TEXAS MEDICAID

HIPAA TRANSACTION STANDARD COMPANION GUIDE

Refers to the Implementation Guide
278 Health Care Services Review Request and Response - Authorization Request for PASRR Nursing Facility Specialized Services (NFSS)

Based on ASC X12 version 005010

CORE v5010 Companion Guide

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TMHP
Texas Medicaid & Healthcare Partnership
A STATE MEDICAID CONTRACTOR

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Disclosure Statement

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Preface

This Companion Guide to the v5010 ASC X12N Implementation Guide and associated errata adopted under Health Insurance Portability and Accountability Act of 1996 (HIPAA) clarifies and specifies the data content when exchanging electronically with Texas Medicaid. Transmissions based on this Companion Guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12N syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3/Implementation Guides.

1 INTRODUCTION

Scope

Under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Secretary of the Department of Health and Human Services (HHS) is directed to adopt standards to support the electronic exchange of administrative and financial health care transactions. The purpose of the Administrative Simplification portion of HIPAA is to enable health information to be exchanged electronically and to adopt standards for those transactions.

Texas Medicaid defines a Trading Partner as any entity trading data with Texas Medicaid using Electronic Data Interchange (EDI). Trading partners include vendors, clearinghouses, providers and billing agents.

The Accredited Standards Committee (ASC) X12 Standards for EDI Technical Report Type 3 (TR3) dated May 2006 was used to create this Companion Guide for the 278 request and response file formats. All instructions in this document are written using information known at the time of publication and are subject to change.

Overview

This guide is intended as a resource to assist submitters in successfully conducting batch EDI 278 Health Care Services- Request for Review and Response transactions for Preadmission Screening & Resident Review (PASRR) Nursing Facility Specialized Services (NFSS) Authorization with Texas Medicaid. To view the 278 requests submitted via batch mode or to submit 278 requests interactively, submitters must log in to the Long Term Care (LTC) Online Portal. This document does not provide detailed data specifications, which are published separately by the industry committees responsible for their creation and maintenance.

The instructions in this companion guide are not intended to be stand-alone requirements documents and must be used in conjunction with the associated American National Standards Institute Accredited Standards Committee (ANSI ASC X12N) National Implementation Guide. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guide and is in conformance with ASC X12's Fair Use and Copyright statements.

References

The ANSI ASC X12N Implementation Guides are available for purchase at the Washington Publishing Company web site at:

https://x12.org/products/technical-reports

The Texas Medicaid EDI Connectivity Guide which contains instructions regarding connectivity options including Committee for Affordable Quality Health Care (CAQH), Committee on Operating Rules for Information Exchange (CORE®) compliant Safe Harbor information, can be found on the EDI page of the Texas Medicaid website at:

https://www.tmhp.com/topics/edi

1.1 Additional Information

Security and Privacy Statement

Covered entities were required to implement HIPAA Privacy Regulations no later than April 14, 2003. A covered entity is defined as a health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a HIPAA transaction. Providers that conduct certain electronic transmissions are responsible for ensuring these privacy regulations are implemented in their business practices. Texas Health and Human Services Commission (HHSC) is a HIPAA Covered Entity. Accordingly, Texas Medicaid is operating as a HIPAA Business Associate of HHSC as defined by the federally mandated rules of HIPAA. A Business Associate is defined as a person or organization that performs a function or activity on behalf of a covered entity but is not part of the covered entity's workforce.

The privacy regulation has three major purposes:

1. To protect and enhance the rights of consumers by providing them access to their health information and controlling the appropriate use of that information;
2. To improve the quality of health care in the United States by restoring trust in the health care system among consumers, health care professionals and the many organizations and individuals committed to the delivery of health care; and
3. To improve the efficiency and effectiveness of health care delivery by creating a national framework for health privacy and protection.

2 GETTING STARTED

Working with Texas Medicaid

This section describes how to interact with Texas Medicaid's Electronic Data Interchange (EDI) systems.

EDI Help Desk is available to assist trading partners in exchanging data with Texas Medicaid. Below are details on how to register and contact the department for assistance.

Trading Partner Registration

HHSC requires any entity exchanging electronic data with Texas Medicaid to be enrolled in the Texas Medicaid Program and approved for the submission of X12 transaction sets.

Texas Medicaid Enrollment Forms and instructions are available at:

https://www.tmhp.com/topics/provider-enrollment

Successful enrollment in Texas Medicaid is required before proceeding with EDI.

To get started with EDI transactions, the necessary forms and instructions are available at:

https://www.tmhp.com/resources/forms?field_topics_target_id=96

3 TESTING WITH TEXAS MEDICAID

Texas Medicaid requires that all Trading Partners who submit electronic data to successfully complete the testing process prior to submitting electronic data.

If the Provider or Billing Agent utilizes a Clearinghouse to submit the electronic data, the entity connecting with Texas Medicaid must have successfully completed the testing process prior to data submission.

Testing and Certification instructions, along with setup information can be found in Section 9.1 of the Texas Medicaid EDI Connectivity Guide found at:

https://www.tmhp.com/sites/default/files/filelibrary/edi/TMHP_EDI_Connectivity_Guide.pdf

4 CONNECTIVITY WITH THE SUBMITTER/COMMUNICATIONS

Transmission Administrative Procedures

The Texas Medicaid EDI Connectivity Guide that contains specific instructions regarding connectivity options, can be found on the EDI page of the Texas Medicaid website at:

https://www.tmhp.com/sites/default/files/file-library/edi/TMHP_EDI_Connectivity_Guide.pdf

Communication protocol specifications

The Texas Medicaid EDI Connectivity Guide that contains specific instructions regarding connectivity options, along with CORE compliant Safe Harbor information, can be found on the EDI page of the Texas Medicaid website at:

https://www.tmhp.com/sites/default/files/file-library/edi/TMHP_EDI_Connectivity_Guide.pdf

Passwords

Texas Medicaid provides instruction on resetting of passwords in section 5.1 of the Texas Medicaid EDI Connectivity Guide found at:

https://www.tmhp.com/sites/default/files/file-library/edi/TMHP_EDI_Connectivity_Guide.pdf

5 CONTACT INFORMATION

Customer Service

Texas Medicaid EDI Help Desk

The EDI Help Desk provides technical assistance only by troubleshooting Texas Medicaid EDI issues. Contact your system administrator for assistance with network, hardware, or telephone line issues.

To reach the Texas Medicaid EDI Help Desk, select one of the following methods:

- Fax 1-512-514-4230 or 1-512-514-4228
- Call 1-888-863-3638, (or call 1-512-514-4150)

Applicable websites/e-mail

This section contains detailed information about useful web sites and email addresses.

Texas Medicaid EDI Technical Information, such as code references, vendor file specifications, and additional Companion Guides can be found at:

https://www.tmhp.com/topics/edi

The Texas Medicaid Provider Procedures Manual is found at:

https://www.tmhp.com/resources/provider-manuals

EDI Helpful Links:

Washington Publishing Company – The Washington Publishing Company site includes reference documents pertaining to HIPAA, such as: implementation guides, data conditions, and the data dictionary for X12N standards.

Workgroup for Electronic Data Interchange (WEDI) – This site provides implementation materials and information.

National Uniform Billing Committee (NUBC) – This site is the official source of UB-04 billing information.

Texas Department of State Health Services (DSHS)

Texas Health and Human Services Commission

6 CONTROL SEGMENTS/ENVELOPES

ISA-IEA

- Texas Medicaid does not support repetition of a simple data element or a composite data structure.
- Texas Medicaid will send and accept only one ISA/IEA in each file and one GS/GE per ISA.
- Texas Medicaid uses "*" (asterisk) as the element separator, and "~" (tilde) as the segment separator.

GS-GE

- For the 278 Request file and the 278 Response file, the Sender ID and Receiver ID information is submitted in the GS02 and GS03.

7 TEXAS MEDICAID SPECIFIC BUSINESS RULES AND LIMITATIONS

Texas Medicaid will accept up to 5000 transactions per batch. If a file is submitted with more than 5000 transactions the entire file will be rejected and not processed by Texas Medicaid.

X12 files with more than one GS-GE Functional Group will fail to process in the Texas Medicaid system.

The Texas Medicaid Provider Procedures Manual is the providers' principal source of information about Texas Medicaid. The most recent version is found at:

https://www.tmhp.com/resources/provider-manuals

8 ACKNOWLEDGEMENTS AND/OR REPORTS

Texas Medicaid provides HIPAA responses and acknowledgements that should be utilized by the Trading Partner for reconciliation purposes. Texas Medicaid does not provide proprietary reports as a standard part of the NFSS data process. Trading Partners should utilize the HIPAA responses provided for each transmission to reconcile NFSS submissions.

The following responses will be received by the Trading Partner in response to file submissions:

TA1 Transaction	Interchange Acknowledgement The TA1 will be sent if the submitter ID is not known or if the file received is structurally incorrect.
BID Document	Batch ID Report The BID file is sent as acknowledgement of file reception. This is not an indicator that the file was accepted; only received. This zero-byte file will provide the Texas Medicaid assigned batch ID within the file name. *This response will not be returned for files exchanged over the CORE Operating Rule "Safe Harbor" connection method.
999 Transaction	Implementation Acknowledgement This file provides high level transaction set response details for the 278 received. It does not contain transaction level responses.
278 Response	Health Care Services Response The 278 includes transaction level acknowledgements including acceptance/rejection information. This file will not be sent if a negative 999 (rejection) or TA1 file has been returned.
824	Application Advice The 824 response file is used to notify the sender the document has been accepted, or to report on errors.

9 TRADING PARTNER AGREEMENTS

Trading Partners

An EDI Trading Partner is defined as any Texas Medicaid customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from, Texas Medicaid.

Submitters must have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

For example, a Trading Partner Agreement may specify, among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

Texas Medicaid Trading Partner Agreement will be found on this web page:

https://www.tmhp.com/resources/forms?field_topics_target_id=96

10 TRANSACTION SPECIFIC INFORMATION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The table contains a row for each segment that Texas Medicaid has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments.
2. Limit the length of a simple data element.
3. Specify a sub-set of the IGs internal code listings.
4. Clarify the use of loops, segments, composite and simple data elements.
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with Texas Medicaid.

In addition to the row for each segment, one or more additional rows are used to describe Texas Medicaid's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

This section is used to describe the required data values to process Health Care Services Review Requests by Texas Medicaid. The 278 format is used for Health Care Services Review Request files. This file is sent to Texas Medicaid for processing. Once the request is processed a 278 response will be sent from Texas Medicaid.

Filename formats

Request file:
The X12 278 request file is created with a filename using one of the following naming conventions:

- Filename.txt or Filename.dat or Filename.zip

Note: If the filename does not have above extensions, it will not be picked up for processing.

Response file:
The X12 278 response file from Texas Medicaid is created with a filename using the following file naming convention:

<Submitter ID.File ID.278>

- 9-digit Submitter ID (assigned by Texas Medicaid during trading partner testing)
- Texas Medicaid assigned 8-character File ID (also known as Batch ID)
- Last 3 characters represent the file extension.

Example: The filename, "123456789.D1234567.278", consists of the 9-digit Submitter ID "123456789," File ID (aka Batch ID) "D1234567," and the file extension ".278."

X12 278 Transaction

A complete authorization request for PASRR NFSS via EDI requires the submission of both an X12 278 transaction which contains a Health Care Services Request for Review and an associated X12 275 transaction which contains additional detailed NFSS request information including attachments to support a Health Care Services Review. Both transactions must be submitted separately. Linking the two transactions is explained in detail in the X12 275 Companion Guide.

An X12 278 transaction submission is expected to be received prior to the corresponding unsolicited and solicited X12 275 transactions. If the unsolicited X12 275 transaction is received prior to the corresponding X12 278 transaction, the X12 275 transaction will remain in wait status for 5 calendar days and not processed. After 5 calendar days the X12 275 transaction will be rejected in the absence of a corresponding X12 278 transaction. Once the X12 278 and corresponding X12 275 transaction have processed successfully, the Nursing Facility must log in to the Long Term Care Online Portal (LTCOP) to view the form and take further action to work the form.

CMWC or DME Type of Service Requested -
If submitting an authorization request for a CMWC (Customized Manual Wheel Chair) assessment or a DME (Durable Medical Equipment) assessment, only Loop 2000E is required and Loop 2000F must not be submitted in the X12 278 transaction. If submitting a CMWC service or a DME service, both Loop 2000E and Loop 2000F must be submitted in the X12 278 transaction.

Therapy Type of Service Requested -
If the type of service requested is Physical, Occupational, or Speech Therapy, both Loop 2000E and Loop 2000F are required since the MSG01 segment in Loop 2000F denotes whether the request is just for an assessment ("A") or for a service ("S") in the X12 278 transaction.

278 Health Care Services Review Request

This Companion Guide describes the use of the X12 278 Health Care Services Review — Request for Review and Response only for the purposes of submission of an Authorization Request for PASRR NFSS. The table below specifies the required loops and elements for the 278 request file for PASRR NFSS. For details on format validations refer to Appendices.

TR3 Page #	Loop ID	Element ID	Data Value	Description
Control Segments				
ISA INTERCHANGE CONTROL HEADER				
C.5		ISA06		Texas Medicaid assigned Submitter ID
C.5		ISA08	Production = 617591011LTCPP Test =	Texas Medicaid Receiver ID

TR3 Page #	Loop ID	Element ID	Data Value	Description
Control Segments				
			617591011LTCPT	
C.5		ISA15	P	"P" for both Production and Test
GS FUNCTIONAL GROUP HEADER				
C.7		GS02		Texas Medicaid assigned Submitter ID
C.7		GS03	Production = 617591011LTCPP Test = 617591011LTCPT	Texas Medicaid Receiver ID
ST TRANSACTION SET HEADER				
BHT BEGINNING OF HIERARCHICAL TRANSACTION				
67		BHT02	13	Texas Medicaid will process all X12 278 transactions as Service Review Request "13"
2000A UTILIZATION MANAGEMENT ORGANIZATION (UMO) Detail				
2010A UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME (LOOP REQUIRED-HIPAA)				
72	2010A	NM101	X3	
73	2010A	NM108	46	
73	2010A	NM109	Production = 617591011LTCPP Test = 617591011LTCPT	Texas Medicaid Receiver ID
2000B REQUESTER LEVEL				
2010B REQUESTER NAME (LOOP REQUIRED-HIPAA)				
76	2010B	NM101	FA	
77	2010B	NM108	46	
78	2010B	NM109		Texas Medicaid LTC Contract Number
2010B REF REQUESTER SUPPLEMENTAL IDENTIFICATION				
79	2010B	REF01	ZH	
80	2010B	REF02		Initiating PL1 DLN (PASRR Level 1 Document Locator Number)
2010B PER REQUESTER CONTACT INFORMATION				
85	2010B	PER04		Nursing Facility Phone No. where PER03 = "TE"

TR3 Page #	Loop ID	Element ID	Data Value	Description
Control Segments				
85	2010B	PER06		Nursing Facility Fax No. where PER05 = "FX"
2000C SUBSCRIBER LEVEL				
2010C SUBSCRIBER NAME (LOOP REQUIRED-HIPAA)				
93	2010C	NM108	MI	
93	2010C	NM109		Resident's nine-digit Medicaid number
2000E PATIENT EVENT LEVEL (LOOP REQUIRED-HIPAA)				
TRN PATIENT EVENT TRACKING NUMBER- Only one occurrence of TRN is allowed at Loop 2000E				
118	2000E	TRN01	1	
118	2000E	TRN02		Submitter control number must match the value in REF02 of Loop 1000C in the corresponding X12 275 transaction
118	2000E	TRN03		Originating Company Identifier
2000E UM HEALTH CARE SERVICES REVIEW INFORMATION				
120	2000E	UM01	AR or HS	"AR" for DME "AR" for CMWC "HS" for Therapy
121	2000E	UM02	I	
121	2000E	UM03	12 or 56 or A9	"12" for DME "56" for CMWC "A9" for Therapy
121	2000E	UM04-01	32	
121	2000E	UM04-02	B	"B" (Place of Service Codes for Professional or Dental Services) for Facility Code Qualifier
2000E DTP ADMISSION DATE (ONLY USE FOR CMWC and DME)				
135	2000E	DTP03		For CMWC or DME (Loop 2000E.UM03= "56" or "12") enter the Date of Assessment where 2000E.DTP01 = 435 & 2000E.DTP02 = D8

TR3 Page #	Loop ID	Element ID	Data Value	Description
Control Segments				
136	2000E	DTP03		For CMWC or DME (Loop 2000E.UM03= "56" or "12") enter the Referring Physician Signature Date where 2000E.DTP01 = 096 & 2000E.DTP02 = D8
2000E CRC - DURABLE MEDICAL EQUIPMENT INFORMATION (ONLY USE FOR DME)				
166	2000E	CRC01	09	
166	2000E	CRC02	Y	
166	2000E	CRC03	58	
2000E PWK ADDITIONAL PATIENT INFORMATION				
203	2000E	PWK01	M1	
203	2000E	PWK02	EL	
203	2000E	PWK05	AC	
203	2000E	PWK06		Unique value to denote the Attachment Control Number. Only one occurrence of PWK is expected at Loop 2000E. If more than one PWK segment is submitted in Loop 2000E, the transaction will be rejected.
208	2000E	MSG	1st Position- Blank 2nd to 5th Position- NFSS	1st Position- Send a blank 2nd to 5th Position- Send "NFSS" to denote NFSS form
2010EA NM1 PATIENT EVENT PROVIDER NAME (ONLY USE THIS LOOP FOR CMWC OR DME)				
209	2010EA			Send this Loop three times if sending Therapist Identifying Information and Referring Physician Identifying Information and Legally Authorized Representative Information. Referring Physician Identifying Information is required only for CMWC or DME service.

TR3 Page #	Loop ID	Element ID	Data Value	Description
Control Segments				
210	2010EA	NM101	SJ or DN or 73	"SJ" for Therapist Identifying Information "DN" for Referring Physician Identifying Information. "73" for Legally Authorized Representative (LAR) information. LAR info will be derived from PL1 DLN if not sent.
210	2010EA	NM103		Therapist's Last Name OR Referring Physician's Last Name OR LAR Last Name based on the qualifier used in NM101
210	2010EA	NM104		Therapist's First Name OR Referring Physician's First Name OR LAR First Name based on the qualifier used in NM101. Referring Physician First Name is required and NM102 must = "1" if Referring Physician License State is not Texas.
2010EA N3/N4 PATIENT EVENT PROVIDER ADDRESS, CITY, STATE, ZIP (SEND FOR CMWC AND DME REFERRING PHYSICIAN IDENTIFYING INFORMATION IF REFERRING PHYSICIAN LICENSE STATE IS NOT TEXAS)				
215	2010EA	N301		Referring Physician's Street Address OR LAR Street Address
216	2010EA	N401		Referring Physician's City OR LAR City
217	2010EA	N402		Referring Physician's State OR LAR State
217	2010EA	N403		Referring Physician's ZIP Code OR LAR Zip Code
2010EA REF PATIENT EVENT PROVIDER SUPPLEMENTAL INFORMATION (ONLY USE THIS LOOP FOR CMWC OR DME)				
213	2010EA	REF01	0B or 1J	"0B" for License Number "1J" for Physician's Military Spec Code
213	2010EA	REF02		Therapist's License No. if 2010EA.NM010 = "SJ"; else enter the Referring Physician's License No. if 2010EA.NM101 = "DN". If REF01 = "1J", then this value must contain the

TR3 Page #	Loop ID	Element ID	Data Value	Description
Control Segments				
				Referring Physician's Military Spec Code.
213	2010EA	REF03		1st to 2nd position: Enter Therapist's or Referring Physician's License State based on the qualifier in 2010EA.NM101
				3rd position: If 2010EA.NM101="SJ" send "1" (Occupational), "2" (Physical) or "3" (Speech) for Therapist's License Type.
213	2010EA	REF02		If REF01= "1J" above, send second REF segment with REF02 (where REF01=N7) as the Referring Physician's License State.
2010EA PER PATIENT EVENT PROVIDER CONTACT INFORMATION (ONLY USE FOR CMWC OR DME)				
219	2010EA	PER04		Therapist's or Referring Physician's Phone No. or LAR Phone No. based on the qualifier in 2010EA.NM101 where PER03= "TE". Referring Physician Phone No. is only required if Referring Physician License State is not Texas.
220	2010EA	PER06		Therapist's Fax No. where PER05= "FX"
2000F SERVICE LEVEL				
2000F UM HEALTH CARE SERVICES REVIEW INFORMATION				
238	2000F	UM01	HS	
239	2000F	UM02	I or N or R or 4	For DME or CMWC- "I" For Therapy- "N"(Assessment only) "I"(New) "4"(Restart) "R"(Recertification)

TR3 Page #	Loop ID	Element ID	Data Value	Description
Control Segments				
239	2000F	UM03	TC or 93 or AE or BF or 75 or 1 or 33 or 56 or AD or AF or PT	For DME- "TC" (DME Standing Board) or "93" (DME Gait Trainer) or "AE" (DME Orthotic Device) or "BF" (DME Positioning Wedge) or "75" (DME Prosthetic Device) or "1" (DME Car Seat/Special Needs) or "33" (DME Mattress). For CMWC- "56" For Therapy- For Assessment: "AD" (OT Assessment) or "AF" (ST Assessment) or "PT" (PT Assessment) and 2000F.MSG01= "A" (Assessment) For Service: "AD" (OT Service) or "AF" (ST Service) or "PT" (PT Service) and 2000F.MSG01= "S" (Service).
2000F DTP SERVICE DATE (ONLY USE FOR THERAPY)				
246	2000F	DTP03		For Therapy (2000E.UM03 = "A9") enter the Date of Assessment where 2000F.DTP01 = 472 & 2000F.DTP02 = D8. Submit this DTP segment only at the Loop 2000F occurrence with MSG01 = "A" (assessment level).
246	2000F	DTP03		For Therapy (2000E.UM03 = "A9") enter the Referring Physician Signature Date where 2000F.DTP01 = 472 & 2000F.DTP02 = D8. Submit this DTP segment only at the Loop 2000F occurrence with MSG01 = "S" (service level).
2000F HSD (HEALTH CARE SERVICES DELIVERY) (ONLY USE FOR THERAPY WHERE MSG01=S)				
267	2000F	HSD01	VS	
267	2000F	HSD02		Enter the number of times per week that the therapist will provide treatment.

TR3 Page #	Loop ID	Element ID	Data Value	Description
Control Segments				
268	2000F	HSD03	DA	
268	2000F	HSD04		Enter the number of times per day that the therapist will provide treatment.
268	2000F	HSD05	34	
268	2000F	HSD06		Enter the length of treatment as number of months.
2000F PWK ADDITIONAL SERVICE INFORMATION				
272	2000F	PWK01	M1	
274	2000F	PWK02	EL	
274	2000F	PWK05	AC	
274	2000F	PWK06		Enter an Attachment Control Number (ACN) which must uniquely denote the type of service requested in that loop 2000F. This ACN will be used to link service line level attachments from the corresponding 275 transaction. Multiple 2000F loops must be used to denote multiple types of services requested uniquely.
2000F.MSG MESSAGE TEXT (ONLY USE THIS FOR THERAPY)				
276	2000F	MSG01	A or S	For Therapy, send two Loop 2000F where MSG01 = “A” (for Therapy Assessment) in the first Loop 2000F and MSG01 = “S” (for Therapy Service) in the second occurrence of Loop 2000F if the Therapy authorization type is any of these: New (UM02 = “I”); Restart (UM02 = “4”); Recertification (UM02 = “R”); If the authorization type is Assessment only (UM02 = “N”) the submitter must send only one Loop 2000F with MSG01 = “A” (for Therapy Assessment).
2010F SERVICE PROVIDER NAME				
2010F NM1 SERVICE PROVIDER NAME				

TR3 Page #	Loop ID	Element ID	Data Value	Description
Control Segments				
278	2010F	NM101	SJ or DK or QB or 73	For Therapy, send “SJ" to denote Therapist Identifying Information; or else send "DK” to denote Referring Physician Identifying Information; or else “73” for Legally Authorized Representative Information (LAR). Send Therapist Identifying Information in Loop 2000F where MSG01 = “A” (Assessment) and Referring Physician Identifying Information in Loop 2000F occurrence where MSG01 = “S” (service). LAR information must be only sent in the first Loop 2000F occurrence. For CMWC or DME, send “QB” for Supplier information.
278	2010F	NM103		For Therapy, send Therapist’s Last Name or Referring Physician’s Last Name or LAR Last Name based on the qualifier in NM101. Send Therapist Identifying Information in Loop 2000F where MSG01 = “A” (Assessment) and Referring Physician Identifying Information in Loop 2000F occurrence where MSG01 = “S” (service). LAR information must be only sent in the first Loop 2000F occurrence. For CMWC or DME, send Supplier Representative Last Name.
278	2010F	NM104		For Therapy, send Therapist’s First Name or Referring Physician’s First Name or LAR First Name based on the qualifier in NM101. Send Therapist Identifying Information in Loop 2000F where MSG01 = “A” (Assessment) and Referring Physician Identifying Information in Loop 2000F occurrence where MSG01 = “S” (service). LAR information must be only sent in the first Loop 2000F occurrence. For CMWC or DME, send Supplier

TR3 Page #	Loop ID	Element ID	Data Value	Description
Control Segments				
				Representative First Name.
2010F REF SERVICE PROVIDER SUPPLEMENTAL IDENTIFICATION (ONLY USE THIS FOR THERAPY)				
281	2010F	REF01	0B or 1J	Enter “0B” to send License No. or “1J” to send Military Spec Code.
282	2010F	REF02		Enter Therapist’s License No. or Referring Physician’s Military Spec Code based on the qualifier in REF01.
282	2010F	REF03	1st – 2nd position	1st to 2nd position: Enter Therapist's or Referring Physician’s License State based on the qualifier in 2010F.NM101 3rd position: If 2010F.NM101=”SJ” send "1" (Occupational), "2" (Physical) or "3" (Speech) for Therapist's License Type.
282	2010F	REF02		If REF01= “1J” above, send a second REF segment with REF02 (where REF01=N7) as the Referring Physician’s License State.
2010F N3/N4 SERVICE PROVIDER ADDRESS				
283	2010F	N301		For Therapy, send Referring Physician’s Street Address or LAR Street Address based on the qualifier in NM101. For CMWC or DME, send Supplier's Street Address.
284	2010F	N401		For Therapy, send Referring Physician’s City or LAR City based on the qualifier in NM101For CMWC or DME, send Supplier's City.
284	2010F	N402		For Therapy, send Referring Physician’s State or LAR State based on the qualifier in NM101. For CMWC or DME, send Supplier's State.

TR3 Page #	Loop ID	Element ID	Data Value	Description
Control Segments				
284	2010F	N403		For Therapy, send Referring Physician's ZIP Code or LAR Zip Code based on the qualifier in NM101. For CMWC or DME, send Supplier's ZIP Code.
2000F PER PATIENT EVENT PROVIDER CONTACT INFORMATION				
286	2010F	PER02		Enter CMWC or DME Supplier's Business Name where NM101 = "QB".
286	2010F	PER04		For Therapy, send Therapist's or Referring Physician's or LAR Phone Number based on the qualifier in NM101. For CMWC or DME, send Supplier's Phone Number.
286	2010F	PER06		For Therapy, send Therapist's Fax Number. For CMWC or DME, send Supplier's Fax Number.

278 Health Care Service Review Response

Below are the required Loops and Elements for a 278 Health Care Service Review Response for PASRR NFSS. Texas Medicaid will send and accept only one ISA/IEA in each file and one GS/GE per ISA. Texas Medicaid uses "*" (asterisk) as the element separator, and "~" (tilde) as the segment separator.

Page #	Loop ID	Element ID	Data Value	Description
Control Segments				
INTERCHANGE CONTROL HEADER				
C.5		ISA06	Production = 617591011LTCPP Testing = 617591011LTCPT	Texas Medicaid ID
C.5		ISA08	Interchange Receiver ID	Receiver ID assigned by Texas Medicaid
C.6		ISA15	P	"P" for both Production and Test
FUNCTIONAL GROUP HEADER				

Page #	Loop ID	Element ID	Data Value	Description
Control Segments				
C.7		GS02	Production = 617591011LTCPP Testing = 617591011LTCPT	Texas Medicaid ID
C.7		GS03	Application Receiver Code	Receiver ID assigned by Texas Medicaid
2000A UTILIZATION MANAGEMENT ORGANIZATION (UMO)				
AAA REQUEST VALIDATION				
316	2010A	AAA01	N	Texas Medicaid will return the 2000A.AAA segment, when the Texas Medicaid systems are down or temporarily unavailable for processing.
316	2010A	AAA03	42	Texas Medicaid will return “42”, while the systems are down or temporarily unavailable.
316	2010A	AAA04	P	
2000B REQUESTER LEVEL				
2010B REQUESTER NAME				
321	2010B	NM101	1P	Texas Medicaid will return the value as received on the 278 request transaction.
321	2010B	NM108	46	Texas Medicaid will return the value as received on the 278 request transaction.
321	2010B	NM109		Texas Medicaid will return the Nursing Facility Contract Number as received on the 278 request transaction.
323	2010B	REF01	ZH	Texas Medicaid will return the value as received on the 278 request transaction.
324	2010B	REF02		Texas Medicaid will return the PL1 DLN as received on the 278 request transaction.
AAA REQUESTER REQUEST VALIDATION				
325	2010B	AAA01	N	Texas Medicaid will return the 2010B.AAA segment only when there is a Requester information validation error.

Page #	Loop ID	Element ID	Data Value	Description
Control Segments				
325	2010B	AAA03		Texas Medicaid will return the appropriate Reject Reason Code when there is a Requester information validation error. (Please refer to error codes and description in the Appendix for a complete list.)
325	2010B	AAA04	C	
2000C SUBSCRIBER LEVEL				
2010C SUBSCRIBER NAME				
332	2010C	NM108	MI	Texas Medicaid will return the value as received on the 278 request transaction.
333	2010C	NM109		Texas Medicaid will return the value as received on the 278 request transaction.
AAA SUBSCRIBER REQUEST VALIDATION				
339	2010C	AAA01	N	Texas Medicaid will return the 2010C.AAA segment only when there is a Subscriber information validation error.
339	2010C	AAA03		Texas Medicaid will return the appropriate Reject Reason Code when there is a Subscriber information validation error (Please refer to error codes and description in the Appendix for a complete list.)
340	2010C	AAA04	C	
2000E PATIENT EVENT LEVEL				
TRN PATIENT EVENT TRACKING NUMBER				
364	2000E	TRN01	1	Texas Medicaid will return the value as received on the 278 request transaction.
364	2000E	TRN02		Texas Medicaid will return the value as received on the 278 request transaction.
364	2000E	TRN03		Texas Medicaid will return the value as received on the 278 request transaction.
AAA PATIENT EVENT REQUEST VALIDATION				
365	2000E	AAA01	N	Texas Medicaid will return the 2000E.AAA segment only when there is a Patient Event Request information

Page #	Loop ID	Element ID	Data Value	Description
Control Segments				
				validation error.
366	2000E	AAA03		Texas Medicaid will return the appropriate Reject Reason Code in this element (Please refer to error codes and description in the Appendix for a complete list.)
366	2000E	AAA04	C	
UM HEALTH CARE SERVICES REVIEW INFORMATION				
367	2000E	UM01	HS or AR	Texas Medicaid will return the value as received on the 278 request transaction.
368	2000E	UM02	I	Texas Medicaid will return the value as received on the 278 request transaction.
368	2000E	UM03	A9 or 12 or 56	Texas Medicaid will return the value as received on the 278 request transaction.
368	2000E	UM04-01	32	Texas Medicaid will return the value as received on the 278 request transaction.
368	2000E	UM04-01	B	Texas Medicaid will return the value as received on the 278 request transaction.
HCR PATIENT EVENT HEALTHCARE SERVICE REVIEW				
374	2000E	HCR01	A4 or A3	Texas Medicaid will not return this element when there is a fatal validation error at Event level (2000E) of the request transaction. Texas Medicaid will return the value "A4" when the transaction has a DLN. Texas Medicaid will return the value "A3" when there are fatal errors encountered at Service Line level (2000F) of the request.
374	2000E	HCR03	0B or 25	Texas Medicaid will not return this element when there is a fatal validation error at Event level (2000E) of the request transaction. Texas Medicaid will return the value "0B" when the transaction passes validation (HCR01=A4). Texas Medicaid will return the value

Page #	Loop ID	Element ID	Data Value	Description
Control Segments				
				"25" when there are fatal errors encountered at Service Line level (2000F) of the request (HCR01=A3).
DTP ADMISSION DATE (ONLY USE THIS FOR CMWC/DME)				
383	2000E	DTP01	435	Texas Medicaid will return the value as received on the 278 request transaction.
383	2000E	DTP02	D8	Texas Medicaid will return the value as received on the 278 request transaction.
383	2000E	DTP03		Texas Medicaid will return the value as received on the 278 request transaction.
DTP DISCHARGE DATE (ONLY USE THIS FOR CMWC/DME)				
384	2000E	DTP01	096	Texas Medicaid will return the value as received on the 278 request transaction.
384	2000E	DTP02	D8	Texas Medicaid will return the value as received on the 278 request transaction.
384	2000E	DTP03		Texas Medicaid will return the value as received on the 278 request transaction.
REF ADMINISTRATIVE REFERENCE NUMBER				
376	2000E	REF01	NT	NT (only returned for accepted transactions). This element will not be returned for any transaction with fatal error codes.
376	2000E	REF02		Texas Medicaid will return the Document Locator Number (DLN) in this element, for all approved transactions (2000E.HCR.01 = A4). DLN will be sent to denote that the authorization request for PASRR NFSS has been accepted for processing. This element will not be returned for any transaction with fatal error codes. DLN can be used to search and access the form in the LTC Online Portal.
PWK ADDITIONAL PATIENT INFORMATION				
465	2000E	PWK01	M1	
465	2000E	PWK02	EL	
465	2000E	PWK05	AC	

Page #	Loop ID	Element ID	Data Value	Description
Control Segments				
465	2000E	PWK06		Texas Medicaid will return a system generated unique attachment control number
MSG MESSAGE SEGMENT				
520	2000E	MSG01		Texas Medicaid will return the business edit numbers encountered. If more than one error, multiple edit numbers will be sent separated by commas. e.g. MSG* Bx27808041, Bx27808042~ (Please refer to Appendix for a complete list of Business Edit Numbers with Descriptions.)
2010EA NM1 PATIENT EVENT PROVIDER NAME (ONLY USE THIS LOOP FOR CMWC OR DME)				
434	2010EA			Texas Medicaid will return this Loop the number of times it occurs in the request transaction.
434	2010EA	NM101	SJ or DN or 73	Texas Medicaid will return the value as received on the 278 request transaction.
434	2010EA	NM103		Texas Medicaid will return the value as received on the 278 request transaction.
434	2010EA	NM104		Texas Medicaid will return the value as received on the 278 request transaction.
434	2010EA	NM108	46	Texas Medicaid will return the value as received on the 278 request transaction.
434	2010EA	NM109		Texas Medicaid will return the value as received on the 278 request transaction.
2010EA REF PATIENT EVENT PROVIDER SUPPLEMENTAL INFORMATION				
435	2010EA	REF01	0B or 1J And/or N7	Texas Medicaid will return the value as received on the 278 request transaction.
436	2010EA	REF02		Texas Medicaid will return the value as received on the 278 request transaction.
436	2010EA	REF03		Texas Medicaid will return the value as received on the 278 request transaction.
2010EA N3/N4 PATIENT EVENT PROVIDER ADDRESS, CITY, STATE, ZIP (ONLY USE FOR CMWC AND DME REFERRING PHYSICIAN IDENTIFYING INFORMATION)				

Page #	Loop ID	Element ID	Data Value	Description
Control Segments				
437	2010EA	N301		Texas Medicaid will return the value as received on the 278 request transaction.
439	2010EA	N401		Texas Medicaid will return the value as received on the 278 request transaction.
439	2010EA	N402		Texas Medicaid will return the value as received on the 278 request transaction.
439	2010EA	N403		Texas Medicaid will return the value as received on the 278 request transaction.
2010EA PER PATIENT EVENT PROVIDER CONTACT INFORMATION (ONLY USE FOR CMWC OR DME)				
441	2010EA	PER04		Texas Medicaid will return the value received on the 278 request transaction.
442	2010EA	PER06		Texas Medicaid will return the value received on the 278 request transaction.
AAA PATIENT EVENT PROVIDER REQUEST VALIDATION				
443	2010EA	AAA01	N	Texas Medicaid will return the 2010EA.AAA segment only when there is a Patient Event Provider Name level information validation error.
443	2010EA	AAA03		Texas Medicaid will return the appropriate Reject Reason Code in this element (Please refer to Appendix for the list of error codes and description.)
443	2010EA	AAA04	C	
2000F SERVICE LEVEL				
AAA SERVICE REQUEST VALIDATION				
532	2000F	AAA01	N	Texas Medicaid will return the 2000F.AAA segment only when there is a Service level information validation error.
532	2000F	AAA03		Texas Medicaid will return the appropriate Reject Reason Code in this element (Please refer to Appendix for the list of error codes and description.)
532	2000F	AAA04	C	
UM HEALTH CARE SERVICES REVIEW INFORMATION				

Page #	Loop ID	Element ID	Data Value	Description
Control Segments				
238	2000F	UM01	HS	Texas Medicaid will return the value received on the 278 request transaction.
239	2000F	UM02	I or N or 4 or R	Texas Medicaid will return the value received on the 278 request transaction.
239	2000F	UM03	TC or 93 or AE or BF or 75 or 1 or 33 or 56 or AD or AF or PT	Texas Medicaid will return the value received on the 278 request transaction.
DTP SERVICE DATE (ONLY USE THIS FOR THERAPY)				
479	2000F	DTP01	472	Texas Medicaid will return the value as received on the 278 request transaction
479	2000F	DTP02	D8	Texas Medicaid will return the value as received on the 278 request transaction
479	2000F	DTP03		Texas Medicaid will return the value as received on the 278 request transaction
HSD HEALTH CARE SERVICES DELIVERY (ONLY USE THIS FOR THERAPY)				
409	2000F	HSD01	VS	Texas Medicaid will return the value as received on the 278 request transaction.
409	2000F	HSD02		Texas Medicaid will return the value as received on the 278 request transaction.
409	2000F	HSD03	DA	Texas Medicaid will return the value as received on the 278 request transaction.
410	2000F	HSD04		Texas Medicaid will return the value as received on the 278 request transaction.
410	2000F	HSD05	34	Texas Medicaid will return the value as received on the 278 request transaction.
410	2000F	HSD06		Texas Medicaid will return the value as received on the 278 request transaction.
PWK ADDITIONAL SERVICE INFORMATION				
516	2000F	PWK01	M1	
518	2000F	PWK02	EL	
518	2000F	PWK05	AC	
518	2000F	PWK06		Texas Medicaid will return a system generated unique attachment control number
MSG MESSAGE SEGMENT				

Page #	Loop ID	Element ID	Data Value	Description
Control Segments				
520	2000F	MSG01		Texas Medicaid will return the business edit numbers encountered. If more than one error, multiple edit numbers will be sent, separated by commas. e.g. MSG* Bx27808041, Bx27808042~ (Please refer to Appendix for a complete list of Business Edit Numbers and Descriptions.)
2010F NM1 SERVICE PROVIDER NAME				
521	2010F	NM101	SJ or DK or QB or 73	Texas Medicaid will return the value as received on the 278 request transaction.
522	2010F	NM103		Texas Medicaid will return the value as received on the 278 request transaction.
522	2010F	NM104		Texas Medicaid will return the value as received on the 278 request transaction.
2010F REF SERVICE PROVIDER SUPPLEMENTAL IDENTIFICATION (ONLY USE THIS FOR THERAPY)				
524	2010F	REF01	0B or 1J and/or N7	Texas Medicaid will return the value as received on the 278 request transaction.
525	2010F	REF02		Texas Medicaid will return the value as received on the 278 request transaction.
525	2010F	REF03		Texas Medicaid will return the value as received on the 278 request transaction.
525	2010F	REF03		Texas Medicaid will return the value as received on the 278 request transaction.
2010F N3/N4 SERVICE PROVIDER ADDRESS				
526	2010F	N301		Texas Medicaid will return the value as received on the 278 request transaction.
527	2010F	N401		Texas Medicaid will return the value as received on the 278 request transaction.
528	2010F	N402		Texas Medicaid will return the value as received on the 278 request transaction.

Page #	Loop ID	Element ID	Data Value	Description
Control Segments				
528	2010F	N403		Texas Medicaid will return the value as received on the 278 request transaction.
2000F PER PATIENT EVENT PROVIDER CONTACT INFORMATION				
530	2010F	PER02		Texas Medicaid will return the value as received on the 278 request transaction.
530	2010F	PER04		Texas Medicaid will return the value as received on the 278 request transaction.
531	2010F	PER06		Texas Medicaid will return the value as received on the 278 request transaction.

Business edits for X12 278 transaction

Refer to Appendices section 11.

11 APPENDICES

11.1 Transmission Examples

This is used to describe the required data sets by Texas Medicaid for NFSS form processing. The X12 278 format is used for submission of Healthcare Service Review requests.

NOTE: For the NFSS form data transmitted to Texas Medicaid, Insured/Patient data is captured from the Subscriber level loops; data in the Dependent level loops is ignored.

278 Request Examples:

CMWC 278 Assessment Only Request

ISA*00* *00* *ZZ*146111111 *ZZ*617591011LTCPP
*170406*1130*|*00501*100000001*0*P*:
GS*HI*146111111*617591011LTCPP*20170406*1130*10001*X*005010X217
ST*278*1001*005010X217
BHT*0007*13*18324250101*20170406*1022
HL*1**20*1
NM1*X3*2*TMHP*****46*617591011LTCPP
HL*2*1*21*1
NM1*FA*2******46*001010000
REF*ZH*140285000000
PER*IC**TE*9155551212*FX*9155551212
HL*3*2*22*1
NM1*IL*1******MI*511111111
HL*4*3*EV*1
TRN*1*9876543210A*9146111111
UM*AR*I*56*32:B
DTP*435*D8*20170406
DTP*096*D8*20170406
PWK*M1*EL***AC*ABC100001
MSG* NFSS
NM1*SJ*1*LAST*FIRST
REF*0B*0000000*TX2
PER*IC**TE*9155551212*FX*9155551212
NM1*DN*2*SMITH
REF*0B*TM00000*TX
SE*23*1001
GE*1*10001
IEA*1*10000001

DME 278 Request with all 7 DME Items

ISA*00**00* *ZZ*146111111 *ZZ*617591011LTCPP
*170322*1130*|*00501*183242501*0*P*:
S*HI*146111111*617591011LTCPP*20170322*1130*183242501*X*005010X217
ST*278*100002*005010X217
BHT*0007*13*18324250101*20170322*1130

HL*1**20*1
M1*X3*2*TMHP*****46*617591011LTCPP
HL*2*1*21*1
NM1*FA*2******46*001010000
REF*ZH*140285000000
PER*IC**TE*9155551212*FX*9155551212
HL*3*2*22*1
NM1*IL*1******MI*511111111
HL*4*3*EV*1
TRN*1*8765432AX*9146111111
UM*AR*I*12*32:B
DTP*435*D8*20170314
DTP*096*D8*20170314
CRC*09*Y*58
PWK*M1*EL***AC*ABC100002
MSG* NFSS
NM1*SJ*1*LAST*FIRST
REF*0B*0000000*TX2
PER*IC**TE*9155551212*FX*9155551212
NM1*DN*1*SMITH*JOHN
REF*0B*1234556677*OH
N3*123 REF ADDRESS
N4*AUSTIN*OH*99999
PER*IC**TE*1234567898
HL*5*4*SS*0
UM*HS*I*93
PWK*M1*EL***AC*ABC100002A
NM1*QB*1*LAST*FIRST
N3*12334 TEST STREET
N4*AUSTIN*TX*78727
PER*IC*TEST NAME*TE*9999999999*FX*9999999999
HL*6*4*SS*0
UM*HS*I*AE
PWK*M1*EL***AC*10000XYZ
NM1*QB*1*LAST*FIRST
N3*12334 TEST STREET
N4*AUSTIN*TX*78727
PER*IC*TEST NAME*TE*9999999999*FX*9999999999
HL*7*4*SS*0
UM*HS*I*BF
PWK*M1*EL***AC*123ABC4567
NM1*QB*1*LAST*FIRST
N3*12334 TEST STREET
N4*AUSTIN*TX*78727
PER*IC*TEST NAME*TE*9999999999*FX*9999999999
HL*8*4*SS*0

UM*HS*I*75
PWK*M1*EL***AC*123ABC4568
NM1*QB*1*LAST*FIRST
N3*12334 TEST STREET
N4*AUSTIN*TX*78727
PER*IC*TEST NAME*TE*9999999999*FX*9999999999
HL*9*4*SS*0
UM*HS*I*1
PWK*M1*EL***AC*123ABC4569
NM1*QB*1*LAST*FIRST N3*12334
TEST STREET
N4*AUSTIN*TX*78727
PER*IC*TEST NAME*TE*9999999999*FX*9999999999
HL*10*4*SS*0
UM*HS*I*33
PWK*M1*EL***AC*123ABC4560
NM1*QB*1*LAST*FIRST
N3*12334 TEST STREET
N4*AUSTIN*TX*78727
PER*IC*TEST NAME*TE*9999999999*FX*9999999999
HL*11*4*SS*0
UM*HS*I*TC
PWK*M1*EL***AC*123ABC4566
NM1*QB*1*LAST*FIRST
N3*12334 TEST STREET
N4*AUSTIN*TX*78727
PER*IC*TEST NAME*TE*9999999999*FX*9999999999
SE*76*10002
GE*1*183242501
IEA*1*183242501

Occupational Therapy 278 Assessment Only Request

ISA*00* *00* *ZZ*146111111 *ZZ*617591011LTCPP
*170406*1130*|*00501*183242501*0*P*:
GS*HI*146111111*617591011LTCPP*20170406*1130*1*X*005010X217
ST*278*0001*005010X217
BHT*0007*13*18324250101*20170406*1611
HL*1**20*1
NM1*X3*2*TMHP*****46*617591011LTCPP
HL*2*1*21*1
NM1*FA*2******46*001010000
REF*ZH*140285000000
PER*IC**TE*9155551212*FX*9155551212
HL*3*2*22*1
NM1*IL*1******MI*511111111

HL*4*3*EV*1
TRN*1*8877665AB*9146111111
UM*HS*I*A9*32:B
PWK*M1*EL***AC*ABC456777
MSG* NFSS
HL*5*4*SS*0 UM*HS*N*AD
DTP*472*D8*20170406
PWK*M1*EL***AC*102030405060
MSG*A
NM1*SJ*1*LAST*FIRST
REF*0B*0000000*TX2
PER*IC**TE*9155551212*FX*9155551212
SE*24*0001
GE*1*1
IEA*1*183242501

Physical Therapy 278 Restart Request

New and Restart X12 structure is the same except UM02 = "I" (instead of 4) for a "New" Authorization Type.

ISA*00* *00* *ZZ*146111111 *ZZ*617591011LTCPP
*170405*1130*|*00501*100000001*0*P*:
S*HI*146111111*617591011LTCPP*20170405*1130*1000001*X*005010X217
ST*278*1001*005010X217
BHT*0007*13*101*20170405*1611
HL*1**20*1
NM1*X3*2*TMHP*****46*61759011LTCPP
HL*2*1*21*1
NM1*FA*2******46*001010000
REF*ZH*170685000000
PER*IC**TE*9155551212*FX*9155551212
HL*3*2*22*1
NM1*IL*1******MI*511111111
HL*4*3*EV*1
TRN*1*112233445X*9146111111
UM*HS*I*A9*32:B
PWK*M1*EL***AC*111
MSG* NFSS
HL*5*4*SS*0
UM*HS*4*PT
DTP*472*D8*20170405
PWK*M1*EL***AC*222
MSG*A
NM1*SJ*1*LAST*FIRST
REF*0B*1111111*TX2
PER*IC**TE*9155551212*FX*9155551212

HL*6*4*SS*0
UM*HS*4*PT
DTP*472*D8*20170405
HSD*VS*3*DA*1*34*4
PWK*M1*EL***AC*222A
MSG*S
NM1*DK*2*SMITH
REF*0B*R0000*TX
SE*32*1001
GE*1*1000001
IEA*1*100000001

Speech Therapy 278 Recertification Request

ISA*00* *00* *ZZ*146111111 *ZZ*617591011LTCPP
*170406*1611*|*00501*183242501*0*P*:
GS*HI*146111111*617591011LTCPP*20170406*1611*183242501*X*005010X217
ST*278*183242501*005010X217
BHT*0007*13*18324250101*20170406*1611
HL*1**20*1
NM1*X3*2*TMHP*****46*617591011LTCPP
HL*2*1*21*1
NM1*FA*2******46*001010000
REF*ZH*140285000000
PER*IC**TE*9155551212*FX*9155551212
HL*3*2*22*1
NM1*IL*1******MI*511111111
HL*4*3*EV*1
TRN*1*12345BCD*9146111111
UM*HS*I*A9*32:B
PWK*M1*EL***AC*987123
MSG* NFSS
HL*5*4*SS*0
UM*HS*R*AF
PWK*M1*EL***AC*987456
PWK*M1*EL***AC*987456A
MSG*A
NM1*SJ*1*LAST*FIRST
REF*0B*0000000*TX2
PER*IC**TE*9155551212*FX*9155551212
HL*6*4*SS*0
UM*HS*R*AF
DTP*472*D8*20170212
PWK*M1*EL***AC*987457
MSG*S
NM1*DK*1*SMITH*JOHN
REF*0B*X0000*NM

N3*123 REFERRING ADDRESS
N4*AUSTIN*NM*99999
PER*IC**TE*9155551212
SE*34*183242501
GE*1*183242501
IEA*1*183242501

11.2 278 Response Examples:

Example of 278 Response Accepted Transaction

The following example represents the response to a request for review. In this case Texas Medicaid accepts the submission of the authorization request for PASRR NFSS. DLN is present in REF*NT* segment since the transaction passed all validations or else set only warning edits.

ISA*00* *00* *ZZ*617591011LTCPP *ZZ*146111111
*170331*1658*|*00501*100000001*0*P*:
GS*HI*617591011LTCPP*146111111*20170331*165833*1000001*X*005010X217
ST*278*1001*005010X217
BHT*0007*11*101*20170331*165833*18
HL*1**20*1
NM1*X3*2*TMHP*****46*617591011LTCPP
HL*2*1*21*1
NM1*FA*2******46*001010000
REF*ZH*170685000000
HL*3*2*22*1 NM1*IL*1******MI*511111111
HL*4*3*EV*1
TRN*2*112233445X*9146111111
UM*HS*I*A9*32:B
HCR*A4**0B
REF*NT*170905306915
HL*5*4*SS*0
UM*HS*4*PT
DTP*472*D8*20170331
PWK*M1*EL***AC*1111
NM1*SJ*1*LAST*FIRST
REF*0B*1111111*TX2
PER*IC**TE*9155551212*FX*9155551212
HL*6*4*SS*0
UM*HS*4*PT
DTP*472*D8*20170405
HSD*VS*3*DA*1*34*4
PWK*M1*EL***AC*1112
NM1*DK*2*SMITH
REF*0B*R0000*TX

SE*29*1001 GE*1*1000001
IEA*1*100000001

Example of 278 Response Rejected Transaction

The following example represents the response to the request for review, when Texas Medicaid has rejected the transaction. Notice that the response includes the AAA error segment and also the business edit number in 2000E.MSG segment. Business edit codes and descriptions are described in Appendices (278 Business Error Codes and Description).

ISA*00* *00* *ZZ*617591011LTCPP *ZZ*146111111
*170325*1301*|*00501*183242501*0*P*:
GS*HI*617591011LTCPP*146111111*20170325*130158*183242501*X*005010X217
ST*278*183242501*005010X217
BHT*0007*11*18324250101*20170325*130158*18
HL*1**20*1
NM1*X3*2*TMHP*****46*617591011LTCPP
HL*2*1*21*1
NM1*FA*2******46*001010000
REF*ZH*140285000000
HL*3*2*22*1
NM1*IL*1******MI*511111111
HL*4*3*EV*0
TRN*2*XP7890*9146111111
AAA*N**33*C
UM*AR*I*12*32:B DTP*435*D8*20170325
DTP*096*D8*20170325
MSG*Bx27808063,Bx27808065,Bx27808067
NM1*SJ*1*LAST*FIRST
REF*0B*0000000*TX2
PER*IC**TE*9155551212*FX*9155551212
NM1*DK*2*SMITH
REF*0B*R0000*TX
SE*22*183242501
GE*1*183242501
IEA*1*183242501

278 Business Error Codes and Description

Loop	Error Code	Business Edit #	Description	Error Type
2010B	43	Bx27808034	Nursing Facility Contract ID is missing or invalid.	Fatal
	79	Bx27808035	PL1 DLN is missing or invalid. Request for Authorization of PASRR NF Specialized Services must be initiated from a valid PL1.	Fatal
	79	Bx27808036	Resident's identifying information is not valid.	Fatal

Loop	Error Code	Business Edit #	Description	Error Type
			Please review Resident's identifying information for Medicaid No., Last Name, SSN or Birth Date.	
	35	Bx27808037	Resident must be 21 years of age to qualify for NF PASRR Specialized Services.	Fatal
	79	Bx27808038	PE associated to the PL1 from which this form was initiated no longer reflects the resident as having IDD or IDD/MI. Request for Authorization of PASRR NFSS must be initiated from a valid PL1 which has a supporting IDD or IDD/MI PE.	Fatal
	46	Bx27808039	Nursing Facility Phone No. is missing or invalid.	Fatal
		Bx27808040	Nursing Facility Fax No. is missing or invalid.	Fatal
	15	Bx27808095	IDT not found.	Warning
	35	Bx27808096	Requests for specialized services must be within 30 calendar days of IDT date.	Warning
	33	Bx27808098	NF Contract No. is not valid for the submission date.	Fatal
	33	Bx27809127	One or more values of A1000. LIDDA Information is missing or invalid. These include Provider No., Vendor No., and/or NPI/API No.	Fatal
	33	Bx27809128	One or more values of A1100. LMHA Information is missing or invalid. These include Provider No., Vendor No., and/or NPI/API No.	Fatal
2000E	57	Bx27808055	CMWC/DME Date of Assessment is missing or invalid.	Fatal
		Bx27808057	CMWC/DME Date of Assessment cannot be a future date.	Fatal
		Bx27808059	For a CMWC/DME assessment, Date of Assessment cannot be more than 364 calendar days prior to current date.	Fatal
		Bx27808061	For a CMWC/DME service, Date of Assessment cannot be more than 29 calendar days prior to the current date.	Fatal
2000E	33	Bx27808041	CMWC/DME Therapist's First Name is missing or invalid.	Fatal
		Bx27808043	CMWC/DME Therapist's Last Name is missing or invalid.	Fatal
		Bx27808045	CMWC/DME Therapist's License Type is missing or invalid.	Fatal

Loop	Error Code	Business Edit #	Description	Error Type
		Bx27808047	CMWC/DME Therapist's License No. is missing or invalid.	Fatal
		Bx27808049	CMWC/DME Therapist's License State is missing or invalid.	Fatal
		Bx27808051	CMWC/DME Therapist's Phone No. is missing or invalid.	Fatal
		Bx27808053	CMWC/DME Therapist's FAX No. is missing or invalid.	Fatal
		Bx27808063	CMWC/DME Referring Physician Last Name is missing or invalid.	Fatal
		Bx27808065	CMWC/DME Referring Physician License State is missing or invalid.	Fatal
		Bx27808067	CMWC/DME Referring Physician Military Spec Code or	Fatal
			Referring Physician License Number is missing or invalid.	
		Bx27808071	CMWC/DME Out of State Referring Physician's First Name is missing or invalid.	Fatal
		Bx27808073	CMWC/DME Out of State Referring Physician's Street Address is missing or invalid.	Fatal
		Bx27808075	CMWC/DME Out of State Referring Physician's City is missing or invalid.	Fatal
2000E	33	Bx27808077	CMWC/DME Out of State Referring Physician's State is missing or invalid.	Fatal
		Bx27808079	CMWC/DME Out of State Referring Physician's Zip Code is missing or invalid.	Fatal
		Bx27808081	CMWC/DME Out of State Referring Physician's Phone Number is missing or invalid.	Fatal
		Bx27808099	A previously approved Assessment has been identified for the same Vendor No., Individual and Date.	Warning
2000E	33	Bx27808016	Missing or Invalid form name in 2000E.MSG01. Expected value is H1700 or SKISP or NFSS in (2nd to 6th Positions).	Fatal
		Bx27808134	NF Contract No. is not valid for the Date of Assessment.	Fatal
		Bx27808135	An X12 278 request must have all LAR fields populated if any one field is sent in LAR	Fatal

Loop	Error Code	Business Edit #	Description	Error Type
			information.	
		Bx27808136	Referring Physician's Signature Date is a required field if Authorization Type is not Assessment Only.	Fatal
		Bx27808138	Referring Physician's Signature Date cannot be more than 29 calendar days prior to the current date.	Fatal
		Bx27808140	Referring Physician's Signature Date cannot be greater than the current date.	Fatal
		Bx27808142	Resident's LAR First Name must be up to 12 alphanumeric characters.	Fatal
		Bx27808143	Resident's LAR Last Name must be up to 18 alphanumeric characters.	Fatal
		Bx27808144	Resident's LAR Street Address must be up to 30 alphanumeric characters.	Fatal
		Bx27808145	Resident's LAR City must be up to 30 alphanumeric characters.	Fatal
		Bx27808146	Resident's LAR State must be present and valid.	Fatal
		Bx27808147	Resident's LAR Zip Code must be 5 or 9 numeric characters.	Fatal
2000E	33	Bx27808148	Resident's LAR Phone Number must be exactly 10 numeric characters.	Fatal
		Bx27809103	Segment PWK (Additional Patient Information) must exist only once at Loop 2000E.	Fatal
		Bx27809104	Request Type (Loop 2000E.UM03) does not have one of these valid values- "A9" (Therapy), “56” (CMWC), “12” (DME).	Fatal
		Bx27809105	Type of Service Requested (Loop 2000F) is missing for a Therapy Request Type.	Fatal
2000E	33	Bx27809110	Only one occurrence of TRN is allowed at Loop 2000E AND Submitter Control Number in Loop 2000E TRN segment is a required field.	Fatal
		Bx27809111	Duplicate combination of Submitter ID, Submitter Control Number and Attachment Control Number(s) submitted in the 278 X12 authorization request or exists in EDI.	Fatal
		Bx27809112	An X12 278 request must have a value of "AR" (Admission Review) in Loop 2000E.UM01 for CMWC and DME.	Fatal

Loop	Error Code	Business Edit #	Description	Error Type
		Bx27809113	An X12 278 request must have a value of “HS" (Health Services Review) in Loop 2000E.UM01 for Therapy.	Fatal
		Bx27809115	An X12 278 request must have the value "I" in Loop 2000E.UM02 (Certification Type Code).	Fatal
		Bx27809117	An X12 278 request must have the below values in Loop 2000E PWK segment: PWK01=M1 PWK02=EL PWK05=AC	Fatal
		Bx27809119	EDI must reject (R) a 5010 X12 278 transaction when an invalid edit code is received from Careforms service.	Fatal
		Bx27809120	EDI must reject (R) a 5010 X12 278 transaction when an edit is received without a service line reference from Careforms service.	Fatal
2000E	33	Bx27809122	This CMWC/DME request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the date that submission of the NFSS form was attempted. Submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.	Fatal
2000F	33	Bx27808042	Therapist's First Name is missing or invalid on a Therapy request type.	Fatal
		Bx27808044	Therapist's Last Name is missing or invalid on a Therapy request type.	Fatal
		Bx27808046	Therapist's License Type is missing or invalid on a Therapy request type.	Fatal
		Bx27808048	Therapist's License No. is missing or invalid on a Therapy request type.	Fatal
		Bx27808050	Therapist's License State is missing or invalid on a Therapy request type.	Fatal
		Bx27808052	Therapist's Phone No. is missing or invalid on a Therapy request type.	Fatal
2000F	33	Bx27808054	Therapist’s FAX No. is missing or invalid on a Therapy request type.	Fatal
		Bx27808064	Referring Physician Last Name is missing or invalid on a Therapy request type.	Fatal
		Bx27808066	Referring Physician License State is missing or	Fatal

Loop	Error Code	Business Edit #	Description	Error Type
			invalid on a Therapy request type.	
		Bx27808068	Referring Physician Military Spec Code or Referring Physician License Number is missing or invalid on a Therapy request type.	Fatal
		Bx27808072	Out of State Referring Physician's First Name is missing or invalid on a Therapy request.	Fatal
		Bx27808074	Out of State Referring Physician's Street Address is missing or invalid on a Therapy request.	Fatal
		Bx27808076	Out of State Referring Physician's City is missing or invalid on a Therapy request.	Fatal
		Bx27808078	Out of State Referring Physician's State is missing or invalid on a Therapy request.	Fatal
		Bx27809121	This CMWC/DME request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the CMWC/DME assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.	Fatal
		Bx27808080	Out of State Referring Physician's Zip Code is missing or invalid on a Therapy request.	Fatal
		Bx27808082	Out of State Referring Physician's Phone Number is missing or invalid on a Therapy request.	Fatal
	33	Bx27808083	Supplier's Business Name is missing or invalid.	Fatal
		Bx27808084	Supplier's Representative First Name is missing or invalid.	Fatal
		Bx27808085	Supplier's Representative Last Name is missing or invalid.	Fatal
2000F	33	Bx27808086	Supplier's Street Address is missing or invalid.	Fatal
		Bx27808087	Supplier's City is missing or invalid.	Fatal
		Bx27808088	Supplier's State is missing or invalid.	Fatal
		Bx27808089	Supplier's Zip Code is missing or invalid.	Fatal
		Bx27808090	Supplier's Phone No. is missing or invalid.	Fatal
		Bx27808091	Supplier's Fax No. is missing or invalid.	Fatal
		Bx27808092	Therapy Frequency: No. of times per week is missing or invalid.	Fatal

Loop	Error Code	Business Edit #	Description	Error Type
		Bx27808093	Therapy Length of Treatment is missing or invalid.	Fatal
		Bx27808094	No. of times per day the therapist provides treatment is missing or invalid on a Therapy request.	Fatal
		Bx27808137	Referring Physician's Signature Date is a required field if Authorization Type is New or Restart.	Fatal
		Bx27808139	Referring Physician's Signature Date cannot be more than 29 calendar days prior to the current date.	Fatal
		Bx27808141	Referring Physician's Signature Date cannot be greater than the current date.	Fatal
2000F	57	Bx27808056	Date of Assessment is missing or invalid on a Therapy request type.	Fatal
		Bx27808058	Date of Assessment cannot be a future date on a Therapy request type.	Fatal
		Bx27808060	For a Therapy assessment, Date of Assessment cannot be more than 364 calendar days prior to current date.	Fatal
		Bx27808062	For a Therapy service, Date of Assessment cannot be more than 29 calendar days prior to the current date.	Fatal
2000F	33	Bx27808097	NF Contract No. is not valid for the Date of Assessment.	Fatal
		Bx27808100	A previously approved Assessment has been identified for the same Vendor No., Individual and Date.	Warning
		Bx27809100	Only one (1) CMWC Service is allowed for a CMWC Request.	Fatal
		Bx27809101	Only up to seven (7) Service Types are allowed for a DME Request.	Fatal
2000F	33	Bx27809102	For each OT, PT or ST, if Authorization type is “New” or “Restart” or “Recertification” "(2000F.UM02 = “I” or “4” or “R”) only one Assessment and only one Service must be present. For each OT, PT or ST, if Authorization type is “Assessment only” "(2000F.UM02 = “N”) only one Assessment must be present.	Fatal
2000F	33	Bx27809106	Type of Service Requested (Loop 2000F) does not have one of these valid values for a Therapy	Fatal

Loop	Error Code	Business Edit #	Description	Error Type
			Request applied uniquely: "AD" (OT)or “PT” (PT) or “AF” (ST)	
		Bx27809107	Type of Service Requested (Loop 2000F.UM03) does not have a value of “56” (CMWC) for a CMWC Request Type (Loop 2000E.UM03 =’56’) applied uniquely.	Fatal
		Bx27809108	Type of Service Requested (Loop 2000F.UM03) does not have one of these valid values for a DME Request Type (Loop 2000E.UM03 =’12’) applied uniquely- “TC” or “93” or “AE” or “BF” or “75” or “1” or “33”	Fatal
		Bx27809109	For a Therapy authorization request MSG01 is required and must have a value of "A" or "S".	Fatal
		Bx27809114	An X12 278 request must have a value of “HS" (Health Services Review) in Loop 2000F.UM01.	Fatal
2000F	33	Bx27809116	An X12 278 request must have the below values in Loop 2000F.UM02 (if present)- For CMWC and DME: “I” (Initial) For Therapy: “I” (New) or “N” (Assessment Only) or “R” (Recertification) or “4” (Restart)	Fatal
		Bx27809118	An X12 278 request must have the below values in Loop 2000F PWK segment: PWK01=M1 PWK02=EL PWK05=AC	Fatal
	33	Bx27809123	The Occupational Therapy (OT) request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the OT assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.	Fatal
	33	Bx27809124	The Physical Therapy (PT) request cannot be processed because the person does not have a	Fatal

Loop	Error Code	Business Edit #	Description	Error Type
			Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the PT assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.	
	33	Bx27809125	The Speech Therapy (ST) request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the ST assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.	Fatal
	33	Bx27809126	This Therapy request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the date that submission of the NFSS form was attempted. Submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.	Fatal

Valid field formats allowed on the X12 278 transaction:

Field Name on X12 278 transaction	Valid Format
Phone Number	Exactly 10 numeric characters
Fax Number	Exactly 10 numeric characters
Therapist's License No.	Exactly 7 alphanumeric characters
Therapist's Employer Name	Up to 50 alphanumeric characters
Referring Physician's License No.	Minimum of 4 and up to 10 alphanumeric characters
Referring Physician's Military Spec Code	Up to 10 alphanumeric characters
First Name	Up to 12 alphanumeric characters

Field Name on X12 278 transaction	Valid Format
Last Name	Up to 18 alphanumeric characters
Street Address	Up to 30 alphanumeric characters
City	Up to 30 alphanumeric characters
State	Valid 2 digit state code
Zip Code	Exactly 5 or 9 numeric characters
Supplier's Business Name	Up to 30 alphanumeric characters

12 Change Summary

The following is a log of changes made since the original version of the document was published.

	Change	Date
2.0	Removed typographical error in edit Bx27808048	05/25/2017
2.0	Removed punctuation errors in Section 10. under "278 Health Care Services Review Request"	05/25/2017
2.0	Added LAR mapping under "278 Health Care Services Review Request"	05/25/2017
3.0	Changed version from 2.0 to 3.0	05/25/2017
4.0	Added Business Error Codes and Description for the following edits: Bx27809121 Bx27809122 Bx27809123 Bx27809124 Bx27809125 Bx27809126	05/22/2019
4.0	Changed version from 3.0 to 4.0	05/22/2019
5.0	Updated the error descriptions for the following edits: Bx27809121 Bx27809122 Bx27809123 Bx27809124 Bx27809125 Bx27809126	03/25/2021
6.0	Added Business Error Codes and Description for the following edits: Bx27809127 Bx27809128	01/07/2022
7.0	Updated http links to https links and updated formatting.	08/10/2023
8.0	Edifecs decommission of self-testing tool, removed reference to Edifecs Section 3 Texas Medicaid provides a self-testing tool through Edifecs.	12/03/2025