ACS EDI GATEWAY, INC.

ANSI ASC X12N 278 Unsolicited
Health Care Services Review
Notification and Acknowledgment
Colorado Medicaid
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

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Chapter 1 Introduction

Scope

This Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N 278 Health Care Services Review Notification and Acknowledgment National Implementation Guide. Colorado refers to this guide as the Unsolicited 278 or 278U. This guide outlines the procedures necessary for engaging in Electronic Data Interchange (EDI) with ACS EDI Gateway, Inc. and specifies data clarification where applicable.

Note: This transaction may only be used by vendors who are contracted by the Department of Health Care and Financing to perform prior authorization review determinations. All vendors must seek prior approval from the Department of Health Care Policy and Financing prior to sending any 278U transactions through EDI, including test transactions.

Overview

ACS EDI Gateway, Inc., a leader in health care technology, provides EDI gateway services to providers enrolled in contracted health care plans. Our electronic transactions acquisition services provide an array of tools that allow you to:

- Easily submit all of your transactions to one source
- Submit transactions twenty-four hours a day, seven days a week
- Receive confirmation of receipt of each file transferred

Health care plans that participate with ACS EDI Gateway, Inc. are referred to as payers. Transactions are accepted electronically into our data center in Tallahassee, Florida and are processed through the ACS State Healthcare Clearinghouse (SHCH). As an EDI gateway service, we provide connectivity to various health care plans and states where ACS EDI Gateway, Inc. is the fiscal agent, third-party administrator, or contracted clearinghouse.

Chapter 2 Transmission Methods

Trading Partners are offered the following transmission method:

Asynchronous Dial-Up

ACS EDI Gateway provides an interactive, menu-driven Host Data Exchange System (HDE) that allows you to upload your transaction files and receive immediate confirmation of the status of your transfer. The HDE can be accessed using a standard modem and supports modem speeds of up to 56,000 BPS. Transaction transmission is available twenty-four hours a day, seven days a week. This availability is subject to scheduled and unscheduled downtime. It is operational policy to schedule preventative maintenance periods on weekends whenever possible.

Communication Protocols

ACS currently supports the following asynchronous dial-up communication options:

XMODEM, YMODEM, ZMODEM, Kermit

Teleprocessing Requirements

The general specifications for asynchronous dial-up communication with ACS are:

Telecommunications	Hayes-compatible 2400-56K BPS asynchronous modem.
File Format	ASCII text data.
Compression Techniques	PKZIP will compress one or more files into a single ZIP archive. WINZIP will compress one or more files into a single ZIP archive. ACS accepts transmission with any of the above compression techniques, as well as non-compression files.
Data Format	8 data bit, 1stop bit, no parity, full duplex.

Transmission Protocol	ZMODEM uses 128 byte to 1024 byte variable packets and a 16-bit or 32-bit Cyclical Redundancy Check (CRC). XMODEM uses 128 byte blocks and a 16-bit CRC. YMODEM uses 1024 byte blocks and a 16-bit CRC. KERMIT can be accepted if X, Y, or ZMODEM capabilities are not available with your communication software.

Teleprocessing Settings

ASCII Sending	Send line ends with line feeds (should not be set). Echo typed characters locally (should not be set). Line delay 0 milliseconds. Character delay 0 milliseconds.
ASCII Receiving	Append line feeds to incoming line ends should not be checked. Wrap lines that exceed terminal width.
Terminal Emulation	VT100 or Auto.

Transmission Procedures

SUBMITTER	HOST SYSTEM
1. Dials ACS Host	Answers call, negotiates a common baud rate, and sends to the Trading Partner: **"Please enter your Login=>"**
2. Enters Login Name <CR>	Receives User Name (Login Name) and sends to the Trading Partner: **"Please enter your password=>"**
3. Enters Password <CR>	Receives Login and verifies if Trading Partner is an authorized user: Sends HOST selection menu followed by a user prompt: **"Please Select from the Menu Options Below =>"**
4. Enters Desired Selection <CR>	**#1. Electronic File Submission:** Assigns and sends the transmission file name then waits for ZMODEM (by default) file transfer to be initiated by the Trading Partner. **#2. View Submitter Profile** Allows submitters to view the transaction types for which they are currently enrolled. **#3. Select File Transfer Protocol:** Allows submitters to change the protocol for the current submission only. The protocol may be changed to **(K)**ermit, **(X)**Modem, (**Y)**Modem, or **(Z)**Modem. Enter the first letter of the protocol that you wish to use. Enter selection **(K, X, Y, Z):**

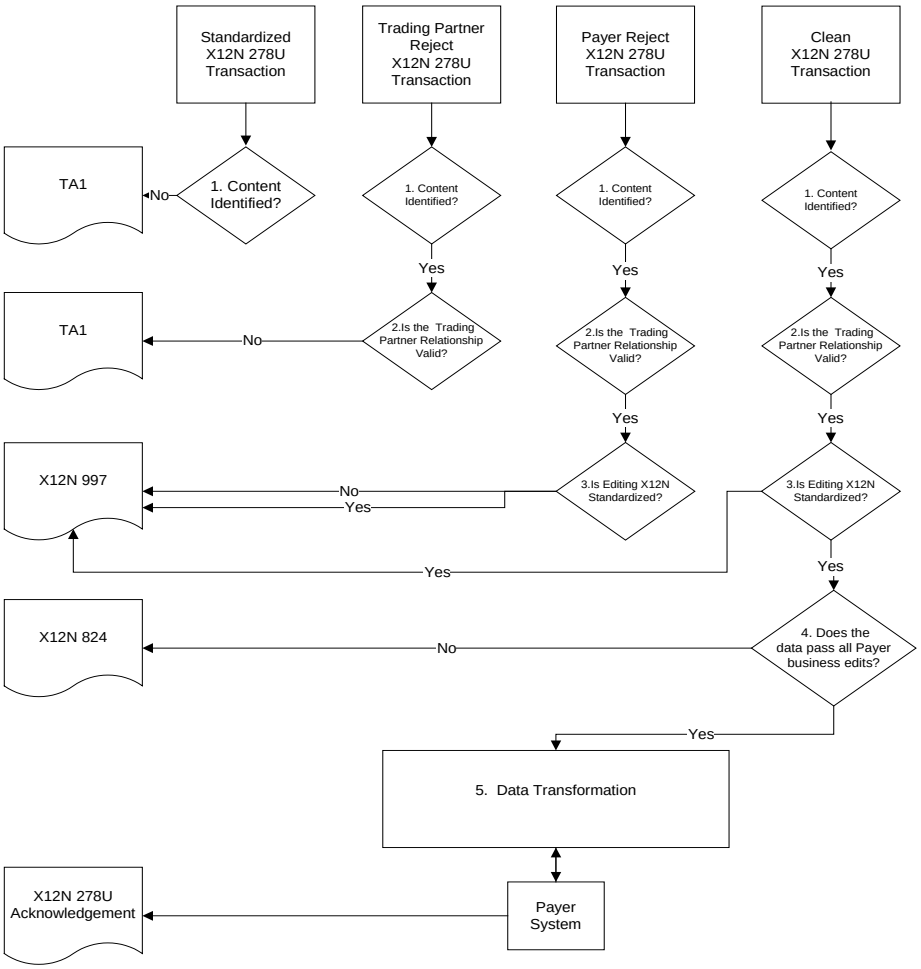
	#4. Download Confirmation Allows submitters to download confirmation reports. **#9. Exit & Disconnect:** Terminates connection.
5. Enters "1" to send file <CR>	Receives ZMODEM (or other designated protocol) file transfer. Upon completion, initiates file confirmation. Sends file confirmation report. Sends HOST selection menu followed by a user prompt=>

For Transmission Phone numbers please refer to Chapter 6.

Chapter 3 Transmission Responses

The Unsolicited 278 Review Notification (278U) transaction data will be submitted to the ACS EDI Gateway for processing. The ACS SHCH validates submission of ANSI X12N format(s). The TA1 Interchange Acknowledgement reports the syntactical analysis of the interchange header and trailer. If the data is corrupt or the trading partner relationship does not exist within the ACS system, the interchange will reject and a TA1 along with the data will be forwarded to an ACS Business Analyst for review and follow-up with the sender. In this case no ANSI ASC X12N 278U Notification will be sent. If the outer envelope is syntactically correct, the ST to SE is validated. If the file contains syntactical error(s) within the ST to SE, the segment(s) and elements(s) where the error(s) occurred will be reported in a X12N 997 Functional Acknowledgement. If the file passes syntax validation, payer specific business edits are applied. If the file passes the payer specific editing, the ACS SHCH will forward the request to the processing system and return a 278U Acknowledgement via the Colorado Medicaid Mailbox System.

Editing and Validation Flow Diagram



LEGEND:

1. **Content Identification:** Data identification is attempted. If the data is corrupt or intended for another resource, a TA1 (Interchange Acknowledgement) will be forwarded to the ACS SHCH call center for review and follow-up with the submitter. If the data can be identified, it is then checked for Trading Partner Relationship Validation
2. **Trading Partner Relationship Validation:** The trading partner information is validated. If the trading partner information is invalid, a TA1 (Interchange Acknowledgement) will be forwarded to the ACS SHCH call center for review and follow-up with the submitter. If the trading partner relationship is valid, the data will passed for X12N syntax validation.
3. **X12N Syntax Validation:** A determination will be made as to whether the data is ANSI ASC X12N. A X12N 997 (Functional Acknowledgement will be returned to the submitter. The X12N 997 contains **ACCEPT** or **REJECT** information. If the file contained syntactical errors, the segment(s) and element(s) where the error(s) occurred will be reported. If the data passes X12N syntax validation, payer business edits will be performed.
4. **Payer Business Edits:** Front-end editing of the data will occur. If the data passes this level, it will proceed to the payer system for processing. If the data fails payer specific editing, a X12N 824 containing a AAA segment is returned with the appropriate error code.
5. **Data Transformation:** The data is transformed. An ANSI ASC X12N 278U Acknowledgement will be returned to the Mailbox System for submitter pickup.

Transmission Errors and Reports

HIPAA not only gave the health care community the ability to standardize transactions, but also the ability to standardize front-end edits and the acceptance/rejection reports associated with the edits. The acceptance/rejection reports pertain to precision within EDI transaction format syntax and transaction implementation guide compliance. When a report is generated, the type of report returned is dependent on the edit level that is invalid.

A transaction contains three levels where edits are present. The edit level the error occurs in designates rejection of an entire batch or a single file.

The three levels are:

- Interchange Level Errors
  - ISA and IEA
- Functional Group Level Results
  - GS and GE
- Transaction Set Level Syntax Results
  - ST and SE

In the description below, the three levels and their affiliated acceptance/rejection reports are discussed.

Interchange Level Errors and TA1 Rejection Report

This edit is enforced by interchange level problems. These edit check the ISA and IEA level segments and the data content within these segments, which consist of the header and footer batch information. Any X12N syntax error that occurs at this level will result in the entire transaction being rejected. These rejections are reported on a TA1. In some cases, an error in the GS and GS can initiate a TA1 rejection. This will occur if the GS and GE envelope cannot be identified.

TA1-Interchange Acknowledgement

A TA1 is an ANSI ASC X12N Interchange Acknowledgement segment used to report receipt of individual interchange envelopes. An interchange envelope contains the sender, receiver, and data type information within the header. The TA1 reports the syntactical analysis of the interchange header and trailer. If invalid (e.g. the data is corrupt or the trading partner relationship does not exist within the ACS system) the interchange will reject and a TA1, along with the data, will be forwarded to the ACS EDI Gateway technical support for review and follow-up with the submitter.

EXAMPLE:

The transaction was built with incorrect Interchange Control Number at the end of the transaction. Control Number for IEA02 does not match with ISA11

```
ISA*00*      *00*        *ZZ*TradingPID*ZZ*100000*071101*1554*U*00401*00905*0*T*:~

GS*HI*TradingP.ID*77016*20070915*1554*603*X* 004010X111~

    ST*278*0001~
        BHT*0078*22*100404059*20080423*1139*NO~
        HL*1**20*1~
        NM1*X3*2*NAME*****46*TPID~
        PER*IC*NAME*TE*TELEPHONENUMBER*EX*3022~
        HL*2*1*21*1~
        NM1*PR*2*CO MEDICAID*****PI*77016~
        HL*3*2*22*1~
        TRN*1*PATIENTACCOUNTNUMBER*9        ~
        HI*BK:12345*BF:1234~
        NM1*IL*1*CLIENTLAST*CLIENTFIRST*A***MI*X999999~
        DMG*D8*19010101*F~
        HL*4*3*19*1~
        MSG*100101102YLETTERCOMMENTTEXT XX12345678912345678 12345678 12345678 12345678
        12345678 12345678 123456712345678 12345678 12345678 12345678 12345678 123456789~
        NM1*1T*2*NAME~
        REF*N5*99999999~
        NM1*SJ*2*NAME~
        REF*N5*99999999~
        NM1*1T*2*NAME~
        REF*N5*99999999~
        PRV*PC*ZZ*XX~
        HL*5*4*SS*0~
        TRN*1*01*9        ~
        UM*PR*I*1~
        HCR*A3*85~
        DTP*102*D8*19010101~
        DTP*036*D8*19010101~
        DTP*007*D8*19010101~
        HI*BO:12345:RD8:19010101-19010101:11:11:KKRRPPLL*BO:V2623:RD8:19010101-
        19010101:12:10:KKRRPPLL~
        MSG*100101102MODELNUMBER123456789SERIALNUMBER12345678LINE1DESCOFSERVICE123456
        789123456789123411111111.110002121.12LINE1COMMENTTEXT~

SE*31*0001~

GE*1*1~

IEA*1*00711~
```

For additional information regarding the TA1, please refer to Appendix B in the ANSI ASC X12N 278 Implementation Guide.

Functional Group Level Errors and 997 Rejection Report

ACS SHCH validates submission of ANSI ASC X12N format(s). An ANSI ASC X12N 997, or Functional Acknowledgement, is generated when an EDI file, e.g. an ANSI ASC X12N file that has passed the header and trailer check, passes through the clearinghouse. The X12N 997 **REJECT** is generated if the file contained syntactical errors, the segment(s) and element(s) where the error(s) occurred will be reported. For an example of this report, please see the ANSI ASC X12N 278 Implementation Guide. Trading Partner Agreement between ACS EDI Gateway and the Trading Partners requires this method of acknowledgement.

EXAMPLE:

The transaction was built with incorrect Total Number of transaction sets at the Functional Group Trailer. GE01 should be 1 as Functional Group contains two GS to GE transactions.

ISA*00* *00* *ZZ*TradingPID*ZZ*100000*071101*1554*U*00401*00905*0*T*:~

GS*HI*TradingP.ID*77016*20070915*1554*603*X* 004010X111~

ST*278*0001~

BHT*0078*22*100404059*20080423*1139*NO~
HL*1**20*1~
NM1*X3*2*NAME*****46*TPID~
PER*IC*NAME*TE*TELEPHONENUMBER*EX*3022~
HL*2*1*21*1~
NM1*PR*2*CO MEDICAID*****PI*77016~
HL*3*2*22*1~
TRN*1*PATIENTACCOUNTNUMBER*9 ~
HI*BK:12345*BF:1234~
NM1*IL*1*CLIENTLAST*CLIENTFIRST*A***MI*X999999~
DMG*D8*19010101*F~
HL*4*3*19*1~
MSG*100101102YLETTERCOMMENTTEXT XX12345678912345678 12345678 12345678 12345678 12345678 12345678 12345678 123456712345678 12345678 12345678 12345678 12345678 123456789~
NM1*1T*2*NAME~
REF*N5*99999999~
NM1*SJ*2*NAME~
REF*N5*99999999~
NM1*1T*2*NAME~
REF*N5*99999999~
PRV*PC*ZZ*XX~
HL*5*4*SS*0~
TRN*1*01*9 ~
UM*PR*I*1~
HCR*A3*85~
DTP*102*D8*19010101~
DTP*036*D8*19010101~
DTP*007*D8*19010101~
HI*BO:12345:RD8:19010101-19010101:11:11:KKRRPPLL*BO:V2623:RD8:19010101-19010101:12:10:KKRRPPLL~
MSG*100101102MODELNUMBER123456789SERIALNUMBER12345678LINE1DESCOFSERVICE12345678912345678912341111111.110002121.12LINE1COMMENTTEXT~

SE*31*0001~

GE*3*1~

IEA*1*00905~

For additional information regarding the TA1, please refer to Appendix B in the ANSI ASC X12N Unsolicited 278 Implementation Guide.

Transaction Set Level Syntax Results and X12N 997 Rejection Report

This edit is enforced by transaction set level syntax problems for all transactions within each functional group. These edits check the ST and SE level segments and the data content within these segments. These segments consist of the entire detailed information within a transaction. Any X12N syntax error that occurs at this level will result in the entire transaction being rejected. However, if the functional group consists of additional transactions without errors, these will be processed. The rejections are reported on an X12N 997.

X12N 997-Functional Acknowledgement

ACS SHCH validates submission of ANSI ASC X12N format(s). An ANSI ASC X12N 997, or Functional Acknowledgement, is generated when an EDI file, e.g. an ANSI ASC X12N file that has passed the header and trailer check, passes through the clearinghouse. The X12N 997 contains **ACCEPT** or **REJECT** information; if the file contained syntactical errors, the segment(s) and element(s) where the error(s) occurred will be reported. For an example of this report, please see the ANSI ASC X12N 278 Implementation Guide. Trading Partner Agreement between ACS EDI Gateway and the Trading Partners requires this method of acknowledgement.

EXAMPLE:

The following example was built with incorrect Payer ID. The Payer ID for Colorado Medicaid is 77016.

```
ISA*00*          *00*          *ZZ*TradingPID*ZZ*100000*071101*1554*U*00401*00905*0*T*:~
    GS*HI*TradingP.ID*77016*20070915*1554*603*X* 004010X111~
        ST*278*0001~
            BHT*0078*22*100404059*20080423*1139*NO~
            HL*1**20*1~
            NM1*X3*2*NAME*****46*TPID~
            PER*IC*NAME*TE*TELEPHONENUMBER*EX*3022~
            HL*2*1*21*1~
            NM1*PR*2*CO MEDICAID*****PI*77023~
            HL*3*2*22*1~
            TRN*1*PATIENTACCOUNTNUMBER*9        ~
            HI*BK:12345*BF:1234~
            NM1*IL*1*CLIENTLAST*CLIENTFIRST*A***MI*X999999~
            DMG*D8*19010101*F~
            HL*4*3*19*1~
            MSG*100101102YLETTERCOMMENTTEXT XX12345678912345678 12345678 12345678
            12345678 12345678 12345678 12345678 123456712345678 12345678 12345678 12345678 12345678
            123456789~
            NM1*1T*2*NAME~
            REF*N5*99999999~
            NM1*SJ*2*NAME~
            REF*N5*99999999~
            NM1*1T*2*NAME~
            REF*N5*99999999~
            PRV*PC*ZZ*XX~
            HL*5*4*SS*0~
            TRN*1*01*9        ~
            UM*PR*I*1~
            HCR*A3*85~
            DTP*102*D8*19010101~
            DTP*036*D8*19010101~
            DTP*007*D8*19010101~
            HI*BO:12345:RD8:19010101-19010101:11:11:KKRRPPLL*BO:V2623:RD8:19010101-
            19010101:12:10:KKRRPPLL~
            MSG*100101102MODELNUMBER123456789SERIALNUMBER12345678LINE1DESCOFSE
            RVICE12345678912345678912341111111.110002121.12LINE1COMMENTTEXT~
        SE*31*0001~
    GE*1*1~
IEA*1*00905~
```

Chapter 4 Data Retrieval Methods

Mailbox System

The State's Provider Web Portal will include a Mailbox System for file and report retrieval. Billing Agents and Clearinghouses will have the option of retrieving the transaction responses and reports themselves and/or allowing each individual provider the option of retrieval. The Trading Partner will access the system using a login and password assigned to them. For information on the State's Provider Web Portal, select "Provider Services" and the "Web Portal News" section of the Colorado Medicaid website at http://www.chcpf.state.co.us

Chapter 5 Testing

Completion of the testing process must occur prior to electronic submission to ACS EDI Gateway. Assistance from the ACS EDI Support Unit is available throughout this process. Each test transmission is inspected thoroughly to ensure no format errors are present. Testing is conducted to verify the integrity of the format, not the integrity of the data; however, in order to simulate a production environment, we request that you send real transmission data. The number of test transmissions required depends on the number of format errors on a transmission and the relative severity of these errors. Additional testing may be required in the future to verify any changes made to ACS's system. Also, changes to the ANSI formats may require additional testing.

In order to expedite testing, ACS EDI Gateway requires providers to submit all X12N test transactions to EDIFECS prior to submitting them to ACS EDI Gateway. The EDIFECS service is free to providers for Colorado Medicaid to certify X12N readiness. EDIFECS offers submission and rapid result turn-around 24 hours a day, 7 days a week. For more information, providers can log on to <http://www.edifecs.com> During Pilot Submitter Testing an ACS EDI Support Unit representative may be contacted at 1-800-237-0757 to answer questions related to EDIFECS, testing, enrollment, and companion guides.

Pilot Submitter Testing Procedure

After the initial phone interview with the pilot submitter, the ACS EDI Support Unit representative will direct the pilot submitter to the EDIFECS website where the submitter may deliver their X12N test files for analysis. Each test file will be analyzed based on the seven types of testing defined by WEDI SNIP. The submitter will be required to address any errors discovered by EDIFECS during this interrogation before moving on to the next stage of testing with the clearinghouse. After EDIFECS has approved each test file for a particular pilot submitter, the ACS EDI Support Unit representative will schedule a communications test with them. They will also work with them to verify connectivity with both the EDI Gateway and the Host Data Exchange (HDE) following successful completion of this test effort, a testing schedule will be established for each pilot submitter.

Upon receipt of the test files, the ACS EDI Support Unit representative will track each file through the clearinghouse to ensure that all data is transformed properly, and all functions within the EDI Gateway are working as designed. The ACS EDI Support Unit representative will advise the pilot submitter of any problems with the content of the test file, as well as, any problems within the clearinghouse that are discovered during this test phase. If issues are discovered that require a change within the clearinghouse, a second round of testing will be scheduled with that pilot submitter. The timeframe for retest will be dependent on the complexity of the change needed, as well as consideration for the appropriate amount of time needed for unit, systems, and regression testing.

The next stage of pilot submitter testing will occur after all issues have been resolved and all test files have been successfully executed by a particular pilot submitter. At this point, the test file will be run through the clearinghouse and delivered on through to the Colorado Medicaid Management System (MMIS) for processing. The Colorado MMIS testing team will provide feedback to ACS EDI Support Unit representative who will in turn keep pilot submitters updated on the status of their test files. The data will be formatted into an X12N 278U Acknowledgement transaction and deliver it to the HDE platform.

The final stage of pilot submitter testing will occur when the ACS EDI Support Unit representative contacts the pilot submitter to verify that they were able to retrieve the X12N 278U Acknowledgement transaction without incident. The ACS EDI Support Unit representative will also verify that the pilot submitter does not have any additional questions or concerns before completing the test.

General Testing Procedures for Colorado Medicaid

Trading Partner testing is designed to ensure transactions submitted to ACS EDI Gateway are properly formatted and may be processed through the ACS SHCH system to the Colorado MMIS.

Software Vendors are required to test all transactions supported by their products successfully before distributing their products for use. Trading Partners that elect to use approved Software Vendor are exempt from testing.

Trading Partner testing will consist of a combination of ACS SHCH error checks by the ACS EDI Support Unit. These tests verify a Trading Partner's ability to submit a specific transaction type containing valid data in the required format. Once all tests are passed, the partner is approved for production.

Chapter 6 Payer Specific Data

EDI Support

ACS has an Electronic Data Interchange (EDI) Support Unit to assist providers and Trading Partners with their questions and concerns about EDI. The following is a list of services that are provided by the EDI Support Unit:

- Assistance with enrollment
- Explanation of the various EDI submission methods
- Assistance with EDI transmission problems
- Assistance with approved Software Vendor verification

The ACS EDI Support Unit is available to all Colorado Medicaid clients and providers Monday through Friday from 7:00 a.m. to 6:00 p.m. MT at 1-800-237-0757.

Enrollment Information

Any entity sending an electronic eligibility verification request submission to ACS EDI Gateway for processing where reports and responses will be delivered must complete a Provider Enrollment package or Submitter Enrollment package. This package provides ACS EDI Gateway the information necessary to assign a Logon Name, Logon ID, and Trading Partner ID, which are required to submit electronic eligibility verification request submission. You may obtain an enrollment package by contacting ACS State Healthcare at 303-534-0146 or 1-800-237-0757 or by downloading it from our website at http://www.chcpf.state.co.us (Click on Provider Services, Enrollment) Acrobat Reader supports this form. It must be printed, completed and mailed or faxed to the appropriate address /fax number listed on the form. For more information regarding enrollment and the Web Portal, click on “Provider Services”, “Web Portal” or “Provider Services”, ”General and Enrollment”.

Transmission Telephone Number

ACS provides availability for electronic transmission 24 hours a day, 7 days a week. There are no restrictions on the number or frequency of transmissions. The transmission telephone numbers are 1.800.334.2832 or 1.800.334.4650.

Tracking Transmission/Production Problems

Please have the following information available when calling the ACS EDI Support Unit regarding transmission and production issues.

Trading Partner ID: Your Trading Partner ID is our key to accessing your Trading Partner information. Please have this number available each time you contact the ACS EDI Support Unit.

Logon Name and Logon User ID: These allow asynchronous Trading Partners access to the host system for claims submission. The ACS EDI Support Unit uses this information to reference your submitted data.

Highlights

To promote efficient, accurate electronic PARS processing, please note:

- Each user is assigned an ACS EDI Trading Partner ID.
- Logon User IDs (passwords) are nine characters.
- All dates are in the CCYYMMDD format.
- All date/times are in the CCYYMMDDHHMM format.
- The same phone number will be used for transmitting test and production.
- Colorado Medicaid Provider IDs are eight characters long.
- The EDI assigned Payer ID for Colorado Medicaid is **77016**. Transmissions without this value in the appropriate fields will not be processed.

Chapter 7 X12N 278 Unsolicited Review – Notification and Acknowledgement Colorado

Colorado Medicaid will be supporting the use of the ANSI ASC X12N 278 Unsolicited Review Notification and Acknowledgement to obtain Prior Authorization Requests (PARs) electronically. The data received via the use of the ANSI ASC X12N 278U transaction will be captured in the processing system. If the data received is valid, the 278U notification will be returned showing a status. If the PAR passes all applicable system edits the status will stay the same as when sent in. If the PAR fails an MMIS system edit the PAR maybe rejected or suspended pending further medical review. If there is an error in the data received, the 278U will be returned with a AAA validation segment completed explaining the error.

Colorado Medicaid will be accepting the 278U transactions for the following PAR requests:

- Medical
- Supply (DME)
- Transportation
- Out of State IP & OP
- Inpatient DRG
- EPSDT Home Health

Most of the information needed to process these PAR requests is available within the 278U transaction. However, the 4010A1 version of the 278U transaction does not support PARs requiring the submission of PAR letter comments, Nursing Facility resident indicators, header reject reason code statuses, line reject reason code statuses, serial numbers, model numbers, procedure service descriptions, requested rate per unit, approved rate per unit and provider comments. Colorado Medicaid has developed workarounds to handle these issues. Please refer to the instructions under the X12N 278U Unsolicited Review Notification and Acknowledgment Inbound Section of this document when submitting a PAR that requires the use of PAR letter comments, Nursing Facility resident indicators, header reject reason code statuses, line reject reason code statuses, serial numbers, model numbers, procedure service descriptions, requested rate per unit, approved rate per unit and provider comments.

Examples of 278U Transactions by PAR Type:

Medical 278U Example:

```
ISA*00*          *00*          *ZZ*TPID        *ZZ*100000
*080423*1139*U*00401*801101139*1*T*:~
GS*HI*TPID*77016*20080423*1139*801101139*X*004010X111~
ST*278*0001~
BHT*0078*22*100404059*20080423*1139*NO~
HL*1**20*1~
NM1*X3*2*NAME*****46*TPID~
PER*IC*NAME*TE*TELEPHONENUMBER*EX*3022~
HL*2*1*21*1~
NM1*PR*2*CO MEDICAID*****PI*77016~
HL*3*2*22*1~
TRN*1*PATIENTACCOUNTNUMBER*9        ~
HI*BK:12345*BF:1234~
NM1*IL*1*CLIENTLAST*CLIENTFIRST*A***MI*X999999~
DMG*D8*19010101*F~
HL*4*3*19*1~
MSG*100101102YLETTERCOMMENTTEXT XX12345678 12345678 12345678 12345678
12345678 12345678 12345678 123456712345678 12345678 12345678 12345678 12345678
123456789~
NM1*1T*2*NAME~
REF*N5*99999999~
NM1*SJ*2*NAME~
REF*N5*99999999~
NM1*1T*2*NAME~
REF*N5*99999999~
PRV*PC*ZZ*XX~
HL*5*4*SS*0~
TRN*1*01*9        ~
UM*PR*I*1~
HCR*A3*85~
DTP*102*D8*19010101~
DTP*036*D8*19010101~
DTP*007*D8*19010101~
HI*BO:12345:RD8:19010101-19010101:11:11:KKRRPPLL*BO:V2623:RD8:19010101-
19010101:12:10:KKRRPPLL~
MSG*100101102MODELNUMBER123456789SERIALNUMBER12345678LINE1DESCOFSERVI
CE1234567891234567891234111111.110002121.12LINE1COMMENTTEXT~
SE*31*0001~
GE*1*801101139~
IEA*1*801101139~
```

Header denial reason codes.

Line denial reason codes.

Requested rate per unit.

DME/Supply 278U Example:

```
ISA*00*          *00*          *ZZ*TPID        *ZZ*100000
*080423*1139*U*00401*801101139*1*T*:~
GS*HI*TPID*77016*20080423*1139*801101139*X*004010X111~
ST*278*0001~
BHT*0078*22*100404059*20080423*1139*NO~
HL*1**20*1~
NM1*X3*2*NAME*****46*TPID~
PER*IC*NAME*TE*TELEPHONENUMBER*EX*3022~
HL*2*1*21*1~
NM1*PR*2*CO MEDICAID*****PI*77016~
HL*3*2*22*1~
TRN*1*PATIENTACCOUNTNUMBER*9        ~
HI*BK:12345*BF:1234~
NM1*IL*1*CLIENTLAST*CLIENTFIRST*A***MI*X999999~
DMG*D8*19010101*F~
HL*4*3*19*1~
MSG*100101102YLETTERCOMMENTTEXT XX12345678 12345678 12345678 12345678
12345678 12345678 12345678 123456712345678 12345678 12345678 12345678 12345678
123456789~
NM1*1T*2*NAME~
REF*N5*99999999~
NM1*SJ*2*NAME~
REF*N5*99999999~
NM1*1T*2*NAME~
REF*N5*99999999~
PRV*PC*ZZ*XX~
HL*5*4*SS*0~
TRN*1*01*9        ~
UM*PR*I*12~
HCR*A3*85~
DTP*102*D8*19010101~
DTP*036*D8*19010101~
DTP*007*D8*19010101~
HI*BO:12345:RD8:19010101-19010101:11:11:KKRRPPLL*BO:V2623:RD8:19010101-
19010101:12:10:KKRRPPLL~
MSG*100101102MODELNUMBER123456789SERIALNUMBER12345678LINE1DESCOFSERVI
CE1234567891234567891234111111.110002121.12LINE1COMMENTTEXT~
SE*31*0001~
GE*1*801101139~
IEA*1*801101139~
```

Nursing Facility Resident

Model number

Serial number

Transportation 278U Example:

```
ISA*00*          *00*          *ZZ*TPID         *ZZ*100000
*080423*1139*U*00401*801101139*1*T*:~
GS*HI*TPID*77016*20080423*1139*801101139*X*004010X111~
ST*278*0001~
BHT*0078*22*100404059*20080423*1139*NO~
HL*1**20*1~
NM1*X3*2*NAME*****46*TPID~
PER*IC*NAME*TE*TELEPHONENUMBER*EX*3022~
HL*2*1*21*1~
NM1*PR*2*CO MEDICAID*****PI*77016~
HL*3*2*22*1~
TRN*1*PATIENTACCOUNTNUMBER*9        ~
HI*BK:12345*BF:1234~
NM1*IL*1*CLIENTLAST*CLIENTFIRST*A***MI*X999999~
DMG*D8*19010101*F~
HL*4*3*19*1~
MSG*100101102YLETTERCOMMENTTEXT XX12345678 12345678 12345678 12345678
12345678 12345678 12345678 123456712345678 12345678 12345678 12345678 12345678
123456789~
NM1*1T*2*NAME~
REF*N5*99999999~
NM1*SJ*2*NAME~
REF*N5*99999999~
NM1*1T*2*NAME~
REF*N5*99999999~
PRV*PC*ZZ*XX~
HL*5*4*SS*0~
TRN*1*01*9        ~
UM*PR*I*56~
HCR*A3*85~
DTP*102*D8*19010101~
DTP*036*D8*19010101~
DTP*007*D8*19010101~
HI*BO:12345:RD8:19010101-19010101:11:11:KKRRPPLL*BO:V2623:RD8:19010101-
19010101:12:10:KKRRPPLL~
MSG*100101102MODELNUMBER123456789SERIALNUMBER12345678LINE1DESCOFSERVI
CE1234567891234567891234 1111111.110002121.12LINE1COMMENTTEXT~
SE*31*0001~
GE*1*801101139~
IEA*1*801101139~
```

Out of State IP & OP 278U Example:

```
ISA*00*          *00*          *ZZ*TPID        *ZZ*100000
*080423*1139*U*00401*801101139*1*T*:~
GS*HI*TPID*77016*20080423*1139*801101139*X*004010X111~
ST*278*0001~
BHT*0078*22*100404059*20080423*1139*NO~
HL*1**20*1~
NM1*X3*2*NAME*****46*TPID~
PER*IC*NAME*TE*TELEPHONENUMBER*EX*3022~
HL*2*1*21*1~
NM1*PR*2*CO MEDICAID*****PI*77016~
HL*3*2*22*1~
TRN*1*PATIENTACCOUNTNUMBER*9        ~
HI*BK:12345*BF:1234~
NM1*IL*1*CLIENTLAST*CLIENTFIRST*A***MI*X999999~
DMG*D8*19010101*F~
HL*4*3*19*1~
MSG*100101102 LETTERCOMMENTTEXT XX12345678 12345678 12345678 12345678
12345678 12345678 12345678 123456712345678 12345678 12345678 12345678 12345678
123456789~
NM1*1T*2*NAME~
REF*N5*99999999~
NM1*SJ*2*NAME~
REF*N5*99999999~
NM1*1T*2*NAME~
REF*N5*99999999~
PRV*PC*ZZ*XX~
HL*5*4*SS*0~
TRN*1*01*9        ~
UM*PR*I*52~
HCR*A3*85~
DTP*102*D8*19010101~
DTP*036*D8*19010101~
DTP*007*D8*19010101~
HI*BO:12345:RD8:19010101-19010101:11:11:KKRRPPLL*BO:V2623:RD8:19010101-
19010101:12:10:KKRRPPLL~
SE*30*0001~
GE*1*801101139~
IEA*1*801101139~
```

Inpatient DRG 278U Example:

```
ISA*00*          *00*          *ZZ*TPID        *ZZ*100000
*080423*1139*U*00401*801101139*1*T*:~
GS*HI*TPID*77016*20080423*1139*801101139*X*004010X111~
ST*278*0001~
BHT*0078*22*100404059*20080423*1139*NO~
HL*1**20*1~
NM1*X3*2*NAME*****46*TPID~
PER*IC*NAME*TE*TELEPHONENUMBER*EX*3022~
HL*2*1*21*1~
NM1*PR*2*CO MEDICAID*****PI*77016~
HL*3*2*22*1~
TRN*1*PATIENTACCOUNTNUMBER*9        ~
HI*BK:12345*BF:1234~
NM1*IL*1*CLIENTLAST*CLIENTFIRST*A***MI*X999999~
DMG*D8*19010101*F~
HL*4*3*19*1~
MSG*100101102 LETTERCOMMENTTEXT XX12345678 12345678 12345678 12345678
12345678 12345678 12345678 123456712345678 12345678 12345678 12345678 12345678
123456789~
NM1*1T*2*NAME~
REF*N5*99999999~
NM1*SJ*2*NAME~
REF*N5*99999999~
NM1*1T*2*NAME~
REF*N5*99999999~
PRV*PC*ZZ*XX~
HL*5*4*SS*0~
TRN*1*01*9        ~
UM*PR*I*48~
HCR*A3*85~
DTP*102*D8*19010101~
DTP*036*D8*19010101~
DTP*007*D8*19010101~
HI*BO:12345:RD8:19010101-19010101:11:11:KKRRPPLL*BO:V2623:RD8:19010101-
19010101:12:10:KKRRPPLL~
MSG*                                                    0002121.12~
SE*31*0001~
GE*1*801101139~
IEA*1*801101139~
```

Approved Amount

EPSDT Home Health 278U Example:

```
ISA*00*          *00*          *ZZ*TPID        *ZZ*100000
*080423*1139*U*00401*801101139*1*T*:~
GS*HI*TPID*77016*20080423*1139*801101139*X*004010X111~
ST*278*0001~
BHT*0078*22*100404059*20080423*1139*NO~
HL*1**20*1~
NM1*X3*2*NAME*****46*TPID~
PER*IC*NAME*TE*TELEPHONENUMBER*EX*3022~
HL*2*1*21*1~
NM1*PR*2*CO MEDICAID*****PI*77016~
HL*3*2*22*1~
TRN*1*PATIENTACCOUNTNUMBER*9        ~
HI*BK:12345*BF:1234~
NM1*IL*1*CLIENTLAST*CLIENTFIRST*A***MI*X999999~
DMG*D8*19010101*F~
HL*4*3*19*1~
MSG*100101102YLETTERCOMMENTTEXT XX12345678 12345678 12345678 12345678
12345678 12345678 12345678 123456712345678 12345678 12345678 12345678 12345678
123456789~
NM1*1T*2*NAME~
REF*N5*99999999~
NM1*SJ*2*NAME~
REF*N5*99999999~
NM1*1T*2*NAME~
REF*N5*99999999~
PRV*PC*ZZ*XX~
HL*5*4*SS*0~
TRN*1*01*9        ~
UM*PR*I*44~
HCR*A3*85~
DTP*102*D8*19010101~
DTP*036*D8*19010101~
DTP*007*D8*19010101~
HI*ABR:0421:RD8:19010101-19010101:11:11 *ABR:0421:RD8:19010101-19010101:10:1~
MSG*100101102
LINE1DESCOFSERVICE123456789123456789123411111111.110002121.12LINE1COMMENTT
EXT~
SE*31*0001~
GE*1*801101139~
IEA*1*801101139~
```

The following section contains data clarifications. The clarifications include:

Identifiers to use when a national standard has not been adopted (and), parameters in the implementation guide that provide options.

Many of the data elements included in the Companion Guides are business requirements and are not standardization-required elements. Inclusion of a "business-required" data field, as defined by this Companion Guide, may aid in the delivery of a positive response.

This section must be used in conjunction with the X12N 278U Implementation Guide.

Please note the page numbers listed below in each of the tables represent the corresponding page number in the ANSI ASC X12N Implementation Guide for this transaction.

X12N 278 Health Care Services Review - Request for Review - Inbound

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
B.3	Interchange Control Header	ISA	01	Enter **'00'**
B.4	Interchange Control Header	ISA	02	This data element should be blank
B.4	Interchange Control Header	ISA	03	Enter **'00'**
B.4	Interchange Control Header	ISA	04	This data element should be blank
B.4	Interchange Control Header	ISA	05	Enter **'ZZ'** for mutually defined
B.4	Interchange Control Header	ISA	06	Enter your ACS EDI Trading Partner ID
B.5	Interchange Control Header	ISA	07	Enter **'ZZ'** for mutually defined
B.5	Interchange Control Header	ISA	08	Enter **'100000'**

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
B.5	Interchange Control Header	ISA	09	Enter the Interchange date formatted YYMMDD
B.5	Interchange Control Header	ISA	10	Enter the Interchange Time formatted HHMM
B.5	Interchange Control Header	ISA	11	Enter **'U'** (Interchange Control Standards Identifier)
B.5	Interchange Control Header	ISA	12	Enter **'00401'** (Interchange Version Control Number)
B.6	Interchange Control Header	ISA	13	Enter Interchange Control Number must be identical to the associated Interchange Trailer in IEA02
B.6	Interchange Control Header	ISA	14	Enter the following value: '1' Interchange acknowledgement requested
B.6	Interchange Control Header	ISA	15	Enter one of the following values: **'T'** Test data 'P' Production data
B.6	Interchange Control Header	ISA	16	List your component element separator here. *Note: the separator indicated in ISA16 must be used consistently throughout the file in segments where composites are given*
B.8	Functional Group Header	GS	01	Enter **'HI'** Health Care Services Review Information
B.8	Functional Group Header	GS	02	Enter your ACS EDI Trading Partner ID
B.8	Functional Group Header	GS	03	Enter **'77016'**
B.8	Functional Group Header	GS	04	Enter Functional Group Creation Date expressed in CCYYMMDD format
B.8	Functional Group Header	GS	05	Enter Creation Time

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
B.9	Functional Group Header	GS	06	Enter Group Control Number-this number must be identical to the same data element in the associated functional group trailer ***Note**: Ensuring that this number is unique for every GS-GE, will allow for accurate researching of data if needed*
B.9	Functional Group Header	GS	07	Enter **'X'** (Accredited Standards Committee X12)
B.9	Functional Group Header	GS	08	Enter **'004010X094111'** (Version/Release/Industry Identifier Code)
58	2010A	NM1	01	Enter **'X3'** (Utilization Management)
58	2010A	NM1	02	Enter **'2'** (Non-Person Entity)
58	2010A	NM1	03	Enter **'Your Company Name'**
59	2010A	NM1	08	Enter **'46'** (Electronic Transmitter Identification Number (ETIN)**)**
59	2010A	NM1	09	Enter **'Your Trading Partner Identification'**
72-73	2010B	NM1	01	Enter **'PR'** (Payer)
73	2010B	NM1	02	Enter **'2'** (Non-Person Entity)
73	2010B	NM1	03	Enter **'CO Medicaid'**
73-74	2010B	NM1	08	Enter **'PI'** (Payer Identification)
74	2010B	NM1	09	Enter **'77016'**
86	2000C	HI	01-1	Enter **'BF'** (Diagnosis) ***Note:** Only the first two diagnoses will be used to determine the PAR disposition*
105	2010C	NM1	08	Enter **'MI'** - Member Identification Number
105	2010C	NM1	09	Enter the 7-digit Medicaid Client ID number. An 824 will be generated if this ID is not in the X999999 format.
112	2010C	DMG	02	Enter the client's birth date. This information is required for Colorado Medicaid business use. An 824 will be generated if the birth date is after the date of service.

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
SERVICE PROVIDER This information is required for Colorado Medicaid business use				
156	2000E	MSG	01	Header Status Reason Codes will be in positions 1-3; 4-6; and 7-9. Nursing Home Indicator of **'Y'** or **' '** (blank) will be in position 10. Provider text comment will be in positions 11-264.
158	2010E	NM1	01	Enter **'1T'** for billing provider. Enter **'SJ'** for requesting provider. If there is not a 1T or SJ an 824 will be returned. Enter '1T' **and** use the PRV segment below for PCP provider.
159	2010E	NM1	09	Enter the 8-digit provider ID as supplied by CO Medicaid.
160-161	2010E	REF	01	Enter **'N5'** (Provider Plan Network Identification Number)
161	2010E	REF	02	Enter the 8-digit Colorado Medical Assistance Program Rendering Provider ID.
170-171	2010E	PRV	01	Enter **'PC'** (Primary Care Physician)
171	2010E	PRV	02	Enter **'ZZ'** (Mutually Defined). Using this segment in conjunction with 1T on 2010E NM101 will indicate 2010E NM109 is the PCP 8-digit provider ID.
SERVICE LEVEL Note: This loop should be repeated for each procedure code submitted. 2000F can be repeated up to 25 times. If repeated 26 times an 824 will be returned.				
175	2000F	TRN	03	Enter **'9 '**. (9 followed by 9 spaces. 10 characters required)
178-179	2000F	UM	01	Enter '**PR'** (Program Referral)
179	2000F	UM	02	Enter **'I'** (Initial) ***Note**: "I" is the only value recognized by Colorado Medicaid at this time. Revisions and appeals have to be requested via paper.*
180-183	2000F	UM	03	**The UM03 value must be identical for all lines within the same PAR.** Valid values for Colorado Medicaid are: 1 Medical Care Medical

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
				2 Surgical Medical 3 Consultation Medical 4 Diagnostic X-Ray Medical 5 Diagnostic Lab Medical 6 Radiation Therapy Medical 7 Anesthesia Medical 8 Surgical Assistance Medical 12 Durable Medical Equipment Purchase Supply (DME) 14 Renal Supplies in the Home Supply (DME) 15 Alternate Method Dialysis Medical 16 Chronic Renal Disease (CRD) Equipment Supply (DME) 17 Pre-Admission Testing Medical 18 Durable Medical Equipment Rental Supply (DME) 20 Second Surgical Opinion Medical 21 Third Surgical Opinion Medical 33 Chiropractic Medical 34 Chiropractic Office Visits Medical 42 Home Health Care Home Health 44 Home Health Visits EPSDT Home Health 45 Hospice Hospice 48 Hospital - Inpatient Inpatient DRG 50 Hospital - Outpatient Medical 51 Hospital - Emergency Accident Medical 52 Hospital - Emergency Medical Out of State IP & OP 53 Hospital - Ambulatory Surgical Medical 54 Long Term Care Nursing Facility 56 Medically Related Transportation Transportation 57 Air Transportation Transportation 58 Cabulance Transportation 59 Licensed Ambulance Transportation 61 In-vitro Fertilization Medical 62 MRI/CAT Scan Medical 63 Donor Procedures Inpatient DRG 64 Acupuncture Medical 65 Newborn Care Medical 67 Smoking Cessation Medical 68 Well Baby Care Medical 69 Maternity Medical 70 Transplants Inpatient DRG 71 Audiology Exam Medical 72 Inhalation Therapy Medical 73 Diagnostic Medical Medical 75 Prosthetic Device Supply (DME) 76 Dialysis Medical

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
				77 Otological Exam Medical 78 Chemotherapy Medical 79 Allergy Testing Medical 80 Immunizations Medical 82 Family Planning Medical 83 Infertility Medical 84 Abortion Medical 86 Emergency Services Medical 93 Podiatry Medical 94 Podiatry - Office Visits Medical 95 Podiatry - Nursing Home Visits Medical 98 Professional (Physician) Visit - Office Medical 99 Professional (Physician) Visit - Inpatient Medical A0 Professional (Physician) Visit - Outpatient Medical A1 Professional (Physician) Visit - Nursing Home Medical A2 Professional (Physician) Visit - Skilled Nursing Medical A3 Professional (Physician) Visit - Home Medical A9 Rehabilitation Medical AB Rehabilitation - Inpatient Medical AC Rehabilitation - Outpatient Medical AD Occupational Therapy Medical AE Physical Medicine Medical AF Speech Therapy Medical AG Skilled Nursing Care Nursing Facility AI Substance Abuse Medical AJ Alcoholism Medical AK Drug Addiction Medical AL Vision (Optometry) Supply (DME) AR Experimental Drug Therapy Medical BD Cognitive Therapy Medical BE Massage Therapy Medical BF Pulmonary Rehabilitation Medical BG Cardiac Rehabilitation Medical BS Invasive Procedures Medical
188	2000F	HCR	01	Enter **'A1'** (Approved),**'A3'** (Denied), or **'A6'** (Approved with Conditions.) EDI will populate the line status. MMIS will manipulate the data into the correct fields. MMIS will also calculate the Header status based off the line items and pending any MMIS Edits.

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
200	2000F	DTP	01	Enter **'102'** (Effective Date – Date PAR is adjudicated)
202	2000F	DTP	01	Enter **'36'** (Expiration Date)
203	2000F	DTP	01	Enter **'007'** (Begin Date)
206	2000F	HI	01 - 1	Enter **'BO'** for procedure code. Enter **'ABR'** for revenue code. *Please refer to the information in Loop 2000F MSG Segment for information pertaining to* Service Descriptions, Model Numbers, Serial Numbers, comments, and/or Rates per Unit information
207	2000F	HI	01-05	Enter requested amount here.
207	2000F	HI	01-06	Enter requested units here.
207	2000F	HI	01 - 7	Enter procedure code modifiers here. Modifier 1 will be in position 1-2; modifier 2 will be in position 3-4; modifier 3 will be in position 5-6; modifier 4 will be in position 7-8.
209	2000F	HI	02-05	Enter approved amount here
209	2000F	HI	02-06	Enter approved units here
267	2000F	MSG	01	Enter the following if applicable: Line Denial Reason Code 1: 1-3 Line Denial Reason Code 2: 4-6 Line Denial Reason Code 3: 7-9 Model Number: 10-29 Serial Number: 30-49 Line Description of Service: 50-89 Requested Rate/Unit: 90-99 Approved Rate/Unit: 100-109 Provider Comment: Position 110-205. If an amount is placed in the Approved Rate/Unit positions 100-109, MMIS will enter MM in the Source field. **(Please note, the decimal must be used to ensure proper mapping as well as the Rate per unit must be zero filled if less than 9 numbers.)**

X12N 278 Unsolicited Health Care Services Review - Acknowledgment – Outbound ANSI ASC X12N 278U

These are the transaction clarifications for the X12N 278 Unsolicited Health Care Services Review – Acknowledgement outbound transactions. In general, the 278U response will either return the same data that was received on the 278U notification, with the addition of the assigned PAR number and pend disposition for valid information (Loop 2000F, HCR02), or a AAA segment denoting the error(s) found in the data. If a review is necessary, formal notification will be sent to the provider on the PAR letter once the review has been completed. PARs which do not reject or suspend in the MMIS system will automatically send the appropriate par letter.

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
B.3	Interchange Control Header	ISA	01	**'00'** will be returned
B.4	Interchange Control Header	ISA	02	This data element will be blank
B.4	Interchange Control Header	ISA	03	**'00'** will be returned
B.4	Interchange Control Header	ISA	04	This data element will be blank
B.4	Interchange Control Header	ISA	05	**'ZZ'** for mutually defined will be returned
B.4	Interchange Control Header	ISA	06	**'100000'** will be returned
B.5	Interchange Control Header	ISA	07	**'ZZ'** for mutually defined will be returned
B.5	Interchange Control Header	ISA	08	Your ACS EDI Trading Partner ID will be returned
B.5	Interchange Control Header	ISA	09	Interchange date formatted YYMMDD will be returned

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
B.5	Interchange Control Header	ISA	10	Interchange Time formatted HHMM will be returned
B.5	Interchange Control Header	ISA	11	**'U'** (Interchange Control Standards Identifier) will be returned
B.5	Interchange Control Header	ISA	12	**'00401'** (Interchange Version Control Number) will be returned
B.6	Interchange Control Header	ISA	13	Interchange Control Number will be returned
B.6	Interchange Control Header	ISA	14	**'0'** (No acknowledgement requested) will be returned
B.6	Interchange Control Header	ISA	15	One of the following values will be returned: **'T'** Test data **'P'** Production data
B.6	Interchange Control Header	ISA	16	Your component element separator will be returned here
B.8	Functional Group Header	GS	01	**'HI'** – Health Care Services Review Information will be returned
B.8	Functional Group Header	GS	02	**'77016'** will be returned
B.8	Functional Group Header	GS	03	Your ACS EDI Trading Partner ID will be returned
B.8	Functional Group Header	GS	04	Functional Group Creation Date expressed in CCYYMMDD format will be returned
B.8	Functional Group Header	GS	05	Creation Time will be returned
B.9	Functional Group Header	GS	06	Group Control Number- will be returned

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
B.9	Functional Group Header	GS	07	**'X'** (Accredited Standards Committee X12) will be returned
B.9	Functional Group Header	GS	08	**'004010X09111'** (Version/Release/Industry Identifier Code) will be returned
280	2000A	AAA	03	If the TPID sent in is other than CFMCs TPID **'41'** will be returned.
282	2010A	NM1	02	**'X3'** will be returned
282	2010A	NM1	03	**'2'** will be returned
283	2010A	NM1	08	**'46'** (Payer Identification) will be returned
283	2010A	NM1	09	Your ACS EDI Trading Partner ID will be returned
286-287	2010A	AAA	03	**'51'** (Provider not on file) will be returned if this condition is met. Edit 0120 does not determine if the billing or requesting provider is not on file. This edit will trigger the AAA creation here if either or both are missing or not on file. The code 51 will be populated in the AAA in loop 2010A and the edit number will be populated in TRN04 data element of loop 2000C.
SUBSCRIBER LEVEL				
304	2000C	TRN	04	PAR ID will be returned in position 1-7. TCN will be returned in positions 9-22. If a header level MMIS Edit of suspended, rejected and/or denied is posted, the first two MMIS edit numbers will be posted in position 23-26, 27-30.
313-314	2000CA	AAA	03	Colorado Medicaid will return the following if the condition is met: **'78'** (Sub/Insured not in Group/Plan identified) The code 78 will be populated in the AAA in loop 2000CA and the edit number will be populated in TRN04 data element of loop 2000C.

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
332-333	2010D	AAA	03	Colorado Medicaid will return the following if the condition is met: **'64'** (Invalid/Missing Patient ID) The code 64 will be populated in the AAA in loop 2010D and the edit number will be populated in TRN04 data element of loop 2000C. **'58'** (Invalid/Missing date of birth) The code 58 will be populated in the AAA in loop 2010D and the edit number will be populated in TRN04 data element of loop 2000C. **'95'** (Patient not Eligible) The code 95 will be populated in the AAA in loop 2010D and the edit number will be populated in TRN04 data element of loop 2000C.
SERVICE PROVIDER				
347	2010E	AAA	03	Colorado Medicaid will return the following if the condition is met: **'33'** (Input Errors) The code 33 will be populated in the AAA in loop 2010E and the edit number will be populated in TRN04 data element of loop 2000C. **'52'** (Service Dates Not Within Provider Plan Enrollment) The code 52 will be populated in the AAA in loop 2010E and the edit number will be populated in TRN04 data element of loop 2000C. **'49'** (Provider is Not Primary Care Physician) The code 49 will be populated in the AAA in loop 2010E and the edit number will be populated in TRN04 data element of loop 2000C.

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
SERVICE LEVEL				
354	2000F	TRN	04	If TRN03 contains a value of 2 then Colorado Medicaid will return line level MMIS edits of suspended, rejected and/or denied here. The first six MMIS edit numbers for this line will be posted in position 2-5,7-10, 12-15, 17-20, 22-25, 27-30.
356	2000F	AAA	03	Colorado Medicaid will return the following if the condition is met: **'15'** (Required application data missing) Populate TRN04 data element in loop 2000F with short description. **'33'** (Input Errors) The code 33 will be populated in the AAA in loop 2000F and the edit number will be populated in TRN04 data element of loop 2000F. **'57'** (Invalid/Missing Date(s) of Service) The code 57 will be populated in the AAA in loop 2000F and the edit number will be populated in TRN04 data element of loop 2000F. **'91'** (Duplicate Request) The code 91 will be populated in the AAA in loop 2000F and the edit number will be populated in TRN04 data element of loop 2000F.
363	2000F	HCR	01	Colorado Medicaid will return one of the following values: **'A1'** (Approved) **'A3'** (Denied, Rejected or Suspended) **'A6'** (Approved with Conditions or Partially Approved for Header PARs)

Revision History

VERSION NUMBER	DATE	DESCRIPTION/LOCATION OF CHANGE
1.0	5/15/09	Created version 1.0