



Development Applications and Technical Services

Centers for Medicare & Medicaid  
Services

## Electronic Submission of Medical Documentation (esMD)

### X12N 278 Companion Guide (ASC X12N/005010X217): Request and Response

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## 1. Introduction

The Centers for Medicare & Medicaid Services (CMS) is a federal agency that ensures health care coverage for more than 100 million Americans. CMS administers Medicare and provides funds and guidance for all states, territories, and protectorates in the nation, for their Medicaid programs and Children’s Health Insurance Program (CHIP). CMS works together with the health care community and organizations in delivering improved and better-coordinated care.

### 1.1 Scope

The purpose of this companion guide is to provide standardized data requirements and content for all trading partners participating in real-time Electronic Submission of Medical Documentation (esMD) Prior Authorization (PA) programs. Also, the document provides the information necessary for esMD trading partners to submit a request for review electronically and receive an electronic response from the esMD system. This companion guide is to be used in conjunction with the *Accredited Standards Committee (ASC) X12N/005010X217 (278) Health Care Services Review — Request for Review and Response (278) Technical Report Type 3 (TR3)*. This companion guide supplements but does not modify or replace any guidelines or rules established by the ASC X12N/005010X217 (278) TR3.

### 1.2 Overview

This companion guide has been written to assist trading partners or Health Information Handlers (HIH) in implementing the ASC X12N/005010X217 version of ~~X12N~~ 278 PA Requests to meet esMD processing standards. It provides detailed explanations of the transaction set by defining data content, identifying valid code values as per the esMD PA programs offered by CMS, and specifying values that are applicable for Electronic Data Interchange (EDI) ~~X12N-278Q~~ PA review requests and ~~278R~~ responses in ~~X12N~~ 278 EDI formats. The guidance is to support esMD trading partners, such as HIHs, to effectively submit ~~X12N~~ ~~278Q~~ Requests and receive ~~X12N-278R~~ Responses.

esMD implemented the Sequoia Project (formerly known as Health eWay and the Nationwide Health Information Network (NHIN)) Phase II Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) Rule 270: Connectivity Rule Version 2.2.0 to exchange ASC X12 administrative specification with HIHs via the Internet. CONNECT support for CAQH profiles has been implemented as part of CONNECT v4.4. The *CAQH CORE X12 Document Submission Service Interface Specification* defines specific constraints on the use of the CAQH CORE Connectivity Rule. More details about CAQH CORE rule interface implementation can be found on the website link: <http://www.caqh.org/core>.

### 1.3 Assumption

This document was created with the assumption that the reader is familiar with and has available the *ASC X12N 278/005010X217 Standards for Electronic Data Interchange Technical*

*Report Type 3 (TR3)*. The information presented in this companion guide is written from the perspective of esMD. Refer to the TR3 for information that is not esMD specific.

## 2. Interchange Control Structure Specification – X12N-278 Request

This X12N-278 interchange control and transaction set contains the format and establishes the data contents of the Health Care Services Review Information Transaction ~~Set (X12N 278)~~ for use within the context of an EDI environment adhering to the integrity of ASC X12N/005010X217 (278) TR3 Implementation Guide. The transaction set is used to transmit health care service information, such as requester, subscriber, demographic, diagnosis, and proposed treatment data, for the purposes of requests for review and reporting the outcome of health care services reviews ~~or for the s-Pre-Claim Review Demonstration for Home Health Services –hereafter referred to as” HHPCR.”~~

~~Table 1: Interchange Control Header~~ ~~Table 1: Interchange Control Header~~ through ~~Table 6:~~ of this control structure as it relates to communication with esMD for the X12N-278 Request and Response transaction.

**Table 1: Interchange Control Header**

Segment Name	Interchange Control Header		
Segment ID	ISA		
Loop ID	Not assigned		
Usage	Mandatory		
Max Use	1		
Segment Notes	<ol style="list-style-type: none"> <li>All positions within each data element in the ISA segment must be filled.</li> <li>Delimiters are specified in the interchange header segment.</li> <li>The character immediately following the segment Identifier (ID), /ISA, defines the data elements separator. The last element in the segment defines the component element separator, and the ISA segment terminator, following the component element separator, defines the character that will be used as the segment terminator for the entire transaction set.</li> <li>While it is not required that submitters use these specific delimiters, these are the ones that esMD uses for all outbound response transactions.</li> </ol> esMD Implementation Notes for Request: ISA14 must be set to zero.		
	Character	Name	Delimiter
	*	Asterisk	Data Element Separator
	^	Carat	Repetition Separator
	+	Plus	Component Element Separator
	~	Tilde	Segment Terminator
Example	ISA*00* *00* *ZZ*9012345720000 *ZZ*9088877320000 *150326*0817**^*00501*000001523*0*P*+~		

**Table 2: ISA Segment Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
ISA01	M	Authorization Information Qualifier	00	The Authorization and Security Information Qualifiers must be 00.
ISA02	M	Authorization Information	Insert 10 blanks	Always blank. Insert 10 blank spaces.

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
ISA03	M	Security Information Qualifier	00	The Authorization and Security Information Qualifiers must be 00.
ISA04	M	Security Information	Insert 10 blanks	Always blank. Insert 10 blank spaces.
ISA05	M	Interchange ID Qualifier (Sender)	ZZ	The Interchange ID Qualifier must be ZZ.
ISA06	M	Interchange Sender ID	Per esMD requirement	The HIH must use its esMD registered EDI ID in ISA06; left justified with trailing SPACES to fill the 15 characters.
ISA07	M	Interchange ID Qualifier (Receiver)	ZZ	The Interchange ID Qualifier must be ZZ.
ISA08	M	Interchange Receiver ID	Per esMD requirement	The HIH must use the esMD Review Contractor's (RC) esMD registered EDI ID in ISA08; left justified with trailing SPACES to fill the 15 characters
ISA14	M	Acknowledgment Requested	0	Enter 0 in ISA14 to prevent receipt of unnecessary TA1 success messages for every submission accepted by esMD.

Table 3: Functional Group Header

Segment Name	Functional Group Header
Segment ID	GS
Loop ID	Not assigned
Usage	Mandatory
Max Use	1
Segment Notes	Indicates the beginning of a functional group and to provide control information
Example	GS*HI*9012345720000*9088877320000*20150625*1700*1523*X*005010X217-

Table 4: GS Segment Information

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
GS02	M	Application Sender's Code	Per esMD requirement	Enter the value from ISA06 into GS02; any trailing spaces in the ISA06 element are not required in the GS02 element.
GS03	M	Application Receiver's Code	Per esMD requirement	Enter the value from ISA08 into GS03; any trailing spaces in the ISA08 element are not required in the GS03 element.

Table 5: Functional Group Trailer

Segment Name	Functional Group Trailer
Segment ID	GE
Loop ID	Not assigned
Usage	Mandatory
Max Use	1
Segment Notes	Indicates the end of a functional group and to provide control information
Example	GE*1*1523-

**Table 6: Interchange Control Trailer**

Segment Name	Interchange Control Trailer
Segment ID	IEA
Loop ID	Not assigned
Usage	Mandatory
Segment Notes	Defines the end of an interchange control segment
Example	IEA*1*000001523~

## 2.1 Sample Request Interchange Control

[Figure 1: Sample EDI 278 Envelope Request Transaction](#) provides a sample X12N 278 PA EDI request transaction meant to demonstrate the sample or mock high-level hierarchical structure of an acceptable X12N-278 PA EDI request. Each loop, segment, and element would flow continuously within a single stream of data

**Figure 1: Sample EDI X12N-278 Envelope Request Transaction**

```

ISA*00*          *00*          *ZZ*9012345720000  *ZZ*9088877320000
*150326*0817**+*00501*000001525*0*T*:~
GS*HI*9012345720000  *9088877320000  *20150627*1700*1525*X*005010X217~
ST*278*1525*005010X217~
. . .
. . .
. . .
SE*1*1525~
GE*1*1525~
IEA*1*000001525~

```

### 3. Health Care Services – PA Request for Review

#### 3.1 esMD Program-level Notes for ~~X12N-005010X217 (X12N-278)~~ PA Requests and Pre-Claim Review

The following notes apply to ~~X12N-005010X217 (X12N-278)~~ PA Requests:

1. esMD accepts ~~X12N-278~~ Request transactions for the following PA Pilot Programs: Non-Emergent, Repetitive, Scheduled Ambulance Transport; Non-Emergent Hyperbaric Oxygen (HBO) Therapy; Power Mobility Device (PMD); ~~Home Health Services (HHS)~~; and Durable Medical Equipment, Prosthetics/ Orthotics, and Supplies (DMEPOS);
- ~~1.~~ esMD accepts -278 Request transactions for the Pre-Claim Review Demonstration for Home Health Services.
2.
- ~~2.3.~~ 3. HIHs using a CONNECT Gateway must upgrade to CONNECT v4.4 (or higher); earlier versions of CONNECT are not compatible with CONNECT v4.4. HIHs may use any CONNECT-compatible software, as long as esMD requirements are met, e.g., the software must send receipt acknowledgements as required by esMD and described in the *HIH esMD Implementation Guide*. For those HIHs submitting X12 transactions, a CONNECT compatible X12 Gateway must be used;
- ~~3.4.~~ 4. Initial ~~X12N-278~~ Requests must be submitted within a CAQH CORE envelope using a real-time connection. esMD responds within 20 seconds of receipt using the open connection;
- ~~4.5.~~ 5. PA Pilot Program Requests with their accompanying documentation are still accepted in Cross-Enterprise Document Reliable Interchange (XDR) submissions using Content Type Codes of 8, 8.1, or 8.2;
- ~~5.6.~~ 6. For ~~X12N-278~~ Requests submitted to esMD, the Procedure Code in the SV1 or SV2 segment of the 2000F loop is used to determine the PA Pilot Program or Pre-Claim Review Demonstration for which the Request was submitted;
- ~~6.7.~~ 7. esMD accepts only one Transaction Set Header (ST)/Transaction Set Trailer (SE) set per ~~X12N-278~~ Request;
- ~~7.8.~~ 8. esMD accepts only one 2000F Service Loop per ~~X12N-278~~ Request; and
- ~~8.9.~~ 9. Supporting documentation is required for each ~~X12N-278~~ Request and may be submitted as soon as the successful ~~X12N-278~~ Response is received by the HIH.
  - a. The documentation must be submitted via an XDR transaction with a Content Type Code of 13; the metadata elements must include the Attachment Control Number (ACN) that was submitted in the ~~X12N-278Q~~ Request PWK06 element; and
  - b. If more than one XDR submission is needed to send the full set of documentation required for the PA Request or Pre-Claim Review Demonstration, the additional submission(s) must continue to use a Content Type Code of 13 and the ACN that was submitted in the ~~X12N-278~~ Request PWK06 element.

Use the ASC X12N 005010X217 Standard ~~for Electronic Data Interchange~~ TR3 requirements unless otherwise noted in the following usage segments and/or data element sections [for conformance](#).

~~Note: All segments submitted that are not identified in this document must conform to the ASC X12N 005010X217 TR3 specification to enable a successful submission.~~

### 3.33.2 Segment Usage – X12N 278 PA Request

This section lists the usage of levels, loops, and segments that are required to support esMD PA requests [or Pre-Claim Review Demonstration](#) made through real-time submissions.

~~Table 7: 278 Request Segments~~[Table 7: X12N 278 Request Segments](#) identifies the importance information required to support the esMD program; the esMD requirements are compliant with the ASC X12N/005010X217 (278) TR3 *Implementation Guide*. The table includes a usage column identifying the submission requirements for loops and segments as follows:

- **Mandatory (M):** Mandatory loops and segments must appear on all transactions. Failure to include a mandatory loop or segment results in a compliance error. In some cases information for mandatory loops and segments is required by review contractors for adjudicating the request;
- **Conditional (C):** The submission of conditional segments is based on the presence or absence of a data element value within the same or a different segment;
- **Optional (O):** Optional segments are not required or used by esMD; however, esMD does not restrict the user from sending optional segments in requests; and
- **Not Used (N/U):** Any segment identified as N/U by esMD must not be submitted. Submission of such segments (or data elements) results in a compliance error.

**Table 7: X12N 278 Request Segments**

Segment ID	Loop ID	Segment Name	esMD Usage
ST	Not assigned	Transaction Set Header	M
BHT	Not assigned	Beginning of Hierarchical Transaction	M
HL	Loop ID-2000A	Utilization Management Organization (UMO) Level	M
NM1	Loop ID-2010A	Utilization Management Organization (UMO) Name	M
HL	Loop ID-2000B	Requester Level	M
NM1	Loop ID-2010B	Requester Name	M
REF	2010B	Requester Supplemental Identification	O
N3	2010B	Requester Address	M
N4	2010B	Requester City, State, Zip Code	M
PER	2010B	Requester Contact Information	M
PRV	2010B	Requester Provider Information	O
HL	Loop ID-2000C	Subscriber Level	M
NM1	Loop ID-2010C	Subscriber Name	M
REF	2010C	Subscriber Supplemental Identification	O
N3	2010C	Subscriber Address	M

Segment ID	Loop ID	Segment Name	esMD Usage
N4	2010C	Subscriber City, State, Zip Code	M
DMG	2010C	Subscriber Demographic Information	M
INS	2010C	Subscriber Relationship	N/U
HL	Loop ID-2000D	Dependent Level	N/U
HL	Loop ID-2000E	Patient Event Level	M
TRN	2000E	Patient Event Tracking Number	O
UM	2000E	Health Care Services Review Information	M
REF	2000E	Previous Review Authorization Number	O
REF	2000E	Previous Review Administrative Reference Number	O
DTP	2000E	Accident Date	O
DTP	2000E	Last Menstrual Period Date	O
DTP	2000E	Estimated Date of Birth	O
DTP	2000E	Onset of Current Symptoms or Illness Date	O
DTP	2000E	Event Date	M
DTP	2000E	Admission Date	O
DTP	2000E	Discharge Date	O
HI	2000E	Patient Diagnosis	M
HSD	2000E	Health Care Services Delivery	C
CRC	2000E	Ambulance Certification Information	O
CRC	2000E	Chiropractic Certification Information	O
CRC	2000E	Durable Medical Equipment Information	O
CRC	2000E	Oxygen Therapy Certification Information	O
CRC	2000E	Functional Limitations Information	O
CRC	2000E	Activities Permitted Information	O
CRC	2000E	Mental Status Information	O
CL1	2000E	Institutional Claim Code	O
CR1	2000E	Ambulance Transport Information	O
CR2	2000E	Spinal Manipulation Service Information	O
CR5	2000E	Home Oxygen Therapy Information	O
CR6	2000E	Home Health Care Information	O
PWK	2000E	Additional Patient Information	C
MSG	2000E	Message Text	O
NM1	Loop ID-2010EA	Patient Event Provider Name	C
REF	2010EA	Patient Event Provider Supplemental Information	O
N3	2010EA	Patient Event Provider Address	C
N4	2010EA	Patient Event Provider City, State, Zip Code	C
PER	2010EA	Patient Event Provider Contact Information	O
PRV	2010EA	Patient Event Provider Information	O
NM1	Loop ID-2010EB	Patient Event Transport Information	O
N3	2010EB	Patient Event Transport Location Address	O
N4	2010EB	Patient Event Transport Location City/State/Zip Code	O
NM1	Loop ID-2010EC	Patient Event Other UMO Name	O
REF	2010EC	Other UMO Denial Reason	O
DTP	2010EC	Other UMO Denial Date	O
HL	Loop ID-2000F	Service Level	M
TRN	2000F	Service Trace Number	O
UM	2000F	Health Care Services Review Information	O
REF	2000F	Previous Review Authorization Number	O
REF	2000F	Previous Review Administrative Reference Number	O

Segment ID	Loop ID	Segment Name	esMD Usage
DTP	2000F	Service Date	O
SV1	2000F	Professional Service	C
SV2	2000F	Institutional Service Line	C
SV3	2000F	Dental Service	N/U
TOO	2000F	Tooth Information	N/U
HSD	2000F	Health Care Services Delivery	C
PWK	2000F	Additional Service Information	C
MSG	2000F	Message Text	O
NM1	Loop ID-2010F	Service Provider Name	C
REF	2010F	Service Provider Supplemental Identification	O
N3	2010F	Service Provider Address	C
N4	2010F	Service City, State, Zip Code	C
PER	2010F	Service Provider Contact Information	O
PRV	2010F	Service Provider Information	O
SE	Not assigned	Transaction Set Trailer	M

### 3.43.3 Segment and Data Element Description

Table 8: Segment and Data Element Description Table 8: Segment and Data Element Description through Table 66: Transaction Set Trailer Table 66: Transaction Set Trailer represent segments as Mandatory (M), Conditional (C), Optional (O), or Not Used (N/U) for the esMD implementation of the X12N-278 Request transaction. Each segment table contains rows and columns describing the different elements of the particular segment.

**Table 8: Segment and Data Element Description**

Segment/Data Element	Description
Segment Name	The TR3-assigned segment name.
Segment ID	The TR3-assigned segment ID.
Loop ID	The loop in which the segment appears.
Usage	The Usage value identifies the segment as required or conditional.
Max Use	Maximum iterations of allowed segment in request.
Segment Notes	A brief description of the purpose or use of the segment including esMD-specific usage.
Example	An example of complete segment.
Reference Designator	This identifies the segment ID and element number.
Usage	This identifies the data element as M, C, O, or N/U.
Element Name	The TR3 assigned alias, implementation name, or name associated with the data element
Valid Values	This column lists the values and/or code sets accepted by esMD. If any columns contain the value "Refer to TR3," it represents that there are no fixed acceptable values for that element. HHS can submit values per the TR3 guidelines. If any columns contain the value "Per esMD requirement," it represents an esMD-specific requirement for the X12N-278 Request.
esMD Requirement or Element Description	Description of the contents of the data elements and/or esMD-specific requirement notes.

Table 9: Transaction Set Header

Segment Name	Transaction Set Header
Segment ID	ST
Loop ID	Not assigned
Usage	Mandatory
Max Use	1
Segment Notes	This segment indicates the start of the transaction. esMD Implementation Notes for Request: Each submission must contain only one transaction set.
Example	ST*278*152790*005010X217~

Table 10: Beginning of Hierarchical Transaction

Segment Name	Beginning of Hierarchical Transaction
Segment ID	BHT
Loop ID	Not assigned
Usage	Mandatory
Max Use	1
Segment Notes	esMD Implementation Notes for Request: 1. The Transaction Set Purpose Code must be 13. 2. The Transaction Type Code must be empty.
Example	BHT*0007*13*4000000000001*20150625*1700~

Table 11: BHT Segment Information

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
BHT02	M	Transaction Set Purpose Code	13	BHT02 must = 13.
BHT06	N/U	Transaction Type Code	Refer to TR3	BHT06 must not be present.

Table 12: UMO Level

Segment Name	Utilization Management Organization (UMO) Level
Segment ID	HL
Loop ID	2000A
Usage	Mandatory
Max Use	1
Segment Notes	This segment defines the UMO level hierarchy.
Example	HL*1**20*1~

Table 13: UMO Name

Segment Name	Utilization Management Organization (UMO) Name
Segment ID	NM1
Loop ID	2010A
Usage	Mandatory
Max Use	1
Segment Notes	To supply the full name of an individual or the name of an organizational entity (using the Last Name element only). esMD Implementation Notes for Request: 1. The Entity Identifier Code must be X3. 2. The Identification Code Qualifier must be PI. 3. The Utilization Management Organization (UMO) Identifier must be the RC's Object Identifier (OID) associated with the EDI Receiver ID in ISA08 and GS03. 4. The EDI Sender/Receiver IDs and OIDs for RCs and HlHs can be found on the esMD website [ <a href="https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/Information_for_HlHs.html">https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/Information_for_HlHs.html</a> ].
Example	NM1*X3*2*HEALTHIT****PI*2.16.840.1.113883.13.34.110.1.999.1~

Table 14: 2010A-NM1 Segment Information

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
NM101	M	Entity Identifier Code	X3	2010A.NM101 must = X3. (Utilization Management Organization)
NM102	M	Entity Type Qualifier	2	2010A.NM102 must = 2 (Non-Person Entity) as the RCs are organizations and not individuals
NM108	M	Identification Code Qualifier	PI	2010A.NM108 must = PI. (Payer ID)
NM109	M	Utilization Management Organization Identifier	Per esMD requirement	2010A.NM109, RC OID. (Is validated against the values in the esMD Database.)

Table 15: Requester Level

Segment Name	Requester Level
Segment ID	HL
Loop ID	2000B
Usage	Mandatory
Max Use	1
Segment Notes	This segment defines the Requester level hierarchy.
Example	HL*2*1*21*1~

**Table 16: Requester Name**

Segment Name	Requester Name
Segment ID	NM1
Loop ID	2010B
Usage	Mandatory
Max Use	1
Segment Notes	esMD Implementation Notes for Request: 1. The Entity Identifier Code must be 1P or FA. 2. The Identification Code Qualifier must be XX. 3. The Requester Identifier must be the Requester's National Provider Identifier (NPI).
Example	NM1*1P*1*DOE*JOHN***XX*1789012344~

**Table 17: 2010B-NM1 Segment Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
NM101	M	Entity Identifier Code	1P FA	2010B.NM101 must = 1P (Provider) or FA (Facility)
NM108	M	Identification Code Qualifier	XX	2010B.NM108 must = XX. (Centers for Medicare & Medicaid Services National Provider Identifier)
NM109	M	Requester Identifier	Per esMD requirement	2010B.NM109 must = the Requester's NPI.

**Table 18: Requester Address**

Segment Name	Requester Address
Segment ID	N3
Loop ID	2010B
Usage	Mandatory
Max Use	1
Segment Notes	esMD Implementation Notes for Request: Address information is required for the Requester.
Example	N3*2545 LORD BALTIMORE DR~

**Table 19: 2010B-N3 Segment Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
N301	M	Requester Address Line	Refer to TR3	2010B.N301: esMD requires the Requester's first line of address.
N302	C	Requester Address Line	Refer to TR3	2010B.N302: submit a second address line, if available.

Table 20: Requester City, State, Zip Code

<b>Segment Name</b>	<b>Requester City, State, Zip Code</b>
<b>Segment ID</b>	N4
<b>Loop ID</b>	2010B
<b>Usage</b>	Mandatory
<b>Max Use</b>	1
<b>Segment Notes</b>	esMD Implementation Notes for Request: 1. A valid city name must be submitted for the Requester. 2. A valid state code must be submitted for the Requester. 3. A valid U.S. Zip code must be submitted for the Requester's City and State Code. If the Zip+4 is known, submit it without including the hyphen in the element value. 4. If the Requester is the Service Provider, the Patient must receive services in one of the States covered by the PA Pilot Program or the Ambulance must be garaged in a State covered by the Ambulance PA Program.
<b>Example</b>	N4*WINDSORMILL*MD*212447034~

Table 21: 2010B-N4 Segment Information

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
N401	M	Requester City Name	Refer to TR3	2010B.N401 must = a valid U.S. city name.
N402	M	Requester State Code	Refer to TR3	2010B.N402 must = a valid U.S. state code
N403	M	Requester postal Zone or Zip Code	Refer to TR3	2010B.N403 must = the valid U.S. zip code for the Requester City and State. If the Zip+4 value is known, submit the full zip code without a hyphen in the value, otherwise submit the 5-digit zip code.

Table 22: Requester Contact Information

<b>Segment Name</b>	<b>Requester Contact Information</b>
<b>Segment ID</b>	PER
<b>Loop ID</b>	2010B
<b>Usage</b>	Mandatory
<b>Max Use</b>	1
<b>Segment Notes</b>	esMD Implementation Notes for Request: 1. Personal contact information is required for the Requester. 2. The Requester Contact Name submitted may also be the Requester's name as submitted in the Requester's 2010B.NM1 segment. 3. A Communication Number Qualifier element must be submitted. 4. The Requester Contact Communication Number element must contain the Requester's contact telephone number; if available, the extension should also be provided. 5. If an extension is available, it may be submitted using the Communication Number Qualifier of EX. 6. <a href="#">Home Health Pre-Claim Review (HPCR)</a> , <a href="#">HHS PA Program</a> also requests Fax # and e-mail address, as optional values, to be submitted in the PER segments.
<b>Example</b>	PER*IC*WILBER*FX*4105850054*TE*4105850064*EX*7854~

**Table 23: 2010B-PER Segment Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
PER01	M	Contact Function Code	IC	2010B.PER01 must = IC
PER02	C	Requester Contact Name	Refer to TR3	2010B.PER02 may be the person identified in 2010B.NM1.
PER03	C	Communication Number Qualifier	EM FX TE UR	One of the elements 2010B.PER03, PER05, or PER07 must = TE. If the extension is known, it should be submitted in the Contact Communication Number immediately following the telephone number and use the Communication Number Qualifier = EX
PER04	C	Requester Contact Communication Number	Refer to TR3	2010B.PER04, PER06, or PER08 must be present for the 2010B.PER03, PER05, or PER07 element with the value = TE.
PER05	C	Communication Number Qualifier	EM EX FX TE UR	One of the elements 2010B.PER03, PER05, or PER07 must = TE. If the extension is known, it should be submitted in the Contact Communication Number immediately following the telephone number and use the Communication Number Qualifier = EX.
PER06	C	Requester Contact Communication Number	Refer to TR3	2010B.PER04, PER06, or PER08 must be present for the 2010B.PER03, PER05, or PER07 element with the value = TE.
PER07	C	Communication Number Qualifier	EM EX FX TE UR	One of the elements 2010B.PER03, PER05, or PER07 must = TE. If the extension is known, it should be submitted in the Contact Communication Number immediately following the telephone number and use the Communication Number Qualifier = EX.
PER08	C	Requester Contact Communication Number	Refer to TR3	2010B.PER04, PER06, or PER08 must be present for the 2010B.PER03, PER05, or PER07 element with the value = TE.

**Table 24: Subscriber Level**

Segment Name	Subscriber Level
Segment ID	HL
Loop ID	2000C
Usage	Mandatory
Max Use	1
Segment Notes	This segment defines the Subscriber/Beneficiary (Patient) level hierarchy.
Example	HL*3*2*22*1~

**Table 25: Subscriber Name**

Segment Name	Subscriber Name
Segment ID	NM1
Loop ID	2010C
Usage	Mandatory
Max Use	1
Segment Notes	esMD Implementation Notes for Request: 1. The Patient's (Beneficiary's) Identification Code Qualifier must be MI. 2. The Subscriber Member Number (Patient's Health Insurance Claim (HIC) Number (HICN)) must be submitted.
Example	NM1*IL*1*CLINGTON*TONY*DR***MI*UHG123456~

**Table 26: 2010C-NM1 Segment Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
NM108	M	Identification Code Qualifier	MI	2010C.NM108 must = MI.
NM109	M	Subscriber Member Number	Per esMD requirement	2010C.NM109 must be a Medicare or Railroad Board ID (Beneficiary HICN) 10 – 11 positions in the format of NNNNNNNNNA, NNNNNNNNAA, or NNNNNNNNAN or 7 – 12 positions in the format of ANNNNNN, AANNNNNN, ANNNNNNNN, AANNNNNNNN, AAANNNNN, or AAANNNNNNNN Where "A" represents an alpha character and "N" represents a numeric character.

**Table 27: Subscriber Address**

Segment Name	Subscriber Address
Segment ID	N3
Loop ID	2010C
Usage	Mandatory
Max Use	1
Segment Notes	esMD Implementation Notes for Request: The Patient's address is required.
Example	N3*7111 SECURITY BLVD~

**Table 28: 2010C-N3 Segment Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
N301	M	Subscriber Address Line	Refer to TR3	2010C.N301: esMD requires the Subscriber's first line of address.
N302	C	Subscriber Address Line	Refer to TR3	2010C.N302: submit a second address line, if available.

**Table 29: Subscriber City, State, Zip Code**

<b>Segment Name</b>	<b>Subscriber City, State, Zip Code</b>
<b>Segment ID</b>	N4
<b>Loop ID</b>	2010C
<b>Usage</b>	Mandatory
<b>Max Use</b>	1
<b>Segment Notes</b>	esMD Implementation Notes for Request: 1. A valid Subscriber City Name must be submitted for the Patient. 2. A valid Subscriber State Code must be submitted for the Patient. 3. A valid U.S. Zip Code must be submitted for the Patient's City and State Code; if the Zip+4 value is known, it should be submitted without including the hyphen within the element value; otherwise, submit the 5-digit zip code.
<b>Example</b>	N4*BALTIMORE*MD*21244~

**Table 30: 2010C-N4 Segment Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
N401	M	Subscriber City Name	Refer to TR3	2010C.N401 must = a valid U.S. city name.
N402	M	Subscriber State Code	Refer to TR3	2010C.N402 must = a valid U.S. state code
N403	M	Subscriber postal Zone or Zip Code	Refer to TR3	2010C.N403 must = the valid U.S. zip code for the Subscriber's City and State. If the Zip+4 value is known, submit the full zip code without a hyphen in the value, otherwise submit the 5-digit zip code.

**Table 31: Subscriber Demographic Information**

<b>Segment Name</b>	<b>Subscriber Demographic Information</b>
<b>Segment ID</b>	DMG
<b>Loop ID</b>	2010C
<b>Usage</b>	Mandatory
<b>Max Use</b>	1
<b>Segment Notes</b>	esMD Implementation Notes for Request: 1. The Subscriber's Birth Date is required. 2. The Subscriber's Gender Code is required.
<b>Example</b>	DMG*D8*19611111*M~

**Table 32: 2010C-DMG Segment Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
DMG02	M	Subscriber Birth Date	Refer to TR3	2010C.DMG02: esMD requires the Subscriber's Birth Date submitted in the format CCYYMMDD
DMG03	M	Subscriber Gender Code	Refer to TR3	2010C.DMG03: esMD requires the Subscriber's Gender Code.

**Table 33: Subscriber Relationship**

Segment Name	Subscriber Relationship
Segment ID	INS
Loop ID	2010C
Usage	Not Used
Max Use	0
Segment Notes	esMD Implementation Notes for Request: No INS segment is to be submitted for the Patient.
Example	None

**Table 34: Dependent Level**

Segment Name	Dependent Level
Segment ID	HL
Loop ID	2000D
Usage	Not Used
Max Use	0
Segment Notes	esMD Implementation Notes for Request: The 2000D and 2010D loops must NOT be present
Example	None

**Table 35: Patient Event Level**

Segment Name	Patient Event Level
Segment ID	HL
Loop ID	2000E
Usage	Mandatory
Max Use	1
Segment Notes	This segment defines the Patient Event level hierarchy.
Example	HL*4*3*EV*1~

**Table 36: Health Care Services Review Information**

Segment Name	Health Care Services Review Information
Segment ID	UM
Loop ID	2000E
Usage	Mandatory
Max Use	1
Segment Notes	esMD Implementation Notes for Request: 1. The Request Category Code must be HS. 2. The Certification Type Code must be I. 3. The Health Care Location Information must be present. 4. The elements UM05 through UM010 are not required by esMD. 5. For <a href="#">HHPCR#HHS</a> , <a href="#">Facility Code</a> (UM04-1) must be 32 and the <a href="#">Facility Code Qualifier</a> (-UM04-2) must be A.
Example	UM*HS*1*56*41:B~

**Table 37: 2000E-UM Segment Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
UM01	M	Request Category Code	HS	2000E.UM01 must = HS. (Health Services Review)
UM02	M	Certification Type Code	I	2000E.UM02 must = I. (Initial)
UM04	M	Health Care Service Location Information	Refer to TR3	2000E.UM04 must be present.
UM04-1	M	Facility Type Code	Refer to TR3	Code identifying where services will be performed.
UM04-2	M	Facility Code Qualifier	A B	Code identifying the type of facility referenced: A: Uniform Billing Claims Form (Institutional) B: Place of Service Codes <del>for</del> <a href="#">(Professional Services)</a>

**Table 38: Event Date**

Segment Name	Event Date
Segment ID	DTP
Loop ID	2000E
Usage	Mandatory
Max Use	1
Segment Notes	esMD Implementation Notes for Request: Program coverage rules require the Event Date/Date Range for the request to be submitted in the Patient Event Date segment.
Example	DTP*AAH*RD8*20150801-20150929~

Table 39: Patient Diagnosis

<b>Segment Name</b>	<b>Patient Diagnosis</b>
<b>Segment ID</b>	HI
<b>Loop ID</b>	2000E
<b>Usage</b>	Mandatory
<b>Max Use</b>	1
<b>Segment Notes</b>	esMD Implementation Notes for Request: 1. Program coverage rules require, at a minimum, that the primary (first) diagnosis code be submitted. 2. Other diagnosis codes may be submitted, as the situation requires.
<b>Example</b>	HI*BK:78609~

Table 40: 2000E-HI Segment Information

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
HI02	M	Diagnosis 1	Refer to TR3	2000E.HI01: esMD requires the Patient's Primary Diagnosis Code
HI01 – 1	M	Diagnosis Type Code	Refer to TR3	2000E.HI01 – 1: the Diagnosis Type Code defines the category for the Diagnosis Code
HI02 – 2	M	Diagnosis Code	Refer to TR3	2000E.HI01 – 2: the Primary Diagnosis Code must be submitted

Table 41: Health Care Services Delivery

<b>Segment Name</b>	<b>Health Care Services Delivery</b>
<b>Segment ID</b>	HSD
<b>Loop ID</b>	2000E
<b>Usage</b>	Conditional
<b>Max Use</b>	1
<b>Segment Notes</b>	esMD Implementation Notes for Request: 1. While the Quantity Qualifier and Quantity may be submitted in the HSD segment, program coverage rules, for the esMD PA Pilot Programs currently available via the CMS esMD system, do not support Patterns of Delivery and the elements supporting Patterns of Delivery should not be submitted. 2. If submitted in the HSD segment, the Quantity Qualifier must be FL. 3. The requested Quantity Qualifier and Quantity must be submitted in the 2000E.HSD, <del>the</del> 2000F.HSD, or <del>the</del> SV1/SV2 segment. 4. <u>The quantity submitted must be greater than zero, regardless of the segment in which it is submitted: One of the requested quantities in the 2000E.HSD, 2000F.HSD, or 2000FSV1, 2000F/SV2 segments must be greater than 0.</u> 5. We recommend submitting the requested Quantity Qualifier and Quantity in the 2000F SV1/SV2 segment.
<b>Example</b>	HSD*FL*80~

Table 42: 2000E-HSD Segment Information

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
HSD01	M	Quantity Qualifier	FL	If the 2000E HSD segment is submitted, 2000E.HSD01 must = FL.

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
HSD02	M	Quantity	Per esMD requirement	Submit the number of services that will be provided under the requested PA Program. 2000E.HSD02 must be present if 2000E.HSD01 is present.

Table 43: Additional Patient Information

Segment Name	Additional Patient Information
Segment ID	PWK
Loop ID	2000E
Usage	Conditional
Max Use	10
Segment Notes	esMD Implementation Notes for Request: <ol style="list-style-type: none"> <li>If the Paperwork segment is not submitted in the Patient Event loop, it must be submitted in the 2000F Service loop.</li> <li>If the Paperwork segment is submitted, the Report Transmission Code must be EL.</li> <li>The single ACN allowed per Request must be unique for each Requester NPI (2010B.NM109.)</li> <li>If multiple Report Type Codes (2000E.PWK01 and/or 2000F.PWK01) are submitted, program coverage rules require that each PWK segment be submitted using the same ACN value in every 2000E.PWK06 and/or 2000F.PWK06 element.</li> </ol>
Example	PWK*M1*EL***AC*ACN1~

Table 44: 2000E-PWK Segment Information

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
PWK02	M	Report Transmission Code	EL	2000E.PWK02 must = EL.
PWK06	M	Attachment Control Number	Per esMD requirement	2000E.PWK06 must be alpha-numeric (A – Z, a – z, or 0 – 9). If the PWK segment is present, one, and only one, value must be present in 2000E.PWK06 and/or 2000F.PWK06 for all PWK segments.

Table 45: Patient Event Provider Name

Segment Name	Patient Event Provider Name
Segment ID	NM1
Loop ID	2010EA
Usage	Conditional
Max Use	1
Segment Notes	<p>esMD Implementation Notes for Request:</p> <ol style="list-style-type: none"> <li>For all PA Programs except, if 2010EA loops are present, program coverage rules require the Patient Event Provider Name loops to have the Entity Identifier Code elements in two of the loops with one of the following combinations of values <ol style="list-style-type: none"> <li>(DK - Ordering Physician &amp; SJ - Service Provider),</li> <li>(DK - Ordering Physician &amp; FA - Facility).</li> </ol> <p>The HHS program requires the FA - Facility to be present in the 2010EA loop.</p> </li> <li>We recommend submitting the providers only in the 2010EA loops.</li> <li>For HHPCR/HHS: <ol style="list-style-type: none"> <li>At least one 2010EA provider with NM101 value of FA must be submitted,</li> <li>The NM1 segment for the 2010EA provider with NM101 = FA may contain the same information as the NM1 information supplied for the Requester,</li> <li>The NM1 segment for the 2010EA provider with NM101 = FA is not required to contain the same information as the NM1 segment for the Requester,</li> <li>Up to a total of 14 providers may be submitted in the 2010EA loops for the HHPCR/HHS PA Requests,</li> <li>Normal out-of-the-box TR3 edits will apply for the 2010EA providers submitted.</li> </ol> </li> </ol>
Example	NM1*DK*1*HANDLE*CARE****XX*1234567893~

Table 46: 2010EA-NM1 Segment Information

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
NM101	M	Entity Identifier Code	Per esMD requirement	<p>4. For all PA Programs, esMD requires that at least two Patient Event Provider Name loops (or Service Provider name loops) be submitted that use the required combination of codes-- 2010EA.NM101 = DK and 2010EA.NM101 = (SJ or FA).</p> <p>1. Other Patient Event Providers may be submitted as deemed necessary by the Requester.</p> <p>5.2. For the HHPCR a provider must be submitted with the value FA in element NM101.</p>
NM108	M	Identification Code Qualifier	XX	2010EA.NM108 must = XX.
NM109	M	Patient Event Provider Identifier	Patient Event Provider's NPI	2010EA.NM109 must = the Patient Event Provider's NPI

Table 47: Patient Event Provider Address

<b>Segment Name</b>	<b>Patient Event Provider Address</b>
<b>Segment ID</b>	N3
<b>Loop ID</b>	2010EA
<b>Usage</b>	Conditional
<b>Max Use</b>	1
<b>Segment Notes</b>	esMD Implementation Notes <a href="#">for all PA Programs for Request</a> : 1. <a href="#">If Patient Event Provider Name loops are submitted that fulfill the Entity Identifier Code combinations requirement, program coverage rules require the Patient Event Provider Address segment to be submitted in each of the two loops.</a> 6-2. <a href="#">The HHPCR requires the FA provider to be submitted in the 2010EA Patient Event Provider Name loop. Other providers may be submitted in this Loop. For all Entity Identifier Code combinations requirements, program coverage rules require the Patient Event Provider Address segment to be submitted in each of the two loops for each provider submitted.</a>
<b>Example</b>	N3*188 MAIN ST~

Table 48: 2010EA-N3 Segment Information

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
N301	M	Patient Event Provider Address Line	Refer to TR3	esMD requires a valid Patient Event Provider Address <del>for Providers that segment for each Patient Event Provider fulfill the required Entity Identifier Code combination, submitted.</del> 2010EA.N301: <del>For providers fulfilling the required code combination, esMD requires the Patient Event Provider's first line of address.</del>
N302	C	Patient Event Provider Address Line	Refer to TR3	esMD requires a valid Patient Event Provider Address if two lines are required for each Patient Event Provider submitted. esMD requires a valid Patient Event Provider Address for Providers that fulfill the required Entity Identifier Code combination. 2010EA.N302: submit a second address line, if available.

**Table 49: Patient Event Provider City, State, Zip Code**

Segment Name	Patient Event Provider City, State, Zip Code
Segment ID	N4
Loop ID	2010EA
Usage	Conditional
Max Use	1
Segment Notes	<p>esMD Implementation Notes for Request:</p> <ol style="list-style-type: none"> <li>1. If Patient Event Provider Name loops are submitted that fulfill the <a href="#">Entity Identifier Code value requirement-Entity Identifier Code combinations requirement</a>, program coverage rules require the Patient Event Provider City, State, Zip Code segment to be submitted in each of the two loops.</li> <li>2. Program coverage rules require the Patient Event Provider City Name to be submitted for each provider that fulfills the <a href="#">Entity Identifier Code value requirement-Entity Identifier Code combination requirement</a>.</li> <li>3. Program coverage rules require the Patient Event Provider State Code to be submitted for each provider that fulfills the <a href="#">Entity Identifier Code value requirement-Entity Identifier Code combination requirement</a>.</li> <li>4. The Zip Code element must be valid for the U.S. for the Patient Event Provider's City and State Code; if the Zip+4 value is known, it should be submitted without including the hyphen within the element value, otherwise submit the 5-digit zip code.</li> <li>5. If this is the Service Provider (NM101 = SJ) or the Facility (NM101 = FA), the Patient must receive services in one of the states covered by the PA Pilot Program – or the Ambulance must be garaged in a state covered by the Ambulance PA Program.</li> </ol>
Example	N4*CINCINNATI*OH*43017-

**Table 50: 2010EA-N4 Segment Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
N401	M	Patient Event Provider City Name	Per esMD requirement	<del>esMD requires a valid Patient Event Provider City segment for each Patient Event Provider submitted</del> esMD requires a valid U.S. City Name for Providers that fulfill the required Entity Identifier Code combinations. 2010EA.N401 must be a valid U.S. City Name.
N402	M	Patient Event Provider State Code	Per esMD requirement	<del>es</del> esMD requires a valid Patient Event Provider State segment for each Patient Event Provider submitted. MD requires a valid U.S. State Code for Providers that fulfill the required Entity Identifier Code combinations. 2010EA.N402 must be a valid U.S. State Code.

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
N403	M	Patient Event Provider Zip Code	Refer to TR3	esMD requires a valid Patient Event Provider Zip Code segment for each Patient Event Provider-submitted. If the Zip+4 value is known, submit the full Zip Code without a hyphen in the value; otherwise, submit the 5-digit zip code. 201EA.N403 must be a valid U.S. zip code for Providers that fulfill the required Entity-Identifier-Code combinations. If the Zip+4 value is known, submit the full Zip Code without a hyphen in the value; otherwise submit the 5-digit zip code.

**Table 51: Service Level**

Segment Name	Service Level
Segment ID	HL
Loop ID	2000F
Usage	Mandatory
Max Use	1
Segment Notes	This segment defines the Service Level hierarchy. esMD Implementation Notes for Request: esMD requires and allows only one iteration of the 2000F loop
Example	HL*5*4*SS*0-

Table 52: Professional Service

Segment Name	Professional Service
Segment ID	SV1
Loop ID	2000F
Usage	Conditional
Max Use	1
Segment Notes	<p>esMD Implementation Notes for Request:</p> <p>6. If 2000E.UM04 – 2 = B, the 2000F.SV1 segment is required.</p> <p>7. Only one of the SV1 segment or the SV2 segment can be submitted within a single X12N 005010X217 (278) Request.</p> <p>8. The Product or Service ID Qualifier must be HC.</p> <p>9. Program coverage rules require the Procedure Code to be one of the following values:</p> <p>a. Non-Emergent, Repetitive, Scheduled Ambulance Transport: A0426 or A0428,</p> <p>b. Hyperbaric Oxygen Therapy: G0277,</p> <p>c. Power Mobility Device:</p> <p>(1) K0800 – K0802 and K0812,</p> <p>(2) K0813 – K0829,</p> <p>(3) K0835 – K0843,</p> <p>(4) K0848 – K0855,</p> <p>(5) K0890 – K0891, or</p> <p>(6) K0898.</p> <p>d. <u>Certain DMEPOS program coverage rules require the Procedure Code to be one of the following values:</u></p> <p>(1) <u>:K0856_or{</u></p> <p>(7)(2) <u>Single Power Option – Power Wheelchairs) or K0861 (Single Power Option – Power Wheelchairs);</u></p> <p>10. <u>HHS must be submitted in the SV2 Segment.</u></p> <p>11-10. <u>Procedure Code Pricing Modifiers may be submitted as appropriate for the Procedure Code submitted in the request.</u></p> <p>12-11. <u>Program coverage rules require that only a primary procedure code be submitted. If a range of procedure codes is submitted, the request is rejected.</u></p> <p>13-12. <u>If the Service Unit Count is submitted in the SV1 segment, the Unit or Basis for Measurement Code (Quantity Qualifier) must be UN.</u></p> <p>14-13. <u>The requested Quantity Qualifier and requested Quantity must be submitted in the 2000E.HSD, the 2000F.HSD, or the SV1/SV2 segment.</u></p> <p>15. <u>One of the requested quantities in the either the 2000E.HSD02 or-, 2000F.HSD02, or 2000FSV104 or /SV2-SV205 segment must be greater than 0.</u></p> <p>14. <u>We recommend submitting the requested Quantity Qualifier and requested Quantity in the 2000F-SV1/SV2 segment.</u></p> <p>16-15. <u>HHPCR must submitted the SV2 Segment.</u></p>
Example	SV1*HC:A0428:QM**UN*30~

Table 53: 2000F-SV1 Segment Information

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
SV101	M	Composite Medical Procedure Identifier	Per esMD requirement	esMD requires the composite element 2000F.SV101, when the SV1 segment is submitted.

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
SV101-1	M	Product or Service ID Qualifier	HC	2000F.SV101 – 1 must = HC. (Health Care Financing Administration Common Procedure Coding System (HCPCS) Codes) This component element is required if the composite element is submitted
SV101-2	M	Procedure Code	Per esMD requirement	2000F.SV101 – 2 must be a primary Procedure Code for one of the esMD PA Pilot Programs. Refer to <a href="#">Table 52: Professional Service</a> , <a href="#">Table 52: Professional Service</a> , <a href="#">Table 52: Professional Service</a> , SV1 segment notes for esMD acceptable procedure codes. This component element is required if the composite element is submitted
SV103	M	Quantity Qualifier	UN	2000F.SV103 must = UN, if the Quantity Qualifier value and Quantity are not present in the 2000F or 2000E HSD segment. If 2000F.SV104 is present, then 2000F.SV103 is required. The 2000F SV1/SV2 segment is the preferred location for submitting the required Qualifier for the type of services.
SV104	M	Quantity	Per esMD requirement	The SV1/SV2 segment is the preferred location for submitting the requested number of services. If 2000F.SV103 is present, then 2000F.SV104 is required.

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**Table 54: Institutional Service Line**

Segment Name	Institutional Service Line
Segment ID	SV2
Loop ID	2000F
Usage	Conditional
Max Use	1
Segment Notes	<p>esMD Implementation Notes for Request:</p> <ol style="list-style-type: none"> <li>If 2000E.UM04 – 2 = A, the 2000F.SV2 segment is required.</li> <li>Only one of the SV2 segment or the SV1 segment can be submitted within a single <del>X12N 005010X217</del> (278) Request.</li> <li>The Product Service Qualifier must be HC.</li> <li>Program coverage rules require the Procedure Code to be one of the following values: <ol style="list-style-type: none"> <li>Non-Emergent, Repetitive, Scheduled Ambulance Transport: A0426 or A0428</li> <li>Hyperbaric Oxygen Therapy: G0277</li> <li><u>HHPCR Home Health Services Procedure Code:</u> <ol style="list-style-type: none"> <li><del>G0151, G0152, G0153,</del></li> <li><del>G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0163, GG0164, or</del></li> <li><del>G0299, G0300, G0300 and.</del></li> </ol> </li> </ol> <p><u>HHPCR Type of Bill must be 32.</u>  If these two conditions are not met, esMD shall reject the HHPCR 278 transaction, and</p> <ol style="list-style-type: none"> <li><u>The DMEPOS PA program codes must be one of the following:</u> <ol style="list-style-type: none"> <li><del>K0856 or</del></li> <li><del>K0861.</del></li> </ol> </li> <li><del>Type of Bill: 32A, 32B, 32C, 32D, 32E, 32F, 32G, 32H, 32I, 32J, 32K, 32M, 32P, 32Q, 32O, 327, 329.</del></li> <li><del>The HHS PA Request transactions shall be recognized by:</del></li> <li><del>The presence of one of the following procedure codes in element SV202 in the SV2 segment: G0151 – G0153, G0155 – G0164, or G0299 – G0300; and</del></li> <li><del>The Type of Bill (UM04 – 1) = 32</del></li> <li><del>If these two conditions are not met, esMD shall reject the HHS PA Request transaction. If providers are submitted in 2010F loops, the transaction will be rejected.</del></li> <li><del>h.e. Certain DMEPOS: K0856 (Single Power Option – Power Wheelchairs) or K0861 (Single Power Option – Power Wheelchairs).</del></li> <li><del>i.f. Power Mobility Device:</del> <ol style="list-style-type: none"> <li><del>K0800 – K0802 and K0812,</del></li> <li><del>K0813 – K0829,</del></li> <li><del>K0835 – K0843,</del></li> <li><del>K0848 – K0855,</del></li> <li><del>K0890 – K0891, or</del></li> <li><del>K0898.</del></li> </ol> </li> </ol> </li> <li>Procedure Code Pricing Modifiers may be submitted as appropriate for the Procedure Code submitted in the request.</li> <li>Program coverage rules require that only a primary procedure code be submitted. If a range of procedure codes is submitted, the request will be rejected.</li> <li>If the Quantity is submitted in the SV2 segment, the Unit or Basis for Measurement Code (Quantity Qualifier) must be UN.</li> <li>The Quantity Qualifier and requested Quantity must be submitted in the 2000E.HSD, the 2000F.HSD, or the <del>2000F</del> SV1/SV2 segment.</li> <li>One of the requested quantities in the 2000E.HSD, 2000F.HSD, or SV1/SV2 segment must be greater than 0.</li> <li>We recommend submitting the Quantity Qualifier and requested Quantity in the 2000F SV1/SV2 segment.</li> </ol>

<b>Segment Name</b>	<b>Institutional Service Line</b>
<b>Example</b>	SV2**HC:A0428:25:21:23:55*12.25*UN*80~

**Table 55: 2000F-SV2 Segment Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
SV202	M	Composite Medical Procedure Identifier	Refer to TR3	esMD requires the composite element 2000F.SV202, when the SV2 segment is submitted.
SV202-1	M	Product or Service ID Qualifier	HC	2000F.SV202 – 1 must = HC. This component element is required if the composite element is submitted
SV202-2	M	Procedure Code	Per esMD requirement	2000F.SV202 – 2 must be a primary Procedure Code for one of the esMD PA Pilot Programs. Refer to <a href="#">Table 54: Institutional Service Line</a> for esMD acceptable procedure codes. This component element is required if the composite element is submitted.
SV204	M	Quantity Qualifier	UN	2000F.SV204 must = UN, if the Quantity Qualifier value and Quantity are not present in the 2000F or 2000E HSD segment.
SV205	M	Quantity	Per esMD requirement	The SV1/SV2 segment is the preferred location for submitting the requested number of services. If the 2000F.SV204 is present, then the 2000F.SV205 must be present. If present, the quantity must be greater than 0.

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**Table 56: Health Care Services Delivery**

<b>Segment Name</b>	<b>Health Care Services Delivery</b>
<b>Segment ID</b>	HSD
<b>Loop ID</b>	2000F
<b>Usage</b>	Conditional
<b>Max Use</b>	1
<b>Segment Notes</b>	<p>esMD Implementation Notes for Request:</p> <ol style="list-style-type: none"> <li>While the Quantity Qualifier and Quantity may be submitted in the HSD segment, program coverage rules, for the esMD PA Pilot Programs currently available via the CMS esMD system, do not support Patterns of Delivery and the elements supporting Patterns of Delivery should not be submitted.</li> <li>If submitted in the HSD segment, the Quantity Qualifier must be FL.</li> <li>The Quantity Qualifier and requested Quantity must be submitted in the 2000E.HSD, the 2000F.HSD, or the SV1/SV2 segment.</li> <li>We recommend submitting the Quantity Qualifier and requested Quantity in the 2000F SV1/SV2 segment.</li> </ol>
<b>Example</b>	HSD*FL*80~

Table 57: 2000F-HSD Segment Information

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
HSD01	M	Quantity Qualifier	FL	If the 2000F HSD segment is present, 2000F.HSD01 must = FL.
HSD02	M	Service Quantity	Per esMD requirement	Submit the number of services that will be provided under the request_ <del>ed PA</del> <del>Program</del> . 2000F.HSD02 must be present if 2000F.HSD01 is present.

Table 58: Additional Service Information

Segment Name	Additional Service Information
Segment ID	PWK
Loop ID	2000F
Usage	Conditional
Max Use	10
Segment Notes	esMD Implementation Notes for Request: <ol style="list-style-type: none"> <li>1. If the Paperwork segment is not submitted in the Patient Event loop, it must be submitted in the Service loop.</li> <li>2. If the Paperwork segment is submitted, the Report Transmission Code must be EL.</li> <li>3. The single ACN allowed per Request must be unique for each Requester NPI (2010B.NM109).</li> <li>4. If multiple 2000F Report Type Codes (PWK01) are submitted, program coverage rules require that each PWK segment use the same <del>CAN</del>-value in every PWK06 element. <del>If the PWK segment is present, one, and only one, value must be present in PWK06 for all PWK segments.</del></li> </ol>
Example	PWK*M1*EL***AC*ACN1~

Table 59: 2000F-PWK Segment Information

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
PWK02	M	Report Transmission Code	EL	If the 2000F.PWK segment is present, 2000F.PWK02 must = EL.
PWK06	M	Attachment Control Number	Per esMD requirement	2000F.PWK06 must be alpha-numeric (A – Z, a – z, or 0 – 9). If the PWK segment is present, one, and only one, value must be present in 2000F.PWK06 and/or 2000E.PWK06 for all PWK segments.

**Table 60: Service Provider Name**

Segment Name	Service Provider Name
Segment ID	NM1
Loop ID	2010F
Usage	Conditional
Max Use	1
Segment Notes	<p><u>For all PA Programs</u>; esMD Implementation Notes for Request:</p> <ol style="list-style-type: none"> <li>If there are no 2010EA loops present, then at least two 2010F loops must be submitted with the Entity Identifier Code elements in two of the loops containing one of the following combinations of values: <ol style="list-style-type: none"> <li>(DK - Ordering Physician &amp; SJ - Service Provider) or</li> <li>(DK - Ordering Physician &amp; FA - Facility).</li> </ol> </li> <li>We recommend submitting the providers only in the 2010EA loops.</li> <li><u>Program coverage rules require the transaction to be rejected if Providers HHPCR are submitted in the 2010F loops; the providers for the HHPCR must be submitted in the 2010EA loops</u><del>HHS Program will not recognize providers sent in the 2010F loop; they must be sent in the 2010EA loop.</del></li> </ol>
Example	NM1*DK*1*HANDLE*CARE****XX*1234567893~

**Table 61: 2010F-NM1 Segment Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
NM101	M	Entity Identifier Code	Per esMD requirement	<ol style="list-style-type: none"> <li>esMD requires that at least two Service Provider Name loops (or Patient Event Provider name loops) be submitted that use the required combination of codes. 2010F.NM101 = DK and 2010F.NM101 = (SJ or FA).</li> <li>Other Service Providers may be submitted as deemed necessary by the Requester.</li> <li><u>No providers may be submitted in the 2010F loop for HHPCR.</u></li> </ol>
NM108	M	Identification Code Qualifier	XX	2010F.NM108 must = XX.
NM109	M	Service Provider Identifier	Service Provider's NPI	2010FA.NM109 must = the Service Provider's NPI.

**Table 62: Service Provider Address**

Segment Name	Service Provider Address
Segment ID	N3
Loop ID	2010F
Usage	Conditional
Max Use	1
Segment Notes	<p><u>No providers may be submitted in the 2010F loop for the HHS PA Program.</u></p> <p>esMD Implementation Notes for Request:</p> <p><u>No providers may be submitted in the 2010F loop for the HHS PA Program.</u></p> <p>1. If Service Provider Name loops are submitted that fulfill the Entity Identifier Code combinations requirement, program coverage rules require the Service Provider Address segment to be submitted in each of the two loops.</p> <p>3-2. <u>No providers may be submitted in the 2010F loop for the HHPCR</u></p>
Example	N3*16 W ELM ST 123~

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**Table 63: 2010F-N3 Segment Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
N301	M	Service Provider Address Line	Refer to TR3	<p><u>No providers may be submitted in the 2010F loop for the HHS PA Program. For all Programs except the HHS PA Program HHPCR:</u></p> <ol style="list-style-type: none"> <li>esMD requires a valid Service Provider Address for Providers that fulfill the required Entity Identifier Code combination.</li> <li>2010F.N301: For providers fulfilling the required code combination, esMD requires the Service Provider's first line of address.</li> </ol>
N302	C	Service Provider Address Line	Refer to TR3	<p><u>For all Programs except the HHPCRHHS PA Program:</u></p> <ol style="list-style-type: none"> <li>esMD requires a valid Service Provider Address for Providers that fulfill the required Entity Identifier Code combination.</li> <li>2010F.N302: submit a second address line, if available.</li> </ol>

**Table 64: Service Provider City, State, Zip Code**

Segment Name	Service Provider City, State, Zip Code
Segment ID	N4
Loop ID	2010F
Usage	Conditional
Max Use	1
Segment Notes	<p><u>No providers may be submitted in the 2010F loop for the HHS PA Program.</u></p> <p>esMD Implementation Notes for Request:</p> <p>1. <u>No providers may be submitted in the 2010F loop for the HHPCRHHS PA Program.</u></p> <p>3-2. If Service Provider Name loops are submitted that fulfill the Entity Identifier Code combinations requirement, program coverage rules require the Service City, State, Zip Code segment to be submitted in each of the two loops.</p> <p>4-3. Program coverage rules require the Service Provider City Name to be submitted for each provider that fulfills the Entity Identifier Code combination requirement.</p> <p>5-4. Program coverage rules require the Service Provider State Code to be submitted for each provider that fulfills the Entity Identifier Code combination requirement.</p> <p>6-5. The Zip Code element must be valid for the U.S. for the Service Provider's City and State Code; if the Zip+4 value is known, it should be submitted without including the hyphen within the element value, otherwise submit the 5-digit zip code.</p> <p>7-6. If this is the Service Provider (NM101 = SJ) or the Facility (NM101 = FA), the Patient must receive services in one of the states covered by the PA Pilot Program or the Ambulance must be garaged in a state covered by the Ambulance PA Program.</p>
Example	N4*CINCINNATI*OH*43017~

**Table 65: 2010F-N4 Segment Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
N401	M	Service Provider City Name	Per esMD requirement	<p><u>For all Programs except the HHS PA Program:</u></p> <p>1. <u>No providers may be submitted in the 2010F loop for the HHS PA Program.</u> esMD requires a valid U.S. City Name for Providers that fulfill the required Entity Identifier Code combinations.</p> <p>2. 2010F.N401 must be a valid U.S. City Name.</p>
N402	M	Service Provider State Code	Per esMD requirement	<p><u>For all Programs except the HHS PA Program:</u></p> <p>1. esMD requires a valid U.S. State Code for Providers that fulfill the required Entity Identifier Code combinations.</p> <p>2. 2010F.N402 must be a valid U.S. State Code.</p>

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
N403	M	Service Provider Zip Code	Refer to TR3	<p><u>For all Programs except the HHS PA Program:</u></p> <p>2000F.N403 must = a valid U.S. zip code for Providers that fulfill the required Entity Identifier Code combinations. If the Zip+4 value is known, submit the full Zip Code without a hyphen in the value, otherwise submit the 5-digit zip code.</p>

**Table 66: Transaction Set Trailer**

Segment Name	Transaction Set Trailer
Segment ID	SE
Loop ID	Not assigned
Usage	Mandatory
Max Use	1
Segment Notes	This segment ends the transaction
Example	SE*41*1523~

## 4. Examples of X12N 278 Request Transactions

The following figures are the X12 example files for illustration purposes; no real data is included. Each loop, segment, and element would flow continuously within a single stream of data.

1. [Figure 2: 278Q PA Request for Non-Emergent, Repetitive, Scheduled Ambulance Transport](#)[Figure 2: X12N 278 PA Request for Non-Emergent, Repetitive, Scheduled](#)
2. [Figure 3: 278Q PA Request for Non-Emergent HBO Therapy](#)[Figure 3: X12N 278 PA esMD HBO PA program;](#)
3. [Figure 4: 278Q PA Request for PMD](#)[Figure 4: X12N 278 PA Request for PMD](#) provides an
4. [Figure 5: 278Q HHPCR](#)
- 4.5. [Figure 5: X12N 278 PA Request HHS](#) provides an example for the esMD HHPCR
- 5-6. [Figure 6: 278Q PA Request for DMEPOS](#)[Figure 6: X12N 278 PA Request for](#) program; and
- 6-7. [Figure 7: Initial Pending 278R Response to a Successful Submission](#)[Figure 7:](#) of a response to a successful submission.

### Figure 2: X12N-278Q PA Request for Non-Emergent, Repetitive, Scheduled Ambulance Transport

```
ISA*00*      *00*      *ZZ*9012345720010 *ZZ*9088877320010 *151010*0817*+*00501*000001523*0*T::~~
GS*HI*9012345720010*9088877320010*20151010*0817*1523*X*005010X217~
ST*278*1523*005010X217~
BHT*0007*13*4000000000001*20151010*0817~
HL*1**20*1~
NM1*X3*2*NOVITAS SOLUTIONS INC*****PI*2.16.840.1.113883.13.34.110.1.110.11~ [NM109 => RC OID]
HL*2*1*21*1~
NM1*1P*1*DOE*JOHN****XX*1234567893~
N3*2545 LORD BALTIMORE DR~
N4*WINDSORMILL*MD*21244~
PER*IC*JAMES WILBER*FX*4105850054*TE*4105850064*EX*7854~
HL*3*2*22*1~
NM1*IL*1*CLINGTON*TONY****MI*212123289A~
N3*7111 SECURITY BLVD~
N4*BALTIMORE*MD*21244~
DMG*D8*19611111*M~
HL*4*3*EV*1~
TRN*1*201503251246005544*HIH1238946~
UM*HS*1*56*41:B~
DTP*AAH*RD8*20151020-20151219~
HI*BK:78609~
PWK*M1*EL***AC*ACN1~
NM1*DK*1*HANDLE*PETER**M.D.**XX*1345678902~
N3*7602 WINDSOR WAY~
N4*WINDSORMILL*MD*21244~
NM1*SJ*1*EATHAN*DUBIN*T***XX*1456789019~
N3*AMBSTREET RENDERING PROVIDER 2010EA ~
N4*WINDSORMILL*MD*21244~
```

HL\*5\*4\*SS\*0~  
 TRN\*1\*0070-20150320175012376\*9555555555~  
 SV1\*HC:A0428:QM\*\*UN\*30~  
 SE\*30\*1523~  
 GE\*1\*1523~  
 IEA\*1\*000001523~

**Figure 3: X12N-278Q PA Request for Non-Emergent HBO Therapy**

ISA\*00\* \*00\* \*ZZ\*9012345720020 \*ZZ\*9088877320020 \*151010\*1700\*+\*00501\*000001524\*0\*T::~~  
 G5\*HI\*901234572000\*9088877320020\*20151010\*1700\*1524\*X\*005010X217~  
 ST\*278\*1524\*005010X217~  
 BHT\*0007\*13\*4000000000002\*20151010\*1700~  
 HL\*1\*\*20\*1~  
 NM1\*X3\*2\*WISCONSIS PHYSICIANS SERVICES\*\*\*\*\*PI\*2.16.840.1.113883.13.34.110.1~ [NM109 => RC OID]  
 HL\*2\*1\*21\*1~  
 NM1\*1P\*1\*DOE2\*JOHN\*\*\*M.D.\*XX\*1789012345~  
 N3\*123 MAIN STREET~  
 N4\*CHAMPAIGN\*IL\*61821~  
 PER\*IC\*PETER WILBER\*FX\*4105850055\*TE\*4105850065\*EX\*7855~  
 HL\*3\*2\*22\*1~  
 NM1\*IL\*1\*CLINGTON\*JONNY\*R\*\*\*MI\*368249968A~  
 N3\*711 SECURITY ROAD~  
 N4\*CHAMPAIGN\*IL\*61821~  
 DMG\*D8\*19550120\*M~  
 HL\*4\*3\*EV\*1~  
 TRN\*1\*201503251246005577\*2348765~  
 UM\*HS\*I\*1\*22:A~  
 DTP\*AAH\*RD8\*20151020-20151218~  
 HI\*BK:25093~  
 PWK\*M1\*EL\*\*\*AC\*ACN2~  
 HL\*5\*4\*SS\*0~  
 TRN\*1\*0070-20150320175012376\*9555555555~  
 SV2\*\*HC:G0277:13\*\*UN\*40~  
 NM1\*DK\*1\*SMITH\*JOSEPH\*\*M.D.\*XX\*1234567893~  
 N3\*2189 STATE AVE\*SUIE 201~  
 N4\*CHAMPAIGN\*IL\*61821~  
 NM1\*SJ\*1\*EATHAN\*DUBIN\*\*T\*\*M.D.\*XX\*1678901236~  
 N3\*7602 WINDSOR WAY~  
 N4\*CHAMPAIGN\*IL\*61821~  
 SE\*30\*1524~  
 GE\*1\*1524~  
 IEA\*1\*000001524~

Figure 4: X12N-278Q PA Request for PMD

ISA\*00\* \*00\* \*ZZ\*9012345720030 \*ZZ\*9088877320030 \*151027\*0817\*+\*00501\*000001525\*0\*T::~~  
 GS\*HI\*9012345720030\*9088877320030\*20151027\*1700\*1525\*X\*005010X217~  
 ST\*278\*1525\*005010X217~  
 BHT\*0007\*13\*4000000000002\*20151027\*1700~  
 HL\*1\*\*20\*1~  
 NM1\*X3\*2\*NOVITAS SOLUTIONS INC\*\*\*\*\*PI\*2.16.840.1.113883.13.34.110.1~ [NM109 => RC OID]  
 HL\*2\*1\*21\*1~  
 NM1\*1P\*1\*DOE3\*JOHN\*\*\*\*\*XX\*1234567849~  
 N3\*2565 LORD BALTIMORE DR~  
 N4\*WINDSORMILL\*MD\*21244~  
 PER\*IC\*WILBER\*FX\*4105850056\*TE\*4105850068\*EX\*7583~  
 HL\*3\*2\*22\*1~  
 NM1\*IL\*1\*CLINGTON\*PETER\*DR\*\*\*MI\*AHG123478~  
 N3\*7111 SECURITY BLVD~  
 N4\*BALTIMORE\*MD\*21244~  
 DMG\*D8\*19540630\*M~  
 HL\*4\*3\*EV\*1~  
 TRN\*1\*201503251246005568\*1esMDSyste~  
 UM\*HS\*1\*1\*22:B~  
 DTP\*AAH\*D8\*20151130~  
 HI\*BK:78072~  
 PWK\*M1\*EL\*\*\*AC\*ACN3~  
 HL\*5\*4\*SS\*0~  
 TRN\*1\*0070-20150320175012376\*9555555557~  
 SV1\*HC:K0813:GA\*\*UN\*1~  
 NM1\*DK\*1\*PROVIDER2\*ORDERING\*\*\*\*\*XX\*1567890128~  
 N3\*1018 FREDRICK DR~  
 N4\*BALTIMORE\*MD\*21244~  
 NM1\*SJ\*1\*PROVIDER2\*SERVICE\*\*\*\*\*XX\*1789012345~  
 N3\*7602 WINDSOR WAY~  
 N4\*WINDSORMILL\*MD\*21244~  
 SE\*30\*1525~  
 GE\*1\*1525~  
 IEA\*1\*000001525~

Figure 5: X12N-278Q HHPQR

**PA Request HHS**

ISA\*00\* \*00\* \*ZZ\*TEST123 \*ZZ\*111222333 \*151016\*0817\*+\*00501\*000001523\*0\*T::~  
GS\*HI\*TEST123\*111222333\*20151016\*1615\*1523\*X\*005010X217~  
ST\*278\*1523\*005010X217~  
BHT\*0007\*13\*3920394930203\*20151016\*1615~  
HL\*1\*\*20\*1~  
NM1\*X3\*2\*DMEMADMEMAC\*\*\*\*\*PI\*2.16.840.1.113883.13.34.110.1.999.1~  
HL\*2\*1\*21\*1~  
NM1\*FA\*2\*APOLLO MEDICAL CENTER\*\*\*\*\*XX\*1111111112~  
N3\*511 WEST PRATT STREET~  
N4\*BALTIMORE\*MD\*21201~  
PER\*IC\*MERRILIANCE\*FX\*3013229027\*TE\*3015566754\*EX\*880~  
HL\*3\*2\*22\*1~  
NM1\*IL\*1\*ALEX\*HOWARD\*T\*MR\*M.D.\*MI\*AB321456~  
N3\*2001 MEDICAL PKWY~  
N4\*ANNAPOLIS\*MD\*21401~  
DMG\*D8\*19641120\*F~  
HL\*4\*3\*EV\*1~  
TRN\*1\*900012345\*1311234567\*500~  
UM\*HS\*1\*56\*32:A~  
DTP\*AAH\*D8\*20151001~  
HI\*BK:78609:D8:20150128~  
PWK\*77\*E1\*\*\*AC\*SRAHSTC013~  
NM1\*FA\*2\*JESSICA HEALTHCARE SYSTEMS\*\*\*\*\*XX\*1234567893~  
N3\*12601 COASTAL HIGHWAY~  
N4\*OCEAN CITY\*MD\*21811~  
HL\*5\*4\*SS\*0~  
DTP\*472\*D8\*20160130~  
SV2\*\*HC:G0151:22\*10.50\*UN\*2~  
HSD\*FL\*1~  
SE\*28\*1523~  
GE\*1\*1523~  
IEA\*1\*000001523~

ISA\*00\* \*00\* \*ZZ\*TEST123 \*ZZ\*111222333 \*160506\*1704\*+\*00501\*000002227\*0\*P::~  
GS\*HI\*TEST123\*111222333\*20160506\*170450\*2227\*X\*005010X217~

```

ST*278*2227*005010X217~
BHT*0007*13*000002227*20160506*170450~
HL*1**20*1~
NM1*X3*2*HEALTH PROVIDER*****PI*2.16.840.1.113883.13.34.110.1.999.3~
HL*2*1*21*1~
NM1*FA*1*MONTGOMERY*WARDS*M**PH.D*XX*1111111112~
N3*1014 MARTON ST~
N4*GARFIELD*NJ*07026~
PER*IC*Peter*FX*5516257895*TE*5514651233*EX*880~
HL*2*2*22*1~
NM1*IL*1*MATHEW*RITTERS*T*MR**MI*AAB987654~
N3*456 GRAHAM STREET~
N4*IRVINGTON*NJ*07111~
DMG*D8*19610115*M~
HL*4*3*EV*1~
TRN*1*3001233589*1311234567*500~
UM*HS*4*1*32.A~
DTP*AAH*D8*20151120~
HI*DK:78609~
PWK*77*FI***AC*TESSAO32001~
HL*5*4*SS*0~
DTP*472*D8*20151121~
SV2**HC:G0155.22*10.5*UN*3~
NM1*DK*2*PRIMARY CARE*****XX*1567890128~
N3*PO BOX 7410~
N4*ISELIN*NJ*08820~
NM1*FA*2*NEWTON HOSPITAL*****XX*1345678902~
N3*786 SUMMER STREET~
N4*ISELIN*NJ*08820~
SE*30*2227~
GE*1*2227~
IEA*1*000002227~
    
```

Figure 6: X12N-278Q PA Request for DMEPOS

```

ISA*00*      *00*      *ZZ*9012345720030 *ZZ*9088877320030 *151027*0817*+*00501*000001525*0*T::~
GS*HI*9012345720030*9088877320030*20151027*1700*1525*X*005010X217~
ST*278*1525*005010X217~
BHT*0007*13*400000000002*20151027*1700~
HL*1**20*1~
NM1*X3*2*NOVITAS SOLUTIONS INC*****PI*2.16.840.1.113883.13.34.110.1~      [NM109 => RC OID]
HL*2*1*21*1~
NM1*1P*1*DOE3*JOHN*****XX*1234567849~
N3*2565 LORD BALTIMORE DR~
N4*WINDSORMILL*MD*21244~
PER*IC*WILBER*FX*4105850056*TE*4105850068*EX*7583~
HL*3*2*22*1~
NM1*IL*1*CLINGTON*PETER*DR***MI*AHG123478~
N3*7111 SECURITY BLVD~
N4*BALTIMORE*MD*21244~
DMG*D8*19540630*M~
HL*4*3*EV*1~
    
```

TRN\*1\*201503251246005568\*1esMDSyste~  
 UM\*HS\*1\*1\*22:B~  
 DTP\*AAH\*D8\*20151130~  
 HI\*BK:78072~  
 PWK\*M1\*EL\*\*\*AC\*ACN3~  
 HL\*5\*4\*SS\*0~  
 TRN\*1\*0070-20150320175012376\*955555557~  
 SV1\*HC:K0861:GA\*\*UN\*1~  
 NM1\*DK\*1\*PROVIDER2\*ORDERING\*\*\*\*XX\*1567890128~  
 N3\*1018 FREDRICK DR~  
 N4\*BALTIMORE\*MD\*21244~  
 NM1\*SJ\*1\*PROVIDER2\*SERVICE\*\*\*\*XX\*1789012345~  
 N3\*7602 WINDSOR WAY~  
 N4\*WINDSORMILL\*MD\*21244~  
 SE\*30\*1525~  
 GE\*1\*1525~  
 IEA\*1\*000001525~

### Figure 7: Initial Pending ~~X12N-278R~~ Response to a Successful Submission

ISA\*00\* \*00\* \*ZZ\*9088877320000 \*ZZ\*9012345720000 \*151110\*0817\*^\*00501\*000001623\*0\*T\*+~  
 GS\*HI\*908887732000\*901234572000\*20151110\*1349\*1623\*X\*005010X217~  
 ST\*278\*1623\*005010X217~  
 BHT\*0007\*11\*3920394930203\*20151110\*1615\*19~  
 HL\*1\*\*20\*1~  
 NM1\*X3\*2\*JOHNS HOSP\*\*\*\*\*PI\*2.16.840.1.113883.13.34.110.1~  
 HL\*2\*1\*21\*1~  
 NM1\*1P\*1\*SMITH\*MUFFY\*M\*\*PH.D\*XX\*1567890128~  
 HL\*3\*2\*22\*1~  
 NM1\*IL\*1\*~~Subscriber Last Name~~Flintstone\*~~Subscriber First Name~~Fred\*\*\*\*MI\*~~Subscriber Identifier~~252541578~  
 HL\*4\*3\*EV\*1~  
 TRN\*1\*1234567\*9ESMDSYSTEM~  
 TRN\*2\*12345678900987654321768958473\*1311234567\*500~  
 UM\*HS\*1\*1\*13+B ~  
 HCR\*A4\*\*0U~  
 MSG\*Request accepted; awaiting supporting documentation~  
 HL\*5\*4\*SS\*0~  
 TRN\*2\*0070-20150320175012376\*955555557~  
 UM\*HS\*1\*1\*13+B ~  
 SE\*18\*1623~  
 GE\*1\*1623~  
 IEA\*1\*000001623~

## 5. Health Care Services - PA Response

### 5.1 esMD Program-level Notes for ~~X12N-005010X217 (X12N 2788)~~ PA Response and Pre-Claim Review Demonstration for Home Health Services

The following notes apply to ~~X12N-00501X217 (X12N-278)~~ PA and HHPCR Responses:

1. Upon initial receipt of ~~X12N-278Q~~ Requests, esMD applies edits and responds within 20 seconds with a TA1 error message, 999 error message, ~~X12N 278R~~ Response AAA error, or ~~X12N-278R~~ Response success message that indicates the request is pending;
 

**Note:** Initial edit validations performed by esMD are syntactical and conformance related. The RCs perform business-related edits.
2. If the documentation supporting the request is not received within two business days following receipt of the request, a warning message, consisting of ~~another~~ ~~X12N-278R~~ Response Pending message, is sent as a reminder that XDR-submitted supporting documentation is required for all PA requests received via esMD;
3. If the documentation supporting the request is not received within four business days following receipt of the request, the request is rejected as Canceled using an HCR01 value of "C" in the ~~X12N 278~~ Response transaction;
4. When the XDR-submitted supporting documentation is received by esMD prior to the four-business-day limit for receipt of documentation, the documentation is matched to the pending request and both are sent to the RC for processing;
5. Until the RC responds with a decision or error reject, additional supporting documentation may be continue to be submitted using the Content Type Code 13 without resending the ~~X12N-278Q~~ Request;
6. Until the RC responds with a decision or an error reject, all ~~X12N-278~~ Responses contain the minimal segments/data that are identified in the TR3 to be returned to the requester;
7. Within 10 business days, the RC sends a response, which esMD translates into an ~~X12N 278~~ Response, with a decision or a final error reject answer. Responses may be:
  - a. Certified (Affirmed);
  - b. Modified (Affirmed with Changes);
  - c. Not Certified (Denied); or
  - d. Rejected (AAA Response).

Rejected responses contain errors in the loops for Requester, Beneficiary, Patient Event, Service, and/or Physician information;

- ~~8.~~ esMD formats the Decision/Error Reject Responses from the RC into ~~X12N-278~~ Responses that contain relevant inbound data segments for all loops;

~~8.~~ A

9. All X12N-278 Responses sent to the HIHs contain the data elements values submitted in the 2010C Patient (Subscriber) NM1 segment of the request. The 2010C segments N3, N4, and DMG are not returned in the responses to the HIHs~~;~~

~~9. however, if a signed agreement is not in place, the 2010C elements will be masked;~~

10. All final X12N-278 Responses with Affirmed (Certified in Total) or Affirmed with Changes (Modified) Decisions sent to the HIHs include:
- a. The approved Date/Date Range in the 2000F.DTP segment where DTP01 equals 472 and the approved Quantity Qualifier and Quantity (number of units) in one of the following segments (whichever one was received in the Request and regardless of the inbound location where the Quantity was submitted):
    - i. 2000F.SV1 segment in elements 2000F.SV103 and SV104; or
    - ii. 2000F.SV2 segment in elements 2000F.SV204 and SV205.
  - b. All DTP segments submitted in 2000E, with the exception of the Patient Event Date (DTP01 = AAH), are returned in the Response;
  - c. The 2000E and 2000F Certification Issue, Expiration, and Effective Date DTP segments are not used in the CMS PA Programs and are not sent in the Response;
  - d. All 2000E Diagnosis Codes (HI01 through HI12) submitted in the Request are returned in the Response;
  - e. The 2000E segments CL1, CR1, CR2, CR5, and CR6 are returned in the Response if they were submitted in the Request;
  - f. The 2000E UM segment is returned in the Response;
  - g. The 2000F UM segment is returned, if it was submitted in the Request;
  - h. Any 2010EA NM1 segments received in the X12N-278 Request are returned in the 2010EA segments of Response;
  - i. Any 2010F NM1 segments received in the X12N-278 Request are returned in the 2010FA segments of the Response;
11. All outbound X12N-278 Responses sent by esMD to HIHs contain:
- a. ISA13 holds a separate Interchange Control Number sequence for each HIH;
  - b. ISA14 equals 0;
  - c. BHT02 equals 11;
  - d. The esMD Transaction ID assigned to the incoming X12N-278 Request is returned to the HIH in the first TRN segment of the Response,
  - e. If submitted, inbound 2000E and 2000F TRN segments are returned~~;~~
    - i. “In the second and third TRN segments for 2000E, for the first and second 2000E TRN segments submitted; and
    - ii. The 2000F TRN segments will be returned as submitted.
  - e. “In the first 2000E TRN segment, the TRN03 element will be returned as “9ESMDSYSTEM” in the Response in the second TRN segment; and
  - f. In the TRN03, the value will be returned as “9ESMDSYSTEM.”
12. The delimiters for esMD Responses are:

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**Formatted:** Font: (Default) +Body (Calibri), 12 pt

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- a. The Data Element Separator is an asterisk (\*);
  - b. The Repetition Separator is a caret (^);
  - c. The Component Element Separator is a plus sign (+); and
  - d. The Segment Terminator is a tilde (~);
13. [Table 67: esMD 278 Response Transactions](#)~~Table 67: esMD X12N-278 Response~~ Responses sent to HIHs;
  14. For every ~~X12N-278~~ Response transaction sent to the HIH, esMD expects an immediate acknowledgement, using the open connection, in the form of a 999 success message, a 999 error message, or a TA1 error message;
  15. If esMD is unable to successfully deliver an ~~X12N-278~~ Response transaction, delivery is retried in four hours; up to three delivery retries are conducted;
  16. [Table 68: Industry AAA Codes with esMD Error Text](#)~~Table 68: Industry AAA Codes with esMD~~ selected by the RCs and translated by esMD into AAA Industry Codes for RC Error Rejects;
  17. [Table 69: Industry Review Decision Reason Codes for esMD](#)~~Table 69: Industry Review~~ Decision Reason Codes used by esMD; and
  18. All codes used in esMD are maintained in the esMD website [https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/Information\\_for\\_HIHs.html](https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/Information_for_HIHs.html). If changes are made the website will be updated.

**Table 67: esMD ~~X12N-278~~ Response Transactions**

Row #	Business Situation	Response Condition	Response Type	Response Values	Notes
1.a.	Initial Submission Response within 20 seconds	Error occurring above the 2000A level	Failure: TA1 or 999	Applicable erroneous loop, segment, element	This covers errors in the Interchange Control Header (ISA) or the Functional Group Header (GS). If the data is corrupted in such a way that it cannot be read, a TA1 is sent; otherwise, a 999 error is sent.
1.b.	Initial Submission Response within 20 seconds	Error occurring at the 2010A level	278/AAA	1. BHT06 = 18 2. AAA03 = 79	This covers errors in the UMO Name segment.
1.c.	Initial Submission Response within 20 seconds	Error occurring below the 2010A level	999 failure	Any applicable erroneous loop, segment, or element	This covers edits for all loops, segments, and elements from 2010B through 2010F.

Row #	Business Situation	Response Condition	Response Type	Response Values	Notes
1.d.	Initial Submission Response within 20 seconds	Successful submission	278/HCR	<ol style="list-style-type: none"> <li>1. BHT06 = 19</li> <li>2. 2000E.HCR01 = A4</li> <li>3. 2000E.HCR03 = 0U (zero, U)</li> <li>4. 2000E.MSG01 = "Request accepted; awaiting supporting documentation"</li> </ol>	<p>The inbound Request remains pending in esMD until receipt of accompanying documentation via XDR transaction. Documentation may be sent immediately upon receipt of the successful submission message.</p> <p>Additional supporting documentation may continue to be sent using the Content Type Code 13, and without resending the <del>X12N</del> 278 PA Request, until a Decision or an Error Reject Response is received from the RC.</p>
2.a.	Waiting for Delivery to RC	2-Business Day Warning	278/HCR	<ol style="list-style-type: none"> <li>1. BHT06 = 19</li> <li>2. 2000E.HCR01 = A4</li> <li>3. 2000E.HCR03 = 0P (zero, P)</li> <li>4. 2000E.MSG01 = "Request pending; documentation should be sent immediately"</li> </ol>	<p>This response is a warning that supporting documentation is still pending. Only two business days remain in which it may be submitted via an XDR transaction.</p>
2.b.	Waiting for Delivery to RC	4-Business Day Reject	278/HCR	<ol style="list-style-type: none"> <li>1. BHT06 = 18</li> <li>2. 2000E.HCR01 = C</li> <li>3. 2000E.HCR03 = 0P (zero, P)</li> <li>4. 2000E.MSG01 = "Supporting documentation was not received within the time limit; resubmit your request along with supporting documentation"</li> </ol>	<p>This response rejects the pending Request as being Canceled because the pending supporting documentation was not submitted within four business days of receipt of the Request.</p>

Row #	Business Situation	Response Condition	Response Type	Response Values	Notes
3.	Delivered to RC	RC Pickup Notification	278/HCR	<ol style="list-style-type: none"> <li>1. BHT06 = 19</li> <li>2. 2000E.HCR01 = A4</li> <li>3. 2000E.HCR03 = 0B (zero, B)</li> <li>4. 2000E.MSG01 = "Medical Review in progress; awaiting decision"</li> </ol>	<ol style="list-style-type: none"> <li>1. When the supporting documentation is received in esMD, it is matched with the pending Request using the Requester's NPI and the ACN that was initially submitted in the X12N-278 Request transaction (in the PWK06 element in loop 2000F or 2000E) and which was included as a metadata element of the XDR transaction containing the documentation.</li> <li>2. Shortly after the RC picks up the X12N-278 Request and supporting documentation, the RC sends an Extensible Markup Language (XML) RC pickup notice and esMD generates the X12N-278 Response described here, to be sent to the HIH.</li> </ol>
4.a.	RC Response	Certified in total (Affirmed Decision)	278/HCR	<ol style="list-style-type: none"> <li>1. BHT06 = 18</li> <li>2. 2000F.HCR01 = A1</li> <li>3. 2000F.HCR02 = RC issued UTN value</li> <li>4. 2000F.HCR03 and 2000F.HCR04 are not sent.</li> <li>5. The approved quantity is returned in 2000F.SV1/SV2.</li> <li>6. The approved Service Date/Date Range is returned in 2000F.DTP, where DTP01 equals 472.</li> </ol>	<ol style="list-style-type: none"> <li>1. The RC provides an "Affirmed" decision following review of the Request and documentation.</li> <li>2. All relevant loops and segments from the Request are sent in the Response.</li> </ol>

Row #	Business Situation	Response Condition	Response Type	Response Values	Notes
4.b.	RC Response	Modified (Affirmed with Changes Decision)	278/HCR	<ol style="list-style-type: none"> <li>1. BHT06 = 18</li> <li>2. 2000F and 2000E.HCR01 = A6</li> <li>3. 2000F and 2000E.HCR02 = UTN</li> <li>4. 2000F and 2000E.HCR03 and HCR04 are empty.</li> <li>5. The approved quantity is returned in 2000F.SV1/SV2.</li> <li>6. The approved Service Date/Date Range is returned in 2000F.DTP, where DTP01 = 472.</li> <li>7. All other DTP segments, except where DTP01 = AAH, is returned in the Response if it was submitted in the Request.</li> <li>8. 2000F.MSG01 contains the Reason Code(s) for the changes, if the RC sends one or more.</li> </ol>	<ol style="list-style-type: none"> <li>1. The RC provides an "Affirmed with Changes" decision. Changes may apply only for the PA Programs for Non-Emergent, Repetitive, Scheduled, Ambulance Transport, and for Non-Emergent HBO Therapy.</li> <li>2. The changes may be to either the number of units (trips/treatments) or to the requested service date/date range or to both the number of units and the date/date range.</li> <li>3. In addition, the RC may provide a PA Program Reason Code(s) indicating the reason(s) for the change.</li> <li>4. If present, the Reason code(s) is in the form of a five-character code(s) in the MSG segment, up to a maximum of 25 codes.</li> <li>5. To determine which loop(s) are used for the MSG segment, esMD looks for a TRN segment.</li> <li>6. A TRN segment is always present in the 2000E loop, so the MSG segment is sent in the 2000E loop.</li> <li>7. If there are TRN segments in both the 2000E and 2000F loops, then the MSG segment is sent in both loops.</li> <li>8. All relevant loops and segments from the Request are sent in the Response.</li> </ol>

Row #	Business Situation	Response Condition	Response Type	Response Values	Notes
4.c.	RC Response	Non-Affirmed Decision	278/HCR	<ol style="list-style-type: none"> <li>1. BHT06 equals 18.</li> <li>2. 2000F.HCR01 and 2000E.HCR01 equal A3</li> <li>3. 2000F.HCR02 and 2000E.HCR02 are empty</li> <li>4. 2000F.HCR03 and 2000E.HCR03 contain the Industry denial codes sent by the RC</li> <li>5. 2000F.HCR04 and 2000E.HCR04 are empty</li> <li>6. 2000F.REF01 and 2000E.REF01 equal NT</li> <li>7. 2000F.REF02 and 2000E.REF02 equal the UTN sent by the RC</li> <li>8. 2000E.MSG01 and/or 2000F.MSG01 contains the PA Program Reason Code(s) sent by the RC</li> </ol>	<ol style="list-style-type: none"> <li>1. The RC provides a "Non-Affirmed" decision.</li> <li>2. The RC reviewer must enter at least one and up to a maximum of five "Industry Denial Code(s)", indicating the actual reason for the denial.</li> <li>3. The RC must also provide at least one PA Program Reason Code indicating the reason(s) for the denial.</li> <li>4. These codes are sent in the form of a set of 5-character code(s) from one to a maximum of 25 codes, in the MSG segment of the response.</li> <li>5. To determine which loop(s) are used for the MSG segment, esMD looks for a TRN segment.</li> <li>6. A TRN segment is always present in the 2000E loop, so the MSG segment is sent in the 2000E loop.</li> <li>7. If there are TRN segments in both the 2000E and 2000F loops, then the MSG segment is sent in both loops.</li> <li>8. All relevant loops and segments from the Request are sent in the Response.</li> </ol>
4.d.1	RC Response	Error Reject Response	278/AAA	<ol style="list-style-type: none"> <li>1. BHT06 = 18</li> <li>2. The RC may send AAA errors at the 2010B, 2010C, 2000E, 2010EA, 2000F, and/or 2010FA level(s).</li> </ol> <p>(continued on next page)</p>	The RC reviews the Request and its supporting documentation, identifies the errors at all possible levels of information and sends the reject-response. The RC reviewer may enter one or multiple errors, choosing the appropriate category under which the errors occur.

Row #	Business Situation	Response Condition	Response Type	Response Values	Notes
4.d.2	RC Response	Error Reject Response	278/AAA	<p>3. Refer to <a href="#">Table 68: Industry AAA Codes with esMD Error Text</a>(<a href="#">Table 68: Industry AAA Codes with esMD Error Text</a>) for the Error-Reject-Messages and the possible element locations and values at each level. Error code 33, when received in a 2000E AAA segment, may represent any of the business situations below and the 5-character PA Program Reason Codes provide identification of the specific error; PMD Reason Codes are used for these examples: (continued on next page)</p>	<ol style="list-style-type: none"> <li>1. Some error codes may be used for multiple error conditions. An example is the error code 44, which may be used as follows:                             <ol style="list-style-type: none"> <li>a. First and/or Last name is missing/invalid;</li> <li>b. NPI does not match the Name of the Physician.</li> </ol> </li> <li>2. In addition, the RC must provide at least one PA Program Reason Code indicating the reason for the reject.</li> <li>3. The PA Program Reason Code(s) is sent in the form of a set of five-character code(s), from one to a maximum of 25 codes, in the MSG segment of the response.</li> <li>4. See the Non-Affirmed RC Response for the location of the MSG segment.</li> <li>5. If a Unique Tracking Number (UTN) was provided in the Reject Response, the UTN is sent in the MSG segment in the MSG01 element with the four characters "UTN:" preceding the UTN and with a delimiter at the end of the 50 characters allowed for the UTN.</li> </ol>

Row #	Business Situation	Response Condition	Response Type	Response Values	Notes
4.d.3	RC Response	Error Reject Response	278/AAA	<ul style="list-style-type: none"> <li>a. Request sent to wrong RC – PMD PA Reason Codes = PMD9A, PMD9B, PMD9C or PMD9D;</li> <li>b. Request does not fall under the pilot states – PMD PA Reason Codes = PMD9E;</li> <li>c. RC marked the request as duplicate – PMD PA Reason Code = PMD9F;</li> <li>d. The beneficiary has a Representative Payee assigned and is not subject to the PA process or the 25% payment reduction for this service – PMD PA Reason Code = PMD9Z;</li> </ul> <p>(continued on next page)</p>	No additional information to present.

Row #	Business Situation	Response Condition	Response Type	Response Values	Notes
4.d.4	RC Response	Error Reject Response	278/AAA	<p>e. An appropriate Error Category/Error Code cannot be determined for a Reject situation encountered by the RC-PMD PA Reason Code = PMD?Z (The RCs use the best choice of the available Z codes).</p> <p>f. The Business Owner will provide similar PA Reason Codes for the Ambulance and HBO PA Programs.</p> <p>g. These error situations are in addition to the original error defined in Appendix A for the Medical-Info error code = 33</p> <p>4. MSG01 contains the PA Program Reason Code(s) sent by the RC for the Error Reject Responses.</p> <p>5. If the errors occur above the 2000F loop, the PA Program Reason Codes are returned in the 2000E loop; otherwise, they are returned in the 2000F loop.</p>	No additional information to present.

Table 68: Industry AAA Codes with esMD Error Text

Row #	Category (Loop)	Business Process Activity / Condition to Satisfy	AAA03 – Reject Reason Code
1	Utilization Management Organization (2000A & 2010A)	Valid RC OID must be present	79-Invalid Participant Identification
2	Requester (2010B)	Requester - NPI must be present, be numeric, begin with "1", pass algorithm validation, and be found in the crosswalk	43 - Invalid/Missing Provider Identification
3	Requester (2010B)	Requester - First and Last Name or Organization Name must be present	44 - Invalid/Missing Provider Name
4	Requester (2010B)	Requester - Address line(s), city, state, and zip must be present and valid	97 - Invalid or Missing Provider Address
5	Requester (2010B)	NPI and Name of the Requester must match in the database	44 - Invalid/Missing Provider Name
6	Requester (2010B)	Requester - State must be a Pilot state	35 - Out of Network (interpretation is not a pilot state)
7	Beneficiary (2010C)	Beneficiary (HICN) must be present and be alpha-numeric	64 - Invalid/Missing Patient ID
8	Beneficiary (2010C)	Beneficiary (Gender Code) must be present and valid	66 - Invalid/Missing Patient Gender Code
9	Beneficiary (2010C)	Beneficiary First and Last names must not be blank	65 - Invalid/Missing Patient Name
10	Beneficiary (2010C)	Beneficiary Date of Birth must NOT be blank, must be a valid date, and must NOT be a future date	58 - Invalid/Missing Date-of-Birth
12	Beneficiary (2010C)	Beneficiary - HICN / Name combination must be valid	65 - Invalid/Missing Patient Name
13	Ordering MD (2010EA or 2010FA)	X12N 278 Response - Ordering/Referring Physician - NPI must be present, numeric, begin with "1", pass algorithm validation, and found in the crosswalk.	43 - Invalid/Missing Provider Identification
14	Ordering MD (2010EA or 2010FA)	X12N 278 Response - Ordering/Referring Physician - First and Last Name or Organization Name must be present	44 - Invalid/Missing Provider Name
15	Ordering MD (2010EA or 2010FA)	X12N 278 Response - Ordering/Referring Physician - Address line(s), city, state, and zip must be present and valid	97 - Invalid or Missing Provider Address
16	Ordering MD (2010EA or 2010FA)	X12N 278 Response - NPI and Name of Ordering/Referring Physician must be for the same person	44 - Invalid/Missing Provider Name
17	Ordering MD (2010EA or 2010FA)	X12N 278 Response - Ordering/Referring Physician State must be a valid/pilot state	35 - Out of Network (interpretation is not a pilot state)
18	Rendering MD / Supplier (2010EA or 2010FA)	X12N 278 Response - Rendering Physician - NPI must be present, numeric, begin with "1", pass algorithm validation, and found in the crosswalk.	43 - Invalid/Missing Provider Identification
19	Rendering MD/Supplier (2010EA or 2010FA)	X12N 278 Response - Rendering Physician - First and Last Name or Organization Name must be present	44 - Invalid/Missing Provider Name
20	Rendering MD/Supplier (2010EA or 2010FA)	X12N 278 Response - Rendering Physician - Address line(s), city, state, and zip must be present and valid	97 - Invalid or Missing Provider Address

Row #	Category (Loop)	Business Process Activity / Condition to Satisfy	AAA03 – Reject Reason Code
21	Rendering MD/Supplier (2010EA or 2010FA)	X12N 278 Response - NPI and Name of the Rendering physician must match in the database.	44 - Invalid/Missing Provider Name
22	Rendering MD/Supplier (2010EA or 2010FA)	X12N 278 Response - Rendering Physician State must be a valid/pilot state.	35 - Out of Network (interpretation is not a pilot state)
23	Facility (2010EA or 2010FA)	X12N 278 Response - Facility - NPI must be present, numeric, begin with "1", pass algorithm validation, and found in the crosswalk	43 - Invalid/Missing Provider Identification
24	Facility (2010EA or 2010FA)	X12N 278 Response - Facility - Organization name (last name) must be present	44 - Invalid/Missing Provider Name
25	Facility (2010EA or 2010FA)	X12N 278 Response - Facility - Address line(s), city, state, and zip must be present and valid	97 - Invalid or Missing Provider Address
26	Facility (2010EA or 2010FA)	X12N 278 Response - NPI and Name of the Facility must match in the database	44 - Invalid/Missing Provider Name
27	Facility (2010EA or 2010FA)	X12N 278 Response - Facility State must be a valid/pilot state	35 - Out of Network (interpretation is not a pilot state)
28	Medical-Info (2000E or 2000F)	X12N 278 Response - Diagnosis Code Qualifier must be present and valid	AF - Invalid/Missing Diagnosis Code(s)
29	Medical-Info (2000E or 2000F)	X12N 278 Response - Diagnosis Code must be present and valid for the Diagnosis Code Qualifier	AF - Invalid/Missing Diagnosis Code(s)
30	Medical-Info (2000E or 2000F)	X12N 278 Response - Procedure Code must be present and valid for the PA Program	AG - Invalid/Missing Procedure Code(s)
31	Medical-Info (2000E or 2000F)	X12N 278 Response - Procedure Code must be valid for the Diagnosis Code	AG - Invalid/Missing Procedure Code(s)
32	Medical-Info (2000E or 2000F)	X12N 278 Response - Procedure Code Qualifier must be present and valid for the Procedure Code	AG - Invalid/Missing Procedure Code(s)
33	Medical-Info (2000E or 2000F)	X12N 278 Response - Procedure Code Modifier (if present) must be valid for the Procedure Code	AG - Invalid/Missing Procedure Code(s)
34	Medical-Info (2000E or 2000F)	X12N 278 Response - Requested Number of Units (visits/trips/etc.) must be present, numeric, and greater than zero	15 - Required application data missing
35	Medical-Info (2000E or 2000F)	X12N 278 Response - Proposed Date/Date Range must be present and valid	57 - Invalid/Missing Date(s) of Service
36	Medical-Info (2000E or 2000F)	X12N 278 Response - Place of Service must be present and valid	33 - Input Errors

Table 69: Industry Review Decision Reason Codes for esMD (HCR03)

Code	Industry Review Decision Reason Code Descriptions for esMD
0B	Request Forwarded To and Decision Response Forthcoming From an External Review Organization
0F	Not Medically Necessary
0G	Level of Care Not Appropriate

Code	Industry Review Decision Reason Code Descriptions for esMD
0H	Certification Not Required for this Service
0M	Non-covered Service
0P	Requested Information Not Received
0Q	Duplicate Request
0R	Service Inconsistent with Diagnosis
0U	Additional Patient Information required
04	Authorized Quantity Exceeded
13	Service authorized for another provider
15	Plan/contractual geographic restriction
16	Inappropriate facility type
21	Transport Request Denied
22	Ambulance Certification Segment information doesn't correspond to Transport Address Segment
25	Services were not considered due to other errors in the request.

## 5.2 Interchange Control Structure Specification – X12N-278 Response

Table 70: Response Interchange Control Header through Table 75: Interchange Control Trailer define the use of this control structure as it relates to communication with the esMD for the request X12N 278 Response transaction.

**Table 70: Response Interchange Control Header**

Segment Name	Interchange Control Header		
Segment ID	ISA		
Loop ID	Not assigned		
Usage	Mandatory		
Max Use	1		
Segment Notes	All positions within each data element in the ISA segment must be filled. Delimiters are specified in the interchange header segment. The character immediately following the segment Identifier, ISA, defines the data elements separator. The last character in the segment defines the component element separator, and the segment terminator is the byte that immediately follows the component element separator. Below are examples of the separators. The values listed are those used by esMD for all Response transactions.		
	<b>Character</b>	<b>Name</b>	<b>Delimiter</b>
	*	Asterisk	Data Element Separator
	^	Carat	Repetition Separator
	+	Plus	Component Element Separator
	~	Tilde	Segment Terminator
Example	ISA*00* *00* *ZZ*9088877320000 *ZZ*9012345720000 *150326*0817**^*00501*000001523*0*P*+~		

**Table 71: ISA Segment Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
ISA01	M	Authorization Information Qualifier	00	The Authorization and Security Information Qualifiers must be 00.
ISA02	M	Authorization Information	10 blank spaces	Always blank, i.e., 10 blank spaces.

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
ISA03	M	Security Information Qualifier	00	The Authorization and Security Information Qualifiers must be 00.
ISA04	M	Security Information	Insert 10 blank spaces	Always blank. Insert 10 blank spaces.
ISA05	M	Interchange ID Qualifier (Sender)	ZZ	The Interchange ID Qualifiers must be ZZ.
ISA06	M	Interchange Sender ID	Per esMD requirement	esMD uses the registered RC EDI ID ISA06, left justified with trailing spaces to fill the 15 characters, while sending the response to HIH.
ISA07	M	Interchange ID Qualifier (Receiver)	ZZ	The Interchange ID Qualifiers must be ZZ.
ISA08	M	Interchange Receiver ID	Per esMD requirement	esMD uses the registered HIH EDI ID in ISA08, left justified with trailing spaces to fill the 15 characters, while sending the response to HIH.
ISA13	M	Interchange Control Number	Refer to TR3	esMD sends the control number in the responses in incremental order using a separate sequence for each HIH. If the HIH notices a break in the sequence, a response is missing.
ISA14	M	Acknowledgment Requested	0	ISA14 will always be set to "0" (zero).

Table 72: Functional Group Header

Segment Name	Functional Group Header
Segment ID	GS
Loop ID	Not assigned
Usage	Mandatory
Max Use	1
Segment Notes	Indicates the beginning of a functional group and to provide control information
Example	GS*HI*9088877320000*9012345720000*20150625*17001529*1523*X*005010X217~

Table 73: GS Segment Information

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
GS02	M	Application Sender's Code	Per esMD requirement	Enter the value from ISA06 into GS02
GS03	M	Application Receiver's Code	Per esMD requirement	Enter the value from ISA08 into GS03.
GS05	M	Time	Per esMD requirement	esMD uses the format HHMMSSDD

Table 74: Functional Group Trailer

Segment Name	Functional Group Trailer
Segment ID	GE
Loop ID	Not assigned
Usage	Mandatory
Max Use	1
Segment Notes	Indicates the end of a functional group and to provide control information
Example	GE*1*1523~

**Table 75: Interchange Control Trailer**

Segment Name	Interchange Control Trailer
Segment ID	IEA
Loop ID	Not assigned
Usage	Mandatory
Segment Notes	Defines the end of an interchange control segment
Example	IEA*1*00001523~

### 5.3 Segment Usage – X12N-278 Prior-Authorization Response

This section lists the usage of levels, loops, and segments that are required to support esMD PA Program Responses sent to HHHs.

In responses to the X12N-278 Requests received by esMD, [Table 76: 278 Response Segments](#) shows the loops, segments, and elements in responses generated by esMD. These responses comply with the *ASC X12N/005010X217 (278) TR3 Implementation Guide*. The various types of response transactions in [Table 76: 278 Response Segments](#) contain the following values in the Usage columns: Mandatory (M), Conditional (C), Optional (O), or Not Sent (NS).

The esMD generated X12N-278 Responses identified in [Table 76: 278 Response Segments](#) contain the usage values identified above for the following Business Situations:

1. 20-S: Initial Successful Submission Pending Response (sent within 20 seconds after receiving and validating the Request);
2. 20-S Err: Initial AAA Rejection Response;
3. 2D: Two-Business Day Warning (documentation has not been received);
4. 4D: Four-Business Day Cancellation (documentation not received timely);
5. PU: RC Pickup Notification – awaiting Medical Review;
6. AF: Affirmed Decision Response;
7. NAF: Non-Affirmed Decision Response;
8. ERR: RC Error Reject Response; and
9. MOD: Modified Affirmed Decision Response.

**Table 76: X12N 278 Response Segments**

Segment ID	Loop ID	Segment Name	20-S	20-S Err	2D	4D	PU	AF	NAF	ERR	MOD
ST	Not assigned	Transaction Set Header	M	M	M	M	M	M	M	M	M
BHT	Not assigned	Beginning of Hierarchical Transaction	M	M	M	M	M	M	M	M	M

Segment ID	Loop ID	Segment Name	20-S	20-S Err	2D	4D	PU	AF	NAF	ERR	MOD
HL	Loop ID-2000A	Utilization Management Organization (UMO) Level	M	M	M	M	M	M	M	M	M
NM1	Loop ID-2010A	Utilization Management Organization (UMO) Name	M	M	M	M	M	M	M	M	M
AAA	2010A	Utilization Management Organization (UMO) Request	NS	M	NS	NS	NS	NS	NS	NS	NS
HL	Loop ID-2000B	Requester Level	M	NS	M	M	M	M	M	M	M
NM1	Loop ID-2010B	Requester Name	M	NS	M	M	M	M	M	M	M
AAA	2010B	Requester Request Validation	NS	NS	NS	NS	NS	NS	NS	C	NS
PRV	2010B	Requester Provider Information	NS	NS	NS	NS	NS	C	C	C	C
HL	Loop ID-2000C	Subscriber Level	M	NS	M	M	M	M	M	M	M
NM1	Loop ID-2010C	Subscriber Name	M	NS	M	M	M	M	M	M	M
AAA	2010C	Subscriber Request Validation	NS	NS	NS	NS	NS	NS	NS	C	NS
HL	Loop ID-2000E	Patient Event Level	M	NS	M	M	M	M	M	M	M
TRN	2000E	Patient Event Tracking Number (esMD Transaction ID)	M	NS	M	M	M	M	M	M	M
TRN	2000E	Patient Event Tracking Number	C	C	C	C	C	C	C	C	C
AAA	2000E	Patient Event Request Validation	NS	NS	NS	NS	NS	NS	NS	C	NS
UM	2000E	Health Care Services Review Information	M	M	M	M	M	M	M	M	M
HCR	2000E	Health Care Services Review	M	NS	M	M	M	M	M	NS	M
REF	2000E	Administrative Reference Number	NS	NS	NS	NS	NS	NS	M	NS	NS
DTP	2000E	Accident Date	NS	NS	NS	NS	NS	C	C	C	C
DTP	2000E	Last Menstrual Period Date	NS	NS	NS	NS	NS	C	C	C	C
DTP	2000E	Estimated Date of Birth	NS	NS	NS	NS	NS	C	C	C	C
DTP	2000E	Onset of Current Symptoms or Illness Date	NS	NS	NS	NS	NS	C	C	C	C

Segment ID	Loop ID	Segment Name	20-S	20-S Err	2D	4D	PU	AF	NAF	ERR	MOD
DTP	2000E	Event Date	NS	NS	NS	NS	NS	NS	NS	M	NS
DTP	2000E	Admission Date	NS	NS	NS	NS	NS	C	C	C	C
DTP	2000E	Discharge Date	NS	NS	NS	NS	NS	C	C	C	C
HI	2000E	Patient Diagnosis (Primary is mandatory; others if submitted)	NS	NS	NS	NS	NS	M	M	M	M
HSD	2000E	Health Care Services Delivery	NS	NS	NS	NS	NS	NS	NS	C	NS
CL1	2000E	Institutional Claim Code	NS	NS	NS	NS	NS	C	C	C	C
CR1	2000E	Ambulance Transport Information	NS	NS	NS	NS	NS	C	C	C	C
CR2	2000E	Spinal Manipulation Service Information	NS	NS	NS	NS	NS	C	C	C	C
CR5	2000E	Home Oxygen Therapy Information	NS	NS	NS	NS	NS	C	C	C	C
CR6	2000E	Home Health Care Information	NS	NS	NS	NS	NS	C	C	C	C
MSG	2000E	Message Text	M	NS	M	M	M	NS	M	M	C
NM1	Loop ID-2010EA	Patient Event Provider Name	NS	NS	NS	NS	NS	C	C	C	C
N3	2010EA	Patient Event Provider Address	NS	NS	NS	NS	NS	NS	NS	C	NS
N4	2010EA	Patient City, State, Zip Code	NS	NS	NS	NS	NS	NS	NS	C	NS
AAA	2010EA	Patient Event Request Validation	NS	NS	NS	NS	NS	NS	NS	C	NS
PRV	2010EA	Patient Event Provider Information	NS	NS	NS	NS	NS	NS	NS	C	NS
HL	Loop ID-2000F	Service Level	C	NS	C	C	C	M	M	M	M
TRN	2000F	Service Trace Number	C	NS	C	C	C	C	C	C	C
AAA	2000F	Service Request Validation	NS	NS	NS	NS	NS	NS	NS	C	NS
UM	2000F	Health Care Services Review Information	NS	NS	NS	NS	NS	C	C	C	C
HCR	2000F	Health Care Services Review	NS	NS	NS	NS	NS	M	M	NS	M

Segment ID	Loop ID	Segment Name	20-S	20-S Err	2D	4D	PU	AF	NAF	ERR	MOD
REF	2000F	Administrative Reference Number	NS	NS	NS	NS	NS	NS	M	NS	NS
DTP	2000F	Service Date	NS	NS	NS	NS	NS	M	M	C	M
SV1	2000F	Professional Service	NS	NS	NS	NS	NS	C	C	C	C
SV2	2000F	Institutional Service Line	NS	NS	NS	NS	NS	C	C	C	C
HSD	2000F	Health Care Services Delivery	NS	NS	NS	NS	NS	NS	NS	C	NS
MSG	2000F	Message Text	NS	NS	NS	NS	NS	NS	M	M	C
NM1	Loop ID-2010FA	Service Provider Name	NS	NS	NS	NS	NS	C	C	C	C
N3	2010FA	Service Provider Address	NS	NS	NS	NS	NS	NS	NS	C	NS
N4	2010FA	Service Provider City, State, Zip Code	NS	NS	NS	NS	NS	NS	NS	C	NS
AAA	2010FA	Service Provider Request Validation	NS	NS	NS	NS	NS	NS	NS	C	NS
PRV	2010FA	Service Provider Information	NS	NS	NS	NS	NS	NS	NS	C	NS
SE	Not assigned	Transaction Set Trailer	M	M	M	M	M	M	M	M	M

## 5.4 Segment and Data Element Description

Table 77: Segment and Data Element Description through Table 160: Transaction Set Trailer represent segments as Mandatory (M), Conditional (C), or Not Used (N/U) for the esMD implementation of the X12N 278 transaction. Each segment table contains rows and columns describing different elements of the segment.

**Table 77: Segment and Data Element Description**

Segment/Data Element	Description
Segment Name	The TR3 assigned segment name.
Segment ID	The TR3 assigned segment ID.
Loop ID	The loop where the segment should appear.
Usage	This identifies the segment as required or conditional
Max Use	Maximum iterations of segment allowed in request.
Segment Notes	A brief description of the purpose or use of the segment including esMD-specific usage.
Example	An example of the segment.
Reference Designator	This identifies the TR3 standard industry-assigned element ID.

Segment/Data Element	Description
Usage	This identifies the data element as M, C, O, or N/U.
Element Name	The TR3-assigned alias, implementation name, or name associated with the data element.
Valid Values	This column lists the values and/or code sets that are used by esMD. If any columns contain the value "Refer to TR3," it represents that there are no fixed values defined for that element. esMD assigns the value either as per the TR3 guideline or based on an esMD requirement. If any columns contain the value "Per esMD requirement," it represents an esMD-specific requirement for the X12N 278 Response.
esMD Requirement or Element Description	Description of the contents of the data elements or esMD specific requirement notes.

Table 78: Transaction Set Header

Segment Name	Transaction Set Header
Segment ID	ST
Loop ID	Not assigned
Usage	Required
Max Use	1
Segment Notes	This segment indicates the start of the transaction.
Example	ST*278*152790*005010X217~

Table 79: Beginning of Hierarchical Transaction

Segment Name	Beginning of Hierarchical Transaction
Segment ID	BHT
Loop ID	Not assigned
Usage	Required
Max Use	1
Segment Notes	1. This segment identifies the transaction as a response and contains the transaction creation date and time. 2. The Transaction Type Code must be either "18" or "19".
Example	BHT*0007*11*3920394930203*20150901*16154538*18~

Table 80: BHT Segment Information

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
BHT05	M	Transaction Set Creation Time	Per esMD requirement	esMD uses the format HHMMSSDD

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
BHT06	M	Transaction Type Code	18 19	<p>BHT06 = 18 (final response):</p> <ol style="list-style-type: none"> <li>1. Initial Submission Response within 20 seconds - Error occurring at the 2010A level;</li> <li>2. Waiting for Delivery to RC – Four-Business Day Cancellation;</li> <li>3. RC Response - Certified in total (Affirmed Decision);</li> <li>4. RC Response - Modified (Affirmed with Changes Decision);</li> <li>5. RC Response - Non-Affirmed Decision;</li> <li>6. RC Response - Error Reject Response;                             <ol style="list-style-type: none"> <li>a. The RC may send AAA errors at the 2010B, 2010C, 2000E, 2010EA, 2000F, and/or 2010FA level(s);</li> <li>b. Refer to <a href="#">Table 68: Industry AAA Codes with esMD Error Text</a>; <a href="#">Table 68: Industry AAA Codes with esMD Error Text</a>; <a href="#">Table 68: Industry AAA Codes with esMD Error Text</a> for the Error-Reject-Messages and the possible element locations and values at each level.</li> </ol> </li> </ol> <p>BHT06 = 19 (updates to follow):</p> <ol style="list-style-type: none"> <li>1. Initial Submission Response within 20 seconds - Successful submission;</li> <li>2. Waiting for Delivery to RC – Two-Business Day Warning;</li> <li>3. Delivered to RC - RC Pickup Notification.</li> </ol>

**Table 81: UMO Level**

Segment Name	Utilization Management Organization (UMO) Level
Segment ID	HL
Loop ID	2000A
Usage	Required
Max Use	1
Segment Notes	This segment defines the UMO level hierarchy.
Example	HL*1**20*1~

Table 82: UMO Name

Segment Name	Utilization Management Organization (UMO) Name
Segment ID	NM1
Loop ID	2010A
Usage	Mandatory
Max Use	1
Segment Notes	This segment identifies the organization that conducted the medical review.
Example	NM1*X3*2*JDMAC JA****PI*1.3.6.1.4.1.101420.6.1~

Table 83: 2010A-NM1 Segment Information

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
NM101	M	Entity Identifier Code	X3	X3 – Utilization Management Organization
NM102	M	Entity Type Qualifier	2	2 - Non-Person Entity
NM108	M	Identification Code Qualifier	PI	PI – Payer ID
NM109	M	Utilization Management Organization (UMO) identifier	Per esMD requirement	2010A.NM109 = RC OID

Table 84: UMO Request Validation

Segment Name	Utilization Management Organization (UMO) Request
Segment ID	AAA
Loop ID	2010A
Usage	Conditional
Max Use	9
Segment Notes	This segment is used to specify the validity of the request and indicate the authorized follow-up action. esMD Implementation Notes for Response: The esMD application returns this segment only if the RC OID is not valid, using an X12N 278 Reject Response in the initial 20 seconds following submission.
Example	AAA*N**79*C~

Table 85: 2010A-AAA Segment Information

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
AAA03	M	Reject Reason Code	79	Error occurring at the 2010A level
AAA04	M	Follow-up Action Code	C	C - Please correct and resubmit

Table 86: Requester Level

Segment Name	Requester Level
Segment ID	HL
Loop ID	2000B
Usage	Mandatory [Except – Not used only for 2010A AAA Response]
Max Use	1
Segment Notes	This segment defines the Requester level hierarchy.
Example	HL*2*1*21*1~

**Table 87: Requester Name**

<b>Segment Name</b>	<b>Requester Name</b>
<b>Segment ID</b>	NM1
<b>Loop ID</b>	2010B
<b>Usage</b>	Mandatory
<b>Max Use</b>	1
<b>Segment Notes</b>	This segment identifies the entity that initiated the health care service request.
<b>Example</b>	NM1*1P*1*SMITH*MUFFY*M**PH.D*XX*111111112~

**Table 88: Requester Request Validation**

<b>Segment Name</b>	<b>Requester Request Validation</b>
<b>Segment ID</b>	AAA
<b>Loop ID</b>	2010B
<b>Usage</b>	Conditional
<b>Max Use</b>	9
<b>Segment Notes</b>	This segment is used to specify the validity of the request and indicate the authorized follow-up action. esMD Implementation Notes for Response: The esMD application returns this segment only if the request is identified as not valid at this level, based on the RC Response.
<b>Example</b>	AAA*N**43*C~

**Table 89: 2010B-AAA Segment Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
AAA03	M	Reject Reason Code	35	35 - Out of Network
			43	43 - Invalid/Missing Provider Identification
			44	44 - Invalid/Missing Provider Name
			97	97 - Invalid or Missing Provider Address
AAA04	M	Follow-up Action Code	C	C - Please Correct and Resubmit

**Table 90: Subscriber Level**

<b>Segment Name</b>	<b>Subscriber Level</b>
<b>Segment ID</b>	HL
<b>Loop ID</b>	2000C
<b>Usage</b>	Mandatory [Except – Not used only for 2010A AAA Response]
<b>Max Use</b>	1
<b>Segment Notes</b>	This segment defines the Subscriber/Beneficiary (Patient) level hierarchy. esMD Implementation Notes for Response: Returned in all responses sent by esMD.
<b>Example</b>	HL*3*2*22*1~

Table 91: Subscriber Name

Segment Name	Subscriber Name
Segment ID	NM1
Loop ID	2010C
Usage	Mandatory
Max Use	1
Segment Notes	esMD Implementation Notes for Response: While esMD previously masked the Personally Identifiable Information (PII) data values in this segment of Responses, as of July 2016, esMD returns the PII without masking the data elements.; otherwise, the RC Response will be rejected to the RC and the HIH will not receive the Response. esMD masks the Personally Identifiable Information (PII) data values in this segment of Responses for HIHs without a signed agreement; otherwise, esMD returns the Personally Identifiable Information (PII) without masking the data elements.
Example	NM1*IL*1*Last NameDOE**First NameJANE***MI*Subscriber Identifi126448e58~f~ NM1*IL*1*esMD Masked Last Name*esMD Masked First Name***MI*Subscriber Identifier~

Table 92: 2010C-NM1 Segment Information

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
NM103	C	Subscriber Last Name	Per esMD requirement	2010C.NM103 = esMD-Last Name
NM104	C	Subscriber First Name	Per esMD requirement	2010C.NM104 = esMD-First Name
NM108	M	Identification Code Qualifier	MI	MI – Member Identification Number
NM109	M	Subscriber Member Number	Per esMD requirement	2010C.NM109 = esMD-Subscriber Identifier

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Table 93: Subscriber Request Validation

Segment Name	Subscriber Request Validation
Segment ID	AAA
Loop ID	2010C
Usage	Conditional
Max Use	9
Segment Notes	This segment is used to specify the validity of the request and indicate the authorized follow-up action. esMD Implementation Notes for Response: The esMD application returns this segment only if the request is identified as not valid at this level, based on the RC Response.
Example	AAA*N**95*C~

Table 94: 2010C-AAA Segment Information

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
AAA03	M	Reject Reason Code	58 64 65 66 95	58 - Invalid/Missing Date-of-Birth 64 - Invalid/Missing Patient ID 65 - Invalid/Missing Patient Name 66 - Invalid/Missing Patient Gender Code 95 - Patient Not Eligible
AAA04	M	Follow-up Action Code	C	C - Please Correct and Resubmit

Table 95: Patient Event Level

Segment Name	Patient Event Level
Segment ID	HL
Loop ID	2000E
Usage	Mandatory [Except – Not used only for 2010A AAA Response]
Max Use	1
Segment Notes	This segment defines the Patient Event level hierarchy. esMD Implementation Notes for Response: Returned in all responses sent by esMD.
Example	HL*4*3*EV*1~

Table 96: Patient Event Tracking Number (esMD Transmission ID)

Segment Name	Patient Event Tracking Number (esMD Transmission ID)
Segment ID	TRN
Loop ID	2000E
Usage	Mandatory
Max Use	1
Segment Notes	esMD Implementation Notes for Response: 1. The first 2000E TRN segment in the Response sends the esMD Transmission ID to the HIH. 2. This segment is used to uniquely identify an X12N 278 transaction sent to esMD. 3. The TRN03 value will always be "9ESMDSYSTEM" in this first TRN segment in the for 2000E loop. -
Example	TRN*1*2675431*9ESMDSYSTEM ~

Table 97: 2000E-TRN Segment Information

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
TRN01	M	Trace Type Code	1	For the esMD Transmission ID that is returned to the HIH, the value of 1 is required.
TRN02	M	Patient Event Trace Number	Per esMD requirement	TRN02 = esMD Transmission ID assigned to the inbound Request
TRN03	M	Trace Assigning Entity Identifier	9ESMDSYSTEM	This is the identifier for the entity that designates esMD as the originating company that is sending the transaction to the Hospital Information Systems (HIS)-HIH.

**Table 98: Patient Event Tracking Number**

Segment Name	Patient Event Tracking Number
Segment ID	TRN
Loop ID	2000E
Usage	Conditional
Max Use	2
Segment Notes	This segment is used to uniquely identify a transaction to an application. There can be a maximum of three TRN segments. esMD Implementation Notes for Response: 1. The first TRN segment is defined in <a href="#">Table 96: Patient Event Tracking Number (esMD Transmission ID)</a> <a href="#">Table 96: Patient Event Tracking Number (esMD Transmission ID)</a> <a href="#">Table 96: Patient Event Tracking Number (esMD Transmission ID)</a> and there may be two possible TRN segments that were submitted in the Request. 2. If the HIH sends the TRN in the request, esMD returns the segment with TRN01=2.
Example	TRN*2*12345678900987654321768958473*1311234567*500-

**Table 99: 2000E-TRN Segment Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
TRN01	M	Trace Type Code	2	esMD returns the trace type code as 2 for all the HIH trace numbers submitted in the Request and returned in the Response.
TRN02	M	Patient Event Trace Number	Refer to TR3	esMD returns the Patient Event Trace Number if the HIH submitted it in the request.

**Table 100: Patient Event Request Validation**

Segment Name	Patient Event Request Validation
Segment ID	AAA
Loop ID	2000E
Usage	Conditional
Max Use	9
Segment Notes	This segment is used to specify the validity of the request and indicate the authorized follow-up action. esMD Implementation Notes for Response: The esMD application returns this segment only if the request is identified as not valid at this level, based on the RC Response.
Example	AAA*N**44*C~

**Table 101: 2000E-AAA Segment Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
AAA03	M	Reject Reason Code	15 33 57 AF	15 – Required application data missing 33 – Input Errors 57 – Invalid/Missing Date(s) of Service AF – Invalid/Missing Diagnosis Code(s)
AAA04	M	Follow-up Action Code	C	C – Please Correct and Resubmit

Table 102: Health Care Services Review Information

Segment Name	Health Care Services Review Information
Segment ID	UM
Loop ID	2000E
Usage	Mandatory
Max Use	1
Segment Notes	This segment will be returned in the Response with all values unchanged.
Example	UM*HS***13:B~

Table 103: Health Care Services Review

Segment Name	Health Care Services Review
Segment ID	HCR
Loop ID	2000E
Usage	Conditional
Max Use	1
Segment Notes	esMD Notes for Response: Either the HCR segment or the AAA segment must be returned in loop 2000E.
Example	HCR*A3**0F~

Table 104: 2000E-HCR Segment Information

Reference Designator	Usage	Element Name and Valid Values	Valid Values	esMD Requirement or Element Description
HCR01	M	Certification Action Code	A1 A3 A4 A6 C	RC Responses 1. A1 - Certified in total (Affirmed Decision). 2. A3 - Non-Affirmed Decision. 3. A4 - Pended: a. Initial Submission Response within 20 seconds; Successful submission; b. Waiting for Delivery to RC; 2 – Business Day Warning; c. Delivered to RC; RC Pickup Notification. 4. A6 - Modified (Affirmed with Changes Decision). 5. C - Canceled: Waiting for Delivery to RC; 4 – Business Day Cancellation; if the documentation supporting the Request is not received within four business days following receipt of the Request, the Request is rejected as "Cancelled".
HCR02	C	Review Identification Number	Refer to TR3	This is the UTN assigned by the Reviewer Used when HCR01 = A1 or A6 Not Used when HCR01 = A3, A4, or C

Reference Designator	Usage	Element Name and Valid Values	Valid Values	esMD Requirement or Element Description
HCR03	C	Review Decision Reason Code	0U 0P 0B	<p>Pending Response – Waiting for Delivery to the RC:</p> <ol style="list-style-type: none"> <li>0U (zero, U) Successful Submission (initial 20-second response);</li> <li>0P (zero, P) 2 – Business Day Warning</li> <li>0B (zero, B) RC Pickup Notification</li> <li>_____ Cancellation: _____ 0B (zero, B) 4 – Business Days</li> <li>_____ without delivery of documentation</li> <li>Affirmed Decisions: For Decisions A1 and A6 HCR03 is empty</li> <li>Non-Affirmed Decisions: For Decision A3 HCR03 contains the Industry Denial codes (up to five) sent by the RC – see <a href="#">Table 69: Industry Review Decision Reason Codes for esMD (HCR03)</a><a href="#">Table 69: Industry Review Decision Reason Codes for esMD (HCR03)</a><a href="#">Table 69: Industry Review Decision Reason Codes for esMD (HCR03)</a>.</li> </ol>

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**Table 105: Administrative Reference Number**

Segment Name	Administrative Reference Number
Segment ID	REF
Loop ID	2000E
Usage	Conditional
Max Use	1
Segment Notes	This segment is used to provide the Reviewer's Reference Information. esMD Notes for Response: <a href="#">The UTN</a> is returned in this segment for Non-Affirmed decisions from the RC.
Example	REF*NT*A0987213540254-

**Table 106: 2000E-REF Segment Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
REF02	M	Administrative Reference Number	Refer to TR3	<a href="#">The UTN</a> for Non-Affirmed decisions sent by the RC.

**Table 107: Accident Date**

Segment Name	Accident Date
Segment ID	DTP
Loop ID	2000E
Usage	Conditional
Max Use	1
Segment Notes	esMD Implementation Notes for Response: Returned only in RC Responses, if submitted in the Request.
Example	DTP*439*D8*20150801~

**Table 108: Last Menstrual Period Date**

Segment Name	Last Menstrual Period Date
Segment ID	DTP
Loop ID	2000E
Usage	Conditional
Max Use	1
Segment Notes	esMD Implementation Notes for Response: Returned only in RC Responses, if submitted in the Request.
Example	DTP*484*D8*20150801~

**Table 109: Estimated Date of Birth**

Segment Name	Estimated Date of Birth
Segment ID	DTP
Loop ID	2000E
Usage	Conditional
Max Use	1
Segment Notes	esMD Implementation Notes for Response: Returned only in RC Responses, if submitted in the Request.
Example	DTP*ABC*D8*20160801~

**Table 110: Onset of Current Symptoms or Illness Date**

Segment Name	Onset of Current Symptoms or Illness Date
Segment ID	DTP
Loop ID	2000E
Usage	Conditional
Max Use	1
Segment Notes	esMD Implementation Notes for Response: Returned only in RC Responses, if submitted in the Request.
Example	DTP*431*D8*20150801~

**Table 111: Event Date**

Segment Name	Event Date
Segment ID	DTP
Loop ID	2000E
Usage	Conditional
Max Use	1
Segment Notes	esMD Implementation Notes for Response: 1. Returned only if the RC responds with AAA error(s). 2. In all other RC Response situations, returned via the 2000F Service Date segment.
Example	DTP*AAH*RD8*20150801-20150915~ or DTP*AAH*D8*20150901~

**Table 112: Admission Date**

Segment Name	Admission Date
Segment ID	DTP
Loop ID	2000E
Usage	Conditional
Max Use	1
Segment Notes	esMD Implementation Notes for Response: Returned only in RC Responses, if submitted in the Request.
Example	DTP*435*D8*20151020~

**Table 113: Discharge Date**

Segment Name	Discharge Date
Segment ID	DTP
Loop ID	2000E
Usage	Conditional
Max Use	1
Segment Notes	esMD Implementation Notes for Response: Returned only in RC Responses, if submitted in the Request.
Example	DTP*096*RD8*20151020-20151119~

**Table 114: Patient Diagnosis**

Segment Name	Patient Diagnosis
Segment ID	HI
Loop ID	2000E
Usage	Conditional
Max Use	1
Segment Notes	This segment returns the Patient Diagnosis information used by the RC for making the decision. esMD Implementation Notes for Response: 1. The Primary Diagnosis is returned in the RC Final Responses. 2. Other Diagnosis codes may be returned if submitted in the Request and used by the Reviewer for the decision.
Example	HI*BK:A0109~

**Table 115: Health Care Services Delivery**

<b>Segment Name</b>	<b>Health Care Services Delivery</b>
<b>Segment ID</b>	HSD
<b>Loop ID</b>	2000E
<b>Usage</b>	Conditional
<b>Max Use</b>	1
<b>Segment Notes</b>	esMD Implementation Notes for Response: Returned only if RC responds with AAA error(s), if submitted in the Request.
<b>Example</b>	HSD*FL*20~

**Table 116: Institutional Claim Code**

<b>Segment Name</b>	<b>Institutional Claim Code</b>
<b>Segment ID</b>	CL1
<b>Loop ID</b>	2000E
<b>Usage</b>	Conditional
<b>Max Use</b>	1
<b>Segment Notes</b>	esMD Implementation Notes for Response: Returned only in RC Responses, if submitted in the Request.
<b>Example</b>	None

**Table 117: Ambulance Transport Information**

<b>Segment Name</b>	<b>Ambulance Transport Information</b>
<b>Segment ID</b>	CR1
<b>Loop ID</b>	2000E
<b>Usage</b>	Conditional
<b>Max Use</b>	1
<b>Segment Notes</b>	esMD Implementation Notes for Response: Returned only in RC Responses, if submitted in the Request.
<b>Example</b>	None

**Table 118: Spinal Manipulation Service Information**

<b>Segment Name</b>	<b>Spinal Manipulation Service Information</b>
<b>Segment ID</b>	CR2
<b>Loop ID</b>	2000E
<b>Usage</b>	Conditional
<b>Max Use</b>	1
<b>Segment Notes</b>	esMD Implementation Notes for Response: Returned only in RC Responses, if submitted in the Request.
<b>Example</b>	None

**Table 119: Home Oxygen Therapy Information**

<b>Segment Name</b>	<b>Home Oxygen Therapy Information</b>
<b>Segment ID</b>	CR5
<b>Loop ID</b>	2000E
<b>Usage</b>	Conditional
<b>Max Use</b>	1
<b>Segment Notes</b>	esMD Implementation Notes for Response: Returned only in RC Responses, if submitted in the Request.
<b>Example</b>	None

**Table 120: Home Health Care Information**

<b>Segment Name</b>	<b>Home Health Care Information</b>
<b>Segment ID</b>	CR6
<b>Loop ID</b>	2000E
<b>Usage</b>	Conditional
<b>Max Use</b>	1
<b>Segment Notes</b>	esMD Implementation Notes for Response: Returned only in RC Responses, if submitted in the Request.
<b>Example</b>	None

**Table 121: Message Text**

<b>Segment Name</b>	<b>Message Text</b>
<b>Segment ID</b>	MSG
<b>Loop ID</b>	2000E
<b>Usage</b>	Conditional
<b>Max Use</b>	1
<b>Segment Notes</b>	This segment is used to provide a free-form format at the Patient Event level that allows the transmission of text information. esMD Implementation Notes for Response: <ol style="list-style-type: none"> <li>1. When the MSG segment is returned, it is used to send the PA Program Reason Codes to the HIH. It might also be used to send the UTN, if one is assigned to an RC Error Reject Response.</li> <li>2. The PA Program Reason Codes can be found on the CMS website: <a href="https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/Information_for_HIHs.html">https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/Information_for_HIHs.html</a></li> </ol>
<b>Example</b>	MSG*AMB12~ or MSG*UTN:RCUTN1234 ;AMB12~ (The space between the colon (:) and the semi-colon (;) of MSG01 is 50 characters.)

Table 122: 2000E-MSG Segment Information

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
MSG01	M	Free-form Message Text	Per esMD requirement	<ol style="list-style-type: none"> <li>1. Initial Submission Response within 20 seconds: Successful submission: 2000E.MSG01 = Request accepted; awaiting supporting documentation.</li> <li>2. Waiting for Delivery to RC: 2-Business Day Warning: 2000E.MSG01 = Request pending; documentation should be sent immediately.</li> <li>3. Waiting for Delivery to RC: 4-Business Day Cancellation: 2000E.MSG01 = Supporting documentation was not received within the time limit; resubmit your request along with supporting documentation.</li> <li>4. Delivered to RC: RC Pickup Notification: 2000E.MSG01 = Medical Review in progress; awaiting decision.</li> <li>5. RC Response: Error Reject Response: 2000E.MSG01 contains the PA Program Reason Code(s) sent by the RC for the Error Reject Responses. <ol style="list-style-type: none"> <li>a. If the errors occur above the 2000F loop, the PA Program Reason Codes are returned in the 2000E loop; otherwise, they are returned in both the 2000E and the 2000F loops.</li> <li>b. If a UTN was provided in the RC Error Reject Response, it is included in the MSG01 as "UTN: <i>UTN value [a length of 50 characters]</i>" and precedes the PA Program Reason Codes; see the Error Reject Response example in the <i>esMD Health Information Handler (HIH) Implementation Guide</i>.</li> </ol> </li> </ol>

**Table 123: Patient Event Provider Name**

Segment Name	Patient Event Provider Name
Segment ID	NM1
Loop ID	2010EA
Usage	Conditional
Max Use	1
Segment Notes	esMD Implementation Notes for Response: Returned only in RC Responses, if submitted in the Request.
Example	NM1*DK*1*JOHNSON*BARBARA***XX*1234567893~

**Table 124: 2010EA-NM1 Segment Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
NM101	M	Entity Identifier Code	Refer to TR3	All Patient Event Providers submitted in the Request will be returned in the Response. esMD returns in the Response the values that were submitted in the Request.
NM108	M	Identification Code Qualifier	XX	esMD returns in the Response the values that were submitted in the Request.
NM109	M	Patient Event Provider Identifier	Patient Event Provider's NPI	esMD returns in the Response the values that were submitted in the Request.

**Table 125: Patient Event Provider Address**

Segment Name	Patient Event Provider Address
Segment ID	N3
Loop ID	2010EA
Usage	Conditional
Max Use	1
Segment Notes	esMD Implementation Notes for Response: Returned only if RC responds with AAA error(s) at this level.
Example	N3*610 PEACH ST~

**Table 126: 2010EA-N3 Segment Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
N301	M	Patient Event Provider Address Line	Refer to TR3	esMD returns in the Response the Address Lines that were submitted in the Request.
N302	C	Patient Event Provider Address Line	Refer to TR3	esMD returns in the Response the Address Lines that were submitted in the Request.

**Table 127: Patient Event City, State, Zip Code**

<b>Segment Name</b>	<b>Patient Event City, State, Zip Code</b>
<b>Segment ID</b>	N4
<b>Loop ID</b>	2010EA
<b>Usage</b>	Conditional
<b>Max Use</b>	1
<b>Segment Notes</b>	esMD Implementation Notes for Response: Returned only if RC responds with AAA error(s) at this level.
<b>Example</b>	N4*CINCINNATI*OH*43017~

**Table 128: 2010EA-N4 Segment Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
N401	M	Patient Event Provider City Name	Refer to TR3	esMD returns in the Response the values that were submitted in the Request.
N402	M	Patient Event Provider State Code	Refer to TR3	esMD returns in the Response the values that were submitted in the Request.
N403	M	Patient Event Provider Zip Code	Refer to TR3	esMD returns in the Response the values that were submitted in the Request.

**Table 129: Patient Event Provider Request Validation**

<b>Segment Name</b>	<b>Patient Event Provider Request Validation</b>
<b>Segment ID</b>	AAA
<b>Loop ID</b>	2010EA
<b>Usage</b>	Conditional
<b>Max Use</b>	9
<b>Segment Notes</b>	This segment is used to specify the validity of the request and indicate the authorized follow-up action. esMD Implementation Notes for Response: The esMD application returns this segment only if the request is identified as not valid at this level, based on RC Response.
<b>Example</b>	AAA*N**44*C~

**Table 130: 2010EA-AAA Segment Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
AAA03	M	Reject Reason Code	35	35 – Out of Network
			43	43 – Invalid/Missing Provider Identification
			44	44 – Invalid/Missing Provider Name
			97	97 – Invalid or Missing Provider Address
AAA04	M	Follow-up Action Code	C	C - Please Correct and Resubmit

**Table 131: Patient Event Provider Information**

Segment Name	Patient Event Provider Information
Segment ID	PRV
Loop ID	2010EA
Usage	Conditional
Max Use	1
Segment Notes	esMD Implementation Notes for Response: Returned only in RC Responses, if submitted in the Request.
Example	PRV*OR*PXC*208D00000X~

**Table 132: Service Level Information**

Segment Name	Service Level Information
Segment ID	HL
Loop ID	2000F
Usage	Mandatory [Except – Not used only for 2010A AAA Response]
Max Use	1
Segment Notes	This segment defines the Service level hierarchy. esMD Implementation Notes for Response: Returned in the following situations: 1. All Pending Responses if a 2000F TRN segment was submitted in the Request. 2. All RC (final) Responses.
Example	HL*5*4*SS*0~

**Table 133: Service Trace Number**

Segment Name	Service Trace Number
Segment ID	TRN
Loop ID	2000F
Usage	Conditional
Max Use	3
Segment Notes	esMD Implementation Notes for Response: Returned in all Responses (except when an AAA response is sent as the initial Response when the Request is submitted), if submitted in the Request.
Example	TRN*2*0001-201501150001UBERTEST-20141224-SVC1*9555555555*UBERTESTHAPPYPATH~

**Table 134: 2000F-TRN Segment Information**

Reference Designator	Usage	Element Name and Valid Values	Valid Values	esMD Requirement or Element Description
TRN01	M	Trace Type Code	2	esMD returns the trace type code as 2 for all the HIH trace numbers submitted in the Request and returned in the Response. esMD updates the Trace Type Code value to "2" and returns it in the Response, if the TRN segment was submitted in the Request

Reference Designator	Usage	Element Name and Valid Values	Valid Values	esMD Requirement or Element Description
TRN02	M	Reference Identification	Per-esMD requirement	esMD returns the Patient Event Trace Number if the HIH submitted it in the request. TRN02 – esMD Transmission ID assigned to the outbound Request
TRN03	M	Originating Company Identifier	9ESMDSYSTEM	esMD returns the Originating Company Identifier if the HIH submitted it in the request. This is the identifier for the entity that designates esMD as the originating company that is sending the transaction to the HISs.

Table 135: Service Request Validation

Segment Name	Service Request Validation
Segment ID	AAA
Loop ID	2000F
Usage	Conditional
Max Use	9
Segment Notes	This segment is used to specify the validity of the request and indicate the authorized follow-up action. esMD Implementation Notes for Response: The esMD application returns this segment only if the request is identified as not valid at this level, based on the RC Response.
Example	AAA*N**AG*C~

Table 136: 2000F-AAA Segment Information

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
AAA03	M	Reject Reason Code	15 33 57 AG	15 – Required application data missing 33 – Input Errors 57 – Invalid/Missing Date(s) of Service AG – Invalid/Missing Procedure Code(s)
AAA04	M	Follow-up Action Code	C	C – Please Correct and Resubmit

Table 137: Health Care Services Review Information

Segment Name	Health Care Services Review Information
Segment ID	UM
Loop ID	2000F
Usage	Conditional
Max Use	1
Segment Notes	This segment is used to specify health care services review information. esMD Implementation Notes for Response: Returned only in RC Responses, if submitted in the Request.
Example	UM*HS*1*13:B**U~

**Table 138138135: 2000F-UM Segment Information**

Reference Designator	Usage	Element Name and Valid Values	Valid Values	esMD Requirement or Element Description
UM01	M	Request Category Code	HS	HS – Health Services Review
UM02	M	Certification Type Code	I	I – Initial
UM04	M	Health Care Service Location Information	N/A	Must be returned, if submitted in the Request
UM04-1	M	Facility Type Code	N/A	Code identifying where services will be performed. Must be returned, if submitted in the Request
UM04-2	M	Facility Code Qualifier	A B	Code identifying the type of service. Must be returned, if submitted in the Request

**Table 139139137: Health Care Services Review**

<b>Segment Name</b>	Health Care Services Review
<b>Segment ID</b>	HCR
<b>Loop ID</b>	2000F
<b>Usage</b>	Conditional
<b>Max Use</b>	1
<b>Segment Notes</b>	This segment is used to specify the outcome, at the Service Level, of a Health Care Services review. esMD Implementation Notes for Response: <u>Returned for all PA Responses, except for AAA Responses Returned only in RC Decision Responses (not for Error Rejects).</u>
<b>Example</b>	HCR*A3**0F~

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**Table 140140138: 2000F-HCR Segment Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
HCR01	M	Certification Action Code	A1 A3 A4 A6 C	<p>RC Responses</p> <p>1. A1 - Certified in total (Affirmed Decision).</p> <p>2. A3 - Non-Affirmed Decision.</p> <p>3. A4 - Pended:</p> <p>4.a. Initial Submission Response within 20 seconds; successful submission;</p> <p>2.b. Waiting for Delivery to RC; 2-Business Day Warning;</p> <p>3.c. Delivered to RC; RC Pickup Notification.</p> <p>4. A6 - Modified (Affirmed with Changes Decision).</p> <p>5. C - Canceled: Waiting for Delivery to RC; 4-Business Day Cancellation; if the documentation supporting the Request is not received within four business days following receipt of the Request, the Request is rejected as "Cancelled".</p>
HCR02	C	Review Identification Number	Refer to TR3	<p>This is the UTN assigned by the Reviewer Used when HCR01 = A1 or A6 Not Used when HCR01 = A3, A4, or C</p>
HCR03	C	Review Decision Reason Code	0U 0P 0B	<p>Pending Response – Waiting for Delivery to the RC:</p> <p>1. 0U (zero, U) Successful Submission (initial 20-second response);</p> <p>2. 0P (zero, P) 2 – Business Day Warning</p> <p>3. 0B (zero, B) RC Pickup Notification Cancellation:</p> <p>4.1. 0B (zero, B) 4 – Business Days without delivery of documentation</p> <p>5.2. Affirmed Decisions: For Decisions A1 and A6 HCR03 is empty</p> <p>6.3. Non-Affirmed Decisions: For Decision A3 HCR03 contains the Industry Denial codes (up to five) sent by the RC – see <a href="#">Table 69: Industry Review Decision Reason Codes for esMD (HCR03)</a> <a href="#">Table 69: Industry Review Decision Reason Codes for esMD (HCR03)</a>.</p>

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Table 141141139: Administrative Reference Number

Segment Name	Administrative Reference Number
Segment ID	REF
Loop ID	2000F
Usage	Conditional
Max Use	1
Segment Notes	This segment is used to provide the Reviewer's Reference Information. esMD Implementation Notes for Response: The UTN is returned in this segment for Non-affirmed decisions from the RC.
Example	REF*NT*A0987213540254~

Table 142442440: 2000F-REF Segment Information

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
REF02	M	Administrative Reference Number	Refer to TR3	The UTN for Non-Affirmed decisions sent by the RC

Table 143443444: Service Date

Segment Name	Service Date
Segment ID	DTP
Loop ID	2000F
Usage	Conditional
Max Use	1
Segment Notes	esMD Implementation Notes for Response: 1. The Patient Event Date/Date Range is returned in RC Decision Responses in the Service Date/Date Range 2. The Service Date/Date Range is returned only in RC Error Rejects, if submitted in the Request. 3. No other 2000F.DTP segments are sent in the Response.
Example	DTP*472*RD8*20160131-20160330~

Table 144444442: 2000F-DTP Segment Information

Reference Designator	Usage	Element Name and Valid Values	Valid Values	esMD Requirement or Element Description
DTP01	M	Date/Time Qualifier	472	472 – Service
DTP03	M	Proposed Service Date/Date Range	Refer to TR3	RC Response other than AAA: 1. The approved Patient Event Date/Date Range is returned in 2000F.DTP, where DTP01 = "472". 2. For RC Error Rejects (AAA) only, the Service Date/Date Range is returned, if submitted in the Request.

Table 145445443: Professional Service

<b>Segment Name</b>	<b>Professional Service</b>
<b>Segment ID</b>	SV1
<b>Loop ID</b>	2000F
<b>Usage</b>	Conditional
<b>Max Use</b>	1
<b>Segment Notes</b>	esMD Implementation Notes for Response: 1. Returned only in RC Responses 2. The Quantity Qualifier and Quantity are returned in the SV1/SV2 segment regardless of the location in which they were submitted on the Request 3. SV1 is returned if UM04 – 2 = B
<b>Example</b>	SV1*HC:G0277~

Table 146446444: 2000F-SV1 Segment Information

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
SV101-1	M	Product or Service ID Qualifier	HC	HCPCS Codes
SV101-2	M	Procedure Code	Refer to TR3	Procedure code submitted in the request
SV103	C	Quantity Qualifier	UN	For all RC Decisions. For -AAA Rejects, returned if the quantity was submitted in the SV1 segment. RC-Affirmed-Decision Responses (A1 or A6) or RC-AAA Responses.
SV104	C	Quantity	Per esMD requirement	The submitted quantity is returned in RC Non Affirmed Decisions. For AAA Rejects, it is returned if the quantity was submitted in the SV1 segment. The approved Quantity is returned in RC Affirmed and Modified Responses. The submitted Quantity is returned in Rejected Responses

Table 147447445: Institutional Service Line

<b>Segment Name</b>	<b>Institutional Service Line</b>
<b>Segment ID</b>	SV2
<b>Loop ID</b>	2000F
<b>Usage</b>	Conditional
<b>Max Use</b>	1
<b>Segment Notes</b>	esMD Implementation Notes for Response: 1. Returned only in RC Responses 2. The Quantity Qualifier and Quantity are returned in the SV1/SV2 segment regardless of the location in which they were submitted on the Request 3. SV2 is returned if UM04 – 2 = A
<b>Example</b>	SV2**HC:G0155.22*10.5*UN*3!

**Table 148148146: 2000F-SV2 Segment Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
SV202-1	M	Product or Service ID Qualifier	HC	HCPCS Codes
SV202-2	M	Procedure Code	Refer to TR3	Procedure code submitted in the request
SV204	C	Quantity Qualifier	UN	For all RC Decisions. For AAA Rejects, returned if the quantity was submitted in the SV2 segment RC Affirmed Decision Responses (A1 or A6) or RC AAA Responses.
SV205	C	Quantity	Refer to TR3	1. The submitted quantity is returned in RC Non-Affirmed Decisions. For AAA Rejects, returned if the quantity was submitted in the SV2 segment. The approved Quantity is returned in RC Affirmed and Modified Responses. 2. The submitted Quantity is returned in Rejected Responses

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**Table 149149147: Health Care Services Delivery**

Segment Name	Health Care Services Delivery
Segment ID	HSD
Loop ID	2000F
Usage	Conditional
Max Use	1
Segment Notes	esMD Implementation Notes for Response: Returned only if RC responds with AAA error(s), if submitted in the Request.
Example	HSD*FL*30~

**Table 150150148: Message Text**

Segment Name	Message Text
Segment ID	MSG
Loop ID	2000F
Usage	Conditional
Max Use	1
Segment Notes	esMD Implementation Notes for Response: 1. When the MSG segment is returned, it is used to send the PA Program Reason Codes to the HIH. It might also be used to send the UTN, if one is assigned to an RC Error Reject Response. 2. The PA Program Reason Codes can be found on the CMS website: <a href="https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/Information_for_HIHs.html">https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/Information_for_HIHs.html</a>
Example	MSG*HBO12~or MSG*UTN:RCUTN1234 ;AMB12~ (The space between the colon (;) and the semi-colon (;) of the MSG is 50 characters.)

Table 15145149: 2000F-MSG Segment Information

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
MSG01	M	Free-form Message Text	Per esMD requirement	<ol style="list-style-type: none"> <li>1. Initial Submission Response within 20 seconds: Successful submission: 2000F.MSG01 = Request accepted; awaiting supporting documentation.</li> <li>2. Waiting for Delivery to RC: 2– Business Day Warning: 2000E.MSG01 = Request pending; documentation should be sent immediately.</li> <li>3. Waiting for Delivery to RC: 4– Business Day Cancellation: 2000E.MSG01 = Supporting documentation was not received within the time limit; resubmit your request along with supporting documentation.</li> <li>4. Delivered to RC: RC Pickup Notification: 2000E.MSG01 = Medical Review in progress; awaiting decision.</li> <li>5. RC Response: Error Reject Response: 2000E.MSG01 contains the PA Program Reason Code(s) sent by the RC for the Error Reject Responses. <ol style="list-style-type: none"> <li>a. If the errors occur above the 2000F loop, the PA Program Reason Codes are returned in the 2000E loop; otherwise they are returned in the 2000F loop.</li> <li>b. If a UTN was provided in the RC Error Reject Response, it is included in the MSG01 as "UTN: <i>UTN value [a length of 50 characters]</i>" and precedes the PA Program Reason Codes; see the Error Reject Response example in the <i>esMD Health Information Handler (HIH) Implementation Guide</i>.</li> </ol> </li> </ol>

Table [152452450](#): Service Provider Name

Segment Name	Service Event Provider Name
Segment ID	NM1
Loop ID	2010FA
Usage	Conditional
Max Use	1
Segment Notes	esMD Implementation Notes for Response: Returned only in RC Responses, if submitted in the Request
Example	NM1*SJ*1*MURPHY*FINNBAR***XX*111111112~

Table [153453454](#): 2010FA-NM1 Segment Information

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
NM101	M	Entity Identifier Code	Refer to TR3	All Service Providers submitted in the Request will be returned in the Response. esMD returns in the Response the values that were submitted in the Request.
NM108	M	Identification Code Qualifier	XX	esMD returns in the Response the values that were submitted in the Request.
NM109	M	Service Provider Identifier	Service Provider's NPI	esMD returns in the Response the values that were submitted in the Request.

Table [154454452](#): Service Provider Address

Segment Name	Service Provider Address
Segment ID	N3
Loop ID	2010FA
Usage	Conditional
Max Use	1
Segment Notes	esMD Implementation Notes for Response: Returned only in RC Responses with AAA error(s), if submitted in the Request.
Example	N3*62E ASH DR*SUITESuite 2A~

Table [155455453](#): 2010FA-N3 Segment Information

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
N301	M	Service Provider Address Line	Refer to TR3	esMD returns in the Response the values that were submitted in the Request.
N302	C	Service Provider Address Line	Refer to TR3	esMD returns in the Response the values that were submitted in the Request.

**Table 156156154: Service Provider City, State, Zip Code**

Segment Name	Service Provider City, State, Zip Code
Segment ID	N4
Loop ID	2010FA
Usage	Conditional
Max Use	1
Segment Notes	esMD Implementation Notes for Response: Returned only in RC Responses with AAA error(s), if submitted in the Request.
Example	N4*CINCINNATI*OH*43017~

**Table 157157155: Service Provider City, State, Zip Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
N401	M	Patient Event Provider City Name	Refer to TR3	esMD returns in the Response the values that were submitted in the Request.
N402	M	Patient Event Provider State Code	Refer to TR3	esMD returns in the Response the values that were submitted in the Request.
N403	M	Patient Event Provider Zip Code	Refer to TR3	esMD returns in the Response the values that were submitted in the Request.

**Table 158158156: Service Provider Request Validation**

Segment Name	Service Provider Request Validation
Segment ID	AAA
Loop ID	2010FA
Usage	Conditional
Max Use	9
Segment Notes	This segment is used to specify the validity of the request and indicate the authorized follow-up action. esMD Notes for Response: The esMD application returns this segment only if the request is identified as not valid at this level, based on RC Response.
Example	AAA*N**AG*C~

**Table 159159157: 2010FA-AAA Segment Information**

Reference Designator	Usage	Element Name	Valid Values	esMD Requirement or Element Description
AAA03	M	Reject Reason Code	35	35 – Out of Network
			43	43 – Invalid/Missing Provider Identification
			44	44 – Invalid/Missing Provider Name
			97	97 – Invalid or Missing Provider Address
AAA04	M	Follow-up Action Code	C	C – Please Correct and Resubmit

Table **160160158**: Transaction Set Trailer

<b>Segment Name</b>	Transaction Set Trailer
<b>Segment ID</b>	SE
<b>Loop ID</b>	Not assigned
<b>Usage</b>	Mandatory
<b>Max Use</b>	1
<b>Segment Notes</b>	This segment is used to indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments).
<b>Example</b>	SE*22*1113~

## 6. Examples of X12N 278 Response Transaction

The following figures are the X12 sample files for illustration purposes; no real data is included. Each loop, segment, and element would flow continuously within a single stream of data.

1. [Figure 8: Outbound 278 PA Response – Initial Pending Response Sent to HIH Within 20 Seconds](#)~~Figure 8: Outbound X12N 278 PA Response – Initial Pending Response Sent to HIH~~ following submission of a valid ~~X12N~~ 278 PA Request;
2. [Figure 9: Outbound 278 PA Response – Reminder to HIH that Documentation Needs to Be Sent to esMD](#)~~Figure 9: Outbound X12N 278 PA Response – Reminder to HIH that~~ has not yet been received and must be sent to esMD;
3. [Figure 10: Outbound 278 PA Response – Informing HIH that the PA Request Is Canceled; Documentation Was Not Received Timely](#)~~Figure 10: Outbound X12N 278 PA Response –~~ Request to notify the HIH that documentation was not received on time;
4. [Figure 11: Outbound 278 PA Response – Informing the HIH that the RC](#)~~Figure 11:~~ example of the message sent to HIHs to notify them that the package for review was picked up by the RC and the Review Results will follow;
5. [Figure 12: Inbound 278 PA Request for Review – with an Error to Illustrate Generating a 999 Response](#)~~Figure 12: Inbound X12N 278 PA Request for Review – with an Error to~~ Returned to HIH (for the Request Presented Above)~~Figure 13: Outbound 999 Transaction~~ Transaction identifying the errors found in the ~~X12N~~ 278 PA Request;
6. [Figure 14: RC Affirmed Decision Response](#)~~Figure 14: RC Affirmed Decision Response~~ response converted to an ~~X12N~~ 278 PA Response;
7. [Figure 15: RC Non-Affirmed Decision Response](#)~~Figure 15: RC Non-Affirmed Decision~~ decision response converted to an ~~X12N~~ 278 PA Response;
8. [Figure 16: RC Modified \(Affirmed with Changes\) Decision](#)~~Figure 16: RC Modified (Affirmed~~ affirmed with changes decision response converted to an ~~X12N~~ 278 PA Response;
9. [Figure 17: AAA Error Reported at Requester Level \[2010B\]](#)~~Figure 17: AAA Error Reported at~~ Response – AAA error reported at the Requester Level [2010B];
10. [Figure 18: AAA Error Reported at Subscriber Level \[2010C\]](#)~~Figure 18: AAA Error Reported at~~ Response – AAA error reported at the Subscriber Level [2010C];
11. [Figure 19: AAA Error Reported at Patient Event Level \[2000E\]](#)~~Figure 19: AAA Error Reported~~ 278 Response – AAA error reported at the Patient Event Level [2000E];
12. [Figure 20: AAA Error Reported at Patient Event Provider Name Level \[2010EA\]](#)~~Figure 20:~~ example of an ~~X12N~~ 278 Response – AAA error reported at the Patient Event Provider Name Level [2010EA];
13. [Figure 21: AAA Error Reported at Service Level \[2000F\]](#)~~Figure 21: AAA Error Reported at~~ Response – AAA error reported at the Service Level [2000F]; ~~and~~
14. [Figure 22: AAA Error Reported at Service Provider Name Level \[2010FA\]](#)~~Figure 22: AAA Error~~ example of an ~~X12N~~ 278 Response – AAA error reported at the Service Provider Name Level [2010FA]; ~~and~~.

~~15. Figure 23: Mask Data Elements When No Agreement Is in Place [2010C] provides sample data with masked details when no agreement is in place.~~

**Figure 8: Outbound X12N 278 PA Response – Initial Pending Response Sent to HIH Within 20 Seconds**

```
ISA*00*      *00*      *ZZ*9088877320000 *ZZ*9012345720000 *081208*0817*^^00501*000001623*0*T*+~
GS*HI*908887732000*901234572000*20150811*1349*1623*X*005010X217~
ST*278*1623*005010X217~
BHT*0007*11*3920394930203*20150811*1615*19~
HL*1**20*1~
NM1*X3*2*JOHNSON*****PI*2.16.840.1.113883.13.34.110.1.999.1~
HL*2*1*21*1~
NM1*1P*1*SMITH*MUFFY*M**PH.D*XX*1111111112~
PRV*CO*PXC*208D00000X~
HL*3*2*22*1~
NM1*IL*1*Subscriber Last NameDOE*Subscriber First NameCHRIS****MI*Subscriber Identifier446987254~
HL*4*3*EV*1~
TRN*1*3456789*9ESMDSYSTEM~
TRN*2*12345678900987654321768958473*1311234567*500~
UM*HS*1*1*13+B**U~
HCR*A4**0U~
MSG*Request accepted; awaiting supporting documentation~
SE*21*1623~
GE*1*1623~
IEA*1*000001623~
```

**Figure 9: Outbound X12N 278 PA Response – Reminder to HIH that Documentation Needs to Be esMD**

```
ISA*00*      *00*      *ZZ*9088877320020 *ZZ*9012345720020 *150811*0817*^^00501*000001733*0*T*+~
GS*HI*9088877320020 *9012345720020 *20150811*0817*1733*X*005010X217~
ST*278*1733*005010X217~
BHT*0007*11*3920394930263*20150811*0817*19~
HL*1**20*1~
NM1*X3*2*REVIEW ORG NAME*****PI*1.3.6.1.4.1.101420.6.1~
HL*2*1*21*1~
NM1*1P*1*SMITH*MUFFY*M**PH.D*XX*1234567893~
HL*3*2*22*1~
NM1*IL*1*Last NameDOE*First NameCHRIS****MI*esMD Subscriber Identifier1236548~
HL*4*3*EV*1~
TRN*1*1234567*9ESMDSYSTEM~
TRN*2*12345678900987654321768958473*1311234567*500~
UM*HS*1*1*13+B ~
HCR*A4**0P~
MSG*Request pending; documentation should be sent immediately~
HL*5*4*SS*0~
TRN*2*0070-20150320175012376*955555557~
UM*HS*1*1*13+B ~
SE*18*1733~
```

GE\*1\*1733~  
IEA\*1\*000001733~

**Figure 10: Outbound X12N 278 PA Response – Informing HIH that the PA Request Is Canceled; Documentation Was Not Received Timely**

ISA\*00\* \*00\* \*ZZ\*9088877320000 \*ZZ\*9012345720000 \*150811\*1349\*^\*00501\*000001823\*0\*T\*+~  
GS\*HI\*9088877320000 \*9012345720000 \*20150811\*1349\*1823\*X\*005010X217~  
ST\*278\*1823\*005010X217~  
BHT\*0007\*11\*3920394930203\*20150811\*1349\*18~  
HL\*1\*\*20\*1~  
NM1\*X3\*2\*JOHNS HOSP\*\*\*\*\*PI\*1.3.6.1.4.1.101420.6.1~  
HL\*2\*1\*21\*1~  
NM1\*1P\*1\*SMITH\*MUFFY\*M\*\*PH.D\*XX\*1234567893~  
HL\*3\*2\*22\*1~  
NM1\*IL\*1\*Subscriber Last NameDOE\*Subscriber First NameJAY\*\*\*\*MI\*51254855-Subscriber Identifier~  
HL\*4\*3\*EV\*1~  
TRN\*1\*1234567\*9ESMDSYSTEM~  
TRN\*2\*12345678900987654321768958473\*1311234567\*500~  
UM\*HS\*1\*1\*13+B ~  
HCR\*C\*\*0P~  
MSG\*-Supporting documentation was not received within the time limit; resubmit your request along with supporting documentation~  
HL\*5\*4\*SS\*0~  
TRN\*2\*0070-20150320175012376\*955555557~  
UM\*HS\*1\*1\*13+B ~  
SE\*18\*1823~  
GE\*1\*1823~  
IEA\*1\*000001823~

**Figure 11: Outbound X12N 278 PA Response – Informing the HIH that the RC Has Received the and Documentation for Review**

ISA\*00\* \*00\* \*ZZ\*9088877320005 \*ZZ\*9012345720005 \*150811\*0817\*^\*00501\*000001923\*0\*T\*+~  
GS\*HI\*9088877320005 \*9012345720000 \*20150811\*1349\*1923\*X\*005010X217~  
ST\*278\*1923\*005010X217~  
BHT\*0007\*11\*3920394930203\*20150811\*1615\*19~  
HL\*1\*\*20\*1~  
NM1\*X3\*2\*JOHNS HOSP\*\*\*\*\*PI\*1.3.6.1.4.1.101420.6.1~  
HL\*2\*1\*21\*1~  
NM1\*1P\*1\*SMITH\*MUFFY\*M\*\*PH.D\*XX\*1234567893~  
HL\*3\*2\*22\*1~  
NM1\*IL\*1\*DOE-Subscriber Last Name\*Subscriber First NameJANE\*\*\*\*MI\*Subscriber Identifier1368547521~  
HL\*4\*3\*EV\*1~  
TRN\*1\*1234567\*9ESMDSYSTEM~  
TRN\*2\*12345678900987654321768958473\*1311234567\*500~  
UM\*HS\*1\*1\*13+B ~  
HCR\*A4\*\*0B~  
MSG\*Medical Review in progress; awaiting decision~  
HL\*5\*4\*SS\*0~  
TRN\*2\*0070-20150320175012376\*955555557~  
UM\*HS\*1\*1\*13+B ~

SE\*18\*1923~  
 GE\*1\*1923~  
 IEA\*1\*000001923~

**Figure 12: Inbound X12N 278 PA Request for Review – with an Error to Illustrate Generating a 999 Response**

ISA\*00\* \*00\* \*ZZ\*9012345720007 \*ZZ\*9088877320007 \*151208\*0817\*+\*00501\*000001113\*0\*T\*~  
 GS\*HI\*9012345720007 \*9088877320000 \*20151208\*1615\*1113\*X\*005010X217~  
 ST\*278\*1113\*005010X217~  
 BHT\*0007\*13\*3920394930203\*20081208\*1615~  
 HL\*1\*\*20\*1~  
 NM1\*X3\*2\*NATIONAL GOVERNMENT SERVICES, INC\*\*\*\*PI\*1.3.6.1.4.1.101420.6.1~  
 HL\*2\*1\*21\*1~  
 NM1\*1P\*1\*SMITH\*MUFFY\*M\*\*PH.D\*XX\*3456789015~ [Submitted with an NPI which is not a valid Medicare NPI]  
 N3\*123 MAIN ST~  
 N4\*CINCINNATI\*OH\*43017~  
 PER\*IC\*WILBER SMITH\*FX\*4105850056\*TE\*4105850067\*EX\*7853~  
 HL\*3\*2\*22\*1~  
 NM1\*IL\*1\*JONES\*BARBARA\*T\*MR\*\*MI\*AA123456~  
 N3\*345 OAKVIEW DR~  
 N4\*CINCINNATI\*OH\*43017~  
 DMG\*D8\*19511204\*F~  
 HL\*4\*3\*EV\*0~  
 TRN\*1\*12345678900987654321768958473\*1311234567\*500~  
 UM\*HS\*1\*1\*13:B~  
 DTP\*AAH\*D8\*20151228~  
 HI\*BK:78072~  
 PWK\*M1\*EL\*\*\*AC\*ACN8~  
 HL\*5\*4\*SS\*0~  
 TRN\*1\*0070-20150320175012376\*955555557~  
 SV1\*HC:K0814:GA\*\*UN\*1~  
 NM1\*DK\*1\*PROVIDERS\*ORDERING\*\*\*\*XX\*1567890128~  
 N3\*87A OKLAHOMA RD~  
 N4\*CINCINNATI\*OH\*43017~  
 NM1\*SJ\*1\*PROVIDERS\*SERVICE\*\*\*\*XX\*1789012345~  
 N3\*7602 WINDSOR WAY~  
 N4\*CINCINNATI\*OH\*43017~  
 SE\*30\*1113~  
 GE\*1\*1113~  
 IEA\*1\*000001113~

**Figure 13: Outbound 999 Transaction Containing Error Information to Be Returned to HIH (for the Request Presented Above)**

NOTE: The actual 999 error messages depend on the data submitted.

ISA\*00\* \*00\* \*ZZ\*9088877320007 \*ZZ\*9012345720007 \*151020\*0928\*\*^\*00501\*000000001\*0-T\*~  
 GS\*FA\*9088877320007 \*9012345720000 \*20151020\*092813\*1\*X\*005010X231A1~  
 ST\*999\*0001\*005010X231A1~  
 AK1\*HI\*1113\*005010X217~

AK2\*278\*1113\*005010X217~  
 IK3\*NM1\*6\*2010\*8~ [Value 8 at IK3 segment indicates that 'Segment Has Data Element Errors']  
 IK4\*9\*67\*7~ [Value 9 at IK401 indicates NM109 contains an error; value 7 at IK403 indicates 'Invalid Code Value']  
 IK5\*R\*5~ [Value 5 at IK5 segment indicates that 'One or More Segments in Error']  
 AK9\*R\*1\*1\*0~  
 SE\*8\*0001~  
 GE\*1\*1~  
 IEA\*1\*000000001~

Figure 14: RC Affirmed Decision Response

ISA\*00\* \*00\* \*ZZ\*9088877340200 \*ZZ\*9012345730200 \*150901\*0817\*\*^\*00501\*000001723\*0\*T\*+~  
 GS\*HI\*9088877340200 \*9012345730000 \*20150901\*1349\*1723\*X\*005010X217~  
 ST\*278\*1723\*005010X217~  
 BHT\*0007\*11\*3920394931203\*20150901\*1615\*18~  
 HL\*1\*\*20\*1~  
 NM1\*X3\*2\*CGS ADMINISTRATORS, LLC\*\*\*\*\*PI\*1.3.6.1.4.1.101420.6.1~  
 HL\*2\*1\*21\*1~  
 NM1\*1P\*1\*SMITH\*MUFFY\*M\*\*PH.D\*XX\*1678901236~  
 HL\*3\*2\*22\*1~  
 NM1\*IL\*1\*DOESubscriber Last Name\*Subscriber First Name|ANE\*\*\*\*MI\*Subscriber Identifier8752014~  
 HL\*4\*3\*EV\*1~  
 TRN\*1\*1234567\*9ESMDSYSTEM~ [TRN02 => esMD assigned Transaction ID]  
 TRN\*2\*12345678900987654321768958473\*1311234567\*500~  
 UM\*HS\*1\*13+B~  
 HCR\*A1\*A0987213540245~  
 HI\*BK+78072~  
 HL\*5\*4\*SS\*0~  
 TRN\*2\*0001-201501150001UBERTEST-20141224-SVC1\*9555555555\*UBERTESTHAPPYPATH~  
 UM\*HS\*1\*13+B\*U~ [was provided in the request]  
 HCR\*A1\*A0987213540245~  
 DTP\*472\*D8\*20151030~  
 SV1\*HC+K0802\*\*UN\*1~  
 NM1\*DK\*1\*WILSON\*BARBARA\*\*\*\*XX\*1567890128~  
 NM1\*SI\*1\*JOHNSON\*ROBERT\*\*\*\*XX\*1234567893~  
 SE\*23\*1723~  
 GE\*1\*1723~  
 IEA\*1\*000001723~

Figure 15: RC Non-Affirmed Decision Response

ISA\*00\* \*00\* \*ZZ\*9088877340070 \*ZZ\*9012345730070 \*150901\*0817\*\*^\*00501\*000001824\*0\*T\*+~  
 GS\*HI\*9088877340070 \*9012345730070 \*20150901\*1349\*1824\*X\*005010X217~  
 ST\*278\*1824\*005010X217~  
 BHT\*0007\*11\*3920394931203\*20150901\*1615\*18~  
 HL\*1\*\*20\*1~  
 NM1\*X3\*2\*NHIC, CORP\*\*\*\*\*PI\*1.3.6.1.4.1.101420.6.1~  
 HL\*2\*1\*21\*1~  
 NM1\*1P\*1\*SMITH\*MUFFY\*M\*\*PH.D\*XX\*1234567893~  
 HL\*3\*2\*22\*1~  
 NM1\*IL\*1\*Subscriber Last NameDOE\*FREDSubscriber First Name\*\*\*\*MI\*Subscriber Identifier542154878~

HL\*4\*3\*EV\*1~  
 TRN\*1\*0034261\*9ESMDSYSTEM~  
 TRN\*2\*12345678900987654321768958473\*1311234567\*500~  
 UM\*HS\*1\*1\*13+B~  
 HCR\*A3\*\*0F~  
 HI\*BK+78072~  
 REF\*NT\*A0987213540254~  
 MSG\*PMD01:PMD02~  
 NM1\*DK\*1\*WILSON\*BARBARA\*\*\*\*XX\*1456789019~  
 NM1\*SJ\*1\*JOHNSON\*ROBERT\*\*\*\*XX\*1234567893~  
 HL\*5\*4\*SS\*0~  
 TRN\*2\*0001-201501150001UBERTEST-20141224-SVC1\*955555555\*UBERTESTHAPPYPATH  
 UM\*HS\*1\*1\*13+B~  
 HCR\*A3\*\*0F~  
 REF\*NT\*A0987213540254~  
 MSG\*PMD01:PMD02~  
 DTP\*472\*D8\*20150930~  
 SV1\*HC+K0802\*\*UN\*1~  
 SE\*27\*1824~  
 GE\*1\*1824~  
 IEA\*1\*000001824~

Figure 16: RC Modified (Affirmed with Changes) Decision

ISA\*00\* \*00\* \*ZZ\*9088877340000 \*ZZ\*9012345730000 \*150901\*0817\*^\*00501\*000001923\*0\*T\*+~  
 GS\*HI\*9088877340000 \*9012345730000 \*20150901\*1349\*1923\*X\*005010X217~  
 ST\*278\*1923\*005010X217~  
 BHT\*0007\*11\*3920394930203\*20150901\*1615\*18~  
 HL\*1\*\*20\*1~  
 NM1\*X3\*2\*JOHNSON\*\*\*\*\*PI\*1.3.6.1.4.1.101420.6.1~  
 HL\*2\*1\*21\*1~  
 NM1\*1P\*1\*SMITH\*MUFFY\*M\*\*PH.D\*XX\*1234567893~  
 HL\*3\*2\*22\*1~  
 NM1\*IL\*1\*Subscriber Last NameDOE\*Subscriber First NameJANE\*\*\*\*MI\*Subscriber Identifier8547565~  
 HL\*4\*3\*EV\*1~  
 TRN\*1\*0023987\*9ESMDSYSTEM~  
 TRN\*2\*12345678900987654321768958473\*1311234567\*500~  
 UM\*HS\*1\*1\*13+B~  
 HCR\*A6\*A0987213540345~  
 HI\*BK+78609~  
 MSG\*BC123:BC124~ (if PA Program Reason Code(s) is/are entered, else this segment will not be sent)  
 HL\*5\*4\*SS\*0~  
 TRN\*1\*0001-201501150001UBERTEST-20141224-SVC1\*955555555\*UBERTESTHAPPYPATH~ [was provided in the request]  
 UM\*HS\*1\*1\*13+B~ [was provided in the request]  
 HCR\*A6\*A0987213540345~  
 DTP\*472\*RD8\*20150901-20151130~  
 SV1\*HC:A0428:QM\*\*UN\*30~  
 MSG\*AMB23:AMB24~  
 NM1\*DK\*1\*WILSON\*BARBARA\*\*\*\*XX\*1345678902~  
 NM1\*SJ\*1\*JOHNSON\*BARBARA\*\*\*\*XX\*1456789019~  
 SE\*27\*1923~  
 GE\*1\*1923~  
 IEA\*1\*000001923~

Figure 17: AAA Error Reported at Requester Level [2010B]

```

ISA*00*      *00*      *ZZ*9088877320000 *ZZ*9012345720000 *151021*1000*^*00501*000002123*0*T*+~
GS*HI*908887732000*901234572000*20151021*1000*2123*X*005010X217~
ST*278*2123*005010X217~
BHT*0007*11*3920394930203*20151021*10000400*18~
HL*1**20*1~
NM1*X3*2*WISCONSIS PHYSICIANS SERVICES*****PI*1.3.6.1.4.1.101420.6.1~
HL*2*1*21*1~
NM1*1P*1*SMITH*MUFFY*M**PH.D*XX*1678901236~
AAA*N**43*C~
HL*3*2*22*1~
NM1*IL*1*DOE Subscriber Last Name*JANE Subscriber First Name****MI*Subscriber Identifier5682154855~
HL*4*3*EV*1~
TRN*1*2234567*9ESMDSYSTEM~
TRN*2*12345678900987654321768958473*1311234567*500~
UM*HS*I*1*13+B~
DTP*AAH*RD8*20151015-20151114~
HI*BK+A0109~
MSG*UTN:A0014280106600 ;HBO12~ [f UTN generated by RCs system]
NM1*DK*1*WILSON*BARBARA****XX*1234567893~
N3*5708 CARROLL DALE DR~
N4*CHAMPAIGN*IL*61821~
NM1*SJ*1*JOHNSON*BARBARA****XX*1789012345~
N3*29 E MAIN ST~
N4*CHAMPAIGN*IL*61821~
HL*5*4*SS*0~
TRN*2*0001-201501150001UBERTEST-20141224-SVC1*9555555555*UBERTESTHAPPYPATH~
UM*HS*I*1*13+B~
SV1*HC+G0277*UN*40~
MSG*UTN:A0014280106600 ;HBO12~
SE*33*2123~
GE*1*2123~
IEA*1*000002123~

```

Figure 18: AAA Error Reported at Subscriber Level [2010C]

```

ISA*00*      *00*      *ZZ*9088877320005 *ZZ*9012345720005 *151021*0817*^*00501*000002223*0*T*+~
GS*HI*9088877320005*9012345720005*20151021*0817*2223*X*005010X217~
ST*278*2223*005010X217~
BHT*0007*11*3920394930209*20151021*08170400*18~
HL*1**20*1~
NM1*X3*2*WISCONSIN PHYSICIANS SERVICES*****PI*1.3.6.1.4.1.101420.6.1~
HL*2*1*21*1~
NM1*1P*1*SMITH*MUFFY*M**PH.D*XX*1789012345~
HL*3*2*22*1~
NM1*IL*1*Subscriber Last NameDOE*Subscriber First NameJANE****MI*Subscriber Identifier2546755~
AAA*N**95*C~ (95 - Patient Not Eligible)
HL*4*3*EV*1~
TRN*1*0034652*9ESMDSYSTEM~

```

```

TRN*2*12345678900987654321768958473*1311234567*500~
UM*HS*1*13+B~
DTP*AAH*RD8*20151115-20151214~
HI*BK+A0109~
MSG*UTN:A0014280106601                ;HBO22~
HL*5*4*SS*0~
TRN*2*0001-201501150001UBERTEST-20141224-SVC1*955555555*UBERTESTHAPPYPATH~
UM*HS*1*13+B~
SV1*HC:G0277**UN*30~
MSG*UTN:A0014280106601                ;HBO22~
NM1*SJ*1*JANE*BARBARA****XX*1678901236~
N3*888 ATHELETIC WAY~
N4*CHAMPAIGN*IL*61821~
NM1*DK*1*JOHN*DOE****XX*1234567893~
N3*369 ATHENS PL~
N4*CHAMPAIGN*IL*61821~
SE*34*2223~
GE*1*2223~
IEA*1*000002223~

```

Figure 19: AAA Error Reported at Patient Event Level [200E]

```

ISA*00*      *00*      *ZZ*9088877320006 *ZZ*9012345720006 *151021*0925**^00501*000002323*0*T*+~
GS*HI*9088877320006*9012345720006*20151021*0925*2323*X*005010X217~
ST*278*2323*005010X217~
BHT*0007*11*3920394930207*20151021*09250400*18~
HL*1*20*1~
NM1*X3*2*NOVITAS SOLUTIONS INC*****PI*1.3.6.1.4.1.101420.6.1~
HL*2*1*21*1~
NM1*1P*1*SMITH*MUFFY*M**PH.D*XX*1678901236~
HL*3*2*22*1~
NM1*IL*1*DOE-Subscriber-Last-Name*JANE-Subscriber-First-Name****Subscriber-Identifier856325177885~
HL*4*3*EV*1~
TRN*1*-0023475*9ESMDSYSTEM~
TRN*2*12345678900987654321768958473*1311234567*500~
AAA*N**AF*C~      [AF - Invalid/Missing Diagnosis Code(s)]
UM*HS*1*13+B~
DTP*AAH*RD8*20151025-20151225~
HI*BK+A0109~
MSG*UTN:A0014280106610                ;AMB44~
NM1*DK*1*JOHNSON*BARBARA****XX*1234567893~
N3*555 BEACON DR~
N4*READING*PA*19602~
NM1*SJ*1*SAUNDERS*JACK****XX*1234567893~
N3*642 SAVANAH DR~
N4*READING*PA*19602~
HL*5*4*SS*0~
TRN*2*0001-201501150001UBERTEST-20141224-SVC1*955555555*UBERTESTHAPPYPATH~
UM*HS*1*13+B~
SV1*HC:A0428**UN*20~
MSG*UTN:A0014280106610                ;AMB44~
SE*29*2323~

```

GE\*1\*2323~  
IEA\*1\*000002323~

**Figure 20: AAA Error Reported at Patient Event Provider Name Level [2010EA]**

ISA\*00\* \*00\* \*ZZ\*9088877320004 \*ZZ\*9012345720004 \*151021\*0715\*^\*00501\*000002423\*0\*T\*+~  
GS\*HI\*9088877320004\*9012345720004\*20151021\*0715\*2423\*X\*005010X217~  
ST\*278\*2423\*005010X217~  
BHT\*0007\*11\*3920394930201\*20151021\*07150500\*18~  
HL\*1\*\*20\*1~  
NM1\*X3\*2\*PALMETTO GBA\*\*\*\*\*PI\*1.3.6.1.4.1.101420.6.1~  
HL\*2\*1\*21\*1~  
NM1\*1P\*1\*SMITH\*MUFFY\*M\*\*PH.D\*XX\*111111112~  
HL\*3\*2\*22\*1~  
NM1\*IL\*1\*~~Subscriber Last Name~~DOE\*~~Subscriber First Name~~JANE\*\*\*\*MI\*~~Subscriber Identifier~~58582653636~  
HL\*4\*3\*EV\*1~  
TRN\*1\*0065123\*9ESMDSYSTEM~  
TRN\*2\*12345678900987654321768958473\*1311234567\*500~  
UM\*HS\*1\*13+B~  
DTP\*AAH\*RD8\*20151025-20151223~  
HI\*BK+A0109~  
MSG\*AMB55~  
NM1\*DK\*1\*WILLIAMS\*JANE\*\*\*\*XX\*1234567893~  
N3\*49 AMHEARST DR~  
N4\*CAMDEN\*SC\*29020~  
AAA\*N\*\*44\*C~ [44 - Invalid/Missing Provider Name]  
NM1\*SJ\*1\*SMITH\*ROBERT\*\*\*\*XX\*1234567893~  
N3\*2128 MAIN ST~  
N4\*CAMDEN\*SC\*29020~  
HL\*5\*4\*SS\*0~  
TRN\*2\*0001-201501150001UBERTEST-20141224-SVC1\*955555555\*UBERTESTHAPPYPATH~  
UM\*HS\*1\*13+B~  
SV1\*HC+A0426\*\*UN\*20~  
MSG\*AMB55~  
SE\*25\*2423~  
GE\*1\*2423~  
IEA\*1\*000002423~

**Figure 21: AAA Error Reported at Service Level [2000F]**

ISA\*00\* \*00\* \*ZZ\*9088877320001 \*ZZ\*9012345720001 \*151021\*0825\*^\*00501\*000002523\*0\*T\*+~  
GS\*HI\*9088877320001\*9012345720001\*20151021\*0825\*2523\*X\*005010X217~  
ST\*278\*2523\*005010X217~  
BHT\*0007\*11\*3920394930202\*20151021\*08250600\*18~  
HL\*1\*\*20\*1~  
NM1\*X3\*2\*NOVITAS SOLUTIONS INC\*\*\*\*\*PI\*1.3.6.1.4.1.101420.6.1~  
HL\*2\*1\*21\*1~  
NM1\*1P\*1\*SMITH\*KEITH\*M\*\*PH.D\*XX\*111111112~  
HL\*3\*2\*22\*1~  
NM1\*IL\*1\*~~Doe~~Subscriber Last Name\*~~JANE~~Subscriber First Name\*\*\*\*MI\*~~Subscriber Identifier~~25482585258~  
HL\*4\*3\*EV\*1~  
TRN\*1\*0021345\*9ESMDSYSTEM~

```

TRN*2*12345678900987654321768958473*1311234567*500~
UM*HS*1*13+B~
DTP*AAH*RD8*20151025-20151225~
HI*BK+A0109~
MSG*BCA12~
NM1*DK*1*MADISON*KAREN****XX*1678901236~
N3*2874 MACBETH WAY~
N4*TRENTON*NJ*08625~
NM1*SJ*1*SAUNDERS*JACK****XX*1234567893~
N3*96 HIGHLAND DR~
N4*TRENTON*NJ*08625~
HL*5*4*SS*0~
TRN*2*0001-201501150001UBERTEST-20141224-SVC1*955555555*UBERTESTHAPPYPATH~
AAA*N**AG*C~ [AG - Invalid/Missing Procedure Code(s)]
UM*HS*1*13+B~
SV1*HC+G0277**UN*30~
MSG*HBO77~
SE*34*2523~
GE*1*2523~
IEA*1*000002523~

```

**Figure 22: AAA Error Reported at Service Provider Name Level [2010FA]**

```

ISA*00* *00* *ZZ*9088877320000 *ZZ*9012345720000 *151021*1120*^*00501*000002623*0*T*+~
GS*HI*9088877320000*9012345720000*20151021*1120*2623*X*005010X217~
ST*278*2623*005010X217~
BHT*0007*11*3920394930204*20151021*11200300*18~
HL*1**20*1~
NM1*X3*2*WISCONSIN PHYSICIANS SERVICES****PI*1.3.6.1.4.1.101420.6.1~
HL*2*1*21*1~
NM1*1P*1*SMITH*MUFFY*M**PH.D*XX*1111111112~
HL*3*2*22*1~
NM1*IL*1*DOE-Subscriber Last Name*Subscriber First NameJANE****MI*Subscriber Identifier25412587~
HL*4*3*EV*1~
TRN*1*0012345*9ESMDSYSTEM~
TRN*2*12345678900987654321768958473*1311234567*500~
UM*HS*1*13+B~
DTP*AAH*RD8*20151215-20160213~
HI*BK+A0109~
MSG*HBO65~
HL*5*4*SS*0~
TRN*1*0001-201501150001UBERTEST-20141224-SVC1*955555555*UBERTESTHAPPYPATH~
UM*HS*1*13+B~
SV1*HC+G0277**UN*30~
MSG*HBO65~
NM1*DK*1*JOHNSON*BARBARA****XX*1234567893~
N3*16 W.ELM ST~
N4*HART*MI*49420~
NM1*SJ*1*RICHARDSON*JACOB****XX*1456789019~
N3*225 STATE AVE*SUITE 201~
N4*HART*MI*49420~
AAA*N**44*C~ [44 - Invalid/Missing Provider Name]

```

SE\*28\*2623~  
 GE\*1\*2623~  
 IEA\*1\*00002623~

**Figure 23: Mask Data Elements When No Agreement Is in Place [2010C]**

ISA\*00\*~\*00\*~\*ZZ\*9088877320005 \*ZZ\*9012345720005 \*150811\*0817\*^\*00501\*000001923\*0\*T\*~  
 GS\*HI\*9088877320005 \*9012345720000 \*20150811\*1349\*1923\*X\*005010X217~  
 ST\*279\*1923\*005010X217~  
 BHT\*0007\*11\*3920394930202\*20150811\*1615\*19~  
 HL\*1\*\*20\*1~  
 NM1\*X3\*2\*JOHNS HOSP\*\*\*\*\*PI\*1.3.6.1.4.1.101420.6.1~  
 HL\*2\*1\*21\*1~  
 NM1\*1P\*1\*SMITH\*MUFFY\*M\*\*PH.D\*XY\*1234567893~  
 HL\*2\*2\*22\*1~  
 NM1\*IL\*1\*ESMD-MASKED-Last-Name\*ESMD-MASKED-Subscriber-First-Name\*\*\*\*MI\*Subscriber-Identifier~  
 HL\*4\*2\*EV\*1~  
 TRN\*1\*1234567\*9ESMDSYSTM~  
 TRN\*2\*12345678900987654321768958472\*1311234567\*500~  
 UM\*HS\*1\*1\*13+B~  
 HCR\*A4\*\*0B~  
 MSG\*Medical Review in progress; awaiting decision~  
 HL\*5\*4\*SS\*0~  
 TRN\*2\*0070-20150320175012376\*9555555557~  
 UM\*HS\*1\*1\*13+B~  
 SE\*18\*1923~  
 GE\*1\*1923~  
 IEA\*1\*000001923~

## 7. Contacts

Table 161: Support Points of Contact~~Table 161: Support Points of Contact~~~~Table 159: Support~~

Table ~~161~~~~159~~~~149~~: Support Points of Contact

Contact	Phone	Email	Hours of Operation
CMS esMD Service Desk	(443) 832-1856	<a href="mailto:esMD_Support@cms.hhs.gov">esMD_Support@cms.hhs.gov</a>	Regular Business Hours: 8 a.m. to 8 p.m. Eastern Time (ET).

## Appendix A: Acronyms

Table [162462460](#): Acronyms

Acronym	Literal Translation
ACN	Attachment Control Number
ASC	Accredited Standards Committee
CAQH	Council for Affordable Quality Healthcare
CMS	Centers for Medicare & Medicaid Services
CORE	Committee on Operating Rules for Information Exchange
DMEPOS	Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
EDI	Electronic Data Interchange
esMD	Electronic Submission of Medical Documentation
HBO	Hyperbaric Oxygen
HCPCS	Health Care Financing Administration Common Procedural Coding System
<a href="#">HHPCR</a>	<a href="#">Home Health Pre-Claim Review</a>
<a href="#">HHS</a>	<a href="#">Home Health Services</a>
HIC	Health Insurance Claim
HICN	HIC Number
HIH	Health Information Handler
HIS	Hospital Information System
ID	Identifier
N/U	Not Used
NPI	National Provider Identifier
NS	Not Sent
OID	Object Identifier
PA	Prior Authorization
PMD	Power Mobility Device
RC	Review Contractor
TR3	ASC X12 Standard for Electronic Data Interchange Technical Report Type 3
TBD	To Be Determined
UMO	Utilization Management Organization
URL	Universal Resource Locator
UTN	Unique Tracking Number
XDR	Cross-Enterprise Document Reliable Interchange

## Appendix B: Glossary

Table ~~163463464~~: Glossary

Glossary	Description
Additional Documentation Request	Official letters sent to Providers from CMS RCs requesting additional documentation that is needed to process claims.
CONNECT	CONNECT implements a flexible, open-source gateway solution that enables healthcare entities - Federal agencies or private-sector health organizations or networks - to connect their existing health information systems to the eHealth Exchange. CONNECT is fully functional out-of-the-box, while at the same time configurable and flexible to allow organizations to customize it to meet their needs and those of their existing health information systems.
Electronic Submission of Medical Documentation	A mechanism for submitting medical documentation via a secure internet gateway connecting Providers to the Centers for Medicare & Medicaid Services.
Power Mobility Device Prior Authorization	The CMS implemented a Prior Authorization process for scooters and power wheelchairs for people with Fee-For-Service Medicare who reside in seven states with high populations of fraud- and error-prone Providers (California, Florida, Illinois, Michigan, New York, North Carolina, and Texas). This demonstration helps ensure that a beneficiary's medical condition warrants their medical equipment under existing coverage guidelines. Moreover, the program assists in preserving a Medicare beneficiary's ability to receive quality products from accredited suppliers.
TR3	ASC X12 Standard for Electronic Data Interchange Technical Report Type 3. The ASC X12 TR3s detail the full requirements for EDI transactions can be found or purchased from the publisher, Washington Publishing Company (WPC) at their website: <a href="http://store.x12.org/store/">http://store.x12.org/store/</a>
278 PA	ASC X12N/00510X217 version of 278 Prior Authorization

## Appendix C: Referenced Documents

Table ~~164164162~~: Referenced Documents

Document Name	Document Location and/or URL	Issuance Date
ASC X12N 278/005010X217 Standards for Electronic Data Interchange Technical Report Type 3 (TR3)	<a href="http://store.x12.org/store/">http://store.x12.org/store/</a>	TBD
CAQH CORE X12 Document Submission Service Interface Specification	<a href="http://www.caqh.org/sites/default/files/core/phase-ii/policy-rules/270-v5010.pdf">http://www.caqh.org/sites/default/files/core/phase-ii/policy-rules/270-v5010.pdf</a>	03/18/2011
esMD Health Information Handler (HIH) Implementation Guide	<a href="https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/Information_for_HIHs.html">https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/Information_for_HIHs.html</a>	08/21/2015

## Appendix D: Record of Changes

Table ~~165465463~~: Record of Changes

Version Number	Date	Author/Owner	Description of Change
1.0	09/09/2015	Srinivasarao Eadara, Kumar Sourabh	Initial Draft
1.1	10/09/2015	Srinivasarao Eadara, Kumar Sourabh	Addressed CMS comments
1.2	12/11/2015	Viji Muthukrishnan, Jim Runser	Updated to resolve CMS comments
1.3	02/12/2016	Jim Runser, Reginald Onyeananam, Stephanie Johns	Updated to resolve CMS comments
1.4	02/26/2016	Elaine Wigginton, Ramesh Krishnamurti, Jim Runser	Updates made by CMS
2.0	05/18/2016	Theresa Doris, Reginald Onyeananam	Updated changes for release AR2016.07.0
<a href="#">2.1</a>	<a href="#">06/10/2016</a>	<a href="#">Theresa Dopreis</a>	<a href="#">Updated to resolve CMS comments.</a>
<a href="#">2.2</a>	<a href="#">06/28/2016</a>	<a href="#">Theresa Doris</a>	<a href="#">Resolved CMS comments.</a>

## Appendix E: Approvals

The undersigned acknowledge that they have reviewed the [X12N 278 Companion Guide \(ASC X12N/005010X217\)](#): Request and Response, Version 2.120, and agree with the information presented within this document. Changes to this Guide will be coordinated with, and approved by, the undersigned, or their designated representatives.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: Maureen HoppaTitle: Contracting Officer's RepresentativeRole: CMS Approving Authority