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Wellmark Blue Cross Blue Shield

**HIPAA Transaction Standard
Companion Guide
Section 2, 278
Health Services Request for Review
Refers to the X12N Implementation Guide
ANSI Version 5010
Version 1.0**

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This Companion Guide is a work in progress. Wellmark reserves the right to make changes to this Companion Guide at any time without notice. Changes appear in blue text and may be accompanied by a yellow note in the margin.

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Introduction

This chapter within Section 2 of the *Wellmark Companion Guide* provides information specific to the **278 Health Care Services Review—Request for Review and Response**.

Wellmark places a high priority on making it easy for you to do business with us. Using an electronic medium to make an inquiry is one of the ways we can do this. Electronic inquiries facilitate the transfer of information from your organization to ours in a standard data format. This Section 2 of the *Wellmark Companion Guide* provides information about the American National Standards Institute (ANSI) Health Care Request for Review and Response 278 transaction, Version 5010. This transaction is the accepted standard of the 1996 Health Insurance Portability and Accountability Act (HIPAA-AS).

The *Wellmark Companion Guide* is to be used alongside the *HIPAA-AS Implementation Guide (IG)*, which provides comprehensive information needed to create an ANSI 278 transaction. The *Wellmark Companion Guide* does not change the specifications of the *HIPAA Implementation Guide*; rather, it is intended to clarify the areas where the IG provides options or choices to be made. The *HIPAA-AS Implementation Guide* can be downloaded from http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

The purpose of the HIPAA-AS law is to standardize transactions as much as possible. However, each transaction may have some data elements that are treated differently by different payers. Wellmark has worked to keep these to a minimum. There may be some instances where the submitter is required to transmit data to us that we do not require to conduct business. In these instances, we may store the data sent to us, but we may not use the data for our business purposes.

Request for Review and Response for Wellmark Members

There are several different scenarios for review and response transactions between Wellmark and submitters. Wellmark Blue Cross and Blue Shield responds to the following Review/Request scenarios:

- Notification of hospital inpatient admissions for all Wellmark members
- Pre-certification of inpatient admissions for all FEP members
- Pre-certification for Wellmark members for inpatient mental health acute rehab, home health care, hospice or skilled nursing facility admissions.
- Prior approval of certain services for Wellmark members (see *Wellmark Provider Guide* or web site)
- Prior approval of FEP benefits as noted in the FEP member certificate and the *Wellmark Provider Guide*
- Referrals for Wellmark Health Plan of Iowa members (Blue Advantage[®], Blue Choice[®])

Wellmark's response to all 278 Health Care Services Requests takes the form of an instruction to contact a personal representative by phone or to fax information. This includes members of the Federal Employee Health Program (FEP). The *Wellmark Provider Guide – Health Management Section* provides additional instructions on prior approval, inpatient notification, and referral requests.

Individuals with security access to our system may also report and request information through our Online Tools on the Provider page of www.wellmark.com. You should know that the information provided on our web site does not qualify as HIPAA-AS compliant. However, some users may prefer this service since it efficient and effective.

Note: As stated in the *HIPAA-AS Implementation Guide*, there is a maximum of one patient per request.

How to Revise Requests for BlueCard Members from Other Plans

Providers wanting to modify the scope of an original 278 request after submitting and receiving a response will need to submit another 278 transaction.

The Certification Type Code (UM02) field on the provider's request might possibly be populated with S (Revised) to indicate to the receiving Plan that the original request has been revised.

Paperwork (PWK Segment)

The following information addresses the paperwork (PWK) segment of the 278 transaction.

Note:

- a) the requesting provider may include a PWK segment that references documentation that supports requests, or
- b) the receiving Home Plan may add a PWK segment to the 278 response which requests that the provider supply additional documentation.

First use of PWK segment:

Providers submitting documentation will be required to submit the following segment data:

- Requestor Address (N3)
- Requestor City/State/Zip Code (N4)
- Requestor Contact Information (PER)

We strongly recommend that all 278 requests contain the above data.

Requestors attaching supportive documentation by paper, electronic or other media methods must use the following values in the PWK segment:

- AA – available upon request at the provider's office (it will not be sent unless requested)
- BM – by mail
- EL – electronically (attachment is being sent in a separate X12 transaction)
- EM – email
- FX – by fax
- VO – voice

Note: *If the provider sends supporting documentation to Wellmark, we will make every effort to forward the additional documentation to the member's Home Plan.*

Second use of PWK segment:

If PWK02 = AA and the member's Home Plan wants to obtain the documentation from the provider, the provider needs to submit the documentation to the Home Plan directly.

The following information addresses the values Wellmark uses for a successful 278 transaction. Note that in some instances, responses from a non-Wellmark member's Home Plan may differ.

LEGEND for 278 Matrix

SHADED rows represent “segments.” **NON-SHADED** rows represent “data elements.”
 “Loop – specific” comments should be indicated in the first segment of the loop.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
71	2010A	NM1	Individual or Organization Name			
73		NM108	Identification Code Qualifier	PI	1/2	Electronic Transmitter Identification Number
73		NM109	Identification Code	88848	2/80	Wellmark Blue Cross Blue Shield
76	2010B	NM1	Requester Name			
77		NM108	Identification Code Qualifier	XX		Electronic Transmitter Identification Number
78		NM109	Identification Code		2/80	National Provider Identifier (NPI) as assigned by NPPES
91	2010C	NM1	Subscriber Name			
93		NM108	Identification Code Qualifier	MI	1/2	Member Identification Number
93		NM109	Identification Code		2/80	Must include any alpha-prefix that appears on the ID card.
114	2010D	INS	Dependent Relationship			
115		INS02	Individual Relationship Code	01 19 G8	2/2	Spouse Child Other

Response to 278

Wellmark responds to all transactions for its members with these static responses:

- Transaction Type Code (BHT06) = 18 (Response - no further updates to follow)
- Certification Action Code (HCR01)= CT (Contact Payer)
- An entry in the Message Text (MSG) segment = To complete the request for health care services review, contact Wellmark Blue Cross and Blue Shield at
800-552-3993 for admission notification
FAX 515-248-5554 for Wellmark Health Plan of Iowa Rapid Referrals,
FAX 515-299-5083 for Prior Approvals,
or visit the Web site at www.wellmark.com.

Use of Case Numbers

Wellmark and other Blue Plans may assign a case or certification number for tracking purposes only. Assignment of a case number does not imply approval. Unless you receive a Certification Action Code (HCR01) or a 278-11 response equal to A1-certification in total or A6-modified, you should not infer that your request was approved. The case number does not approve the services and, therefore, does not relate to a standard HIPAA-AS transaction.