278 Health Care Services Review:

Request for Review

ASC X12N 278 (005010X217)

Response to Request for Review

ASC X12N 278 (005010X217)

NE Medicaid 5010 Companion Guide

Nebraska Medicaid Companion Guide
Version 2.00

Preface

This Companion Guide to the ASC X12N Technical Report Type 3 (TR3) adopted under HIPAA clarifies and specifies the data content when data is transmitted electronically to or from Nebraska Medicaid (NE Medicaid). Transmissions based on this Companion Guide, used in tandem with the X12N TR3, are compliant with both X12N syntax and those guides.

This Companion Guide is intended to convey information that is within the framework of the ASC X12N TR3 adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usage of data expressed in the TR3.

All claims must be submitted in accordance with the regulations contained within the Nebraska Administrative Code (NAC) Title 471, Nebraska Medical Assistance Program and Title 482, Nebraska Managed Care Program.

Introduction

This Companion Guide contains the format and establishes the data contents of the **Health Care Services Review – Request for Review Transaction (278)** for use within the context of an Electronic Data Interchange (EDI) environment.

Express permission to use ASC X12 copyrighted materials has been granted. The ASC X12 TR3 is available at http://store.x12.org

This Companion Guide governs electronic submission of prior authorization requests and responses on an ASC X12N 278 (005010X217) transaction.

Data usage requirements for Nebraska Medicaid will be identified throughout the Companion Guide as **NE Medicaid Directives**.

Transactions containing information not ASC X12N compliant will be rejected and will not enter into the adjudication system. An ASC X12N 999 and TA1 will be used to convey the rejection and associated reason.

This Companion Guide can be found on the State of Nebraska Health and Human Services System Web site at https://dhhs.ne.gov/Pages/Medicaid-Providers.aspx

Instructions on Trading Partner Enrollment and Testing requirements are also found on this Web site or by contacting the Medicaid EDI Help Desk at 1-866-498-4357 or 402-471-9461 (Lincoln Area) or via e-mail at DHHS.MedicaidEDI@Nebraska.gov.

Providers Not Eligible for NPI (Atypical)

Nebraska Medicaid defines providers ineligible for an NPI as an atypical provider, such as: MHCP (Medically Handicapped Children's Program) clinics, MIPS (Medicaid in Public Schools), Personal Care Aides, Mental Health Personal Care Aides/Community Treatment Aides, Mental Health Home Health Care Aides and Non-Emergency Transportation providers and Community Support Workers.

Prior Authorization Requirements

Appendix A provides Nebraska Medicaid prior authorization requirements, eligibility category definitions and potential responses for each 278 service type request.

Revision History

For each version of this Companion Guide a summary of the information changed since the previous version will be located in this section. Actual changes will be incorporated into the new version of the Companion Guide which will be published as a complete document.

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Loop-Segment Element	Name / Implementation Name	5010 Nebraska Medicaid Directive
ISA	INTERCHANGE CONTROL HEADER	
ISA05	Interchange ID Qualifier	Use code identified on Trading Partner Profile
ISA06	Interchange Sender ID	This value cannot be "MMISNEBR". Use code identified on Trading Partner Profile
ISA08	Interchange Receiver ID	Use "MMISNEBR"
GS	FUNCTIONAL GROUP HEADER	
GS02	Application Sender's Code	This value cannot be "MMISNEBR". Use code identified on Trading Partner Profile
GS03	Application Receiver's Code	Use "MMISNEBR"
2010A-NM1	UTILIZATION MANAGEMENT ORGANIZATION(UMO) NAME	
NM101	Entity Identifier Code	NE Medicaid will only process 'X3'
NM102	Entity Type Qualifier	NE Medicaid will only process '2'
NM108	Identification Code Qualifier	NE Medicaid will only process 'PI'
NM109	Identification Code	NE Medicaid will only process 'NEMEDICAID'

Loop-Segment Element	Name / Implementation Name	5010 Nebraska Medicaid Directive
2010B-NM1	REQUESTER NAME	
NM108	Identification Code Qualifier	NE Medicaid will only process 'XX' or '24'
2010B-REF	REQUESTER SUPPLEMENTAL IDENTIFICATION	
REF01	Reference Identification Qualifier	NE Medicaid will only process 'ZH'
REF02	Reference Identification	The 11-digit NE Medicaid assigned Provider ID may be used when the provider is considered atypical and is not eligible to receive an NPI.
2000E-UM	HEALTH CARE SERVICES REVIEW INFORMATION	
UM03	Service Type Code	Refer to Appendix A, Service Type Guidelines.
2000E-PWK	ADDITIONAL PATIENT INFORMATION	
PWK02	Report Transmission Code	NE Medicaid will only process "BM" and "FX" . The fax number to use is 402-471-8703.
PWK06	Identification Code	Refer to Appendix B, Paperwork/Attachment Guidelines.
2000F-UM	HEALTH CARE SERVICES REVIEW INFORMATION	
UM03	Service Type Code	Refer to Appendix A, Service Type Guidelines.
2000F-PWK	ADDITIONAL PATIENT INFORMATION	

Loop-Segment Element	Name / Implementation Name	5010 Nebraska Medicaid Directive
PWK02	Report Transmission Code	NE Medicaid will only process "BM" and "FX". The fax number to use is 402-471-8703.
PWK06	Identification Code	Refer to Appendix B, Paperwork/Attachment Guidelines.

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Loop-Segment Element	Name / Implementation Name	5010 Nebraska Medicaid Directive
2000E-PWK	ADDITIONAL PATIENT INFORMATION	
PWK06	Identification Code	Refer to Appendix B, Paperwork/Attachment Guidelines.
2000F-PWK	ADDITIONAL SERVICE INFORMATION	
PWK06	Identification Code	Refer to Appendix B, Paperwork/Attachment Guidelines.

Appendix A

278 Prior Authorization Service Type Guidelines

The table below identifies which service types require prior authorization. The column definitions and potential response for each service/program and eligibility combination are as follows:

Column Definitions:
- FFS – Fee For Service
  - If the client is not covered by a NE Medicaid Managed Care plan, this column applies.
    - NON – Service type is Non-Covered by NE Medicaid.
    - No PA – Prior Authorization is not needed for the service.

- HMO – Health Management Organization
  - If the client is covered by a NE Medicaid Managed Care HMO plan, this column applies.
    - YES – The service type is covered by the HMO plan. The request will be rejected with AAA, telling the requester to contact the HMO plan with regards to prior authorization of the service.
    - NO - The service type is not covered by the HMO plan. The request will be reviewed.

- MH/SA – Mental Health/Substance Abuse
  - If the client has the NE Medicaid Mental Health/Substance Abuse Coverage (MH/SA) this column applies.
    - YES – The service type is covered by the MH/SA Coverage. The request will be rejected with AAA, telling the requester to contact the MH/SA Administrator with regards to prior authorization of the service.
    - NO - The service type is not covered by the MH/SA Coverage. The request will be reviewed.

- Medicare
  - If the client has dual eligibility in Medicaid and Medicare this column applies.
    - YES – The service type is covered by Medicare. The request will be rejected with AAA, telling the requester to contact Medicare with regards to prior authorization of the service.
    - NO - The service type is not covered by Medicare. The request will be reviewed.

UM03 Service Type Code		FFS	When client enrolled, send prior authorization request to:		
			HMO	MH/SA	Medicare
1	Medical Care	Yes	Yes	No	Yes
2	Surgical	Yes	Yes	No	Yes
3	Consultation	Yes	Yes	No	Yes
4	Diagnostic X-Ray	Yes	Yes	No	Yes
5	Diagnostic Lab	No PA	Yes	No	Yes
6	Radiation Therapy	Yes	Yes	No	Yes
7	Anesthesia	Yes	Yes	No	Yes
8	Surgical Assistance	Yes	Yes	No	Yes
11	Used Durable Medical Equipment	Yes	Yes	No	No
12	Durable Medical Equipment Purchase	Yes	Yes	No	No

14	Renal Supplies in the Home	Yes	Yes	No	No
			When client enrolled, send prior authorization request to:		
UM03 Service Type Code		**FFS**	**HMO**	**MH/SA**	**Medicare**
15	Alternate Method Dialysis	Yes	Yes	No	Yes
16	Chronic Renal Disease (CRD) Equipment	Yes	Yes	No	No
17	Pre-Admission Testing	Yes	Yes	No	Yes
18	Durable Medical Equipment Rental	Yes	Yes	No	No
20	Second Surgical Opinion	No PA	Yes	No	Yes
21	Third Surgical Opinion	No PA	Yes	No	Yes
23	Diagnostic Dental	Yes	Yes	No	No
24	Periodontics	Yes	Yes	No	No
25	Restorative	Yes	Yes	No	No
26	Endodontics	Yes	Yes	No	No
27	Maxillofacial Prosthetics	Yes	Yes	No	No
28	Adjunctive Dental Services	Yes	Yes	No	No
33	Chiropractic	Yes	Yes	No	Yes
35	Dental Care	Yes	Yes	No	No
36	Dental Crowns	Yes	Yes	No	No
37	Dental Accident	Yes	Yes	No	No
38	Orthodontics	Yes	Yes	No	No
39	Prosthodontics	Yes	Yes	No	No
40	Oral Surgery	Yes	Yes	No	Yes
42	Home Health Care	Yes	Yes	No	Yes
44	Home Health Visits	Yes	Yes	No	Yes
45	Hospice	Yes	Yes	No	No
46	Respite Care	NON	No	No	No
54	Long Term Care	Yes	No	No	No
56	Medically Related Transportation	Yes	No	No	Yes
61	In-vitro Fertilization	NON	No	No	No
62	MRI/CAT Scan	Yes	Yes	No	Yes
63	Donor Procedures	Yes	Yes	No	Yes
64	Acupuncture	NON	No	No	No
65	Newborn Care	No PA	Yes	No	Yes
66	Pathology	Yes	No	No	Yes
67	Smoking Cessation	Yes	No	No	No
68	Well Baby Care	No PA	Yes	No	Yes
69	Maternity	No PA	Yes	No	Yes
70	Transplants	Yes	Yes	No	Yes
71	Audiology Exam	Yes	Yes	No	Yes
72	Inhalation Therapy	Yes	Yes	No	Yes

73	Diagnostic Medical	Yes	Yes	No	Yes
			When client enrolled, send prior authorization request to:		
UM03 Service Type Code		**FFS**	**HMO**	**MH/SA**	**Medicare**
74	Private Duty Nursing	Yes	Yes	No	Yes
75	Prosthetic Device	Yes	Yes	No	No
76	Dialysis	Yes	Yes	No	Yes
77	Otological Exam	Yes	Yes	No	Yes
78	Chemotherapy	Yes	Yes	No	Yes
79	Allergy Testing	No PA	Yes	No	Yes
80	Immunizations	No PA	Yes	No	Yes
82	Family Planning	No PA	Yes	No	Yes
83	Infertility	Yes	Yes	No	Yes
84	Abortion	Yes	Yes	No	Yes
85	AIDS	Yes	Yes	No	Yes
86	Emergency Services	Yes	Yes	No	Yes
87	Cancer	Yes	Yes	No	Yes
88	Pharmacy	Yes	No	No	No
93	Podiatry	Yes	Yes	No	No
A4	Psychiatric	Yes	No	Yes	Yes
A6	Psychotherapy	Yes	No	Yes	Yes
A9	Rehabilitation	Yes	Yes	No	Yes
AD	Occupational Therapy	Yes	Yes	No	Yes
AE	Physical Medicine	Yes	Yes	No	Yes
AF	Speech Therapy	Yes	Yes	No	Yes
AG	Skilled Nursing Care	Yes	No	No	Yes
AI	Substance Abuse	Yes	No	Yes	Yes
AJ	Alcoholism	Yes	No	Yes	Yes
AK	Drug Addiction	Yes	No	Yes	Yes
AL	Vision (Optometry)	Yes	Yes	No	No
AR	Experimental Drug Therapy	Yes	No	No	No
B1	Burn Care	Yes	Yes	No	Yes
BB	Partial Hospitalization (Psychiatric)	Yes	No	Yes	Yes
BC	Day Care (Psychiatric)	Yes	No	Yes	Yes
BD	Cognitive Therapy	Yes	No	Yes	Yes
BE	Massage Therapy	NON	No	No	No
BF	Pulmonary Rehabilitation	Yes	Yes	No	Yes
BG	Cardiac Rehabilitation	Yes	Yes	No	Yes
BS	Invasive Procedures	Yes	Yes	No	Yes
BL	Cardiac	Yes	Yes	No	Yes
BN	Gastrointestinal	Yes	Yes	No	Yes
BP	Endocrine	Yes	Yes	No	Yes
BQ	Neurology	Yes	Yes	No	Yes
BY	Physician Visit - Office: Sick	No PA	Yes	No	Yes

			When client enrolled, send prior authorization request to:		
BZ	Physician Visit - Office: Well	Yes	Yes	No	Yes
UM03 Service Type Code		FFS	HMO	MH/SA	Medicare
C1	Coronary Care	No PA	Yes	No	Yes
CQ	Case Management	Yes	No	No	No
GY	Allergy	No PA	Yes	No	Yes
IC	Intensive Care	No PA	Yes	No	Yes
MH	Mental Health	Yes	No	Yes	Yes
NI	Neonatal Intensive Care	No PA	Yes	No	Yes
ON	Oncology	No PA	Yes	No	Yes
PT	Physical Therapy	No PA	Yes	No	Yes
PU	Pulmonary	No PA	Yes	No	Yes
RN	Renal	Yes	Yes	No	Yes
RT	Residential Psychiatric Treatment	Yes	No	Yes	Yes
TC	Transitional Care	No PA	Yes	No	Yes
TN	Transitional Nursery Care	No PA	Yes	No	Yes

Appendix B

278 Prior Authorization Paperwork/Attachment Guidelines

The attachment control number should contain the following:
Health Care Providers:
- First 10 bytes = Requesting Provider's National Provider Identifier (NPI)
- Next 9 bytes = Assign a unique identifier to this attachment (up to 9 digits)

Atypical Providers:
- First 11 bytes = Requesting Provider's NE Medicaid assigned Provider ID
- Next 8 bytes = Assign an identifier unique to this attachment (up to 8 digits)