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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 4010A1

Version 3.0

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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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August 28, 2008

## 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 4010A1A. 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](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<sup>®</sup>, Blue Choice<sup>®</sup>)

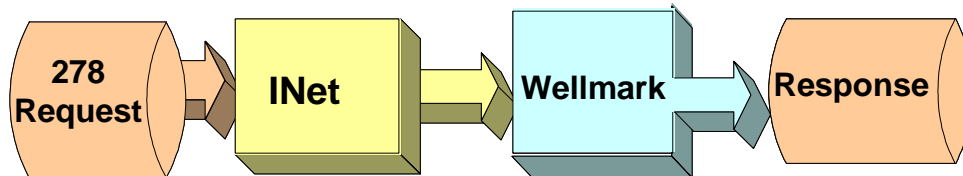
Wellmark's response to all 278 Health Care Services Requests takes the form of an instruction to contact a personal representative by phone or to fax information. This includes members of the Federal Employee Health Program (FEP). The *Wellmark Provider Guide* – Health Management Section provides additional 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](http://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 the 278 Transaction Works for Requests from Local Submitters for Wellmark Members**  
 Wellmark will handle batch transactions received from submitters in Iowa and South Dakota through its subcontracted clearinghouse, EC Solutions, for its Wellmark and FEP members in those states. The alpha-prefix identifies the member as a Wellmark member. All others will be forwarded to the Blue Cross Association's BlueExchange<sup>SM</sup> software to transfer to the appropriate plan.

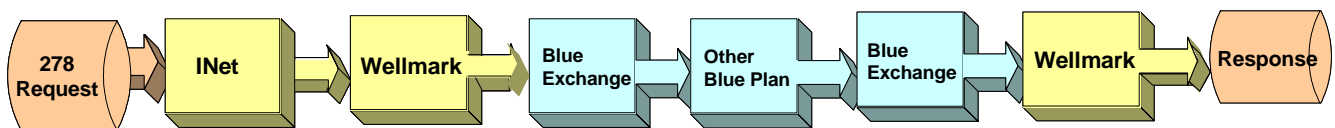
EC Solutions uses the INet interchange network to receive your transmissions.



**How the 278 Transaction Works for Requests for BlueCard Members from Other Plans**

The 278 transaction may also be used to request review and response processes for Blue Cross and Blue Shield members covered under other Plans in states outside Iowa and South Dakota. The alpha-prefix identifies the member as a BlueCard member and is forwarded to the Blue Cross Association's BlueExchange software to transfer to the appropriate plan.

Wellmark accepts batch or real time transactions from submitters in other Blue Plan areas via Blue Exchange. Blue Exchange is a national network used by the Blue Cross and Blue Shield Association to administer the BlueCard program. For FEP members in other states, the Federal Employee Program uses the BlueExchange network. (See the diagram below that flow charts these requests.)



In this case, the request will be routed to the appropriate Blue Cross and Blue Shield Plan and the submitter will receive a response from that Plan. With 42 different Plans, there may be different levels of response in general or detailed information.

**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
55	2010A	NM1	Individual or Organization Name			
57		NM108	Identification Code Qualifier	46		Electronic Transmitter Identification Number
57		NM109	Identification Code	88848		Wellmark Blue Cross Blue Shield
60	2010B	NM1	Individual or Organization Name			
61		NM108	Identification Code Qualifier	46		Electronic Transmitter Identification Number
61		NM109	Identification Code			Requester's Electronic Transmitter number from EC Solutions
90	2010C	NM1	Subscriber Name			
91		NM108	Identification Code Qualifier	MI		Member Identification Number
91		NM109	Identification Code			Must include any alpha-prefix that appears on the ID card.
118	2010D	INS	Dependent Relationship			
113		INS02	Individual Relationship Code	18 01 53 09 10 15 17 19 23	2	<i>Wellmark uses only these codes:</i> Wellmark Subscriber <i>Relationship to covered person:</i> Spouse Life Partner Adopted Child Foster Child Ward Stepson or Stepdaughter Child Sponsored Dependent

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
141	2000F	UM	Health Care Services Review Information			
147		UM06	Level of Service Code	03 U		Emergency Urgent Requests received with both types will be split into separate transactions. If UM06 is left blank, we will assume the request is not urgent.

## 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/precertification for **Iowa** members  
800-642-9273 for admission notification/precertification for **South Dakota** members  
FAX 515-248-5554 for Wellmark Health Plan of Iowa Rapid Referrals,  
FAX 515-248-5271 for Prior Approvals,  
or visit the Web site at [www.wellmark.com](http://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.