



HIPAA 278 Companion Document



*For use with the
ASC X12N 278 Health Care Services Review –
Request for Review and Response
Transaction Set Implementation Guides & Addenda
ASC X12N 278 (004010X094) & (004010X094A1)*

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Revision Number	Date	Change
1	07/07/2003	Original Release
2	11/24/2003	Mapping change
3	11/04/2004	Contact Information and related Text
4	01/01/2005	Enveloping Specifications update
5	07/01/2005	Updated "Secure Horizon" references to read "Medicare Preferred". Updated general text
6	11/1/2006	Changes to transaction specification/requirements

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Introduction

Tufts Health Plan (Tufts Health Plan) will be accepting the X12N 278 Health Care Services Review transaction, as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The X12N 278 version of the 4010 implementation guide and October 2002 addenda for the Health Care Services Review has been established as the standard for all users in Health Care who request authorizations or certifications or who respond to such requests.

Audience

This document has been designed to aid both the technical and business areas. It contains Tufts Health Plan specifications for the transaction as well as contact information and key points.

Document Purpose

This document has been prepared to serve as a Tufts Health Plan specific companion guide to the 278 Transaction Set. This document supplements but does not contradict any requirements in the 278 Transaction Set Implementation Guide. The primary focus of the document is to clarify specific segments and data elements that should be submitted to Tufts Health Plan on the 278 Health Care Services Review Transaction.

This document will be subject to revisions as new versions of the 278 Health Care Services Review Transaction Set Implementation Guides are released.

General Transaction Information

Getting Started

In order to submit a valid transaction, please refer to the National Electronic Data Interchange Transaction Set Implementation Guide (IG) & Addenda for the Health Care Services Review: ASC X12N 278 (004010X094) & (004010X094A1). The transaction guides can be retrieved at the Washington Publishing Company's website at www.wpc-edi.com.

For questions relating to the Tufts Health Plan 278 Health Care Services Review or testing please contact the EDD Operations Team at 888-880-8699 x4649 or email your questions to edd_operations@Tufts-Health.com.

Tufts Health Plan authorization guidelines are not included in this document. Please refer to our Commercial and Tufts Health Plan Medicare Preferred Provider Manuals at <http://www.tuftshealthplan.com/> for these guidelines or contact Provider Services at 888-884-2404. Please note Tufts Health Plan is not responsible for any software utilized by the submitter for the ASC X12N 278 transactions.

General Key Points

- Tufts Health Plan will accept 278 Health Care Service Review Transactions for both Commercial Products and Medicare Preferred business.
- Tufts Health Plan is adhering to structural specifications for required and situational fields as stated in the implementation guide. If the incoming 278 structure does not comply, the file will fail in the validation process. In this situation, the EDD Operations Team will typically contact the submitter on the same business day.
- Tufts Health Plan requires certain situational data in order to effectively process Health Care Service Review information. For detailed information on this subject please refer to the *"Requirements Specific to the 278 Transaction For Tufts Health Plan"* section of this document.
- As indicated in the IG, real time delivery provides the best method for meeting the business requirements associated with the 278 Health Care Services Review Request and Response. Therefore, real time submission is the method Tufts Health Plan will require to submit directly.
- Due to real time 278 transactions, Tufts Health Plan does not support a 997-response transaction for any 278 transactions submitted.
- A 278 real time request transaction and its associated response should contain only one patient event. At this time, Tufts Health Plan is accepting one patient event per record.
- For telephone numbers, the rule in the implementation guide states when the communication number represents a telephone number, the communication number should always include the area code and phone number using the format AAABBCCCC. Where AAA is the area code, BBB is the telephone number prefix and CCCC is the telephone number. (e.g. (534) 224-2525 would be represented as 5342242525).
- Tufts Health Plan strongly recommends that all submitters generate a unique transaction TRACKING Identification Number (as described in Loop 2000C TRN segment on page 37 of the Implementation Guide Addenda) for each transaction that is submitted. Tufts Health Plan recommends that these IDs be unique both within a file and across files (in other words, generate a new ID even if the transaction was submitted previously). This will facilitate problem resolution and tying out Tufts Health Plan responses to submitted transactions.

- Until national provider identification (NPI) numbers are mandated, Tufts Health Plan will require alternate valid values (Tufts Health Plan provider IDs) listed in the implementation guide. Please refer to the “*Requirements Specific to the 278 Transaction For Tufts Health Plan*” that explains the REF segments utilized for provider identification.
- All Tufts Health Plan members have a unique member ID. We recommend that you place all patient related services in the Subscriber Loop (2000C). The Tufts Health Plan member number should be placed in Loop 2010CA, segment NM109.
- Based on business policies and procedures, if a specialty care request is submitted with more than 99 visits (HSD01 and HSD02), Tufts Health Plan will accept the specialty care request but the visit value will be modified to 99.
- Based on business policies and procedures, regardless of the specialty care request effective time duration (HSD05 and HSD06) specified, if approved, commercial will be valid for twelve months and Medicare Preferred will be valid for six months from date of request or until quantity of visits indicated is exhausted.
- When specified, Tufts Health Plan prefers that units be sent in days for specialty care requests.

Tufts Health Plan 278 Transaction Specifications / Requirements

Tufts Health Plan Health Care Services Review General Descriptions and Processes

While the intent of this companion document is to supplement the IG, it is important to clarify how Tufts Health Plan expects providers to submit electronic Health Care Service Review Requests. The following information below specifies the business context description, process flow and service submission requirements for each request type category code based on how Tufts Health Plan does business today with its providers.

Specialty Care (SC):

SC Business Description: At Tufts Health Plan, specialty care referrals encompass those transactions where the provider requests permission to refer or send a patient to another provider, generally a specialist for outpatient care.

SC Process Flow: Providers will submit the 278-specialty care request directly to Tufts Health Plan according to the IG and this companion document. 278 specialty care requests will be submitted individually in real-time mode.

Once Tufts Health Plan receives the file, a series of critical edits will be performed. 278-specialty care requests passing the edits are considered accepted and are loaded into the system. Once these edits are complete, a 278 response will be returned to the provider. All accepted 278 initial specialty care referrals will have an eight-digit referral number, starting with EA - EZ, (example: EA123456 – EZ999999).

In addition to initial specialty care requests, if an accepted appeal, cancellation, extension, renewal or revision is sent based on a previous submission, a 278 response will be returned to the provider with the action code “No Action Required”. If necessary, a specialty care resource will follow up with the provider for any additional clarification. Otherwise, consider the transaction to be processed by Tufts Health Plan. Since Tufts Health Plan will not be producing a new referral number for non-initial specialty care responses, please be sure to include a new tracking number when submitting the request for tracking purposes. This value will be returned on the response.

278 specialty care requests that do not pass the critical edits are rejected and will not be loaded into Tufts Health Plan system. All rejected 278 initial specialty care referrals will have a AAA segment with the rejected code (s). Since Tufts Health Plan is editing more than one field, you could have more than one AAA segment code. The rejected 278 initial specialty care request must be corrected by the provider and resubmitted electronically to Tufts Health Plan, as these specialty care requests will not be entered into our system. Applicable AAA segments are detailed in Appendix A.

An accepted 278-specialty care request is not a guarantee the request will match up to the claim and pay. An accepted 278-specialty care request means the 278 request had all the necessary information required and was accepted electronically by Tufts Health Plan.

While an accepted specialty care request for review will result in a real-time response, all 278-specialty care requests will be downloaded into Tufts Health Plan system at 6:00 p.m. daily. [If you submit a 278-specialty care request after 6:00 p.m. it will be downloaded the following night at 6:00 p.m. and available within 24 – 48 hours]. Please consider when contacting our Provider Services or EDD Operations areas.

SC Service Submission Requirements: Refer to Tufts Health Plan Commercial and Medicare Preferred provider manuals to obtain a listing of all outpatient specialty services that require a referral authorization when performed by a Tufts Health Plan provider.

Admission Review (AR):

AR Business Description: At Tufts Health Plan, admission reviews encompass those transactions where a pre-registration is required for commercial members being admitted for inpatient care, and Medicare Preferred members for inpatient and surgical day care. Admission to a facility for treatment can include, but is not limited to, acute care, acute rehabilitation and skilled nursing facilities.

AR Process Flow: Providers will submit the 278-admission review directly to Tufts Health Plan according to the IG and this companion document. 278 admission review requests will be submitted as individual admission reviews in real-time mode. It may take up to 4 hours for pre-registrations to be reflected in our system.

Once Tufts Health Plan receives the file, a series of edits will be performed. After the file edits are complete, a 278 response will be returned to the provider. All accepted 278 initial Admission Review pre-registration requests will have an eight-digit pre-registration number according to the following scheme: YYDDDAXX. YY- year, DDD- day in the Julian calendar, A – Alpha and XX- counter. The AXX will increment as A00...A99, B00... B99... Z00...Z99.

Pre-registration numbers will be issued for most requests.

Pre-registrations will reject for the following reasons:

- If member belongs to a PPO plan utilizing the Private Healthcare Systems (PHCS) network – providers should contact PHCS directly
- If a member's employer group has carved out mental health/substance abuse benefits to a unique vendor – provider should contact vendor specified on ID card.
- Missing/invalid ICD-9 diagnosis code
- Invalid ICD-9 procedure code
- Missing admission date
- Procedure date before admission date
- Duplicate submissions
- If Tufts Health Plan is primary administrator for a Carelink member (member ID is all numeric) for services other than mental health/substance abuse for facilities outside MA/RI.

A pended response may be returned in order for the admission to be reviewed by the Pre-Registration Department. Pended pre-registrations may or may not have pre-registration numbers returned. If a pre-registration number is returned with a pended status, (HCR01 = A4) final approval will be communicated via phone or fax.

Pre-registration

Based on Tufts Health Plan current business practices, only initial, appeal, cancel and revised admission review requests are accepted electronically. Admission review extensions and renewals are not part of Tufts Health Plan business practices. If sent, a Reject Reason Code of “*Input Errors*” will be returned on the response.

AR Service Submission Requirements: Refer to Tufts Health Plan Commercial and Medicare Preferred provider manuals to obtain a listing of all inpatient pre-registration services that have special processing requirements.

Health Services (HS):

HS Business Description: At Tufts Health Plan, health services encompass those transactions that require a health care services review other than specialty care and admission reviews as indicated above.

HS Process Flow: Providers will submit the 278-health service review directly to Tufts Health Plan according to the IG and this companion document. 278 health service review requests will be submitted as individual health service reviews in real-time mode.

Once Tufts Health Plan receives the file, a series of file edits will be performed. After the file edits are complete, a 278 response will be returned to the provider. A pended response will be returned in order for the health services request to be reviewed by the appropriate Clinical Services department. Upon review completion, the clinical services staff will contact the provider via telephone, fax or letter with a decision.

HS Service Submission Requirements: Refer to Tufts Health Plan Commercial and Medicare Preferred provider manuals to obtain a listing of all services that have special processing requirements for authorizations.

Requirements Specific to the 278 Request Transaction For Tufts Health Plan (AR, HS, SC)

The following grid documents all Tufts Health Plan specific requirements for the 278 Request. This grid represents a subset of the 278 Request Transaction and should only be used to supplement the HIPAA 278 Implementation Guide. Note that while not all situational required data are included herein, Tufts Health Plan will accept all HIPAA compliant segments and data elements.

Tufts Health Plan 278 Transaction Specifications / Requirements

Loop	Segment ID	Segment Name	Data Element ID	Data Element	Tufts Health Plan Data Element Usage	Comments
2010B	REF	Requester Supplemental Identification	REF01	Reference ID Qualifier	R	“N5” – Provider Plan Network Identification Number
2010B	REF	Requester Supplemental Identification	REF02	Reference ID	R	Tufts Health Plan Provider Plan Network Identification Number
2010CA	REF	Subscriber Supplemental ID	REF01	Reference ID Qualifier	S	“EJ” – Patient Account Number
2010CA	REF	Subscriber Supplemental ID	REF02	Reference ID	S	Use this element to provide a supplemental identifier for the subscriber. The primary identifier is the Member Identification Number in the NM1 segment of loop 2010CA.
2010CA	DMG	Subscriber Demographic Info. (DOB)	DMG02	Subscriber Birth Date	R	To identify a member, a 278 transaction must include the member’s Date of Birth (DOB).
2010E	REF	Service Provider Supplemental ID	REF01	Reference ID Qualifier	R	“N5” – Provider Plan Network Identification Number
2010E	REF	Service Provider Supplemental ID	REF02	Reference ID	R	Provider Plan Network Identification Number
2000F	UM	Health Care Services Review Info	UM03	Service Type Code	S	If known by the requester, please submit the most appropriate service type code options indicated in Appendix B for Tufts Health Plan.
2000F	HSD	Health Care Services Delivery	HSD02	Service Unit Count	S	Please provide this number for the quantity of service to be rendered.

Requirements Specific to the 278 Response Transaction For Tufts Health Plan (AR, HS, SC)

Tufts Health Plan follows the 278 Response Implementation Guide for an outbound response from both a structure and content perspective. There are no unique requirements that are specific to Tufts Health Plan. Please follow the IG when programming to accept a Tufts Health Plan 278 Response.

278 Response – HCR01 valid action codes utilized by Tufts Health Plan:

Action codes provide review outcome information

Action Code & IG Code Definition	Description	Tufts Health Plan Action
A1 – Certified in total	Outcome of the review has been certified.	Tufts Health Plan responds with an assigned certification number located in HCR02.
A3 – Not Certified	Outcome of the review has not been certified.	Tufts Health Plan responds with the appropriate reject reason code(s). Please refer to Appendix A for a list of AAA reject reason codes used by Tufts Health Plan and their associated descriptions.
A4 – Pended	Outcome of the review has been pended for review.	Tufts Health Plan responds with a pended action code in order for Tufts Health Plan pre-registration or clinical service departments to review the request.
NA – No Action Required	Outcome of the review determines that the requested service does not require certification.	Tufts Health Plan responds with a no action required action code for non-initial specialty care requests since these requests do not require re-certification. This is intended to inform the provider that no action is required on their end. In the event Tufts Health Plan needs to clarify information based on the non-initial specialty care request, a Tufts Health Plan representative will typically follow up via telephone that same business day.

Connecting To Tufts Health Plan

Set Up Process Overview

Direct Submitters

Providers interested in submitting electronic health care service review transactions directly should contact EDD Operations at Tufts Health Plan via email or telephone to request setup. For EDD Operations Team contact information, see *Contact Information* on page 11.

NEHEN Providers

Providers interested in submitting electronic health care service review transactions via NEHEN should contact the vendor directly who will then facilitate set up with Tufts Health Plan. EDD Operations will facilitate an IP address for the provider, working through the NEHEN support staff.

Upon setup completion, EDD Operations notifies the submitter and NEHEN technical support that the eGateway and telecommunications are set up. The submitter can then configure its eGateway to send the eligibility transactions to the Tufts Health Plan test eGateway. Upon successful testing between Tufts Health Plan and the new submitter, the submitter migrates to a production status.

Testing

EDD Operations will setup a username name and password. Once the username and password are assigned, the submitter can start sending Health Service Review Request transactions to the test environment. EDD Operations will notify the provider upon the successful completion of testing.

1. During the testing process, EDD Operations will examine submitted test transactions for required elements, and will also ensure that the submitter gets a response during the testing mode.

Note: There is no limitation in transaction volume for the 278-testing environment but transactions must be submitted one at a time. Tufts Health Plan does not support batch health care service review transactions.

2. When the submitter has successfully completed testing and is ready to send a 278 transaction to production, they will be notified by the EDD Operations Team, who will then move the submitter's to the production environment.

3. The submitter's username remains the same when moving from test to production. Security requires changing passwords when moving from Test to Production.

Note: This password requirement is not part of the NEHEN provider setup. With NEHEN providers, security is provided through the telecommunications link.

Security Statement

The HIPAA Security regulations were finalized recently. The final regulations outline standards for the security of individual health information used by health plans, health care clearinghouses and health care providers. Tufts Health Plan has taken reasonable and appropriate steps to be compliant with the Security Rule

System Maintenance

The Tufts Health Plan system used by the 278 transaction has a standard maintenance schedule of Wednesday 9PM to 2AM EST. The system is unavailable during this time.

Contact Information

The following sections provide contact information for any questions regarding HIPAA, 278 Health Care Service Review transactions, and documentation or testing.

For General HIPAA Questions

If you have any general HIPAA questions, please access the Tufts Health Plan website. To access the site:

Go to http://www.tuftshealthplan.com/providers/index_new.php

Select the **Electronic Services** link.

278 Transaction Questions

If you have any questions regarding electronic submissions of the 278 Health Care Services Review, please contact the EDD Operations Team.

Or if you have any business processing questions regarding the 278 Health Care Services Review, please contact the appropriate Provider Services or Customer Relations Department.

The following table provides specific contact information by department and responsibility.

For Questions Regarding...	Contact	Phone Number	Email Address
Electronic Referrals, Pre-Registrations, Authorizations	Tufts Health Plan EDD Operations Team	(888) 880-8699 x4649 Fax: 617-923-5555	edd_operations@tufts-health.com
Commercial Products (HMO, PPO, POS)	Provider Services	(888) 884-2404 (HMO, POS) (800) 423-8080 (PPO) Fax: 617-972-9452	N/A
Tufts Health Plan Medicare Preferred	Customer Relations	(800) 279-9022 Fax: 617-972-9487	N/A

Appendix A – Reject Reason Codes (AAA)

Rejection Criteria

AAA03 rejection code	AAA code description	Loop/segment	Tufts Health Plan validating fields
15	Required application data missing	2000F/HSD0D	Service Type Code is 51, 52 or 86 and the Visits and Time Limit = 0
		2010C/HI	Missing diagnosis code
33	Input errors – the request does not comply with Tufts Health Plan instructions for acceptable procedure codes	Loop 2000F Segment HI	Invalid procedure code
	Input Errors – The request does not comply with Tufts Health Plan instructions for acceptable certification type codes	Loop 2000F Segment UM02	Use only the following certification type codes for the respective request type categories: AR = 1, 2, 3, I, S HS = 1, 2, 3, 4, I, R, S SC = 1, 2, 3, 4, I, R, S
	Input Errors – Requesting and Servicing are the same ID # for specialty care requests	Loop 2010E Segment REF02	A 6 digit valid Tufts Health Plan Provider ID #
43	Invalid / Missing Provider ID	Loop 2010E Segment REF02	A 6 digit valid Tufts Health Plan Provider ID #
		Loop 2010B Segment REF02	A 6 digit valid Tufts Health Plan Provider ID #
49	Invalid / Missing Provider ID	Loop 2010B Segment REF02	Provider is not Primary Care Physician
50	Invalid / Missing Provider ID	Loop 2010B Segment REF02	Provider Ineligible for Inquiries / Requests
52	Service Dates not within Provider Plan Enrollment	Loop 2010E Segment REF02	A 6 digit valid Tufts Health Plan Provider ID #

AAA03 rejection code	AAA code description	Loop/segment	Tufts Health Plan validating fields
57	Invalid/missing Date(s) of service	Loop 2000F Segment DPT	Missing admission date
		Loop 2000F Segment DTP03	Field must be filled in with valid date of service CCYYMMDD
		Loop 2000F Segment DTP03	Field must be filled in with valid date of service CCYYMMDD
58	Invalid / Missing Date of Birth	Loop 2010CA Segment DMG02	Field must be filled in with correct date of birth for member suffix. CCYYMMDD
64	Invalid / Missing Patient ID	Loop 2010CA Segment NM109	Must be at least 11 digits (9 for member id and 2 for suffix), no dashes or spaces between the number and suffix required. All Medicare Preferred Member ID's must begin with an S and have a suffix of 01.
71	Patient Birth Date does not match that for the patient on the database	Loop 2010CA Segment NM109	
72	Invalid/missing subscriber/insured ID	Loop 2010CA Segment NM109	Must be at least 11 digits (9 for member id and 2 for suffix), no dashes or spaces between the number and suffix required. All Medicare Preferred Member ID's must begin with an S and have a suffix of 01.
95	Patient Not Eligible	Loop 2010CA Segment NM109	
T5	Certification information missing	Loop 2000F Segment REF02	Submission from Emdeon when referral number has not been assigned or is blank

Appendix B – Service Type Codes

Once it is determined if an AR, HS and/or SC should be submitted based on the Tufts Health Plan 278 Transaction Specifications / Requirements (pp 7), utilize this table to reference what service type codes are acceptable when submitting the request to Tufts Health Plan. If an X is marked for a service type, this means it is an allowable code for the request type category. If more than one X is indicated for a service type, this does not necessarily mean a request must be sent for each request type category. This simply means it is an allowable code by Tufts Health Plan for that request type category.

Recap Steps

1. Determine what type of request needs to be submitted (AR, HS, SC)
2. Utilize the reference chart below to determine service type code if known by provider

If an appropriate service type code does not exist, please leave blank rather than populating a similar service. Tufts Health Plan will use other criteria in the transaction (i.e. diagnosis and other procedures) to gather intelligence around the service.

Reminder: Refer to commercial / Medicare Preferred provider manuals to determine submission policies for specialty care (outpatient referrals), admission reviews (pre-registration) and health service (authorizations).

Service Type	Description	AR	Tufts Health Plan AR Clarification based on HIPAA Service Type Description	HS	SC
1	Medical Care	X	Medical - Inpatient	X	X
2	Surgical	X	Surgical - Inpatient	X	X
3	Consultation				X
4	Diagnostic X-Ray				X
5	Diagnostic Lab				X
6	Radiation Therapy				X
7	Anesthesia			X	X
8	Surgical Assistance			X	X
12	Durable Medical Equipment Purchase			X	
14	Renal Supplies in the Home			X	
15	Alternate Method Dialysis			X	
16	Chronic Renal Disease (CRD) Equipment			X	

Appendix B – Service Type Codes

Service Type	Description	AR	Tufts Health Plan AR Clarification based on HIPAA Service Type Description	HS	SC
17	Pre-Admission Testing				X
18	Durable Medical Equipment Rental			X	
20	Second Surgical Opinion				X
21	Third Surgical Opinion				X
23	Diagnostic Dental				X
24	Periodontics				X
25	Restorative			X	
26	Endodontics			X	
27	Maxillofacial Prosthetics			X	
28	Adjunctive Dental Services			X	
33	Chiropractic				X
34	Chiropractic Office Visits				X
35	Dental Care				X
36	Dental Crowns			X	
37	Dental Accident			X	
38	Orthodontics			X	
39	Prosthodontics				X
40	Oral Surgery			X	X
42	Home Health Care			X	
44	Home Health Visits			X	
45	Hospice			X	
46	Respite Care			X	
48	Hospital-Inpatient				
50	Hospital-Outpatient				
51	Hospital – Emergency Accident				
52	Hospital – Emergency Medical				
53	Hospital – Ambulatory Surgical				X

Appendix B – Service Type Codes

Service Type	Description	AR	Tufts Health Plan AR Clarification based on HIPAA Service Type Description	HS	SC
54	Long Term Care				
56	Medically Related Transportation			X	
57	Air Transportation			X	
58	Cabulance			X	
59	Licensed Ambulance			X	
61	In-Vitro Fertilization				X
62	MRI/CAT Scan				X
63	Donor Procedures			X	
64	Acupuncture				X
65	Newborn Care	X	Newborn Care After Mother's Discharge - Inpatient		
67	Smoking Cessation				X
68	Well Baby Care				X
69	Maternity	X	Obstetric - Inpatient	X	X
70	Transplants	X		X	X
71	Audiology Exam			X	X
72	Inhalation Therapy				X
73	Diagnostic Medical			X	X
74	Private Duty Nursing			X	
75	Prosthetic Device			X	
76	Dialysis			X	X
77	Otological Exam			X	X
78	Chemotherapy				X
79	Allergy Testing				X
80	Immunizations				X
82	Family Planning				X
83	Infertility			X	X
84	Abortion			X	
85	AIDS				X
86	Emergency Services				

Appendix B – Service Type Codes

Service Type	Description	AR	Tufts Health Plan AR Clarification based on HIPAA Service Type Description	HS	SC
93	Podiatry				X
94	Podiatry – Office Visits				X
95	Podiatry – Nursing Home Visits				X
98	Professional (Physician) Visit – Office				X
99	Professional (Physician) Visit – Inpatient				
A0	Professional (Physician) Visit – Outpatient				X
A1	Professional (Physician) Visit – Nursing Home				X
A2	Professional (Physician) Visit – Skilled Nursing Facility				X
A3	Professional (Physician) Visit – Home				X
A4	Psychiatric			X	
A6	Psychotherapy			X	
A7	Psychiatric – Inpatient	X	Psychiatric – Inpatient		
A8	Psychiatric – Outpatient			X	
A9	Rehabilitation			X	
AB	Rehabilitation – Inpatient	X	Rehabilitation – Inpatient		
AC	Rehabilitation - Outpatient			X	
AD	Occupational Therapy			X	X
AE	Physical Medicine			X	X
AF	Speech Therapy			X	X
AG	Skilled Nursing Care	X	Skilled Nursing Facility - Inpatient		
AI	Substance Abuse	X	Chemical Dependence - Inpatient	X	X
AJ	Alcoholism			X	
AK	Drug Addiction			X	
AL	Vision (Optometry)	X			X
AR	Experimental Drug			X	

Appendix B – Service Type Codes

Service Type	Description	AR	Tufts Health Plan AR Clarification based on HIPAA Service Type Description	HS	SC
	Therapy				
BB	Partial Hospitalization (Psychiatric)			X	
BC	Day Care (Psychiatric)				
BD	Cognitive Therapy			X	X
BE	Massage Therapy			X	X
BF	Pulmonary Rehabilitation			X	X
BG	Cardiac Rehabilitation			X	X
BS	Invasive Procedures				X

Appendix C – EDI Set-up Form



Type of practice: Solo Group Billing Service
 Hospital/Facility

Type of account: New Existing (indicate changes below)

Transaction Type: 837 Institutional claim 837 Professional claim
 835 Remittance 270/271 Eligibility
 278 Requests

Information on solo, group, billing service client(s), hospital/facility

Name: _____
 Address: _____
 City: _____ State: _____ Zip code: _____
 Office contact: _____ Practice Tax ID: _____
 Telephone: () _____ Fax: () _____
 E-Mail Address: _____
 Practice Management System/Computer Vendor:
 Vendor Contact Name: _____ Telephone: () _____

Payment Information (if different than above)

Name of payee: _____ Tufts Health Plan payee number: _____
 Address: _____
 City: _____ State: _____ Zip code: _____
 Payee tax ID: _____

Provider Information

Name of Provider	Tufts Health Plan Provider Number

Please contact Provider Technology Operations (888-880-8699 x4042) if you have any questions regarding this form. An EDI Operations Team member will contact you after this information is verified to initiate electronic transactions. Completed forms can be sent to edi_operations@tufts-health.com or faxed to 617-923-5555.

Appendix D – Enveloping Specifications

Trading Partners Profile Setup for 278 Request – INBOUND Transaction

Trading Partner1 (SENDER)	Mailbox Name Of The Submitter
Trading Partner2 (RECEIVER)	TUFTS-HEALTH
APRF (Application Reference)	278REQ
Segment Terminator (OPTIONAL)	Any Char
Element Separator (OPTIONAL)	Any Char

The ISA is a fixed record length segment and all positions within each of the data elements are required. The first element separator defines the element separator used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange.

The **Input Data** column below contains text in *[bracketed italics]* which indicates special input data dependent on sender, time, date, etc.

Elements	Size	Name	Input Data	Remarks
ISA01	2	Authorization Information Qualifier	00	No Authorization Information Present.
ISA02	10	Authorization Information	<i>[Submitter-specific ID number, or ten-space placeholder]</i>	If no Authorization Information number is present, simply enter 10 spaces in this field.
ISA03	2	Security Information Qualifier	00	No Security Information Present.
ISA04	10	Security Information/Password	<i>[Submitter-specific ID number, or ten-space placeholder]</i>	If no Authorization Information number is present, simply enter 10 spaces in this field.
ISA05	2	Interchange ID Qualifier/Trading Partner Qualifier	ZZ	“ZZ” – Mutually Defined
ISA06	15	Interchange Sender ID/Trading Partner ID	<i>[Submitter-specific ID number]</i>	Sender ID (Provided by Tufts Health Plan)
ISA07	2	Interchange ID Qualifier/Tufts Health Plan Qualifier	01	DUNS (Dun & Bradstreet)
ISA08	15	Interchange Receiver ID/Tufts Health Plan ID	170558746	Tufts Health Plan DUNS
ISA09	6	Interchange Date	<i>[Enter the date using the format YYMMDD; for example, January 1, 2003 would be entered as 030101]</i>	Date of the interchange

Elements	Size	Name	Input Data	Remarks
ISA10	4	Interchange Time	[Enter the time using the format HHMM; for example, 1:30 PM would be entered as 1330]	Time of the interchange
ISA11	1	Interchange Control Standards ID	U	U.S. EDI Community of ASC X12, TDCC, and UCS
ISA12	5	Interchange Control Version Number	00401	Version Number
ISA13	9	Interchange Control Number/Last Control Number	[Sender-specific control number]	Assigned and maintained by the interchange sender, must be identical to the associated Interchange Trailer, IEA02.
ISA14	1	Acknowledgement Request	0	Code sent by the sender to request an interchange acknowledgement (TA1). 0 No Acknowledgement Requested
ISA15	1	Usage Indicator/ Acknowledgment Test Indicator	[Enter either T or P]	T Test Data, P Production Data. Note: this information is not used for routing purposes.
ISA16	1	Component Element (Sub-Element) Separator	[Enter any separator character, for example "~"]	Used to separate component data elements within a composite data structure; must be unique. ASCII Value – Component element separator.

IEA (Interchange Control Trailer Segment)

This defines the end of an interchange of zero or more functional groups and interchange-related control segments. The **Input Data** column below containing text entered in *[bracketed italics]* which indicates special input data dependent on sender, time, date, etc.

Elements	Size	Name	Input Data	Remarks
IEA01	1/5	Number of Included	[<i>Submitter-specific ID number</i>]	A count of the number of functional groups included in an interchange
IEA02	9	Interchange Control	[<i>Submitter-specific ID number</i>]	A control number assigned by the interchange sender

GS (Functional Group Header Segment)

The GS indicates the beginning of a functional group and provides control information.

The **Input Data** column below contains text in [*bracketed italics*] which indicates special input data dependent on sender, time, date, etc.

Elements	Size	Name	Input Data	Remarks
GS01	2	Functional Identifier Code	HI	HI – Health Care Service Review Information (278).
GS02	2/15	Application Sender's Code	[<i>Submitter-specific number</i>]	Code identifying party sending transmission.
GS03	2/15	Application Receiver's Code	170558746	Code identifying party receiving transmission.
GS04	8	Date	[<i>Enter the date using the format YYYYMMDD; for example, January 1, 2003 would be entered as 20030101</i>]	Functional Group creation date.
GS05	4/8	Time	[<i>Enter the time using the format HHMM; for example, 1:30 PM would be entered as 1330</i>]	Functional Group creation time. Time expressed in 24-hour clock.
GS06	1/9	Group Control Number/Last Control Number	[<i>Submitter-specific number</i>]	Assigned and maintained by the sender, must be identical to the associated functional group trailer, GE02.
GS07	1/2	Responsible Agency Code	X	Accredited Standards Committee X12
GS08	1/12	ANSI Version Code/Functional Ack. Version	004010X094A1	Health Care Services Review and Addenda

GE (Functional Group Trailer Segment)

The **Input Data** column below contains text entered in [*bracketed italics*] which indicates special input data dependent on sender, time, date, etc.

Elements	Size	Name	Input Data	Remarks
GE01	1/6	Number of Transaction Sets Included	[<i>Submitter-specific number</i>]	Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element
GE02	1/9	Group Control Number	[<i>Submitter-specific number</i>]	Assigned number originated and maintained by the sender

Trading Partners Profile Setup for 278 Response – OUTBOUND Transaction

Trading Partner1 (SENDER)	TUFTS-HEALTH
Trading Partner2 (RECEIVER)	Mailbox Name Of The Receiver
APRF (Application Reference)	278RSP
Segment Terminator (OPTIONAL)	Value from Inbound.
Element Separator (OPTIONAL)	Value from Inbound.

The ISA is a fixed record length segment and all positions within each of the data elements are required. The first element separator defines the element separator used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange.

The **Input Data** column below contains text in [*bracketed italics*], which indicates special input data dependent on sender, time, date, etc.

Elements	Size	Name	Input Data	Remarks
ISA01	2	Authorization Information Qualifier	00	No Authorization Information Present.
ISA02	10	Authorization Information	[<i>Submitter-specific ID number, or ten-space placeholder</i>]	If no Authorization Information number is present, simply enter 10 spaces in this field.
ISA03	2	Security Information Qualifier	00	No Security Information Present.
ISA04	10	Security Information/Password	[<i>Submitter-specific ID number, or ten-space placeholder</i>]	If no Authorization Information number is present, simply enter 10 spaces in this field.
ISA05	2	Interchange ID Qualifier/Trading Partner Qualifier	01	DUNS (Dun & Bradstreet)
ISA06	15	Interchange Sender ID/ Trading Partner ID	170558746	Tufts Health Plan DUNS
ISA07	2	Interchange ID Qualifier/Tufts Health Plan Qualifier	<i>ZZ</i>	Mutually Defined
ISA08	15	Interchange Receiver ID/Tufts Health Plan ID	[<i>Submitter-specific ID number</i>]	Value from Inbound 278 Request
ISA09	6	Interchange Date	[<i>Enter the date using the format YYMMDD; for example, January 1, 2003 would be entered as 030101</i>]	Date of the interchange
ISA10	4	Interchange Time	[<i>Enter the time using the</i>	Time of the interchange

Elements	Size	Name	Input Data	Remarks
			<i>format HHMM; for example, 1:30 PM would be entered as 1330]</i>	
ISA11	1	Interchange Control Standards ID	U	U.S. EDI Community of ASC X12, TDCC, and UCS
ISA12	5	Interchange Control Version Number	00401	Version Number
ISA13	9	Interchange Control Number/Last Control Number	<i>[Sender-specific control number]</i>	Assigned and maintained by the interchange sender, must be identical to the associated Interchange Trailer, IEA02.
ISA14	1	Acknowledgement Request	0	Code sent by the sender to request an interchange acknowledgement (TA1). 0 No Acknowledgement Requested
ISA15	1	Usage Indicator/ Acknowledgment Test Indicator	<i>[Submitter-specific ID number]</i>	Value from Inbound 278 Request
ISA16	1	Component Element (Sub-Element) Separator	~ (126)	Used to separate component data elements within a composite data structure; must be unique. ASCII Value – Component element separator.

IEA (Interchange Control Trailer Segment)

This defines the end of an interchange of zero or more functional groups and interchange-related control segments. The **Input Data** column below containing text entered in *[bracketed italics]* indicates special input data dependent on sender, time, date, etc.

Elements	Size	Name	Input Data	Remarks
IEA01	1/5	Number of Included	<i>[Submitter-specific ID number]</i>	A count of the number of functional groups included in an interchange
IEA02	9	Interchange Control	<i>[Submitter-specific ID number]</i>	A control number assigned by the interchange sender

GS (Functional Group Header Segment)

The GS indicates the beginning of a functional group and provides control information. The **Input Data** column below contains text in [*bracketed italics*], which indicates special input data dependent on sender, time, date, etc.

Elements	Size	Name	Input Data	Remarks
GS01	2	Functional Identifier Code	HI	HI – Health Care Service Review Information (278).
GS02	2/15	Application Sender's Code	170558746	Code identifying party sending transmission.
GS03	2/15	Application Receiver's Code	[Submitter-specific ID number]	Value from Inbound 278 Request
GS04	8	Date	[Enter the date using the format YYYYMMDD; for example, January 1, 2003 would be entered as 20030101]	Functional Group creation date.
GS05	4/8	Time	[Enter the time using the format HHMM; for example, 1:30 PM would be entered as 1330]	Functional Group creation time. Time expressed in 24-hour clock.
GS06	1/9	Group Control Number/Last Control Number	[Submitter-specific number]	Assigned and maintained by the sender, must be identical to the associated functional group trailer, GE02.
GS07	1/2	Responsible Agency Code	X	Accredited Standards Committee X12
GS08	1/12	ANSI Version Code/Functional Ack. Version	004010X094A1	Health Care Services Review and Addenda

GE (Functional Group Trailer Segment)

The **Input Data** column below contains text entered in [*bracketed italics*] which indicates special input data dependent on sender, time, date, etc.

Elements	Size	Name	Input Data	Remarks
GE01	1/6	Number of Transaction Sets Included	[Submitter-specific number]	Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element
GE02	1/9	Group Control Number	[Submitter-specific number]	Assigned number originated and maintained by the sender