

Standard companion guide transaction information

Instructions related to transactions
based on Accredited Standards
Committee (ASC) X12
implementation guides (IGs),
version 005010

278 – ANSI X12 version
005010X217

Companion guide version
number: 6.2

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Humana[®]

[Humana.com](https://www.humana.com)

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Change Log

Version	Release Date	Changes
6.1	December 2020	Published 5010 Implementation with minor changes.
6.2	June 2023	Require NPI Update diagnosis code requirements CR608 segment update Updates

Preface

Companion guides (CGs) may contain two types of data: instructions for electronic communications with the publishing entity (communications/connectivity instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (transaction instructions). Either the communications/connectivity component or the transaction instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The communications/connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain a communication exchange.

1. Introduction

Scope

This document is to be used when submitting authorizations and referrals electronically for the implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 5010 Health Care Services Review — Request and Response (278) (referred to as “Health Care Services Review” in the rest of this document). This companion guide is not intended to replace Type 3 Technical Reports (TR3).

Overview

This companion guide is intended to assist you in implementing electronic Health Care Services Review transactions that meet Humana processing standards by identifying pertinent structural and data-related requirements and recommendations.

Reference

For more information regarding the ASC X12 Standards for Electronic Data Interchange 278 Health Care Services Review — Request and Response (005010X217) or to purchase copies of copyrighted TR3 documents, visit <https://x12.org/>.

2. Getting started

Working with Humana

Humana currently uses Availity® as its exclusive clearinghouse for managing 278 EDI transactions. This guide includes the instructions you will need to get connected and start sending/receiving standard 278 transactions with Availity. Please read the entire guide so you may take advantage of the full functionality of the system.

Clearinghouse connection

Physicians and healthcare professionals should contact their current clearinghouse vendor to discuss its ability to support the Health Care Services Review transaction, as well as associated time frames for implementation, costs, etc.

Trading partner registration

Before submitting or receiving a 278 transaction, you must register as a trading partner with Availity. For registration instructions, see:

- Availity Health Information Network Batch Electronic Data Interchange (EDI) Standard Companion Guide: Batch Electronic Data Interchange (EDI) Standard Companion Guide (availity.com)
- Availity.com Specification & Design Document: Vendor Business-to-Business Specifications — Basic: Vendor Business-to-Business Specifications (availity.com). If you have questions not answered in the guides, please visit www.Availity.com or call **800-282-4548**.

Certification and testing overview

Availity requires that all vendors and high-volume senders pass HIPAA compliance and integration testing before submitting transactions to Availity. This testing ensures that your translated HIPAA ASC X12 transactions can pass HIPAA standards validation and any applicable payer-specific edits that Availity performs on the payer's behalf. This testing is coordinated through the Availity Client Services Department (**800-282-4548**).

3. Testing with the payer

All testing with Humana is completed via our clearinghouse, Availity.

File submission methods

Availity offers three methods for you to send and receive transactions: secure file transfer protocol (SFTP), file transfer protocol (FTP) + Pretty Good Privacy (PGP) and web upload. If you want to use SFTP, you will need to obtain a user ID and password from the Availity implementation analyst who is assisting with testing.

- SFTP – This method involves logging in to the appropriate Availity site using an SFTP client. SFTP allows you to send and receive files securely using port 9922. You do not need to log in to Availity Essentials to use SFTP. For more details on sending and receiving files using this method, please review this document:

Availity Health Information Network Batch Electronic Data Interchange (EDI) Standard Companion Guide: Batch Electronic Data Interchange (EDI) Standard Companion Guide (availity.com)

- FTP + PGP – For FTP, you must use the PGP encryption method to ensure security, provide a PGP key to Availity for decryption purposes and send the encrypted file to the appropriate Availity FTP site using an FTP application. For more details, please review this document:

Availity Health Information Network Batch Electronic Data Interchange (EDI) Standard Companion Guide: Batch Electronic Data Interchange (EDI) Standard Companion Guide (availity.com)

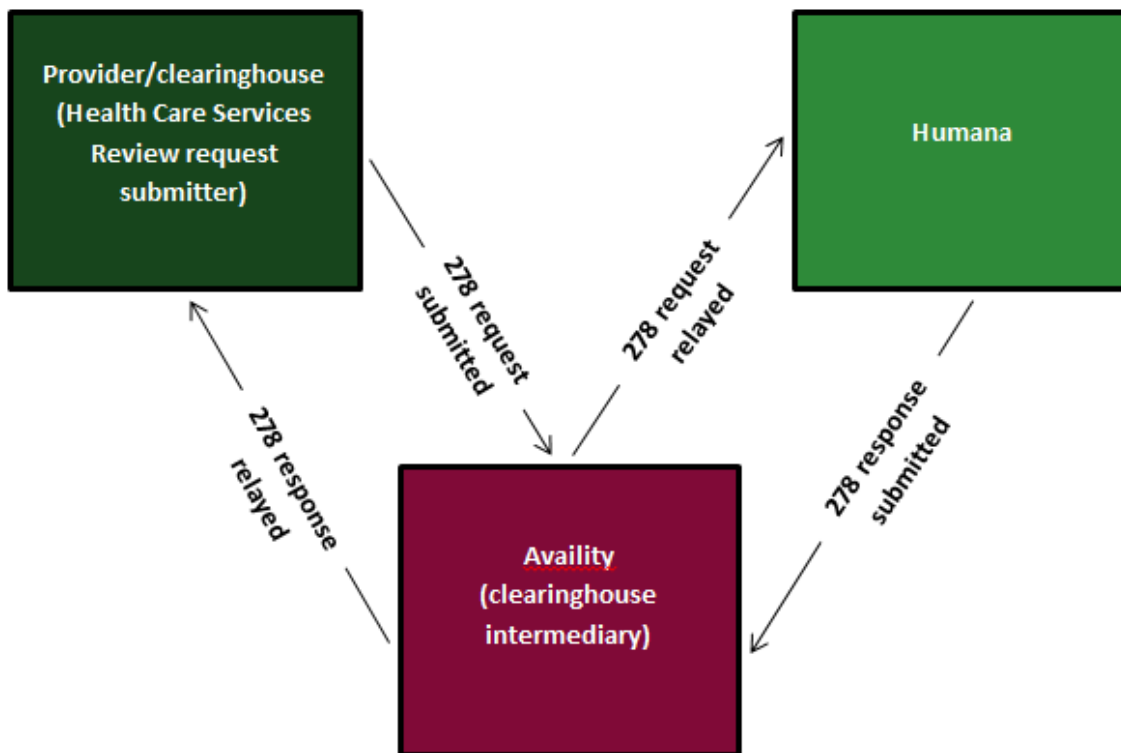
- Web upload – This method allows you to send files and receive reports, acknowledgments and transactions from Availity without installing additional software. You must have internet access and an Availity Essentials user ID and password to use web upload.

It is strongly recommended that you check your transactions for compliance to 005010 standards using a compliance checker.

4. Connectivity with the payer/communications

Process flow

The process flow for the 278 transaction exchange will involve three separate entities: Humana, the healthcare provider or clearinghouse sending the benefit request and Availity. Availity will serve as an intermediary between the request source and Humana, exchanging the benefit request and Humana's benefit response through its secure connections with both entities.



Transmission administrative procedures

Humana will return a 278 response within 20 seconds of receiving the 278 request from Availity to provide as close to a real-time response as possible. This response process runs 24 hours a day to process requests as they come in.

Retransmission procedure

Humana's real-time exchange services do not perform retransmissions. It is the trading partner's responsibility to resubmit requests.

Communication protocol specifications

Humana will assist in facilitating connectivity. For detailed information regarding Availity's security protocol, please review this document:

Availity Health Information Network Batch Electronic Data Interchange (EDI) Standard Companion Guide: Batch Electronic Data Interchange (EDI) Standard Companion Guide ([availity.com](https://www.availity.com))

5. Contact information

Availity Customer Service: **800-282-4548**

6. Control segments/envelopes

For the ISA, IEA, GS, ST, GE and SE segments, please review this document:

Availity Health Information Network Batch Electronic Data Interchange (EDI) Standard Companion Guide: Batch Electronic Data Interchange (EDI) Standard Companion Guide ([availity.com](https://www.availity.com))

7. Payer-specific business rules and limitations

Humana's trading partners must adhere to the following business rules and limitations for submitting transactions in real time:

- Only one patient's information should be submitted per transaction.
- Only one transaction should be submitted per functional group.
- Only one functional group should be submitted per interchange.
- If no date of service is received, the current date will be considered as the date of service.

8. Acknowledgments and/or reports

As the 278 transaction is designed to be exchanged for a 278 response containing the authorization or referral information sought in the 278 request, Humana will not send any acknowledgment that the 278 has been received unless there is a problem processing the request.

9. Trading partner agreements

This section contains general information concerning trading partner agreements. An EDI trading partner is defined as any Humana customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits electronic data to or receives electronic data from Humana.

To ensure the integrity of the electronic transaction process, payers have EDI trading partner agreements that accompany the standard implementation guide. The trading partner agreement is related to the electronic exchange of information, whether the agreement is with an entity or part of a larger agreement. For example, a trading partner agreement may specify the roles and responsibilities of each party to the agreement in conducting standard transactions.

As Humana will be directly exchanging data only with Availity, the existing trading partner agreement between Humana and Availity will cover these transmissions. It may be necessary for those originating these transactions to complete similar documents with Availity. To complete the required documents, please review this document:

Availity Health Information Network Batch Electronic Data Interchange (EDI) Standard
Companion Guide: Batch Electronic Data Interchange (EDI) Standard Companion Guide (availity.com)

10. Transaction-specific information

The table below contains a row for each segment that is specific to Humana. Because of this specificity, this information is not included in the implementation guides.

Unique ID	Name
005010X217	Health Care Services Review — Request for Review and Response (278)

Instruction tables

ISA

005010X217 Health Care Services Review — Request for Review (278)

See Availity's companion guide for ISA requirements.

Loop ID	Reference	Name	Codes	Notes/Comments
Interchange	ISA	Interchange Control Header		Humana requirements
	ISA07	Interchange ID Qualifier	14	"14" D-U-N-S® Number plus suffix
	ISA08	Interchange Receiver ID Name	0499441430000	

Interchange Control Header

Humana requires the use of the D-U-N-S Number, qualifier 14 for ISA07.

ISA example: ISA*00* *00* *01*030240928 *14*0499441430000
*200206*1409*^*00501*456544441*0*P*:

GS segment

005010X217 Health Care Services Review — Request for Review (278)

See Availity's companion guide for GS requirements.

Functional group header

Humana requires the use of the Humana payer ID in GS02 and the application receiver code in GS03. The intent is to identify what type of data is being sent, how the trading partner received the data and if there is a fee to be paid for these transactions.

005010X217 — Health Care Service Review – Request for Review (278)

Loop ID	Reference	Name	Codes	Notes/Comments
Header	BHT	Header		Humana requirements
	BHT02	Transaction Set Purpose Code	13	Humana only accepts “13”
2010A	NM1	Utilization Management Organization (UMO) Name		Humana requirements
	NM101	Entity Identifier Code	X3	Humana only uses a value of X3
	NM103	Last Name or Organization Name	Humana or Humana Inc.	Organization name
	NM108	Identification Code Qualifier	PI,24	Payer identification
	NM109	Identification Code	See note	Humana medical = 61101 Humana Tax ID = 610647538 Identifying name = HUMANA or HUMANA INC.

Utilization Management Organization (UMO) Name

NM1 example: NM1*X3*2*HUMANA*****24*610647538~

Loop ID	Reference	Name	Codes	Notes/Comments
2010B	NM1	Requester Name		Humana requirements
	NM108	Identification Code Qualifier	XX	A value of XX (National Provider Identifier/NPI) is required in this segment. *Atypical providers are the only exception.
	NM109	Identification Code	See note	Provider’s NPI

2010B	REF	Requester Supplemental Identification		Humana requirements
	REF01	Reference Identification Qualifier	EI	Humana allows for use of Tax ID. If sending, EI must be used in REF01.
	REF02	Reference Identification	See note	If sending REF01 = EI, REF02 = Tax ID.
	PER	Requester Contact Information		Humana requirements
	PER02	Name	Requester contact name	Humana recommends that this be populated.
	PER03	Communication Number Qualifier	TE	Telephone
	PER04	Communication Number	See note	Contact telephone number is required

Requester Name

NM1 examples: NM1*FA*2*FACILITY NAME*****XX*1234567890

NM1*1P*1*PROVIDER LAST*PROVIDER FIRST*****XX*1234567890~

Requester Supplemental Identification

REF example: REF*EI*123456789~

Requester Contact Information

PER example: PER*IC*PROVIDER EDI*TE*91248271171~

Loop ID	Reference	Name	Codes	Notes/Comments
2010C	NM1	Subscriber Name		Humana requirements
	NM103	Last Name or Organization Name	See note	Required by Humana
	NM104	First Name	See note	Required by Humana
	NM108	Identification Code Qualifier	MI	Use code value MI to indicate member identification number in NM109.
2010C	NM109	Identification Code	See note	Humana requires sending full member ID or Medicaid ID number shown on the Humana insurance ID card.

	DMG	Subscriber Demographic Information		Humana requirements
	DMG02	Subscriber Date of Birth	See note	Required by Humana

Humana requires the use of the member ID number as shown on the Humana insurance card.

Subscriber Name

NM1 example: NM1*IL*1*SMITH*JOE****MI*123456789~

Subscriber Demographic Information

DMG example: DMG*D8*20000101*M~

Loop ID	Reference	Name	Codes	Notes/Comments
2010D	NM1	Dependent Name		Humana requirements
	NM103	Dependent Last Name or Organization Name	See note	Required by Humana if submitting a dependent loop
	NM104	First Name	See note	Required by Humana
	REF	Dependent Supplemental Identification		Humana requirements
	REF01	Reference Identification Qualifier	EJ	If dependent loop is provided, EJ code must be used.
	REF02	Dependent Supplemental Identifier	Humana's ID number for dependent	Humana recommends entering the entire member ID number shown on the Humana insurance card.
	DMG	Dependent Demographic Information		Humana requirements
2010D	DMG03	Dependent Gender Code	M, F or U	Required by Humana if submitting a dependent loop
	INS	Dependent Relationship		Humana requirements
	INS02	Individual Relationship Code	01, 19, G8	Humana recommends sending relationship data, if known

Dependent Name

NM1 example: NM1*QC*1*SMITH*JOE~

Dependent Supplemental Identification Information

REF example: REF*EJ*123456789~

Dependent Demographic Information**DMG example:** DMG*D8*20000101*M~**Dependent Supplemental Identification Information****INS example:** INS*N*19~

Loop	Reference	Name	Codes	Notes/Comments
2000E	UM	Health Care Services Review Information		Humana requirements
	UM01	Request Category Code	AR, HS, SC	Humana only allows AR, HS and SC.
	UM02	Certification Type code	I, 3, 4, S	Humana allows I, 3, 4 or S.
2000E	UM03	Service Type Code	See note	Humana does not allow electronic submission of the following: 63 Donor procedures AR Experimental drug therapy 54 Long-term care
	DTP	Event Date		Segment is required when UM01 = SC or HS. "Service from" date is required and must be within one year of current date. "Service to" date is optional. If supplied, it must be within one year of current date and not prior to "service from" date.
	DTP	Admission Date		"Admission from" date is required when UM01 = AR. Not used if UM01 = SC or HS. "Admission to" date is optional. If supplied, it must be within one year of current date and not prior to "admission from" date.
	DTP	Discharge Date		When Patient Status Code is present, this segment is required when UM01 = AR. Not used if UM01 = SC or HS. Value must not be greater than current date.
	HI	Patient Diagnosis		At least one and a maximum of 12 ICD-10 codes must be submitted if UM01 = AR, HS or SC.
	HI01-1	Code List Qualifier Code/Diagnosis Type Code	ABF, ABJ, ABK, APR	Humana only accepts ABF, ABJ, ABK and APR qualifiers for ICD-10 classifications.

	HI01-2	Industry Code	See note	Diagnosis code must be submitted without the decimal point for ICD-10.
2000E	HI02-1	Code List Qualifier Code/ Diagnosis Type Codes	ABF, ABJ, APR, BF, BJ, BK, DR or PR	Humana only accepts ABF, ABJ, ABK and APR; qualifiers for ICD-10 classifications
	HSD	Health Care Services Delivery		Do not submit if UM01 = AR.
	HSD02	Quantity	See note	Must be > zero and < 999 when used
	CL1	Institutional Claim Code		Humana requirements
	CL101	Admission Type Code		Required if UM01 = AR
	CL103	Patient Status Code		Required if UM01 = AR and discharge date is present
	CR6	Home Health Care Information		Humana requirements
	CR608	Certification type code	See note	CR608 must be aligned with UM02 Certification type code

Health Care Services Review Information

UM example: UM*AR*I*1*11:A ~

Event Date

DTP example: DTP*AAH*D8*20140101~

Admission Date

DTP example: DTP*435*D8*20140101~

Discharge Date

DTP example: DTP*096*D8*20140101~

Patient Diagnosis

HI example: HI*ABF: A000:D8:20140101~

Health Care Services Delivery

HSD example: HSD*VS*1~

Institutional Claim Code

CL example: CL1*3~

CL1*3*2*01~

Loop ID	Reference	Name	Codes	Notes/Comments
2010EA	NM1	Patient Event Provider Name		Maximum of two NM1 segments allowed per 2000E loop.
	NM103	Last Name or Organization Name		Required by Humana
	NM104	First Name		Required by Humana when the service provider is a specific person (NM102 = 1) and NM103 is present. If not required by the implementation guide, do not send.
	NM108	Identification Code Qualifier	XX	Humana will only accept XX. *Atypical providers are the only exception.
	NM109	Identification Code	See note	Provider's NPI
	REF	Patient Event Provider Supplemental Identification		Humana requirements
	REF01	Reference Identification Qualifier	EI	Humana allows for use of Tax ID. If sending, EI must be used in REF01.
	REF02	Reference Identification		If sending REF01 = EI, REF02 = Tax ID.
	PER	Patient Event Provider Contact Information		If UM01 = AR, SC or HS, provider and facility phone numbers are required.
	PER02	Name	Patient Event Provider Contact Name	Humana recommends that this be populated.

Patient Event Provider Name

NM1 example: NM1*SJ*1*LAST NAME*FIRST NAME****XX*1234657890~

Patient Event Provider Contact Information

PER example: PER*IC**TE*9999999999~

Loop ID	Reference	Name	Codes	Notes/comments
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2000F	HL	Service Level		At least one service loop (2000F) must be present. If UM01 = AR, one service loop is allowed. If UM01 = SC, a maximum of 10 service loops are allowed.
	UM	Health Care Services Review Information		If UM01 = SC, HS or AR and there are multiple service types, UM01 is required.
	UM02	Certification Type Code	I, 3, 4, S	Humana allows I, 3, 4 or S.
2000F	UM03	Service Type Code	See implementation guide for permissible codes.	Humana does not allow electronic submission of the following: 63 Donor procedures AR Experimental drug therapy 54 Long-term care
	DTP	Service Date		If UM01 = HS, "service from" date and "service to" date are required. "Service from" date must be of equal value sent in 2000E event date segment.
	SV1	Professional Service		Humana allows 10 procedure codes per request.
	SV101-1	Product/Service ID Qualifier	HC	Humana requires HC.
	SV101-2	Product/Service ID	See note	Humana does not require procedure codes for all types of service. If UM01 = HS, SC, at least one procedure code is required. If UM01 = AR, procedure code(s) is/are required when the type of service is "surgical" or "oral surgery" and the place of service or facility type is inpatient hospital.
2000F	SV103	Unit or Basis for Measurement Code	UN	If entering visits for outpatient (HS), this field must have the value of UN.
	SV104	Quantity		For outpatient (HS) only, enter the number of visits associated with each procedure code (maximum of 99 visits per procedure code).
	SV2	Institutional Service Line		
	SV202-2	Product/Service ID	See note	Humana allows 10 procedure codes per request.

				<p>If UM01 = HS, SC, at least one procedure code is required.</p> <p>If UM01 = AR, procedure code(s) is/are required when the type of service is “surgical” or “oral surgery” and the place of service or facility type is inpatient hospital.</p>
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Service Level

HL example: HL*6*5*SS*0~

Health Care Services Review Information

UM example: UM*SC*I*3~

Service Date

DTP example: DTP*472*RD8*20140101-20140101~

Professional Service

SV1 example: SV1*HC:99211:25*12.25*UN*1~

Institutional Service Line

SV2 example: SV2**HC:26471**UN*2~

Loop ID	Reference	Name	Codes	Notes/Comments
2010F	NM1	Service Provider Supplemental Identification		
	NM103	Last Name or Organization Name		Required by Humana
	NM104	First Name		Required by Humana when the service provider is a specific person (NM102 = 1), and NM103 is present. If not required by the implementation guide, do not send.
	NM108	Identification Code Qualifier	XX	Humana will only accept XX. **Atypical providers are the only exception.
	NM109	Identification Code	See note	Provider's NPI
	REF	Service Provider Supplemental Identification		Humana requirements

	REF01	Reference Identification Qualifier	EI	Humana allows for use of Tax ID. If sending, EI must be used in REF01.
	REF02	Reference Identification		If sending REF01 = EI, REF02 = Tax ID.
	PER	Service Provider Contact Information		If UM01 = AR, SC or HS, provider and facility phone numbers are required.
	PER02	Service Provider Contact Name		Humana recommends that this be populated.

Service Provider Name

NM1 example: NM1*SJ*1*LAST NAME*FIRST NAME****XX*1234657890~

Patient Event Provider Contact Information

PER example: PER*IC**TE*9999999999~

**** Fields that may be updated for authorizations, referrals and Behavioral Health Auths**

Type	Status	Section	Updateable Field Names
Inpatient	Pended only	2000E	Admission Date, Add Discharge Date, Patient Status Code and Surgical Date
Referral	Pended only	Type Of Service	Type of Service
		Diagnosis/ Procedure Code	Diagnosis Code
Outpatient/Referral	Pended only	2000F	Service Start Date and Service End Date Service quantity
Inpatient/Outpatient/ Referral	Pended only	2000E/2000F	Add Procedure Code Void
Inpatient/Outpatient/ Referral	Approved/Pended	Clinical Attachments	
Outpatient/Referral	Approved/Pended	Diagnosis/ Procedure Code	Number of Visits

Outpatient/Referral	Approved	Service dates 2000E	Extend a Service End Date (cannot be past one year from start date) Add Procedure codes Add Visits/Units
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*Atypical providers must register with Availity

**Rule conditions apply and must be met for a successful update

005010X217: Health Care Services Review — Request for Review (278) business scenarios

Inpatient hospital authorization

ISA*00* *00* *01*030240928 *ZZ*0499441430000 *170101*1430*^*00501*330345555*0*P*::~~
GS*HI*R030240928*0499441430000*20170101*143037*1*X*005010X217~
ST*278*0001*005010X217~
BHT*0007*13*6330345555*20170101*1430~
HL*1**20*1~
NM1*X3*2*HUMANA*****PI*61101~
HL*2*1*21*1~
NM1*FA*2* HOSPITAL A*****XX*1234567891~
REF*EI*999999999~
N3*100 W STREETNAME~
N4*CITY*STATE*11111~
PER*IC*AKAAUTOAUTH*TE*555555555~
PRV*RF*XXX*11N00000X~
HL*3*2*22*1~
NM1*IL*1*LASTNAME*FIRSTNAME****MI*H11111111~
DMG*D8*20000101*M~
HL*4*3*EV*0~
UM*AR*I*1*21:B~
DTP*435*D8*20170101~
HI*ABF:R69:D8:20170101~
CL1*3*1~
NM1*71*1*LAST NAME*FIRST NAME ****XX*1234567890~
REF*EI*988888888~
N3*100 STREETNAME*STE A~
N4*CITY*STATE*22222~
PER*IC**TE*555555555~
PRV*AT*PXC*111XYZ100X~
NM1*FA*2* HOSPITAL B*****XX*9876543213~
REF*EI*977777777~
N3*100 STREETNAME~
N4*CITY*STATE*33333~
PER*IC**TE*555555555~
PRV*PE*XXX*11N00000X~
SE*32*0001~
GE*1*1~
IEA*1*330345555~

Outpatient hospital authorization

ISA*00* *00* *01*030240928 *ZZ*0499441430000 *170101*2024*^*00501*337847160*0*P*::~~
GS*HI*R030240928*0499441430000*20170101*202436*1*X*005010X217~
ST*278*0001*005010X217~
BHT*0007*13*6337847160*20170101*2024~
HL*1**20*1~
NM1*X3*2*HUMANA*****PI*61101~
HL*2*1*21*1~
NM1*1P*1*LASTNAME*FIRSTNAME****XX*9876543211~
N3*100 STREETNAME ~
N4*CITY*STATE*11111~
PER*IC*NAME *TE*555555555*EX*000~
HL*3*2*22*1~
NM1*IL*1*****MI*H11111111~

DMG*D8*20000101~
HL*4*3*EV*1~
UM*HS*I*2*19:B~
DTP*AAH*RD8*20170101-20170101~
HI*ABF:M25572:D8:20170101*ABF:M659:D8:20170101~
NM1*71*1*LASTNAME*FIRSTNAME***XX*1234567890~
N3*100 STREETNAME~
N4*CITY*STATE*2222~
PER*IC**TE*555555555~
PRV*AT*PXC*111E00000X~
NM1*FA*2* HOSPITAL A*****XX*1234567890~
REF*EI*999999999~
N3*100 STREETNAME~
N4*CITY*STATE*3333~
PER*IC**TE*555555555~
HL*5*4*SS*0~
SV1*HC:29895**UN*1~
SE*29*0001~
GE*1*1~
IEA*1*337847160~

Referral

ISA*00* *00* *01*030240928 *ZZ*0499441430000 *170101*2155*^*00501*343307360*0*P*~
GS*HI*R030240928*0499441430000*20170101*215552*1*X*005010X217~
ST*278*0001*005010X217~
BHT*0007*13*6343307360*20170101*2155~
HL*1**20*1~
NM1*X3*2*HUMANA*****PI*61101~
HL*2*1*21*1~
NM1*1P*1*LAST NAME*FIRST NAME***XX*1234567890~
PER*IC*NAME*TE*555555555~
HL*3*2*22*1~
NM1*IL*1*****MI*H11111111~
DMG*D8*20000101~
HL*4*3*EV*1~
UM*SC*I*62*22:B~
DTP*AAH*D8*20170101~
HI*ABF:K861:D8:20170101~
HSD*VS*1~
NM1*FA*2*HOSPITAL A*****XX*9876543212~
REF*EI*999999999~
N3*100 STREETNAME~
N4*CITY*STATE*1111~
PER*IC**TE*555555555~
HL*5*4*SS*0~
DTP*472*RD8*20170101-20170101~
SV1*HC:74178**UN*1~
SE*24*0001~
GE*1*1~
IEA*1*343307360~

Updated referral

ISA*00* *00* *01*030240928 *ZZ*0499441430000 *170101*1322*^*00501*340309686*0*P*~
GS*HI*R030240928*0499441430000*20170101*132241*1*X*005010X217~
ST*278*0001*005010X217~
BHT*0007*13*6340309686*20170101*1322~
HL*1**20*1~
NM1*X3*2*HUMANA*****PI*61101~
HL*2*1*21*1~
NM1*1P*1*LASTNAME*FIRSTNAME*INITIAL***XX*9876543211~
REF*EI*999999999~
PER*IC*NAME*TE*NULLNULLNULL~
HL*3*2*22*1~
NM1*IL*1*LASTNAME*INITIAL****MI*H11111111~
DMG*D8*20000101~
HL*4*3*EV*1~

M*SC*4*1*11:B~
REF*BB*89789786~
DTP*AAH*RD8*20170101-20170301~
HI*ABF:E6601~
HSD*VS*4~
NM1*71*2*PROVIDERNAME *****XX*9876543212~
REF*EI*988888888~
REF*N7*00000000D~
PER*IC*NAME*TE*55555555~
NM1*FA*2*PROVIDERNAME*****XX*9876543213~
REF*EI*97777777~
REF*N7*000005050D~
N3*100 STREETNAME~
N4*CITY*STATE*1111~
PER*IC**TE*55555555~
HL*5*4*SS*0~
SV1*HC:99213**UN*4~
SE*30*0001~
GE*1*1~IEA*1*340309686~

Home health authorization for preferred provider organization (PPO) member

ISA*00* 00* 01*030240928 *ZZ*0499441430000 *170101*2055*^*00501*338058647*0*P*::~~
GS*HI*R030240928*0499441430000*20170101*205548*1*X*005010X217~
ST*278*0001*005010X217~
BHT*0007*13*6338058647*20170101*2055~
HL*1**20*1~
NM1*X3*2*HUMANA*****PI*61101~
HL*2*1*21*1~
NM1*1P*1*LASTNAME*INITIAL *****XX*9876543211~
PER*IC*NAME*TE*55555555~
HL*3*2*22*1~
NM1*IL*1*****MI*H1111111~
DMG*D8*20000101~
HL*4*3*EV*1~
UM*HS*I*42*12:B~
DTP*AAH*RD8*20170101-20170301~
HI*ABK:M159:D8:20170101*ABF:R4189:D8:20170101~
HSD*VS*10~
CRC*75*Y*25~
CR6*3*20170101*****W*I~
NM1*SJ*1*PROVIDERNAME*****XX*9876543212~
N3*100 STREETNAME *SUITE A~
N4*CITY*STATE*1111~
PER*IC**TE*55555555~
PRV*PE*PXC*111WH0000X~
NM1*FA*2*PROVIDERNAME*****XX*9876543213~
N3*100 STREETNAME*SUITE A~
N4*CITY*STATE*2222~
PER*IC**TE*55555555~
HL*5*4*SS*0~
SV1*HC:G0151**UN*5~
HL*6*4*SS*0~
SV1*HC:G0299**UN*5~
SE*31*0001~
GE*1*1~
IEA*1*338058647~

DME rental

ISA*00* 00* 01*030240928 *14*0499441430000 *230607*1040*^*00501*094165620*0*P*::~~
GS*HI*R030240928*0499441430000*20230607*104030*1*X*005010X217~
ST*278*1001*005010X217~
BHT*0007*13*53402252805*20230607*1040~
HL*1**20*1~
NM1*X3*2*HUMANA*****PI*61101~
HL*2*1*21*1~

NM1*FA*2*FACILITY NAME*****XX*1234567890~
REF*EI*123456789~
N3*125 ADDRESS~
N4*CITY*ST*12345~
PER*IC**TE*999999999*FX*888888888~
HL*3*2*22*1~
NM1*IL*1*LASTNAME*FIRSTNAME****MI*H1111111~
REF*6P*Y0633001~
DMG*D8*20000101*F~
HL*4*3*EV*1~
TRN*1*53402252805*3030240928~
UM*HS*I*18*12:B~
DTP*AAH*RD8*20230607-20230907~
HI*ABK:G4733:D8:20230607~
HSD*VS*1~
CRC*09*Y*27~
NM1*73*1*PROVIDER*PROVIDER*****XX*1234567890~
REF*EI*123456789~
N3*123 ADDRESS*SUIE 145~
N4*CITY*ST*12345~
PER*IC**TE*999999999~
PRV*OT*PXC*193200000X~
NM1*FA*2*FACILITY NAME*****XX*1234567890~
REF*EI*123456789~
N3*123 ADDRESS*SUIE 145~
N4*CITY*ST*12345~
PER*IC**TE*000000000*FX*888888888~
HL*5*4*SS*0~
SV1*HC:G0399**UN*1~
SE*35*1001~
GE*1*1~
IEA*1*094165620~

DME purchase

ISA*00* *00* *01*030240928 *14*0499441430000 *230607*1041*^*00501*094191276*0*P*::~~
GS*HI*R030240928*0499441430000*20230607*104115*1*X*005010X217~
ST*278*1001*005010X217~
BHT*0007*13*53402276022*20230607*1041~
HL*1**20*1~
NM1*X3*2*HUMANA*****PI*61101~
HL*2*1*21*1~
NM1*FA*2*FACILITY NAME*****XX*1234567890~
REF*EI*123456789~
N3*123 ADDRESS~
N4*CITY*ST*12345~
PER*IC**TE*999999999*FX*888888888~
PRV*RF*PXC*332B00000X~
HL*3*2*22*1~
NM1*IL*1*NAME*NAME****MI*H111111111~
REF*6P*5A888001~
DMG*D8*20000101*M~
HL*4*3*EV*1~
TRN*1*53402276022*3030240928~
UM*HS*I*12*12:B~
DTP*AAH*RD8*20230607-20230806~
HI*ABK:R339:D8:20230607~
HSD*VS*2~
CRC*09*Y*58~
NM1*SJ*1*PROVIDER*NAME*****XX*1234567890~
REF*EI*123456789~
N3*123 ADDRESS~
N4*CITY*ST*12345~
PER*IC**TE*999999999~
PRV*PE*PXC*332B00000X~
NM1*FA*2*FACILITY NAME*****XX*1234567890~
REF*EI*123456789~
N3*123 ADDRESS~

N4*CITY*ST*12345~
PER*IC**TE*999999999~
HL*5*4*SS*0~
SV1*HC:A4314**UN*2~
SE*36*1001~
GE*1*1~
IEA*1*094191276~

Redirection Response

ISA*00* *00* *14*0499441430000 *01*030240928 *230607*1040*^*00501*094170628*0*P*::~~
GS*H*0499441430000*R030240928*20230607*1040*1*X*005010X217~
ST*278*1001*005010X217~
BHT*0007*11*53402258541*20230607*1040*18~
HL*1**20*1~
NM1*X3*2*HUMANA*****PI*61101~
HL*2*1*21*1~
NM1*1P*1*PROVIDER*NAME****XX*1234567890~
HL*3*2*22*1~
NM1*IL*1*LASTNAME*FIRSTNAME****MI*H11111111~
REF*6P*Y8515008~
DMG*D8*20000101*F~
HL*4*3*EV*1~
TRN*2*53402258541*3030240928~
TRN*1*CDR123456789*9HUMANACDR~
UM*HS*I*73*22:B~
HCR*CT*OJ*N~
DTP*AAH*RD8*20230607-20230706~
HI*ABK:R079:D8:20230607~
HSD*VS*1~
MSG*The request cannot be submitted. Requested services are managed by health organization. To create an authorization for these services, please
contact health organization. www.healthorg.com/pages/ProviderLogin.aspx, or call 888-123-1234.~
NM1*SJ*1*PROVIDER*NAME****XX*1234567890~
N3*123 ADDRESS*STE 400~
N4*CITY*ST*111111~
PER*IC**TE*999999999~
PRV*PE*PXC*207RC0000X~
NM1*FA*2*FACILITYNAME*****XX*1234567890~
N3*123 ADDRESS~
N4*CITY*KY*405031431~
PER*IC**TE*999999999~
NM1*L5*2*HEALTHORGANIZATION~
HL*5*4*SS*0~
DTP*472*RD8*20230607-20230706~
SV1*HC:78431**UN*1~
SE*33*1001~
GE*1*1~
IEA*1*094170628~

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Response error codes

Message type	Message code	Loop	Element	Message	Resolution
AAA	15	2000E	1271	MISSING DIAGNOSIS CODE(S)	AT LEAST ONE DIAGNOSIS CODE MUST BE ENTERED AND THEN RESUBMITTED IN THE HI01-2 PATIENT DIAGNOSIS.
AAA	15	2000F	C002 C003	MISSING PROCEDURE CODE(S)	AT LEAST ONE PROCEDURE CODE MUST BE ENTERED AND THEN RESUBMITTED IN THE SV101-2 PROFESSIONAL SERVICE OR SV201-2 INSTITUTIONAL SERVICE.
AAA	15	2010F	355 380	SERVICE QUANTITY AND QUANTITY TYPE ARE REQUIRED	CORRECT AND RESUBMIT THE HSD02 AND HSD03 IN THE HEALTHCARE SERVICES DELIVERY SEGMENT.
AAA	15	2010F	128	FACILITY ID OR PAYER-ASSIGNED FACILITY ID IS REQUIRED	THE FACILITY ID OR PAYER-ASSIGNED FACILITY ID IS REQUIRED. THE ID MUST BE ENTERED AND RESUBMITTED.
AAA	15	2000E, 2000F	355, 380, 673	SERVICE QUANTITY AND QUANTITY TYPE ARE REQUIRED	THE SERVICE QUANTITY AND QUANTITY TYPE ARE REQUIRED. THE QUANTITY AND TYPE MUST BE ENTERED AND RESUBMITTED.
AAA	15	2000E, 2000F	1365	TYPE OF SERVICE IS REQUIRED	THE TYPE OF SERVICE IS REQUIRED. THE SERVICE TYPE MUST BE ENTERED AND RESUBMITTED.
AAA	33	2000E	1314	ADMISSION SOURCE OR NEWBORN ADMISSION SOURCE IS REQUIRED.	CORRECT AND RESUBMIT THE CL102 IN LOOP 2000E IN THE INSTITUTIONAL CLAIMS CODE SEGMENT.
AAA	33	2000E 2000F	1365	THERE IS A LIMIT OF ONE TYPE OF SERVICE. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE UM03 IN THE HEALTH CARE SERVICES REVIEW INFORMATION SEGMENT OF LOOP 2000E/ 2000F.
AAA	33	2000F	1251	SERVICE DATE TO MUST BE WITHIN ONE YEAR FROM TODAY'S DATE. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE DTP03 IN THE SERVICE DATE SEGMENT OF THE 2000F LOOP.

AAA	33	2000F	1251	SERVICE DATE FROM MUST BE LESS THAN THE SERVICE DATE TO. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE DTP03 IN THE SERVICE DATE SEGMENT OF THE 2000F LOOP.
AAA	33	2000F	1331	ONLY ONE REFERRED TO FACILITY IS ALLOWED PER REFERRAL. PLEASE CORRECT AND RESUBMIT	REVIEW THE UM04-1 IN THE HEALTH CARE SERVICES REVIEW SEGMENT IN LOOP 2000F FOR FREQUENCY. CORRECT AND RESUBMIT.
AAA	33	2010EA	1035 1036	SERVICE PROVIDER OR PHYSICIAN, CLINIC OR GROUP PRACTICE IS REQUIRED. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT THE PATIENT EVENT PROVIDER IS REQUIRED IN THE 2010EA LOOP.
AAA	33	2020EA	C023	FACILITY IS REQUIRED. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT. PLEASE INCLUDE THE FACILITY IN THE 2010EA LOOP.
AAA	33	2000C 2000D 2010D 2000E 2010E 2000F 2010F	SEVERAL	TECHNICAL ISSUES ENCOUNTERED DURING AUTHORIZATION PROCESSING. PLEASE RESUBMIT.	HUMANA HAS EXPERIENCED AN UNEXPECTED OUTAGE. PLEASE CORRECT AND RESUBMIT.
AAA	33	2000C 2000D 2010D 2000E 2010E 2000F 2010F	SEVERAL	INPUT ERRORS	CORRECT AND RESUBMIT ANY INVALID DATA, SUCH AS DEPENDENT RELATIONSHIP, INFORMATION, DIAGNOSIS, DATES AND PLACE OF SERVICE.
AAA	33	2000E	1251	ADMISSION DATE MUST BE GREATER THAN OR EQUAL TO DATE OF BIRTH. PLEASE CORRECT AND RESUBMIT.	CORRECT AND RESUBMIT. THE DATE IN THE DTP03 SERVICE DATE SEGMENT OF LOOP 2000E.
AAA	33	2000E 2000F	1525	POTENTIAL OBSERVATION NOTIFICATION.	CORRECT AND RESUBMIT UM01 AS HSD IN THE HEALTHCARE SERVICES REVIEW INFORMATION SEGMENT IN THE 2000E AND 2000F LOOP.
AAA	33	2010A 2010EA 2010F	127	PROVIDER SEARCH FAILED.	REVIEW PROVIDER DATA SUBMITTED FOR ACCURACY. CONTACT HUMANA CUSTOMER SERVICE AT 800-523-0023 FOR ADDITIONAL GUIDANCE.

AAA	33	2000F	SEVERAL	THIS TRANSACTION CANNOT BE SUBMITTED ELECTRONICALLY. PLEASE CONTACT HUMANA CUSTOMER SERVICE AT 800-523-0023 .	CONTACT HUMANA CUSTOMER SERVICE AT 800-523-0023 TO DISCUSS WHY THIS CAN'T BE SUBMITTED ELECTRONICALLY.
AAA	33	2000F	234 235	THERE IS A LIMIT OF 10 PROCEDURE CODES. PLEASE CORRECT AND RESUBMIT.	A SPECIFIC SERVICE CAN ONLY HAVE FOUR CPT/REV CODES SUBMITTED IN THE PROFESSIONAL SERVICE SEGMENT, SV101-2 AND SV202-2. IF MORE HAVE BEEN SUBMITTED, PLEASE REVIEW AND RESUBMIT.
AAA	33	2000F	1251	SERVICE DATES MUST BE WITHIN ONE YEAR OF TODAY'S DATE.	CORRECT AND RESUBMIT THE DTP03 SEGMENT IN THE DATE OR TIME OR PERIOD IN THE 2000F LOOP.
AAA	41	2010E	901	AUTHORIZATION/ACCESS RESTRICTIONS.	YOU HAVE NOT BEEN GRANTED ACCESS TO PERFORM THIS TRANSACTION THROUGH HUMANA. PLEASE CONTACT AVAILITY.
AAA	43	2010A 2010EA2 010F	127 128	INVALID OR MISSING PROVIDER IDENTIFICATION.	CALL HUMANA CUSTOMER SERVICE AT 800-523-0023 FOR ASSISTANCE REGARDING THE REF01 AND REF02 SEGMENTS IN THE REFERENCE INFORMATION LOOP 2010A, 2010EA OR 2000F.
AAA	44	2010A 2010EA2 010F	1035 1036	USER CONTACT NAME IS REQUIRED.	THE USER CONTACT NAME IS REQUIRED. NM103 IS REQUIRED, AND NM104 IS REQUIRED WHEN THE CONTACT IS A SPECIFIC PROVIDER; NM102=1. PLEASE CORRECT AND SUBMIT.
AAA	46	2010A 2010EA 2010F	364	INVALID/MISSING PROVIDER CONTACT INFORMATION.	THE INFORMATION SOURCE/PROVIDER CONTACT INFORMATION IN THE PER03, PER05, PER08 SEGMENT IS MISSING OR INVALID. PLEASE CORRECT AND RESUBMIT.
AAA	49	2010EA	1035 1036	YOU ARE NOT AUTHORIZED TO SUBMIT A REFERRAL FOR THIS	CONTACT THE MEMBER'S PCP FOR SUBMISSION.

				MEMBER. PLEASE CONTACT THE MEMBER'S PCP.	YOU MUST BE THE MEMBER'S PCP IN ORDER TO SUBMIT THE REFERRAL. THE INDIVIDUAL OR ORGANIZATIONAL NAME IN THE NM103 AND NM104 IN THE PATIENT EVENT PROVIDER NAME WILL NEED TO BE REVIEWED.
AAA	51	2010A 2010EA 2010F	127	PROVIDER TAX ID NOT ON FILE.	THE INFORMATION SOURCE/PROVIDER TAX ID IS NOT ON FILE. PLEASE CORRECT AND RESUBMIT.
AAA	67	2010C 2010D	1035 1036	PATIENT NOT FOUND.	CORRECT AND RESUBMIT. THE INDIVIDUAL DEPENDENT NAME IN THE NM103 AND NM104 SEGMENTS IN LOOPS 2010C AND 2010D WILL NEED TO BE REVIEWED.
AAA	67	2010C 2010D	128	TRANSACTION CANNOT BE PROCESSED DUE TO MULTIPLE ACTIVE PLANS.	THE MEMBER HAS MULTIPLE COVERAGES AND THE TRANSACTION CANNOT BE PROCESSED. CONTACT HUMANA CUSTOMER SERVICE AT THE NUMBER ON THE BACK OF THE MEMBER ID CARD.
AAA	79	2010C	127	MESSAGE RECEIVED IS RELATED TO TRANSPLANTS, CHEMO, RADIATION, CARDIAC OR MENTAL HEALTH THERAPY.	REFER TO THE CONTACT INFORMATION ON THE MEMBER'S ID CARD.
AAA	79	2010D	1064	RELATIONSHIP TO SUBSCRIBER SELECTION IS NOT VALID. PLEASE MAKE ANOTHER ELECTION.	CORRECT AND RESUBMIT THE INS02 SEGMENT IN DEPENDENT RELATIONSHIP IN THE 2010D LOOP.
AAA	79	2000E	1271	THERE IS A LIMIT OF 12 DIAGNOSIS CODES.	FOR THE PATIENT DIAGNOSIS IN THE HI01-2 SEGMENT, AT LEAST ONE DIAGNOSIS CODE, BUT NOT MORE THAN 12, MUST BE ENTERED AND THEN RESUBMITTED.
AAA	79	2000E	1525	THIS MEMBER'S PLAN DOES NOT REQUIRE A REFERRAL. HOWEVER, AN AUTHORIZATION MAY BE REQUIRED.	BASED UPON THE MEMBER'S PLAN, REVIEW THE CATEGORY CODE IN UM01 AND RESUBMIT.

AAA	79	2010EA	98	YOU ARE NOT AUTHORIZED TO SUBMIT A REFERRAL FOR THIS MEMBER.	BASED UPON THE MEMBER'S PLAN, THE MEMBER'S PCP MUST SUBMIT THE REFERRAL. PLEASE CONTACT THE MEMBER'S PCP.
AAA	79	2000E 2000F	933	BLANK – NO MESSAGE RECEIVED.	CONTACT AVAILITY AT 800-282-4548 . THIS IS A HIPAA ERROR ON THE INBOUND 278 TRANSACTION.
AAA	T5	2000E 2000F	128	THIS CASE CANNOT BE UPDATED BECAUSE OF THE DISCREPANCY IN THE KEY FIELDS (AUTHORIZATION NUMBER, MEMBER ID AND DATE OF BIRTH).	THE TRANSACTION CANNOT BE UPDATED DUE TO INACCURATE SUBMISSION OF AUTHORIZATION NUMBER IN REF02 SEGMENT, MEMBER ID IN REF01 SEGMENT AND DATE OF BIRTH IN DMG02 SEGMENT. PLEASE CORRECT THE DATA AND RESUBMIT.

11. Other resources

ACS X12 TR3 implementation guides: <https://x12.org/>.