



Electronic Submission of Medical Documentation (esMD)

HH Technical Release Changes for AR2026.04.0 Release (Final)

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1 Introduction

This Technical Release Changes (TRC) document provides details of the interface and technical release changes that will be deployed to the Production (PROD) esMD System in the April 2026 release (AR2026.04.0). The following change requests and system enhancements are addressed in this document:

- **eChimp 14244** - Implement X12 Format for Ambulatory Surgical Center Prior Authorization Program (ASC PA).
- **eChimp 14097** - Streamline Document Exchange Through Updates to Selected Content Type Codes (CTC 9, 9.1 and 13) and esMD Functions.

This document must be used in conjunction with the Release Summary and the Centers for Medicare & Medicaid Services (CMS) Health Information Handler (HIH) Implementation Guide.

The audience of this document are implementers, such as architects and developers who are responsible for the exchange of supporting information among healthcare providers, HIHs, and their business associates such as CMS.

2 Overview

This document outlines the functional/technical aspects of the following functionalities that will be implemented in April 2026 release for the following change requests and enhancements.

- **eChimp 14244:** As part of the upcoming release, esMD will implement support for the Ambulatory Surgical Center PA Inbound Requests in X12 278 format.
- **eChimp 14097:** As part of the upcoming release, esMD will implement support mandating the element 'Claim ID' in the First-Level Appeals and Second-Level Appeals XDR transactions.

3 Assumptions

1. Medicare providers shall have the active signed agreements with their respective HIH to exchange the electronic transactions via esMD (including RC outbound transactions with PHI).
1. Medicare providers shall sign up with the appropriate information for their review contractors, including the HIH information to receive the RC outbound transactions.
2. RCs (who already have an existing provider registry) shall enhance their registry to accommodate the details required for the RC outbound transactions.
3. Providers shall share their HIH selection with the respective RCs to confirm the active HIH (to whom the RC outbound transactions shall be sent).
4. Communication between the CMS esMD system and Medicare RCs will be asynchronous.

4 High-Level Requirement Details

4.1 Ambulatory Surgical Center PA Inbound Requests in X12 278

This CR will support the receipt of Ambulatory Surgical Center (ASC) Prior Authorization request transactions in the X12N 278 format. The following outlines the ASC Prior Authorization (X12N 278) end-to-end processing and validation requirements.

1. HIHs transmit the ASC-PA requests as an X12N 278 transaction.
2. The Content Type Code (CTC) associated with the ASC-PA program is CTC 8.7.
3. Each ASC PA request may contain one or more items of service.
4. The request transaction contains a single service (procedure code) only for B004 and paired items of service (one Admin code and one Drug code) for B005.
5. The Proposed Date of Service (PDOS) is a single date OR a date range.
6. The PDOS date D8 / date range RD8 is mandatory in 2000E. The date / date range in 2000E must always be in the past.
 - a. Note: The request is rejected if PDOS date is not provided in 2000E.
7. The PDOS date/ date range in 2000F is optional. 2000F date/ date range if provided must always have future service dates.

Note 1: 2000E can have a past date range with a future date in 2000F

Note 2: 2000E can have a past date with a future date range in 2000F

Example 1:

2000E - 20251117 / 20251117 - 20251130 (Past Date/ Past Date Range)

2000F - 20251222 (Future Date)

Outcome - Request Accepted

Example 2:

2000E - No DTP

2000F - Future Date

Outcome - Request Rejected

Example 3:

2000E - Future Date/ Future Date Range

2000F - Future Date/ Future Date Range

Outcome – Request Rejected

Example 4:

2000E – Past Date/ Past Date Range

2000F – No Date Provided

Outcome – Request Accepted

1. The MSG segment is required in 2000E for ASC and HOPD programs as the procedure codes for both programs are same.

Note: This segment is optional for other programs: AMB, DMEPOS, HHPCR, and IRF.

2. The MSG01 must contain only 1 program code as 'ASC' or 'HOPD'
3. In the UM segment of the 2000E loop, the bill type code (UM04-1) is expected to be "24", and the facility code qualifier (UM04-2) is expected to be "B" for X12 ASC requests.
4. ASC Procedure code must be submitted in SV1 only.
5. The esMD System requires at least one Patient Event Provider/Service Name loop in the 2010 EA/NM1 loop with the provider type as 'Service Provider (SJ)' for the ASC program. HIHs may submit the remaining 13 provider types defined in the TR3 guidelines in addition to the "SJ" provider type for the ASC program.

Note: Even though the 14 identifiers are received, the system will process only the following six to the SSM: "SJ, DK, DN, FA, 71, & 72".

6. The X12 278 ASC request submitted for Botulinum Toxin services (B005 program indicator) must contain admin code and a drug code.
7. The X12 278 ASC request submitted for Blepharoplasty, Panniculectomy, Rhinoplasty, Vein Ablation (B004 program indicator) must contain only one procedure code.

Figure 1: ASC - X12 - Single Service (B004) - X12 278 EDI

```

ISA*00*                *00*                *ZZ*Test HIH          *ZZ*111222333
*151019*1615**+*00501*000001523*0*T*:~
GS*HI*Test HIH*111222333*20151019*1615*1523*X*005010X217~
ST*278*1523*005010X217~
BHT*0007*13*3920394930203*20151019*1615~
HL*1**20*1~
NM1*X3*2*CMS*****PI*00001~
HL*2*1*21*1~
NM1*1P*1*GOLDIE*LOCKS*M**PH.D*XX*1111111112~
N3*7111 SECURITY BLVD.~
N4*WINDSOR MILL*MD*21244~
PER*IC*CHRISTINE*FX*8189991234*TE*8187691304*EX*518~
HL*3*2*22*1~
NM1*IL*1*CARRINGTON*CHERYL*T*MS*M.D.*MI*987654321A~
N3*1245 WHIRLPOOL STREET~
N4*CHARLESTOWN*MD*21914~
DMG*D8*19511204*F~
HL*4*3*EV*1~
TRN*1*11768958473*1311234567*500~
UM*HS*I*56*24:B~
DTP*AAH*D8*20151210~
PWK*77*EL***AC*X12ASCTest2~

```

```

MSG*ASC~
NM1*SJ*2*FADPATIENT FIRST*****XX*1789012345~
N3*210 STATUE STREET FACILITY PROVIDER 2010EA~
N4*ABERDEEN*MD*21001~
HL*5*4*SS*0~
DTP*472*RD8*20261210-20271210~
SV1*HC:15830:25:21:23:55*12.25*UN*80~
SE*27*1523~
GE*1*1523~
IEA*1*000001523~

```

Figure 2: ASC - X12 - Multiple Service (B005) - X12 278 EDI

```

ISA*00*          *00*          *ZZ*Test HIH          *ZZ*111222333
*151019*1615**+*00501*000001523*0*T*:~
GS*HI*Test HIH*111222333*20151019*1615*1523*X*005010X217~
ST*278*1523*005010X217~
BHT*0007*13*3920394930203*20151019*1615~
HL*1**20*1~
NM1*X3*2*CMS*****PI*00001~
HL*2*1*21*1~
NM1*1P*1*GOLDIE*LOCKS*M**PH.D*XX*1111111112~
N3*7111 SECURITY BLVD.~
N4*WINDSOR MILL*MD*21244~
PER*IC*CHRISTINE*FX*8189991234*TE*8187691304*EX*518~
HL*3*2*22*1~
NM1*IL*1*CARRINGTON*CHERYL*T*MS*M.D.*MI*987654321A~
N3*1245 WHIRLPOOL STREET~
N4*CHARLESTOWN*MD*21914~
DMG*D8*19511204*F~
HL*4*3*EV*1~
TRN*1*11768958473*1311234567*500~
UM*HS*I*56*24:B~
DTP*AAH*D8*20151210~
PWK*77*EL***AC*X12ASCTest1~
MSG*ASC~
NM1*SJ*2*FADPATIENT FIRST*****XX*1789012345~
N3*210 STATUE STREET FACILITY PROVIDER 2010EA~
N4*ABERDEEN*MD*21001~
HL*5*4*SS*0~
DTP*472*RD8*20261210-20271210~
SV1*HC:J0585:25:21:23:55*12.25*UN*80~
HL*6*5*SS*0~
DTP*472*RD8*20261210-20271210~
SV1*HC:64612:25:21:23:55*12.25*UN*80~
SE*30*1523~
GE*1*1523~
IEA*1*000001523~

```

Note: The MSG segment contains value 'MSG*HOPD~' for the HOPD program.

4.1.1 ASC X12 Error Messages

Table 1: X12 Audit Event Messages summarizes the new Audit Events for the ASC PA Requests in X12 Format.

Table 1: X12 Audit Event Messages

Scenario	Audit Event Type	Validation Status	Audit Event Message
Invalid Date/Time (First entry is later then second entry) provided in the 2000E and 2000F loops.	FAILURE	EXISTING	SUCCESSFULLY VALIDATED X12 REQUEST AND X12 999 ERROR RESPONSE GENERATED [Error Message=Invalid Date/Time Range, first entry should not be later than second entry.]
Invalid Date/Time range pattern provided in the 2000E and 2000F loops.	FAILURE	EXISTING	SUCCESSFULLY VALIDATED X12 REQUEST AND X12 999 ERROR RESPONSE GENERATED Error Message=esMD 278 Request Invalid Date/Time, Should match pattern 'CCYYMMDD-CCYYMMDD'[[Error Data={0}][Error Segment={1}]
Invalid Date/Time pattern provided in the 2000E and 2000F loops.	FAILURE	EXISTING	SUCCESSFULLY VALIDATED X12 REQUEST AND X12 999 ERROR RESPONSE GENERATED Error Message=esMD 278 Request Invalid Date/Time, Should match pattern 'CCYYMMDD'[[Error Data={0}][Error Segment={1}]
Multiple lines of business are not accepted in a single transaction.	FAILURE	EXISTING	SUCCESSFULLY VALIDATED X12 REQUEST AND X12 999 ERROR RESPONSE GENERATED Error Message=esMD 278 Request Multiple lines of business are not accepted in a single transaction.][Error Data={0}][Error Segment={1}]

Scenario	Audit Event Type	Validation Status	Audit Event Message
When the value of 2000E/UM04-2 is B, the 2000F.SV1 segment is required, and the 2000F.SV2 segment shall not be transmitted.	FAILURE	EXISTING	SUCCESSFULLY VALIDATED X12 REQUEST AND X12 999 ERROR RESPONSE GENERATED [Error Message=esMD 278 Request If 2000E/UM04-2 = B, 2000F.SV1 segment is required and 2000F.SV2 segment must not be sent.]
When an X12 278 ASC request is submitted without the "SJ" provider type in the 2010EA loop.	FAILURE	NEW	SUCCESSFULLY VALIDATED X12 REQUEST AND X12 999 ERROR RESPONSE GENERATED [Error Message=esMD 278 Request SJ is the mandatory provider type in 2010EA loop for ASC program)
When ASC request is submitted has missing either only the admin code or the drug code.	FAILURE	NEW	SUCCESSFULLY VALIDATED X12 REQUEST AND X12 999 ERROR RESPONSE GENERATED Error Message=esMD 278 Request For Botulinum Toxin services (B005 program indicator)- One drug code and one administrative code are required.]
When more than one Blepharoplasty, Panniculectomy, Rhinoplasty, Vein ablation (B004) procedure codes submitted in request	FAILURE	NEW	SUCCESSFULLY VALIDATED X12 REQUEST AND X12 999 ERROR RESPONSE GENERATED Error Message=esMD 278 Request only 1 procedure code can be sent for Blepharoplasty, Panniculectomy, Rhinoplasty, Vein ablation (B004)program indicator.
ASC procedure code validation. The 2000F SV1 segment is mandatory when the ASC procedure code.	FAILURE	NEW	SUCCESSFULLY VALIDATED X12 REQUEST AND X12 999 ERROR RESPONSE GENERATED [Error Message=278 Request for the ASC Procedure Code 2000F SV1 segment is required][ERROR DATA={0}][ERROR SEGMENT={1}]

Scenario	Audit Event Type	Validation Status	Audit Event Message
ASC procedure code validation. For ASC procedure code, 2000E UM04-2 must be populated with the value "B"	FAILURE	NEW	SUCCESSFULLY VALIDATED X12 REQUEST AND X12 999 ERROR RESPONSE GENERATED [Error Message=278 Request for the ASC Procedure Code 2000E/UM04-2 must be B][Error Data={0}][Error Segment={1}]
When an X12 ASC request is submitted with UM04-1 set to a value other than "24"	FAILURE	NEW	SUCCESSFULLY VALIDATED X12 REQUEST AND X12 999 ERROR RESPONSE GENERATED [Error Message=278 Request for the ASC Procedure Code the Bill Type received in the 2000E/UM04-1 must be 24][Error Data={0}][Error Segment={1}]
Missing value for Date/Time range in 2000E.	FAILURE	NEW	SUCCESSFULLY VALIDATED X12 REQUEST AND X12 999 ERROR RESPONSE GENERATED [Error Message=esMD 278 Request missing Date/ Date range in 2000E]][ERROR DATA={0}][ERROR SEGMENT={1}]
Invalid Date/Date Range validation. The PDOS date or date range provided in Loop 2000E must be a past date	FAILURE	NEW	SUCCESSFULLY VALIDATED X12 REQUEST AND X12 999 ERROR RESPONSE GENERATED [Error Message=esMD 278 Request the PDOS date/ date range provided in 2000E must be a past date]][ERROR DATA={0}][ERROR SEGMENT={1}]
Invalid Date/Date Range validation. The PDOS date or date range provided in Loop 2000F must be a future date	FAILURE	NEW	SUCCESSFULLY VALIDATED X12 REQUEST AND X12 999 ERROR RESPONSE GENERATED [Error Message=esMD 278 Request the PDOS date/ date range provided in 2000 F must be a future date]][ERROR DATA={0}][ERROR SEGMENT={1}]

Scenario	Audit Event Type	Validation Status	Audit Event Message
Invalid Procedure Code Validation.	FAILURE	EXISTING	SUCCESSFULLY VALIDATED X12 REQUEST AND X12 999 ERROR RESPONSE GENERATED [ERROR MESSAGE=esMD 278 Request Invalid Procedure Code for PA programs][ERROR DATA={0}][ERROR SEGMENT={1}]
Invalid program indicator validation. A combination of B005 B004 program indicator is not allowed.	FAILURE	NEW	SUCCESSFULLY VALIDATED X12 REQUEST AND X12 999 ERROR RESPONSE GENERATED Error Message=esMD 278 Request submitted has a combination of Botulinum Toxin services (B005) program indicator and Blepharoplasty, Panniculectomy, Rhinoplasty, Vein ablation (B004) program indicator
When the 278 request contains both a drug code and an administrative code, and either code has more than one entry.	FAILURE	NEW	SUCCESSFULLY VALIDATED X12 REQUEST AND X12 999 RESPONSE GENERATED- [Error Message=(esMD) 278 Request more than 1 drug code and/or more than 1 administrative code is submitted for Botulinum Toxin services (B005) program indicator
Invalid value in MSG01 segment. The value of MSG01 is required to be either HOPD or ASC.	FAILURE	NEW	VALIDATED X12 REQUEST AND X12 999 ERROR RESPONSE GENERATED Error Message=esMD 278 Request MSG01 must either be set to HOPD or ASC
Missing MSG segment for X12 ASC and HOPD requests.	FAILURE	NEW	VALIDATED X12 REQUEST AND X12 999 ERROR RESPONSE GENERATED Error Message=esMD 278 Request MSG01 is required for ASC or HOPD programs

4.2 Claim ID in the First-Level Appeals and Second-Level Appeals XDR Requests

As part of the April 2026 Release, all First-Level Appeal XDR and FHIR transactions (CTC 9) and Second-Level Appeal XDR and FHIR transactions (CTC 9.1) requests must contain a valid Claim ID value. The request is rejected if the Claim ID value is absent. The same Claim ID

validation error codes and error messages used for other XDR LOBs and FHIR will also be applied to this LOB.

4.2.1 Validation Error Messages

Table 2: Claim ID Validation Error Messages

Scenario	Error Code	Error Message
Missing Claim Id for XDR Transaction	ESMD_320	Either the length or format of the Claim ID is incorrect. The Claim ID needs to be either 8 or 13-15 numeric characters or 17-23 alphanumeric (the only special characters allowed are hyphens, underscores and spaces). Please correct and resubmit.
Missing Claim Id for FHIR Transaction	MISSING_CLAIM_ID	Missing Claim Id in List resource
Invalid Claim Id for XDR Transaction	ESMD_318	Either the length or format of the Claim ID is incorrect. The Claim ID needs to be either 8 or 13-15 numeric characters or 17-23 alphanumeric (the only special characters allowed are hyphens, underscores and spaces). Please correct and resubmit.
Invalid Claim Id for FHIR Transaction	(INVALID_CLAIM_ID_FORMAT)	Invalid format of Claim ID in List resource

4.2.2 Audit Events

Table 3: Claim ID Audit Events

Scenario	Audit Event Code	Audit Event Message
Invalid Claim Id for FHIR Transaction	INVALID_CLAIM_ID_FORMAT	INVALID FORMAT OF CLAIM ID IN LIST RESOURCE VALUE: {0}
Missing or Invalid Claim Id for XDR Transaction	INVAL_CLM_ID_FRMT_LNTH	(INVALID CLAIM ID COMPOSITE FORMAT: {0})
Missing Claim Id for FHIR Transaction	MISSING_CLAIM_ID	MISSING CLAIM ID IN LIST RESOURCE

Appendix A: Record of Changes

Table 4: Record of Changes

Version Number	Date	Author/Owner	Description of Change
1.0	12/15/2025	Venkata Gurram	Preliminary version of the April 2026 Release HIH TRC Version 1.0
1.1	01/20/2026	Venkata Gurram	<p>AR2026.04.0 release version 1.1 contains the following changes:</p> <p>Added Section(s):</p> <ul style="list-style-type: none"> Section 4.2.1 - Validation Error Messages Section 4.2.2 - Audit Events <p>Added Table(s):</p> <ul style="list-style-type: none"> Table 2 - Claim ID Validation Error Messages Table 3 - Claim ID Audit Events <p>Updated Section(s):</p> <ul style="list-style-type: none"> Section 4 - Updated Example 4 bullets #3 and #5. Section 4.2 - Added FHIR and Claim ID validation information. <p>Updated Figure(s):</p> <ul style="list-style-type: none"> Figure 1 - Updated ASC X12 278 Single Service (B004) EDI Figure 2 - Updated ASC X12 278 Multiple Service (B005) EDI <p>Updated Table(s):</p> <ul style="list-style-type: none"> Table 1 - Extensive changes to entire table to highlight changes.

Appendix B: Acronyms

Table 5: Acronyms

Acronym	Term
AMB	Ambulance
ASC	Ambulatory Surgical center
CMS	Centers for Medicare & Medicaid Services
CR	Change Request
CTC	Content Type Code
DMEPOS	Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
eCHIMP	Enterprise Electronic Change Information Management Portal
EDI	Electronic Data Interchange
esMD	Electronic Submission of Medical Documentation
FHIR	Fast Healthcare Interoperability Resources
HHPCR	Home Health Pre-Claim Review
HIH	Health Information Handler
HOPD	Hospital Outpatient Department Services
ID	Identifier
IRF	Inpatient Rehabilitation Facility
LOB	Line of Business
PA	Prior Authorization
PDOS	Proposed Date of Service
PHI	Protected Health Information
PROD	Production Environment
PWK	Paperwork
RC	Review Contractor
SSM	Shared System Maintainer
TRC	Technical Release Changes
URL	Universal Resource Locator
XDR	Cross-Enterprise Document Reliable Interchange
X12	ANSI ASC X12 standard