

278N – 005010X216

278N Health Care Services Review Notification & Acknowledgment — Batch/Real-Time Inpatient Admission and Discharge Notification

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 – 278N Health Care Services Review Notification: Basic Instructions

Section 2 – 278N Health Care Services Review Notification: Enveloping

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

Section 4 – 278N Health Care Services Review Notification: Acknowledgments

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

Section 1 - Basic Instructions

1.1 Business Events Supported by the 278N Transaction Set

This companion document supports the following health care service review business events:

- Patient Admission at a facility
- Patient Discharge from a facility

This transaction is notification of inpatient admission & discharge only and does not complete the authorization process.

1.2 Business Rules & Limitations

Admissions and discharges should be transmitted to UniCare within 24 hours of the event completing to facilitate these use cases.

1.2.1 Data Element Support in the MSG Segment

Not all needed data elements are supported in the 278N. To facilitate sending these unsupported data elements, UniCare is encoding the data in the MSG segment.

- Each data element can be coded using the following format: <Qualifier>=<Value>.
- Multiple data elements can be sent using a semicolon (;) to separate the values.

Data Element	Qualifier	Use when:																																						
Diagnosis/ Patient Complaint	ICD	The patient diagnosis/complaint cannot be sent in a codified value in the Loop 2000E HI segment. Example: ICD=CHEST PAIN																																						
Discharge Disposition	DC	<p>Sending a discharge notification, to include the discharge disposition. Allowed Values are:</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>ACFAC</td> <td>Acute Facility</td> </tr> <tr> <td>ACUTEIPREHAB</td> <td>Acute Inpatient Rehab</td> </tr> <tr> <td>CLNODC</td> <td>Closed No Discharge Date Received</td> </tr> <tr> <td>DCSD</td> <td>Deceased</td> </tr> <tr> <td>HOME</td> <td>Home</td> </tr> <tr> <td>HOSPICE</td> <td>Hospice Facility</td> </tr> <tr> <td>INTOPPRG</td> <td>Intensive Outpatient (Psychiatric/Substance Abuse)</td> </tr> <tr> <td>LTACFAC</td> <td>LTAC Facility</td> </tr> <tr> <td>OTHER</td> <td>Other</td> </tr> <tr> <td>PSYSUBPHP</td> <td>Partial Hospitalization (Psychiatric/Substance Abuse)</td> </tr> <tr> <td>REHABFAC</td> <td>Rehab Facility</td> </tr> <tr> <td>RESTRCNT</td> <td>Residential Treatment Center</td> </tr> <tr> <td>SNFFAC</td> <td>Skilled Nursing Facility</td> </tr> <tr> <td>INPT</td> <td>Still a patient</td> </tr> <tr> <td>UNKWN</td> <td>Unknown</td> </tr> <tr> <td>AMA</td> <td>AMA-Left Against Medical Advice</td> </tr> <tr> <td>14</td> <td>Long Term Care Sub-Acute</td> </tr> <tr> <td>15</td> <td>Sub-Acute Skilled and LTAC</td> </tr> </tbody> </table> <p>Example: DC=HOSPICE</p>	Code	Description	ACFAC	Acute Facility	ACUTEIPREHAB	Acute Inpatient Rehab	CLNODC	Closed No Discharge Date Received	DCSD	Deceased	HOME	Home	HOSPICE	Hospice Facility	INTOPPRG	Intensive Outpatient (Psychiatric/Substance Abuse)	LTACFAC	LTAC Facility	OTHER	Other	PSYSUBPHP	Partial Hospitalization (Psychiatric/Substance Abuse)	REHABFAC	Rehab Facility	RESTRCNT	Residential Treatment Center	SNFFAC	Skilled Nursing Facility	INPT	Still a patient	UNKWN	Unknown	AMA	AMA-Left Against Medical Advice	14	Long Term Care Sub-Acute	15	Sub-Acute Skilled and LTAC
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1.3 Facility and Provider Identification

Facilities and providers are identified by NPI, name, and address. For an admission notification, the information source of the transaction is the facility where the patient was admitted, so the admitting facility will be identified within Information Source Name Loop 2010A.

If a facility is identified in Loop 2010EA (Patient Event Provider Loop) with NM101=FA, that facility will be treated as the admitting facility.

1.4 Patient Identification

Patients are identified by a Health Care ID (HCID). This identification number generally appears on the patient's insurance ID card. The HCID assigned, however, applies both to the member and to qualified dependents, so it does not uniquely identify covered individuals. The following information must be sent to identify the patient:

- HCID (NM109)
- First name (NM104)
- Last name (NM103)
- Date of birth (DMG02)

HCID is always sent in Subscriber Name Loop 2010C.

If the patient is known to be the primary subscriber, then the patient's name and DOB are also sent in Subscriber Name Loop 2010C. If the patient is known to be a dependent of the subscriber, then patient name and DOB are sent in Dependent Name Loop 2010D. If it is unknown whether the patient is the subscriber or a dependent, then either loop may be used.

1.5 Encounter Identification

Encounter identifier assigned by the facility to uniquely identify the encounter should be sent in the patient's loop 2010C or 2010D in a REF segment with REF01 = "EJ" (Patient Account Number).

1.6 Compliant Codes

When entering codes in the 278N health care services request, follow the 278N Implementation Guide carefully. Use Compliant codes from current versions of the sources listed in Appendix C: External Code Sources. Availity will accept all Standard codes, however, acceptance of these codes or modifiers will not alter covered benefits or current payment policies, guidelines or processes.

1.7 X12 Compliance Checking, and Business Edits

Level 1 each transaction passes through edits to ensure that it is X12 compliant. If the X12 syntax or any other aspect of the 278N Health Care Services Notification transaction is not X12 compliant, the 999 Interchange Acknowledgment will report the Level 1 errors in AK segments and indicate that the entire transaction set has been rejected.

Level 2 Implementation Guide edits are enforced. If an error is encountered, Availity will return a Level 2 Status Report to the submitter listing the compliance errors and indicating the entire transaction set has been rejected.

NOTE: All required segments and data elements populated in the 278N Request Transaction will be present in the 278N Response Transaction.

1.8 Contact for Signup and Support

To start submitting 278N notifications for contracted facilities, or for support, please contact Availity at www.availity.com.

1.9 Connectivity Information

All connectivity is provided through Availity, www.availity.com.

Connectivity options include both real-time (B2B) and batch (sftp/mailbox) submission options. Due to processing rules, acknowledgments/responses can be delayed and will be delivered to a sftp/mailbox.

1.10 Acknowledgments and/or Reports

Submitting a 278N transaction, you will receive only one of the following responses:

- TA1 (X12) when the ISA-IEA envelope cannot be processed;
- 999 when submitted 278N does not pass Level 2 validation; or
- 278N is returned in all other cases to indicate the request status.

Section 2 - Enveloping

2.1 Envelope Contents

An interchange envelope contains zero or more functional groups and zero or more TA1 interchange acknowledgments. For purposes of messages sent in accordance with this Companion Guide, only Health Care Services Review Information functional groups should be sent within an interchange envelope.

In the case of real-time transactions, one would expect only one functional group containing exactly one 278 transaction set. For batch purposes, however, multiple functional groups may be sent, each one containing one or more 278 transactions. Thus, multiple notifications can be sent in a single interchange envelope in any of the following ways:

- A single functional group containing multiple 278 transaction sets
- Multiple functional groups, each one containing a single 278 transaction set
- Multiple functional groups, each one containing multiple 278 transaction sets

The following scenario is not supported by the X12 Implementation Guide:

- A single functional group containing a single 278 transaction set containing multiple notifications.

This Implementation Guide requires the use of a separate transaction set (ST-SE) for each patient event.

2.2 Retransmission and Duplication

Senders (ISA06) must generate unique interchange control numbers (ISA13) for each interchange. Identical interchange control numbers should only be used when the contents are identical. In the case of retransmission of an interchange, identical interchange control numbers will be assumed to have identical contents and may not be reread.

This is not true, however, for functional group control numbers (GS06) and transaction set control numbers, which are only assumed to be unique within their enclosing interchanges and functional groups respectively.

2.3 GS-GE

EDI transactions of a similar nature and destined for one trading partner may be gathered into a functional group, identified by a functional group header segment (GS) and a functional group trailer segment (GE). Each GS segment marks the beginning of a functional group. There can be many functional groups within an interchange envelope. A 278 notification file can only contain 278 notification transactions.

2.4 ST-SE

The beginning of each individual transaction is identified using a transaction set header segment (ST). The end of every transaction is marked by a transaction set trailer segment (SE). A 278 notification file can only contain 278 notification transactions.

Section 3 - Charts for Situational Rules

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

278N Health Care Services Review Notification				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes
P.61	ST Transaction Set Header	ST03 Implementation Convention Reference	005010X216	005010216 – Healthcare Eligibility, Coverage or Benefit
P.63	BHT Beginning of Hierarchical Transaction	BHT02 Transaction Set Purpose Code	CN	CN – Completion Notification
Loop ID 2000A—Information Source Level				
P.65	HL	<i>Utilization Management Organization (UMO) Level - Refer to TR3</i>		
Loop ID 2010A— Information Source Level Name				
P.67	NM1 Information Source Name	NM101 Entity Identifier Code	FA	FA – Facility
		NM102 Entity Type Qualifier	2	2 – Non-person entity
		NM103 Name Last or Organization Name	(Information Source Last or Org Name)	
		NM108 ID Code Qualifier	XX	XX – National Provider Identifier (NPI)
		NM109 Identification Code	(Information Source Identifier)	NPI 10 digit value
P.70	REF Information Source Supplemental Identification	REF01 Reference ID Qualifier	EI	EI – Employer’s Identification Number
		REF02 Reference Identification	(Information Source Supplemental Identifier)	Represents the facility tax identification number
P.73	N3	<i>Information Source Address - Refer to TR3</i>		
P.74	N4	<i>Information Source City, State, ZIP Code - Refer to TR3</i>		
P.75	PER	<i>Information Source Contact Information - Refer to TR3</i>		
P.78	PRV	<i>Information Source Provider Information - Refer to TR3</i>		
Loop ID 2000B – Information Receiver Level				
P.80	HL	<i>Information Receiver Level - Refer to TR3</i>		

278N Health Care Services Review Notification				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes
Loop ID 2010B—Information Receiver Name				
P.82	NM1 Information Receiver Name	NM101 Entity Identifier Code	PR	PR – Payer
		NM102 Entity Type Qualifier	2	2 – Non-Person Entity
		NM108 ID Code Qualifier	PI	PI – Payer Identification
		NM109 Information Receiver Identifier	UNI	Represents the Availity Payer Code for UniCare (refer to www.availity.com)
Loop ID 2000C—Subscriber Level				
P.85	HL	<i>Subscriber Level Refer to TR3</i>		
Loop ID 2010C—Subscriber Name				
P.87	NM1 Subscriber Name	NM101 Entity Identifier Code	IL	IL – Insured or Subscriber
		NM103 Name Last or Organization Name	(Subscriber Last Name)	First and Last name of the subscriber exactly as they appear on the 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 ID card, including any alpha/numeric prefix, which is required when present. Populated for finding match for subscriber.
P.90	REF Subscriber Supplemental Identifier	REF01 Reference ID Code Qualifier	EJ	EJ – Patient Account Number
		REF02 Reference Identification	(Subscriber Supplemental Identifier)	Identified by provider
P.92	N3	<i>Subscriber Address - Refer to TR3 – Situational</i>		
P.93	N4	<i>Subscriber City, State, ZIP Code - Refer to TR3 – Situational</i>		
P.95	DMG Subscriber Demographic Information	DMG02 Date Time Period	(Subscriber Birth Date)	Populated for positive identification of the subscriber.
		DMG03 Gender Code	F M U	F – Female M – Male U – Unknown
P.97	INS	<i>Subscriber Relationship - Refer to TR3 – Situational</i>		
Loop ID 2000D—Dependent Level				
P.99	HL	<i>Dependent Level - Refer to TR3 – Situational</i>		

278N Health Care Services Review Notification

TR3	Segment	Reference Designator(s)	Value	Definitions and Notes
Loop ID 2010D—Dependent Name				
P.101	NM1 Dependent Name	NM101 Entity Identifier Code	QC	QC – Patient
		NM103 Dependent Last Name	(Dependent Last Name)	Last Name Required
		NM104 Dependent First Name	(Dependent First Name)	First Name Required
P.103	REF Reference Identification	REF01 Reference ID Qualifier	EJ	EJ – Patient Account Number
		REF02 Patient Account Number	(Dependent Supplemental Identifier)	Identified by provider
P.105	N3	<i>Dependent Address - Refer to TR3 – Situational</i>		
P.106	N4	<i>Dependent City, State, Zip code - Refer to TR3 – Situational</i>		
DMG required when Loop 2010D is populated				
P.108	DMG Dependent Demographic Information	DMG01 Date Time Period Format Qualifier	D8	D8 – Date Expressed in Format CCYYMMDD
		DMG02 Date Time Period	(Dependent Birth Date)	Represents the dependent's date or birth
		DMG03 Gender Code	F M U	F – Female M – Male U – Unknown
P.110	INS Dependent Relationship	INS17 Birth Sequence Number	(Birth Sequence Number)	Required when the dependent is a child from a multiple birth.
Loop ID 2000E—Patient Event Level				
P.112	HL	<i>Patient Event Level</i>		
P.114	TRN	<i>Patient Event Tracking Number</i>		
P.116	AAA	<i>Patient Event Request Validation – DO NOT USE</i>		
P.118	UM Health Care Services Review Information	UM01 Service Type Code	AR	AR – Admission Review
		UM02 Certification Type Code	5	5 – Notification
		UM04-1 Facility Code Value	(Facility Type Code)	For ambulatory surgeries, UM04-1=24 regardless where the service is rendered. If unsure of type of facility, send "11" for acute hospital, "21" for inpatient facility
		UM04-2 Facility Code Qualifier	A	A – Uniform Billing Claim Form Bill Type If unsure of type and sent "11" or "21" in UM04-1, send "A" in UM04-2.
		<i>Note: If both UM06 and CL101 are submitted, only the value in CL101 will be used</i>		
		UM06 Level of Service Code	03 E U	03 – Emergency E – Elective U – Urgent

278N Health Care Services Review Notification				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes
Loop ID 2000E—Patient Event Level (cont'd)				
P.125	REF Previous Review Authorization Number	REF01 Reference ID Qualifier	BB	BB – Authorization Number
		REF02 Reference Identification	(Previous Review Authorization Number)	Authorization number issued for admission. Value must exactly match number issued.
P.126	REF Administrative Reference Number	REF01 Reference ID Qualifier	NT	NT – Administrative Reference Number
		REF02 Reference Identification	(Administrative Reference Number)	Represents the UM Case Number
P.127	DTP	<i>Accident Date</i>		
P.128	DTP	<i>Last Menstrual Period Date</i>		
P.129	DTP	<i>Estimated Date of Birth</i>		
P.130	DTP	<i>Onset of Current Symptoms or Illness Date</i>		
P.131	DTP	<i>Event Date</i>		
DTP01=435 Actual Admission Date must be submitted				
P.132	DTP	<i>Admission Date - Refer to TR3</i>		
P.133	DTP	<i>Discharge Date - Refer to TR3 – Situational</i>		
P.134	DTP	<i>Certification Issue Date</i>		
P.135	DTP	<i>Certification Expiration Date</i>		
P.136	DTP	<i>Certification Effective Date</i>		
P.137	HI	<i>Patient Diagnosis - Refer to TR3 – Recommended</i>		
P.154	HSD	<i>Health Care Services Delivery - Refer to TR3 – Situational</i>		
Note: If both UM06 and CL101 are submitted, only the value in CL101 will be used.				
P.159	CL1 Institutional Claim Code	CL101 Admission Type Code	(Admission Type Code)	1 – Emergency 2 – Urgent 3 – Elective
		CL102 Admission Source Code	(Admission Source Code)	Indicates the source of admission
P.160	CR1	<i>Ambulance Transport Information - Refer to TR3 – Situational</i>		
P.162	CR2	<i>Spinal Manipulations Service Information - Refer to TR3 – Situational</i>		
P.166	CR5	<i>Home Oxygen Therapy Information - Refer to TR3 – Situational</i>		
P.169	CR6	<i>Home Health Care Information - Refer to TR3 – Situational</i>		
P.172	PWK	<i>Additional Patient Information - Refer to TR3 – Situational</i>		
P.177	MSG Message Text	MSG01 Free Form Message Text	(Free Form Text)	Recommended data element: See Section 1.2.1 Basic Instructions – “Data Elements supported in the MSG segment” for details on submitting data via the MSG segment.
				Maximum length is 264 characters

278N Health Care Services Review Notification				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes
Loop ID 2010 – EA Patient Event Provider Name				
Note - At least 1 Repeat of Loop Required, with NM101=71 (Attending Physician)				
P.178	NM1 Patient Event Provider Name	NM101 Entity Identifier Code	See TR3	Values represent type of provider
		NM102 Entity Type Qualifier	1 2	1 – Person 2 – Non-Person Entity
		NM103 Name Last	(Pat. Evt. Provider Last or Org Name)	Facility Name /Provider Last Name
		NM104 Name First	(Pat. Evt. Provider First Name)	Provider First Name
		NM108 ID Code Qualifier	XX	XX – National Provider Identifier (NPI)
		NM109 Identification Code	(Patient Event Provider Identifier)	NPI 10 digit value
P. 182	REF Patient Event Provider Supplemental Identification	REF01 Reference ID Qualifier	EI	EI – Employer’s Identification Number
		REF02 Reference Identification	(Pat. Evt. Provider Supplemental Identifier)	Provider Tax ID Number
P. 184	N3	<i>Patient Event Provider Address</i>		
P. 185	N4	<i>Patient Event Provider City, State, ZIP Code</i>		
P. 187	PER	<i>Patient Event Provider Contact Information</i>		
P. 190	AAA	<i>Patient Event Provider Request Validation</i>		
P. 192	PRV	<i>Patient Event Provider Information</i>		
Loop ID 2010EB - Additional Patient Information Contact Name				
P. 194	NM1	<i>Additional Patient Information Contact Name - Refer to TR3 – Situational</i>		
P. 197	N3	<i>Additional Patient Information Contact Address - Refer to TR3 – Situational</i>		
P. 198	N4	<i>Additional Patient Information City, State, Zip Code - Refer to TR3 – Situational</i>		
P. 200	PER	<i>Additional Patient Information Contact Information - Refer to TR3 – Situational</i>		
Loop ID 2010EC - Patient Event Transport Information				
P. 203	NM1	<i>Patient Event Transport Information - Refer to TR3 – Situational</i>		
P. 205	N3	<i>Patient Event Transport Location Address - Refer to TR3 - Situational</i>		
P. 206	N4	<i>Patient Event Transport Location City/State/ZIP Code - Refer to TR3 – Situational</i>		
P. 208	AAA	<i>Patient Even Transport Information Request Validation – DO NOT USE</i>		
Loop ID 2010ED - Patient Event Other UMO Name				
P.210	NM1	<i>Patient Event Other UMO Name - Refer to TR3 – Situational</i>		
P.212	REF	<i>Other UMO Denial Reason - Refer to TR3 – Situational</i>		
P.215	DTP	<i>Other UMO Denial Date - Refer to TR3 – Situational</i>		

278N Health Care Services Review Notification				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes
Loop ID 2000F—Service Level				
<i>Use the 2000F loop to identify the type of services to be provided and the 2010F loop to identify the servicing provider, if not identified in the first 2010EA loop</i>				
P.216	HL	<i>Service Level – Refer to TR3</i>		
P.218	TRN	<i>Service Trace Number - Refer to TR3 – Situational</i>		
P.220	AAA	<i>Service Request Validation – DO NOT USE</i>		
P.222	UM Health Care Services Review Information	UM01 Request Category Code	HS	HS – Health Services Review
		UM02 Certification Type Code	5	5 – Notification
P. 228	HCR	<i>Health Care Services Review</i>		
P.230	REF	<i>Previous Review Authorization Number - Refer to TR3 – Situational</i>		
P.231	REF	<i>Previous Review Administrative Reference Number - Refer to TR3 – Situational</i>		
P.232	DTP	<i>Service Date - Refer to TR3 – Situational</i>		
P. 233	DTP	<i>Certification Issue Date</i>		
P. 234	DTP	<i>Certification Expiration Date</i>		
P. 235	DTP	<i>Certification Effective Date</i>		
P.236	SV1	<i>Professional Service - Refer to TR3 – Recommended</i>		
P.242	SV2	<i>Institutional Service Line - Refer to TR3 – Recommended</i>		
P.248	SV3	<i>Dental Service - Refer to TR3 – Situational</i>		
P.253	TOO	<i>Tooth Information - Refer to TR3 – Situational</i>		
P. 256	HSD	<i>Health Care Services Delivery</i>		
P. 261	PWK	<i>Additional Service Information - Refer to TR3 – Situational</i>		
P.266	MSG	<i>Message Text - Refer to TR3 – Situational</i>		
Loop ID 2010F—Service Provider Name				
P.267	NM1	<i>Service Provider Name - Refer to TR3 – Situational</i>		
P.271	REF	<i>Service Provider Supplemental Identification - Refer to TR3 – Situational</i>		
P.273	N3	<i>Service Provider Address - Refer to TR3 – Situational</i>		
P.274	N4	<i>Service Provider City, State, ZIP Code - Refer to TR3 – Situational</i>		
P.276	PER	<i>Service Provider Contact Information - Refer to TR3 – Situational</i>		
P.279	AAA	<i>Service Provider Request Validation – DO NOT USE</i>		
P.281	PRV	<i>Service Provider Information - Refer to TR3 – Situational</i>		
P.283	SE	<i>Transaction Set Trailer - Refer to TR3 – Situational</i>		

Section 4 - Acknowledgments

4.1 Important Note about the 278N Acknowledgment

The 005010X216 278N Acknowledgment does not include a MSG segment. However, in order to return sufficient error detail, UniCare has added optional MSG segments in the following segments:

- 2010B – Information Receiver Name
- 2010C – Subscriber Name
- 2010D – Dependent Name
- 2000E – Event Level
- 2010E – Event Provider Name
- 2000F – Service Line

The MSG segment will always be the LAST segment in the loop.

MSG text	Description/Required Action
Case cancelled, contact payer.	A case was found for the patient, however, it was closed prior to the notification being received. Please contact the UM.
Invalid/ Missing Place of Service	Please correct and resubmit.
Invalid/ Missing Type of Service	Please correct and resubmit.
Invalid relationship to subscriber.	Please correct and resubmit.
Invalid Source of Admission	Please correct and resubmit.
Missing Authorization Classification Code Set	Please correct and resubmit.
Missing level of service	Please correct and resubmit.
UM01 must equal AR	Only Admission Review notifications are accepted. Please verify that transaction is being submitted to correct recipient.
UM02 must equal N	Only Notifications are accepted. Please verify that transaction is being submitted to correct recipient.

4.2 Accept and Accept with Error (BHT02=53)

- When a transaction is accepted, a 278N notification acknowledgment will be sent with a BHT02=53.
- When 1 or more data elements are missing or require additional information, 1 or more AAA segments may be returned indicating error conditions.

Medical Records Needed (AAA03=T5)

The most common error condition will be when an admission notification is sent in and no authorization is found on file. In this case, the following text will be sent in the MSG segment:

- Please submit clinical information within 48 hours. If we do not receive the information within 48 hours, we will make a decision based on the information we have with the most stringent applicable timeframe but will not exceed 72 hours of the original request.

4.3 Rejection (BHT02=44)

When a transaction is rejected (BHT02=44), usually 1 or more AAA segment(s) is returned, as well as an optional MSG segment with additional context for the error encountered. In some instances, the transaction is being rejected not due to an error, but that UniCare is not responsible for utilization management decisions for the patient.

UniCare Not Responsible for Utilization Management Decisions

In this case, an HCR segment will be returned with HCR01=CT and HCR03=0J. Please refer to the UMO information on the member card for the correct contact information.

Loop 2010C, AAA03=95, Patient Not Eligible

The patient's membership does not support using the 278N for inpatient admission/discharge notification. Please refer to the UMO information on the member card for the correct contact information.

Loop 2000E, AAA03=33, Input Error

There are a number of situations that can trigger an Input Error. Please refer to the MSG segment for additional details.

Release Notes		
Version	Page(s)	Description
1		Initial Document