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278 Health Care Services Review — Request for Review and Response — Real-Time

This companion document is for informational purposes only to describe certain aspects and expectations regarding the transaction and is not a complete guide. The details contained in this document are supplemental and should be used in conjunction with the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) as published by the Washington Publishing Company.

Section 1 – 278 Health Care Services Review: Basic Instructions

Section 2 – 278 Health Care Services Review: Enveloping

Section 3 – 278 Health Care Services Review: Charts for Situational Rules

NOTE: UniCare has designated Availity to operate and serve as UniCare's EDI Gateway (entry point) as a no-cost option to our Trading Partners.

Get Started With Availity

Use the Availity Welcome Application to begin the process of connecting to the Availity EDI Gateway for your UniCare EDI transmissions. **Review page 5 in this document for key EDI requirements.**

Also, the Availity Quick Start Guide will assist you with any EDI connection questions.

If you're a provider and wish to use a Clearinghouse or Billing company, please work with them to ensure connectivity.

Need Assistance?

For questions about signing up, contact Availity Client Services
1-800-AVAILITY (1-800-282-4548) or visit www.availity.com

Additional questions? Contact E-Solutions
800-470-9630 or email e-solutions.support@unicare.com

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Section 1 - Basic Instructions

1   X12 and HIPAA Compliance Checking, and Business Edits

EDI interchanges submitted to UniCare for processing pass through compliance edits.   5010 acknowledgments and reports for accepted/rejected files will be returned to the trading partner for pickup using the reporting method established at Availity.

- TA1 Interchange Acknowledgment. UniCare returns TA1 X12 and proprietary reports to the submitter of inbound 837 files containing envelope errors in the ISA and GS segments.
- Level 1. Immediate Batch Report (IBR). UniCare returns a 999 Interchange Acknowledgment to the submitter for every inbound 837 transaction received. If the X12 syntax or any other aspect of the 837 is not X12 compliant, the Immediate Batch Report/999 will also report the Level 1 errors in AK segments and indicate that the entire transaction set has been rejected.
- Level 2. In addition to HIPAA TR3 edits, UniCare applies business edits to ensure that the necessary information is populated and complete for efficient processing.   When encountering HIPAA compliance (including balancing), code set or business errors, UniCare returns details that identify these errors to the Trading Partner in the: 1) Electronic Batch Report (EBR) and 2) Delayed Payer Report (DPR) listing which claim(s) have failed. These reports are formatted based on the settings the trading partner chooses at Availity. Review the Availity EDI Guide for more information on report formatting options.

2   HIPAA Compliant Codes

Use HIPAA-compliant codes from current versions of the following:

- Physician's Current Procedure Terminology (CPT)
- Health Care Financing Administration Common Procedural Coding System (HCPCS)
- International Classification of Diseases Clinical Mod (ICD-10-CM) Clinical Modification
- International Classification of Diseases Clinical Mod (ICD-10-PCS) Procedure Coding System
- National Uniform Billing Committee (NUBC) Codes
- Diagnosis Related Group Number (DRG)
- Provider Taxonomy Codes
- National Drug Codes

3   Business Events Supported by the 278 Transaction Set

Use HIPAA-compliant codes from current versions of the following:

- Admission certification review request and associated response - Supported
- Referral review request and associated response - Supported
- Health care services certification review request and associated response - Supported
- Extend certification review request and associated response – Not Supported
- Certification appeal review request and associated response – Not Supported
- Reservation of medical services request and associated response – Not Supported
- Cancellations of service reservations request and associated response – Not Supported

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4 Uppercase Letters, Special Characters, and Delimiters

As specified in the TR3, the basic character set includes uppercase letters, digits, space, and other special characters.

- All alpha characters must be submitted in UPPERCASE letters only.

- Suggested delimiters for the transaction are assigned as part of the trading partner set up.
  - Data Element Separator, Asterisk (*)
  - Repetition Separator (ISA11), Caret (^)
  - Sub-Element Separator, Colon (:)
  - Segment Terminator, Tilde (~)

- To avoid syntax errors, hyphens, parentheses and spaces are not recommended to be used in values for identifiers.

  Examples: Recommended: Zip Code 123456789   Medical Record # 1234567

- Since originally submitted values may be returned on outbound transactions, UniCare encourages trading partners to not use the following special characters as part of the value: asterisk (*), less than/greater than signs (<, >), colon (:), and slash (/). This minimizes the risk for a special character to be recognized as a delimiter.

  Example: Provider assigns a Patient Control Number '12*3456789'. Although an asterisk (*) is a valid special character, it adversely affects processing since it is also a common delimiter. The value '12*3456789' may process incorrectly as two separate values '12' and '3456789'.

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Section 2 - Enveloping

EDI envelopes control and track communications between you and UniCare. One envelope may contain many transaction sets grouped into the following:

- Interchange Control Header (ISA)
- Functional Group Header (GS)

- Functional Group Trailer (GE)
- Interchange Control Trailer (IEA)

UniCare has designated Availity to operate and serve as UniCare's EDI Gateway (entry point) as a no-cost option to our Trading Partners. Availity has specific requirements that must be adhered to and should be reviewed in order to ensure transactions are accepted, processed and ultimately delivered to UniCare.

For more information on submitting claims and the required ISA and GS envelope values, review the following topics in the Availity EDI Guide.

- Uploading and downloading EDI files
- Control Segments/Envelopes
- FTP Client Confirmation
- Acknowledgements and Reports

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Section 3 - Charts for Situational Rules

Listed below are loops, segments, and data elements required for proper adjudication by UniCare per the situational rules in the 278 TR3.

TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
P.65	**ST**	*Transaction Set Header - Refer to TR3*		
P.67	**BHT** Beginning of Hierarchical Trx	**BHT02** Transaction Set Purpose Code	*13*	13 - Request
Loop ID 2000A—Utilization Management Organization Level				
P.69	**HL**	*Utilization Management Organization (UMO) Level - Refer to TR3*		
Loop ID 2010A—Utilization Management Organization Name				
NOTE: Refer to Availity guidelines for submission of claims through the Availity EDI Gateway				
P.71	**NM1** Utilization Management Organization Name	**NM103** Name Last or Organization Name	*(Information Source Last or Org Name)*	Corresponds to Receiver/Sender ID populated in NM109.
		NM108 ID Code Qualifier	*PI*	PI - Payor Identification
Loop ID 2000B—Requester Level				
P.74	**HL**	*Requester Level - Refer to TR3*		
Loop ID 2100B—Information Receiver Name				
P.76	**NM1**	*Requester Name - Refer to TR3*		
P.79	**REF**	*Requester Supplemental Identification - Refer to TR3*		
P.81	**N3**	*Requester Address - Refer to TR3*		
P.82	**N4**	*Requester City, State, ZIP Code - Refer to TR3*		
P.84	**PER**	*Requester Contact Information - Refer to TR3*		
P.87	**PRV**	*Requester Provider Information - Refer to TR3*		
Loop ID 2000C—Subscriber Level				
P.89	**HL**	*Subscriber Level - Refer to TR3*		
Loop ID 2010C—Subscriber Name				
P.91	**NM1** Subscriber Name	**NM103** Name Last or Organization Name	*(Subscriber Last Name)*	First and Last name of the subscriber exactly as they appear on the UniCare ID card. Populated for finding match for subscriber.
		NM104 Name First	*(Subscriber First Name)*	
		NM108 ID Code Qualifier	*MI*	MI - Member Identification Number
		NM109 Identification Code	*(Subscriber Primary ID)*	Submit the ID number exactly as it appears on the UniCare ID card, including any alphanumeric prefix, which is required when present. • Populated for finding match for subscriber.

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
Loop ID 2010C—Subscriber Name (cont'd)				
P.94	**REF** Subscriber Supplemental Identification	**REF01** Ref ID Code Qualifier	*HJ*	HJ - Identify Card Number
		REF02 Reference Identification	*(Subscriber Supplemental Identifier)*	Must equal the UniCare assigned 2 digit member ID on the card, if the patient is a dependent.
P.96	**N3**	*Subscriber Address - Refer to TR3*		
P.97	**N4**	*Subscriber City, State, ZIP Code - Refer to TR3*		
P.99	**DMG** Subscriber Demographic Information	**DMG02** Date Time Period	*(Subscriber Birth Date)*	Populated for positive identification of the subscriber.
P.101	**INS**	*Subscriber Relationship - Refer to TR3*		
Loop ID 2000D—Dependent Level				
P.103	**HL**	*Dependent Level - Refer to TR3*		
Loop ID 2010D—Dependent Name				
P.105	**NM1** Dependent Name	**NM103** Name Last or Organization Name	*(Dependent Last Name)*	Populated for positive identification of the dependent.
P.107	**REF**	*Dependent Supplemental Identification - Refer to TR3*		
P.109	**N3**	*Dependent Address - Refer to TR3*		
P.110	**N4**	*Dependent City, State, ZIP Code - Refer to TR3*		
P.112	**DMG**	*Dependent Demographic Information - Refer to TR3*		
P.114	**INS**	*Dependent Relationship - Refer to TR3*		
Loop ID 2000E—Patient Event Level				
P.116	**HL**	*Patient Event Level - Refer to TR3*		
P.118	**TRN**	*Patient Event Tracking Number - Refer to TR3*		
P.120	**UM** Health Care Services Review Information	**UM03** Service Type Code	*1*	Specialty care referrals (UM01=SC) are associated with medical care (UM03=1).
		UM04-1 Facility Code Value	*(Facility Type Code)*	• Value required for precertification requests. • For ambulatory surgeries, UM04-1=24 regardless of the type of facility the service is being rendered in.
		UM04-2 Facility Code Qualifier	*B*	B - Place of Service Codes for Professional or Dental Services
P.128	**REF** Previous Review Authorization Number	**REF02** Reference Identification	*(Previous Review Authorization Number)*	Valid Case Authorization Number must be populated when Certification Type Code UM02=3, 4, R, S.
P.129	**REF**	*Previous Review Administrative Reference Number - Refer to TR3*		
P.130	**DTP**	*Accident Date - Refer to TR3*		
P.131	**DTP**	*Last Menstrual Period Date - Refer to TR3*		
P.132	**DTP**	*Estimated Date of Birth - Refer to TR3*		

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
278 Health Care Services Review Request				
Loop ID 2000E—Patient Event Level (cont'd)				
P.133	**DTP**	*Onset of Current Symptoms or Illness Date - Refer to TR3*		
P.134	**DTP**	Event Date		
		Outpatient (non-Mental Health) Services: *- For Specialty Care Referral requests (UM01=SC, UM03=1), DTP01=AAH should be used for the requested effective date of the referral. Refer to the HSD segment on how to convey the requested number of visits and certification period for the referral. Also, for any requested date that is in the past, the date must be within 5 days of the current date (including the current date). For example, submissions received on 11/19 for specialty care referral requests must have an effective date of 11/15. If the date is greater than 5 days in the past, then an AAA segment will be returned.*		
P.135	**DTP**	Admission Date		
		Inpatient (non-Mental Health) Services: *- Chemotherapy, Medical Admissions, Rehabilitation, Hospice, SNF, NICU (newborn care,) Transplants, Surgical Admissions, Maternity, Artificial Reproductive Technologies: '435' required.*		
P.136	**DTP**	*Discharge Date - Refer to TR3*		
P.137	**HI**	*Patient Diagnosis - Refer to TR3*		
P.155	**HSD**	*Health Care Services Delivery - Refer to TR3*		
P.160	**CRC**	*Ambulance Certification Information - Refer to TR3*		
P.163	**CRC**	*Chiropractic Certification Information - Refer to TR3*		
P.166	**CRC**	*Durable Medical Equipment Information - Refer to TR3*		
P.170	**CRC**	*Oxygen Therapy Certification Information - Refer to TR3*		
P.173	**CRC**	*Functional Limitations Information - Refer to TR3*		
P.177	**CRC**	*Activities Permitted Information - Refer to TR3*		
P.180	**CRC**	*Mental Status Information - Refer to TR3*		
P.183	**CL1** Institutional Claim Code	**CL101** Admission Type Code	*1, 2, 3*	1 - Emergency 2 - Urgent 3 - Scheduled
P.185	**CR1**	*Ambulance Transport Information - Refer to TR3*		
P.188	**CR2**	*Spinal Manipulations Service Information - Refer to TR3*		
P.192	**CR5**	*Home Oxygen Therapy Information - Refer to TR3*		
P.197	**CR6**	*Home Health Care Information - Refer to TR3*		
P.203	**PWK**	*Additional Patient Information - Refer to TR3*		
P.208	**MSG**	*Message Text - Refer to TR3*		
Loop ID 2010EA—Patient Event Provider Name				
P.209	**NM1**	*Patient Event Provider Name - Refer to TR3*		
P.213	**REF**	*Patient Event Provider Supplemental Information - Refer to TR3*		
P.215	**N3**	*Patient Event Provider Address - Refer to TR3*		
P.216	**N4**	*Patient Event Provider City, State, ZIP Code - Refer to TR3*		
P.218	**PER**	*Patient Event Provider Contact Information - Refer to TR3*		
P.221	**PRV**	*Patient Event Provider Information - Refer to TR3*		
Loop ID 2010EB—Patient Event Transport Information				
P.223	**NM1**	*Patient Event Transport Information - Refer to TR3*		
P.225	**N3**	*Patient Event Transport Location Address - Refer to TR3*		
P.226	**N4**	*Patient Event Transport Location City/State/ZIP Code - Refer to TR3*		

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
Loop ID 2010EC—Patient Event Other UMO Name				
P.228	**NM1**	*Patient Event Other UMO Name - Refer to TR3*		
P.230	**REF**	*Other UMO Denial Reason - Refer to TR3*		
P.233	**DTP**	*Other UMO Denial Date - Refer to TR3*		
Loop ID 2100F—Service Level				
P.234	**HL**	*Service Level - Refer to TR3*		
P.236	**TRN**	*Service Trace Number - Refer to TR3*		
P.238	**UM**	*Health Care Services Review Information - Refer to TR3*		
P.244	**REF**	*Previous Review Authorization Number - Refer to TR3*		
P.245	**REF**	*Previous Review Administrative Reference Number - Refer to TR3*		
P.246	**DTP**	*Service Date - Refer to TR3*		
P.247	**SV1**	*Professional Service - Refer to TR3*		
P.253	**SV2**	*Institutional Service Line - Refer to TR3*		
P.259	**SV3**	*Dental Service - Refer to TR3*		
P.264	**TOO**	*Tooth Information - Refer to TR3*		
P.266	**HSD** Health Care Services Delivery	**HSD01** Quantity Qualifier	*DY* *VS*	• Required for specialty care referral and precertification submissions. • For specialty care referrals (UM01=SC), type of service in visits (HSD01=VS).
		HSD03 Unit or Basis for Measurement Code	*DA*	• Required for specialty care referral requests (UM01=SC). • For specialty care referrals (UM01=SC), units in days (HSD03=DA).
		HSD04 Sample Selection Modules		• Required for specialty care referral requests (UM01=SC). • Value must be the number of days the specialty care referral is valid for.
P.271	**PWK**	*Additional Service Information - Refer to TR3*		
P.276	**MSG**	*Message Text - Refer to TR3*		
Loop ID 2010F—Service Provider Name				
P.277	**NM1**	*Service Provider Name - Refer to TR3*		
P.281	**REF**	*Service Provider Supplemental Identification - Refer to TR3*		
P.283	**N3**	*Service Provider Address - Refer to TR3*		
P.284	**N4**	*Service Provider City, State, ZIP Code - Refer to TR3*		
P.286	**PER**	*Service Provider Contact Information - Refer to TR3*		
P.289	**PRV**	*Service Provider Information - Refer to TR3*		
P.291	**SE**	*Transaction Set Trailer - Refer to TR3*		

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
P.302	**ST**	*Transaction Set Header - Refer to TR3*		
P.304	**BHT** Beginning of Hierarchical Trx	**BHT02** Transaction Set Purpose Code	*11*	11 - Response
Loop ID 2000A—Utilization Management Organization Level				
P.306	**HL**	*Utilization Management Organization (UMO) Level - Refer to TR3*		
P.308	**AAA**	*Request Validation - Refer to TR3*		
Loop ID 2010A—Utilization Management Organization Name				
NOTE: Refer to Availity guidelines for submission of claims through the Availity EDI Gateway				
P.310	**NM1** Utilization Management Organization Name	**NM103** Name Last or Organization Name	*(Information Source Last or Org Name)*	Receiver/Sender ID populated in NM109 of 278 Request.
		NM108 ID Code Qualifier	*PI*	PI - Payor Identification
P.313	**PER**	*UMO Contact Information - Refer to TR3*		
P.316	**AAA**	*UMO Request Validation - Refer to TR3*		
Loop ID 2000B—Requester Level				
P.318	**HL**	*Requester Level - Refer to TR3*		
Loop ID 2100B—Information Receiver Name				
P.320	**NM1**	*Requester Name - Refer to TR3*		
P.323	**REF**	*Requester Supplemental Identification - Refer to TR3*		
P.325	**AAA**	*Requester Request Validation - Refer to TR3*		
P.327	**PRV**	*Requester Provider Information - Refer to TR3*		
Loop ID 2000C—Subscriber Level				
P.329	**HL**	*Subscriber Level - Refer to TR3*		
Loop ID 2010C—Subscriber Name				
P.331	**NM1** Subscriber Name	**NM103** Name Last or Organization Name	*(Subscriber Last Name)*	First and Last name of the subscriber on the UniCare ID card.
		NM104 Name First	*(Subscriber First Name)*	
		NM108 ID Code Qualifier	*MI*	MI - Member Identification Number
		NM109 Identification Code	*(Subscriber Primary ID)*	ID number on the UniCare ID card, including any alphanumeric prefix, which is required when present.
P.334	**REF**	*Subscriber Supplemental Identification - Refer to TR3*		
P.336	**N3**	*Subscriber Address - Refer to TR3*		
P.337	**N4**	*Subscriber City, State, ZIP Code - Refer to TR3*		
P.339	**AAA**	*Subscriber Request Validation - Refer to TR3*		

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
Loop ID 2010C—Subscriber Name (cont'd)				
P.341	**DMG** Subscriber Demographic Information	**DMG02** Date Time Period	*(Subscriber Birth Date)*	Populated for positive identification of the subscriber.
P.343	**INS**	*Subscriber Relationship - Refer to TR3*		
Loop ID 2000D—Dependent Level				
P.345	**HL**	*Dependent Level - Refer to TR3*		
Loop ID 2010D—Dependent Name				
P.347	**NM1** Dependent Name	**NM103** Name Last or Organization Name	*(Dependent Last Name)*	Last name of dependent submitted on 278 Request
P.350	**REF**	*Dependent Supplemental Identification - Refer to TR3*		
P.352	**N3**	*Dependent Address - Refer to TR3*		
P.353	**N4**	*Dependent City, State, ZIP Code - Refer to TR3*		
P.355	**AAA**	*Dependent Request Validation - Refer to TR3*		
P.357	**DMG**	*Dependent Demographic Information - Refer to TR3*		
P.359	**INS**	*Dependent Relationship - Refer to TR3*		
Loop ID 2000E—Patient Event Level				
P.361	**HL**	*Patient Event Level - Refer to TR3*		
P.363	**TRN**	*Patient Event Tracking Number - Refer to TR3*		
P.365	**AAA**	*Patient Event Request Validation - Refer to TR3*		
P.367	**UM**	*Health Care Services Review Information - Refer to TR3*		
P.373	**HCR**	*Health Care Services Review - Refer to TR3*		
P.376	**REF**	*Administrative Reference Number - Refer to TR3*		
P.377	**REF**	*Previous Review Authorization Number - Refer to TR3*		
P.378	**DTP**	*Accident Date - Refer to TR3*		
P.379	**DTP**	*Last Menstrual Period Date - Refer to TR3*		
P.380	**DTP**	*Estimated Date of Birth - Refer to TR3*		
P.381	**DTP**	*Onset of Current Symptoms or Illness Date - Refer to TR3*		
P.382	**DTP**	*Event Date - Refer to TR3*		
P.383	**DTP**	*Admission Date - Refer to TR3*		
P.384	**DTP**	*Discharge Date - Refer to TR3*		
P.385	**DTP**	*Certification Issue Date - Refer to TR3*		
P.386	**DTP**	*Certification Expiration Date - Refer to TR3*		
P.387	**DTP**	*Certification Effective Date - Refer to TR3*		
P.388	**HI**	*Patient Diagnosis - Refer to TR3*		
P.408	**HSD**	*Health Care Services Delivery - Refer to TR3*		
P.413	**CL1**	*Institutional Claim Code - Refer to TR3*		
P.414	**CR1**	*Ambulance Transport Information - Refer to TR3*		
P.416	**CR2**	*Spinal Manipulations Service Information - Refer to TR3*		
P.420	**CR5**	*Home Oxygen Therapy Information - Refer to TR3*		
P.423	**CR6**	*Home Health Care Information - Refer to TR3*		
P.426	**PWK**	*Additional Patient Information - Refer to TR3*		
P.431	**MSG**	*Message Text - Refer to TR3*		

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
Loop ID 2010EA—Patient Event Provider Name				
P.432	**NM1**	*Patient Event Provider Name - Refer to TR3*		
P.435	**REF**	*Patient Event Provider Supplemental Information - Refer to TR3*		
P.437	**N3**	*Patient Event Provider Address - Refer to TR3*		
P.438	**N4**	*Patient Event Provider City, State, ZIP Code*		
P.440	**PER**	*Patient Event Provider Contact Information - Refer to TR3*		
P.441	**AAA**	*Patient Event Provider Request Validation - Refer to TR3*		
P.445	**PRV**	*Patient Event Provider Information - Refer to TR3*		
Loop ID 2010EB—Additional Patient Information Contact Information				
P.447	**NM1**	*Additional Patient Information Contact Name - Refer to TR3*		
P.450	**N3**	*Additional Patient Information Contact Address - Refer to TR3*		
P.451	**N4**	*Additional Patient Information Contact City/State/ZIP Code - Refer to TR3*		
P.453	**PER**	*Additional Patient Information Contact Information - Refer to TR3*		
Loop ID 2010EC—Patient Event Transport Information				
P.456	**NM1**	*Patient Event Transport Information - Refer to TR3*		
P.458	**N3**	*Patient Event Transport Location Address - Refer to TR3*		
P.459	**N4**	*Patient Event Transport Location City/State/ZIP Code - Refer to TR3*		
P.461	**AAA**	*Patient Event Transport Location Request Validation - Refer to TR3*		
Loop ID 2100F—Service Level				
P.463	**HL**	*Service Level - Refer to TR3*		
P.465	**TRN**	*Service Trace Number - Refer to TR3*		
P.467	**AAA**	*Service Request Validation - Refer to TR3*		
P.469	**UM**	*Health Care Services Review Information - Refer to TR3*		
P.474	**HCR**	*Health Care Services Review - Refer to TR3*		
P.477	**REF**	*Administrative Reference Number - Refer to TR3*		
P.478	**REF**	*Previous Review Authorization Number - Refer to TR3*		
P.479	**DTP**	*Service Date - Refer to TR3*		
P.480	**DTP**	*Certification Issue Date - Refer to TR3*		
P.481	**DTP**	*Certification Expiration Date - Refer to TR3*		
P.482	**DTP**	*Certification Effective Date - Refer to TR3*		
P.483	**HI**	*Request for Additional Information - Refer to TR3*		
P.493	**SV1**	*Professional Service - Refer to TR3*		
P.398	**SV2**	*Institutional Service Line - Refer to TR3*		
P.503	**SV3**	*Dental Service - Refer to TR3*		
P.508	**TOO**	*Tooth Information - Refer to TR3*		
P.510	**HSD**	*Health Care Services Delivery - Refer to TR3*		
P.515	**PWK**	*Additional Service Information - Refer to TR3*		
P.520	**MSG**	*Message Text - Refer to TR3*		

TR3	Segment		Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
278 Health Care Services Review Response					
Loop ID 2010FA—Service Provider Name					
P,521	NM1		*Service Provider Name - Refer to TR3*		
P.524	REF		*Service Provider Supplemental Identification - Refer to TR3*		
P.526	N3		*Service Provider Address - Refer to TR3*		
P.527	N4		*Service Provider City, State, ZIP Code - Refer to TR3*		
P.529	PER		*Service Provider Contact Information - Refer to TR3*		
P.532	AAA		*Service Provider Request Validation - Refer to TR3*		
P.534	PRV		*Service Provider Information - Refer to TR3*		
Loop ID 2010FB—Additional Service Information Contact Name					
P.536	NM1		*Additional Service Information Contact Name - Refer to TR3*		
P.539	N3		*Additional Service Information Contact Name Address - Refer to TR3*		
P.540	N4		*Additional Service Information Contact Name City, State, ZIP Code - Refer to TR3*		
P.542	PER		*Additional Service Information Contact Information - Refer to TR3*		
P.545	SE		*Transaction Set Trailer - Refer to TR3*		

Release Notes		
Number	**Page(s)**	**Description**
AV-1		*Updated references for Availity EDI Gateway* *Updated Basic Instructions*