# North Dakota Medicaid

Rev. 10-2003

## Trading Partner Agreement Companion Guide

## 278 Health Care Services Review - Request for Review & Response -- ANSI X12 4010A1

The Health Insurance Portability and Accountability Act (HIPAA) requires that as covered entities, health insurance payers abide by the Electronic Data Interchange (EDI) standards for health care as instituted by the Secretary of Health and Human Services. The ANSI X12N Implementation Guides have been established as the standards of compliance for electronic transactions. This document is intended to serve only as a companion document to the HIPAA ANSI X12N 278 4010A1 implementation guides. The use of this document is solely for the purpose of clarification. This companion document supplements, but does not contradict any requirements in the X12N 278 Health Care Services Review - Request for Review & Response 4010 Addenda implementation guide. Additional companion documents/trading partner agreements will be developed for use with other HIPAA standards, and will be posted as they become available. Items within this document apply to North Dakota Medicaid. The information in this document is subject to change.

| Loop ID | Loop ID Description | Segment ID | Segment Description | Data Element ID | Data Element Description | Size | Plan Preferences - Required Values / Comments |
|---|---|---|---|---|---|---|---|
| | | | | | | | Obtainment of preauthorization does not guarantee benefits will be payable. Benefits will be denied if the recipient is not eligible for coverage on the date services are provided or if services received are not Medically Appropriate and Necessary as determined by North Dakota Medicaid. Benefits for services authorized are subject to the conditions, limitations and exclusions of North Dakota Medicaid. |
| | | ISA | Interchange Control Header | ISA05 | Interchange ID Qualifier | 2 | Enter the value 'ZZ', mutually defined. |
| | | ISA | Interchange Control Header | ISA06 | Interchange Sender ID | 15 | Enter 'NDDHSMED' |
| | | ISA | Interchange Control Header | ISA07 | Interchange ID Qualifier | 2 | Enter the value 'ZZ', mutually defined. |
| | | ISA | Interchange Control Header | ISA08 | Interchange Receiver ID | 15 | Enter the nine-digit vendor number assigned by North Dakota Department of Human Services. |
| | | ISA | Interchange Control Header | ISA16 | Component Element Separator | 1 | North Dakota Medicaid prefers '>' as the Composite Element Separator; '*' as the Element Separator; and '~' as the Segment Terminator |
| | | GS | Functional Group Header | GS02 | Application sender's code | 15 | Enter the same value as ISA06, 'NDDHSMED' |
| | | GS | Functional Group Header | GS03 | Application receiver's code | 15 | Enter the same value as ISA08, the nine-digit vendor number assigned by the North Dakota Department of Human Services. |
| | | GS | Functional Group Header | GS08 | Version / release / industry identifier code | 12 | Enter the value '004010X094A1', the HIPAA mandated implementation guide release for this transaction. |
| | Header | ST | Transaction Set Header | ST01 | Transaction Set Identifier Code | 3 | '278' |
| 2000C | Subscriber Level | HI | Subscriber Diagnosis | HI01-1 to HI12-1 | Code List Qualifier Code | 3 | 'BK' = Principal Diagnosis, 'BJ' = Admitting Diagnosis, 'BF' = Diagnosis |
| 2000C | Subscriber Level | HI | Subscriber Diagnosis | HI01-2 to HI12-2 | Industry Code | 30 | Diagnosis |
| 2000C | Subscriber Level | HI | Subscriber Diagnosis | HI01-3 to HI12-3 | Date Time Period Format Qualifier | 3 | 'D8' = CCYYMMDD |
| 2000C | Subscriber Level | HI | Subscriber Diagnosis | HI01-4 to HI12-4 | Diagnosis Date | 35 | Diagnosis Date |
| 2000C | Subscriber Level | PWK | Additional Patient Information | PWK01 | Report Type Code | 2 | Attachment Report Type Code |

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|---|---|---|---|---|---|---|---|
| 2000C | Subscriber Level | PWK | Additional Patient Information | PWK02 | Report Transmission Code | 2 | Attachment Transmission Code |
| 2000C | Subscriber Level | PWK | Additional Patient Information | PWK07 | Description | 80 | Attachment Description |
| 2000F | Service Level | CL1 | Institutional Claim Code | CL101 | Admission Type Code | 1 | Admission Type Code |
| 2000F | Service Level | CL1 | Institutional Claim Code | CL102 | Admission Source Code | 1 | Admission Source Code |
| 2000F | Service Level | CL1 | Institutional Claim Code | CL103 | Patient Status Code | 2 | Patient Status Code |
| 2000F | Service Level | CL1 | Institutional Claim Code | CL104 | Nursing Home Residential Status Code | 2 | Nursing Home Residential Status Code |
| 2000F | Service Level | CR1 | Ambulance Transport Information | CR101 | Unit or Basis for Measurement Code | 2 | Unit or Basis for Measurement Code |
| 2000F | Service Level | CR1 | Ambulance Transport Information | CR102 | Weight | 10 | Patient Weight |
| 2000F | Service Level | CR1 | Ambulance Transport Information | CR103 | Ambulance Transport Code | 1 | Ambulance Transport Code |
| 2000F | Service Level | CR1 | Ambulance Transport Information | CR104 | Ambulance Transport Reason Code | 1 | Ambulance Transport Reason Code |
| 2000F | Service Level | CR1 | Ambulance Transport Information | CR105 | Unit or Basis for Measurement Code | 2 | Unit or Basis for Measurement Code |
| 2000F | Service Level | CR1 | Ambulance Transport Information | CR106 | Quantity | 15 | Transport Distance |
| 2000F | Service Level | CR1 | Ambulance Transport Information | CR107 | Address Information | 55 | Ambulance Trip Origin Address |
| 2000F | Service Level | CR1 | Ambulance Transport Information | CR108 | Address Information | 55 | Ambulance Trip Destination Address |
| 2000F | Service Level | CR1 | Ambulance Transport Information | CR109 | Description | 80 | Round Trip Purpose Description |
| 2000F | Service Level | CR1 | Ambulance Transport Information | CR110 | Description | 80 | Stretcher Purpose Description |
| 2000F | Service Level | CR2 | Spinal Manipulation Service Information | CR201 | Count | 9 | Treatment Series Number |
| 2000F | Service Level | CR2 | Spinal Manipulation Service Information | CR202 | Quantity | 15 | Treatment Count |
| 2000F | Service Level | CR2 | Spinal Manipulation Service Information | CR203 | Subluxation Level Code | 3 | Subluxation Level Code |
| 2000F | Service Level | CR2 | Spinal Manipulation Service Information | CR204 | Subluxation Level Code | 3 | Subluxation Level Code |
| 2000F | Service Level | CR2 | Spinal Manipulation Service Information | CR205 | Unit or Basis for Measurement Code | 2 | Unit or Basis for Measurement Code |
| 2000F | Service Level | CR2 | Spinal Manipulation Service Information | CR210 | Description | 80 | Patient Condition Description |
| 2000F | Service Level | CR2 | Spinal Manipulation Service Information | CR211 | Description | 80 | Patient Condition Description |
| 2000F | Service Level | CR5 | Home Oxygen Therapy Information | CR503 | Oxygen Equipment Type Code | 1 | Oxygen Equipment Type Code |
| 2000F | Service Level | CR5 | Home Oxygen Therapy Information | CR504 | Oxygen Equipment Type Code | 1 | Oxygen Equipment Type Code |

| Loop ID | Loop ID Description | Segment ID | Segment Description | Data Element ID | Data Element Description | Size | Plan Preferences - Required Values / Comments |
|---|---|---|---|---|---|---|---|
| 2000F | Service Level | CR5 | Home Oxygen Therapy Information | CR505 | Description | 80 | Equipment Reason Description |
| 2000F | Service Level | CR5 | Home Oxygen Therapy Information | CR506 | Quantity | 15 | Oxygen Flow Rate |
| 2000F | Service Level | CR5 | Home Oxygen Therapy Information | CR507 | Quantity | 15 | Daily Oxygen Use Count |
| 2000F | Service Level | CR5 | Home Oxygen Therapy Information | CR508 | Quantity | 15 | Oxygen Use Period Hour Count |
| 2000F | Service Level | CR5 | Home Oxygen Therapy Information | CR509 | Description | 80 | Respiratory Therapist Order Text |
| 2000F | Service Level | CR5 | Home Oxygen Therapy Information | CR510 | Quantity | 15 | Arterial Blood Gas Quantity |
| 2000F | Service Level | CR5 | Home Oxygen Therapy Information | CR511 | Quantity | 15 | Oxygen Saturation Quantity |
| 2000F | Service Level | CR5 | Home Oxygen Therapy Information | CR512 | Oxygen Test Condition Code | 1 | Oxygen Test Condition Code |
| 2000F | Service Level | CR5 | Home Oxygen Therapy Information | CR513 | Oxygen Test Findings Code | 1 | Oxygen Test Findings Code |
| 2000F | Service Level | CR5 | Home Oxygen Therapy Information | CR514 | Oxygen Test Findings Code | 1 | Oxygen Test Findings Code |
| 2000F | Service Level | CR5 | Home Oxygen Therapy Information | CR515 | Oxygen Test Findings Code | 1 | Oxygen Test Findings Code |
| 2000F | Service Level | CR5 | Home Oxygen Therapy Information | CR516 | Quantity | 15 | Portable Oxygen System Flow Rate |
| 2000F | Service Level | CR5 | Home Oxygen Therapy Information | CR517 | Oxygen Delivery System Code | 1 | Oxygen Delivery System Code |
| 2000F | Service Level | CR5 | Home Oxygen Therapy Information | CR518 | Oxygen Equipment Type Code | 1 | Oxygen Equipment Type Code |
| 2000F | Service Level | CR6 | Home Health Care Information | CR601 | Prognosis Code | 1 | Prognosis Code |
| 2000F | Service Level | CR6 | Home Health Care Information | CR602 | Date | 8 | Service From Date |
| 2000F | Service Level | CR6 | Home Health Care Information | CR603 | Date Time Period Format Qualifier | 3 | Date Time Period Format Qualifier |
| 2000F | Service Level | CR6 | Home Health Care Information | CR604 | Date Time Period | 35 | Home Health Certification Period |
| 2000F | Service Level | CR6 | Home Health Care Information | CR606 | Yes/No Condition or Response Code | 1 | Skilled Nursing Facility Indicator |
| 2000F | Service Level | CR6 | Home Health Care Information | CR607 | Yes/No Condition or Response Code | 1 | Medicare Coverage Indicator |
| 2000F | Service Level | CR6 | Home Health Care Information | CR608 | Certification Type Code | 1 | Certification Type Code |
| 2000F | Service Level | CR6 | Home Health Care Information | CR609 | Date | 8 | Surgery Date |
| 2000F | Service Level | CRC | Patient Condition Information | CRC01 | Code Category | 2 | Condition Code Category |
| 2000F | Service Level | CRC | Patient Condition Information | CRC03 | Condition Indicator | 2 | Condition Code |
| 2000F | Service Level | CRC | Patient Condition Information | CRC04 | Condition Indicator | 2 | Condition Code |

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|---|---|---|---|---|---|---|---|
| 2000F | Service Level | CRC | Patient Condition Information | CRC05 | Condition Indicator | 2 | Condition Code |
| 2000F | Service Level | CRC | Patient Condition Information | CRC06 | Condition Indicator | 2 | Condition Code |
| 2000F | Service Level | CRC | Patient Condition Information | CRC07 | Condition Indicator | 2 | Condition Code |
| 2000F | Service Level | DTP | Discharge Date | DTP01 | Date/Time Qualifier | 3 | '096' - Discharge |
| 2000F | Service Level | DTP | Surgery Date | DTP01 | Date/Time Qualifier | 3 | '456' - Surgery |
| 2000F | Service Level | DTP | Admission Date | DTP01 | Date/Time Qualifier | 3 | '435' - Admission |
| 2000F | Service Level | DTP | Discharge Date | DTP02 | Date Time Period Format Qualifier | 3 | 'D8' - CCYYMMDD |
| 2000F | Service Level | DTP | Surgery Date | DTP02 | Date Time Period Format Qualifier | 3 | 'D8' - CCYYMMDD |
| 2000F | Service Level | DTP | Admission Date | DTP02 | Date Time Period Format Qualifier | 3 | 'D8' - CCYYMMDD or 'RD8' (RANGE CCYYMMDD-CCYYMMDD) |
| 2000F | Service Level | DTP | Admission Date | DTP03 | Date Time Period | 35 | Proposed or Actual Admission Date |
| 2000F | Service Level | DTP | Discharge Date | DTP03 | Date Time Period | 35 | Proposed or Actual Discharge Date |
| 2000F | Service Level | DTP | Service Date | DTP03 | Date Time Period | 35 | Proposed or Actual Service Date |
| 2000F | Service Level | DTP | Surgery Date | DTP03 | Date Time Period | 35 | Proposed or Actual Surgery Date |
| 2000F | Service Level | HI | Procedures | HI01-2 - HI12-2 | Industry Code | 30 | Procedure Code |
| 2000F | Service Level | HI | Procedures | HI01-3 - HI12-3 | Date Time Period Format Qualifier | 3 | Date Qualifier |
| 2000F | Service Level | HI | Procedures | HI01-4 - HI12-4 | Date Time Period | 35 | Procedure Date |
| 2000F | Service Level | HI | Procedures | HI01-5 - HI12-5 | Monetary Amount | 18 | Procedure Monetary Amount |
| 2000F | Service Level | HI | Procedures | HI01-6 - HI12-6 | Quantity | 15 | Procedure Quantity |
| 2000F | Service Level | MSG | Message Text | MSG01 | Free-Form Message Text | 264 | Free-Form Message Text |
| 2000F | Service Level | PWK | Additional Service Information | PWK01 | Report Type Code | 2 | Attachment Report Type Code |
| 2000F | Service Level | PWK | Additional Service Information | PWK02 | Report Transmission Code | 2 | Attachment Transmission Code |
| 2000F | Service Level | PWK | Additional Service Information | PWK07 | Description | 80 | Attachment Description |
| 2000F | Service Level | REF | Previous Certification Identification | REF02 | Reference Identification | 30 | This should be the original request number assigned by Medicaid. |
| 2000F | Service Level | UM | Health Care Services Review Information | UM01 | Request Category Code | 2 | 'AR' - Admission Review, 'HS' - Health Services Review, 'SC' - Specialty Care Review |
| 2000F | Service Level | UM | Health Care Services Review Information | UM02 | Certification Type Code | 1 | '1' - Appeal - Immediate, '2' - Appeal - Standard, '3' - Cancel, '4' - Extension, 'I' - Initial, 'R' - Renewal, 'S' - Revised |
| 2000F | Service Level | UM | Health Care Services Review Information | UM03 | Service Type Code | 2 | Service Type Code |
| 2000F | Service Level | UM | Health Care Services Review Information | UM06 | Level of Service Code | 3 | '03' - Emergency, 'U' - Urgent |
| 2000F | Service Level | UM | Health Care Services Review Information | UM07 | Current Health Condition Code | 1 | Current Health Condition Code |

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|---|---|---|---|---|---|---|---|
| 2000F | Service Level | UM | Health Care Services Review Information | UM08 | Prognosis Code | 1 | Prognosis Code |
| 2000F | Service Level | UM | Health Care Services Review Information | UM10 | Delay Reason Code | 2 | Delay Reason Code |
| 2010A | Utilization Management Organization (UMO) Level Utilization Management Organization (UMO) NAME | NM1 | Utilization Management Organization (UMO) Name | NM102 | Entity Type Qualifier | 1 | '2' = Non-Person Entity |
| 2010A | Utilization Management Organization (UMO) Level Utilization Management Organization (UMO) NAME | NM1 | Utilization Management Organization (UMO) Name | NM103 | Name Last or Organization Name | 35 | **Must be:** 'Medicaid', 'HCBC', 'CSHS', 'BCAP', or 'DD' |
| 2010A | Utilization Management Organization (UMO) Level Utilization Management Organization (UMO) NAME | NM1 | Utilization Management Organization (UMO) Name | NM108 | Identification Code Qualifier | 2 | '24' = Employer's Identification Number (Federal Taxpayers ID) |
| 2010A | Utilization Management Organization (UMO) Level Utilization Management Organization (UMO) NAME | NM1 | Utilization Management Organization (UMO) Name | NM109 | Identification Code | 80 | '45-0431266' (Federal Taxpayers ID) |
| 2010B | Requester Name | NM1 | Requester Name | NM101 | Entity Identifier Code | 3 | '1P' - Provider, 'FA' - Facility |
| 2010B | Requester Name | NM1 | Requester Name | NM102 | Entity Type Qualifier | 1 | '1' - Person, '2' - Non-Person Entity |
| 2010B | Requester Name | NM1 | Requester Name | NM103 | Name Last or Organization Name | 35 | Requester Last or Organization Name |
| 2010B | Requester Name | NM1 | Requester Name | NM104 | Name First | 25 | Requester First Name |
| 2010B | Requester Name | NM1 | Requester Name | NM105 | Name Middle | 25 | Requester Middle Name |
| 2010B | Requester Name | NM1 | Requester Name | NM108 | Identification Code Qualifier | 2 | '24' = Employer's Identification Number |
| 2010B | Requester Name | NM1 | Requester Name | NM109 | Identification Code | 80 | Providers Tax Id |
| 2010B | Requester Name | PER | Requester Contact Information | PER01 | Contact Function Code | 2 | 'IC' = Information Contact |
| 2010B | Requester Name | PER | Requester Contact Information | PER02 | Name | 60 | Requester Contact Name |
| 2010B | Requester Name | PER | Requester Contact Information | PER03 | Communication Number Qualifier | 2 | Communication Number Qualifier |
| 2010B | Requester Name | PER | Requester Contact Information | PER04 | Communication Number | 80 | Requester Contact Communication Number |
| 2010B | Requester Name | PER | Requester Contact Information | PER05 | Communication Number Qualifier | 2 | Communication Number Qualifier |
| 2010B | Requester Name | PER | Requester Contact Information | PER06 | Communication Number | 80 | Requester Contact Communication Number |
| 2010B | Requester Name | PER | Requester Contact Information | PER07 | Communication Number Qualifier | 2 | Communication Number Qualifier |
| 2010B | Requester Name | PER | Requester Contact Information | PER08 | Communication Number | 80 | Requester Contact Communication Number |
| 2010B | Requester Name | PRV | Requester Provider Information | PRV01 | Provider Code | 3 | Provider Code |

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|---|---|---|---|---|---|---|---|
| 2010B | Requester Name | PRV | Requester Provider Information | PRV02 | Reference Identification Qualifier | 3 | 'ZZ' = Mutually Defined |
| 2010B | Requester Name | PRV | Requester Provider Information | PRV03 | Reference Identification | 30 | Provider Taxonomy Code |
| 2010B | Requester Name | REF | Requester Supplemental Identification | REF01 | Reference Identification Qualifier | 3 | 'N5' - Provider Plan Network Identification Number |
| 2010B | Requester Name | REF | Requester Supplemental Identification | REF02 | Reference Identification | 3 | North Dakota Medicaid Provider Number |
| 2010CA | Subscriber Name | DMG | Subscriber Demographic Information | DMG01 | Date Time Period Format Qualifier | 3 | 'D8' - Date Time Period Format Qualifier |
| 2010CA | Subscriber Name | NM1 | Subscriber Name | NM103 | Name Last or Organization Name | 35 | North Dakota Medicaid Recipient Last Name |
| 2010CA | Subscriber Name | NM1 | Subscriber Name | NM104 | Name First | 25 | North Dakota Medicaid Recipient First Name |
| 2010CA | Subscriber Name | NM1 | Subscriber Name | NM108 | Identification Code Qualifier | 2 | 'MI' - Member Identification Number |
| 2010CA | Subscriber Name | NM1 | Subscriber Name | NM109 | Identification Code | 80 | North Dakota Medicaid Recipient Number |
| 2010E | Service Provider Name | NM1 | Service Provider Name | NM103 | Name Last or Organization Name | 35 | Service Provider Last or Organization Name |
| 2010E | Service Provider Name | NM1 | Service Provider Name | NM104 | Name First | 25 | Service Provider First Name |
| 2010E | Service Provider Name | NM1 | Service Provider Name | NM105 | Name Middle | 25 | Service Provider Middle Name |
| 2010E | Service Provider Name | PRV | Service Provider Information | PRV01 | Provider Code | 3 | 'OR' = Ordering |
| 2010E | Service Provider Name | PRV | Service Provider Information | PRV02 | Reference Identification Qualifier | 3 | 'ZZ' = Mutually Defined - Health Care Provider Taxonomy Code list. |
| 2010E | Service Provider Name | PRV | Service Provider Information | PRV03 | Reference Identification | 30 | Provider Specialty Code |
| 2010E | Service Provider Name | REF | Service Provider Supplemental Identification | REF01 | Reference Identification Qualifier | 3 | '1G' = Provider UPIN Number, 'ZH' = Carrier Assigned Reference Number |
| 2010E | Service Provider Name | REF | Service Provider Supplemental Identification | REF02 | Reference Identification | 30 | UPIN or Medicaid provider number |