000F			Loop - Service Level	
2000F	TRN		Segment - Service Trace Number	
2000F	TRN	TRN02	Reference Identification	<Patient Event Trace Number> Value received on 278 Inbound Loop - 2000F TRN02 will be returned, if applicable.
2000F	TRN	TRN03	Originating Company Identifier	<Trace Assigning Entity Identifier> Value received on 278 Inbound Loop - 2000F TRN03 will be returned, if applicable.
2000F	TRN	TRN04	Reference Identification	<Trace Assigning Entity Additional Identifier> Value received on 278 Inbound Loop - 2000F TRN04 will be returned, if applicable.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	AAA		Segment - Service Request Validation	Segment will be sent if applicable
2000F	AAA	AAA03	Reject Reason Code	<p>"15" (Required application data missing) This value will be sent if Loop - L2000F SV201 and SV202-2 has an invalid Revenue Code and Procedure Code.</p> <p>"33" (Input Errors) This value will be sent if Loop - 2000F SV101-1/ SV101-3 through SV101-6/SV102 has invalid data in Professional Service segment on 278 Inbound, if applicable (or) This value will be sent if Loop - 2000F SV201/SV202-1/ SV202-3</p>

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Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				<p>through SV202-6 /SV203/SV206 has invalid data in Institutional Service Line segment on 278 Inbound, if applicable (or) This value will be sent if Loop - 2000F SV301-3 through SV301-6 /SV302/ SV304-1 through SV304-6 has invalid data in Dental Service segment on 278 Inbound, if applicable (or) This value will be sent if Loop - 2000F TOO02 has invalid data in Tooth Information segment on 278 Inbound, if applicable</p> <p>"57" (Invalid/Missing Date(s) of Service)</p> <p>"AG" (Invalid/Missing Procedure Code(s)) This value will be sent if Loop - 2000F SV101-2 has invalid data in Professional Service segment on 278 Inbound, if applicable (or) This value will be sent if Loop - 2000F SV202-2 has invalid data in Institutional Service Line segment on 278 Inbound, if applicable (or) This value will be sent if Loop - 2000F SV301-2 has invalid data in Dental Service segment on 278 Inbound, if applicable</p>
2000F	AAA	AAA04	Follow-up Action Code	"C" (Please Correct and Resubmit)
2000F	HCR		Segment - Health Care Services Review	Segment will be sent if applicable

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	HCR	HCR01	Action Code	"A1" (Certified in Total) "A3" (Not Certified) "C" (Cancelled) "CT" (Contact Payer) If HCR01 = "CT" (Contact Payer) then Submitter should refer correspondence from MDHHS / MPRO for further details.
2000F	HCR	HCR02	Reference Identification	<Review Identification Number> PA Tracking Number or Certification Number will be sent if HCR01 equals "A1".
2000F	HCR	HCR03	Industry Code	<Review Decision Reason Code> This value will be sent if HCR01 equals "A3".
2000F	REF		Segment - Administrative Reference Number	Segment will be sent if applicable
2000F	REF	REF02	Reference Identification	<Administrative Reference Number> PA Tracking Number or Certification Number will be sent if Loop - 2000F HCR01 equals "A3".
2000F	DTP		Segment - Service Date	
2000F	DTP	DTP02	Date Time Period Format Qualifier	"RD8" (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	DTP	DTP03	Date Time Period	<Proposed or Actual Event Date> Approved Service "From Date" - "To Date" for PA request processed by MDHHS or MPRO Special Services for the line will be sent, if applicable (or) Value submitted on 278 Inbound Loop - 2000F DTP03 will be returned, if applicable
2000F	DTP		Segment - Certification Issue Date	Segment will be sent if applicable
2000F	DTP	DTP03	Date Time Period	<Certification Issue Date> The value will be sent when Loop - 2000F HCR01 equals "A1".
2000F	DTP		Segment - Certification Expiration Date	Segment will be sent if applicable
2000F	DTP	DTP03	Date Time Period	<Certification Expiration Date> The value will be sent when Loop - 2000F HCR01 equals "A1".
2000F	DTP		Segment - Certification Effective Date	Segment will be sent if applicable
2000F	DTP	DTP03	Date Time Period	<Certification Effective Date> The value will be sent when Loop - 2000F HCR01 equals "A1".
2000F	SV1		Segment - Professional Service	Segment will be sent if applicable
2000F	SV1	SV101-1	Product/Service ID Qualifier	Value received on 278 Inbound Loop - 2000F, SV101-1 will be returned, if applicable.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	SV1	SV101-2	Product/Service ID	Value received on 278 Inbound Loop - 2000F, SV101-2 will be returned, if applicable (or) Modified value processed by MDHHS or MPRO for the line will be sent, if applicable.
2000F	SV1	SV101-3	Procedure Modifier	Value received on 278 Inbound Loop - 2000F, SV101-3 will be returned, if applicable (or) Modified value processed by MDHHS or MPRO for the line will be sent, if applicable.
2000F	SV1	SV101-4	Procedure Modifier	Value received on 278 Inbound Loop - 2000F, SV101-4 will be returned, if applicable (or) Modified value processed by MDHHS or MPRO for the line will be sent, if applicable.
2000F	SV1	SV101-5	Procedure Modifier	Value received on 278 Inbound Loop - 2000F, SV101-5 will be returned, if applicable (or) Modified value processed by MDHHS or MPRO for the line will be sent, if applicable.
2000F	SV1	SV101-6	Procedure Modifier	Value received on 278 Inbound Loop - 2000F, SV101-6 will be returned, if applicable (or) Modified value processed by MDHHS or MPRO for the line will be sent, if applicable.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	SV1	SV102	Monetary Amount	Approved Monetary Amount processed by MDHHS or MPRO for the line will be sent, if applicable (or) Value received on 278 Inbound Loop - 2000F, SV102 will be returned, if applicable.
2000F	SV1	SV103	Unit or Basis for Measurement Code	Value received on 278 Inbound Loop - 2000F, SV103 will be returned, if applicable.
2000F	SV1	SV104	Quantity	Approved Quantity processed by MDHHS or MPRO for the line will be sent, if applicable (or) Value received on 278 Inbound Loop - 2000F, SV104 will be returned, if applicable.
2000F	SV2		Segment - Institutional Service Line	Segment will be sent if applicable
2000F	SV2	SV201	Product/Service ID	Value received on 278 Inbound Loop - 2000F, SV201 will be returned or modified value processed by MDHHS or MPRO for the line will be sent, if applicable.
2000F	SV2	SV202-1	Product/Service ID Qualifier	Value received on 278 Inbound Loop - 2000F, SV202-1 will be returned, if applicable.
2000F	SV2	SV202-2	Product/Service ID	Value received on 278 Inbound Loop - 2000F, SV202-2 will be returned, if applicable (or) Modified value processed by MDHHS or MPRO for the line will be sent, if applicable.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	SV2	SV202-3	Procedure Modifier	Value received on 278 Inbound Loop - 2000F, SV202-3 will be returned, if applicable (or) Modified value processed by MDHHS or MPRO for the line will be sent, if applicable.
2000F	SV2	SV202-4	Procedure Modifier	Value received on 278 Inbound Loop - 2000F, SV202-4 will be returned, if applicable (or) Modified value processed by MDHHS or MPRO for the line will be sent, if applicable.
2000F	SV2	SV202-5	Procedure Modifier	Value received on 278 Inbound Loop - 2000F, SV202-5 will be returned, if applicable (or) Modified value processed by MDHHS or MPRO for the line will be sent, if applicable.
2000F	SV2	SV202-6	Procedure Modifier	Value received on 278 Inbound Loop - 2000F, SV202-6 will be returned, if applicable (or) Modified value processed by MDHHS or MPRO for the line will be sent, if applicable.
2000F	SV2	SV203	Monetary Amount	Approved Monetary Amount processed by MDHHS or MPRO for the line will be sent, if applicable (or) Value received on 278 Inbound Loop - 2000F, SV203 will be returned, if applicable.
2000F	SV2	SV204	Unit or Basis for Measurement Code	Value received on 278 Inbound Loop - 2000F, SV204 will be returned, if applicable.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	SV2	SV205	Quantity	Approved Quantity processed by MDHHS or MPRO for the line will be sent, if applicable (or) Value received on 278 Inbound Loop - 2000F, SV205 will be returned, if applicable.
2000F	SV2	SV206	Unit Rate	Approved Unit Rate processed by MDHHS or MPRO for the line will be sent, if applicable (or) Value received on 278 Inbound Loop - 2000F, SV206 will be returned, if applicable.
2000F	SV3		Segment - Dental Service	Segment will be sent if applicable
2000F	SV3	SV301-2	Product/Service ID	Value received on 278 Inbound Loop - 2000F, SV301-2 will be returned, if applicable (or) Modified value processed by MDHHS for the line will be sent if applicable.
2000F	SV3	SV301-3	Procedure Modifier	Value received on 278 Inbound Loop - 2000F, SV301-3 will be returned, if applicable (or) Modified value processed by MDHHS for the line will be sent if applicable.
2000F	SV3	SV301-4	Procedure Modifier	Value received on 278 Inbound Loop - 2000F, SV301-4 will be returned, if applicable (or) Modified value processed by MDHHS for the line will be sent if applicable.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	SV3	SV301-5	Procedure Modifier	Value received on 278 Inbound Loop - 2000F, SV301-5 will be returned, if applicable (or) Modified value processed by MDHHS for the line will be sent if applicable.
2000F	SV3	SV301-6	Procedure Modifier	Value received on 278 Inbound Loop - 2000F, SV301-6 will be returned, if applicable (or) Modified value processed by MDHHS for the line will be sent if applicable.
2000F	SV3	SV302	Monetary Amount	Approved Monetary Amount processed by MDHHS for the line will be sent, if applicable (or) Value received on 278 Inbound Loop - 2000F, SV302 will be returned, if applicable.
2000F	SV3	SV304-1	Oral Cavity Designation Code	Value received on 278 Inbound Loop - 2000F, SV304-1 will be returned, if applicable.
2000F	SV3	SV304-2	Oral Cavity Designation Code	Value received on 278 Inbound Loop - 2000F, SV304-2 will be returned, if applicable.
2000F	SV3	SV304-3	Oral Cavity Designation Code	Value received on 278 Inbound Loop - 2000F, SV304-3 will be returned, if applicable.
2000F	SV3	SV304-4	Oral Cavity Designation Code	Value received on 278 Inbound Loop - 2000F, SV304-4 will be returned, if applicable.
2000F	SV3	SV304-5	Oral Cavity Designation Code	Value received on 278 Inbound Loop - 2000F, SV304-5 will be returned, if applicable.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	TOO		Segment - Tooth Information	Segment will be sent if applicable
2000F	TOO	TOO02	Industry Code	Value received on 278 Inbound Loop - 2000F, TOO02 will be returned, if applicable.
2000F	TOO	TOO03-1	Tooth Surface Code	Value received on 278 Inbound Loop - 2000F, TOO03-1 will be returned, if applicable.
2000F	TOO	TOO03-2	Tooth Surface Code	Value received on 278 Inbound Loop - 2000F, TOO03-2 will be returned, if applicable.
2000F	TOO	TOO03-3	Tooth Surface Code	Value received on 278 Inbound Loop - 2000F, TOO03-3 will be returned, if applicable.
2000F	TOO	TOO03-4	Tooth Surface Code	Value received on 278 Inbound Loop - 2000F, TOO03-4 will be returned, if applicable.
2000F	TOO	TOO03-5	Tooth Surface Code	Value received on 278 Inbound Loop - 2000F, TOO03-5 will be returned, if applicable.
2000F	HSD		Segment - Health Care Services Delivery	
2000F	HSD	HSD01	Quantity Qualifier	Value received on 278 Inbound Loop - 2000F, HSD01 will be returned, if applicable.
2000F	HSD	HSD02	Quantity	Value received on 278 Inbound Loop - 2000F, HSD02 will be returned, if applicable.
2010FA			Loop - Service Provider Name	
2010FA	NM1		Segment - Service Provider Name	Segment will be sent if applicable

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010FA	NM1	NM101	Entity Identifier Code	Value received on 278 Inbound Loop - 2010F NM101 will be returned, if applicable.
2010FA	NM1	NM103	Name Last or Organization Name	Value received on 278 Inbound Loop - 2010F NM103 will be returned, if applicable.
2010FA	NM1	NM108	Identification Code Qualifier	"XX" (Centers for Medicare and Medicaid Services National Provider Identifier) will be returned, if applicable.
2010FA	NM1	NM109	Identification Code	<Patient Event Provider Identifier> Value received on 278 Inbound Loop - 2010F NM109 will be returned, if applicable.
2010FA	AAA		Segment - Service Provider Request Validation	Segment will be sent if applicable
2010FA	AAA	AAA03	Reject Reason Code	<Reject Reason Code> "43" (Invalid/Missing Provider Identification) This value will be sent if Loop - 2010F NM108/NM109 has invalid data on 278 Inbound.
2010FA	AAA	AAA04	Follow-up Action Code	<Follow-up Action Code> "C" (Please Correct and Resubmit)

7. Payer Specific Business Rules and Limitations

7.1 Supported Service Types

MDHHS supports the Service Types required by the HIPAA 5010 278 TR3 and CAQH CORE.

8. Trading Partner Agreements

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

If you are not already submitting electronic transactions to MDHHS, you will need to enroll with MDHHS. Please refer to Section 2.1 for information on enrolling with MDHHS as a provider or billing agent. Enrollment is required to send or retrieve electronic transactions.

Note: Electronic submitters will need to be associated to their Providers (or to themselves) within CHAMPS to be able to submit and receive 278 transactions on the Provider's behalf.

Supplementary Information

Appendix A - Submission of Supporting Documentation

Submission of a 278 Health Care Services Request for these service types still requires the mailing of supporting documentation to the following address or via the noted fax number. The trace number submitted on the electronic request (Loop 2000C TRN02) must be noted on all mailed or faxed supporting documentation. Failure to place the trace number on all mailed or faxed documentation may result in the rejection or denial of your preadmission certification request.

Mail to Name	Address	City, State, Zip code	Fax number	Phone Number
Michigan Department of Health and Human Services	PO Box 30170	Lansing, MI 48909	517-335-0075	800-622-0276
Michigan Peer Review Organization (MPRO)	Please contact MPRO via telephone only			800-727-7223

Revision Log

Version Date	Effective Date	Revision Description
March 14, 2011 (Draft)	January 1, 2012	This is a new Companion Guide effective with the HIPAA 5010A1 Standard.
August 1, 2011 (Draft)	January 1, 2012	<p>Inbound Transaction:</p> <p>2010B/NM108 – removed option “46” ETIN from list. 2010B/NM109 – changed to “NPI” 2010EA/NM1 – added note to segment “Only one 2010EA, NM1 segment is allowed by MDHHS”. 2000F/SV2 – added note to segment:</p> <ol style="list-style-type: none"> 1. Only one Procedure Code or Revenue Code is allowed on each PA Service Line (s) for Institutional Claim Type PA request i.e. SV2 segment. 2. If 278 PA request needs to be processed with Revenue Code on PA Service Line (s), then submit <u>Service Line Revenue Code</u> in SV201. 3. If 278 PA request needs to be processed with Procedure Code on PA Service Line (s), then submit <u>Procedure Code</u> in SV202 -2 and its corresponding <u>Product or Service ID Qualifier</u> in SV202-1. <p>2010F/NM1 – added “Only one 2010F, NM1 segment is allowed by MDHHS”.</p> <p>Outbound Transaction:</p> <p>2000E/HI01-2 – added “or modified value processed by MDHHS or MPRO will be sent”. 2010EA/AAA – added Reject reason code “43” (Invalid/Missing</p>

November 30, 2011	January 1, 2012	This document includes changes identified as part of business to business testing and reflects the 5010 implementation effective January 1, 2012. Updated location and link for Electronic Submitter's Guide.
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