



Companion Guide – 278 Health Care Services Review – Request for Review and Response

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Section I – Document Purpose

This document is to be used as a companion guide to the 278 Health Care Services Review – Request for Review and Response Implementation Guide dated May 2000 as well as the corresponding addenda.

The purpose of the companion guide is to provide detailed information regarding any preferred data elements, as well as any relevant internal editing and information relating to the response transaction, if applicable. **It is not meant to replace the HIPAA Implementation Guide, which covers many of the required fields that are not detailed in this document.**

Please be advised that legally covered entities, as defined by HIPAA, must submit all HIPAA required fields in order to be HIPAA compliant. Any 278 transaction submitted by a covered entity that does not contain all HIPAA required fields will be rejected. The HIPAA Health Care Services Review – Request for Review and Response (278) Implementation Guide can be obtained from the Washington Publishing Company's web page at <http://www.wpc-edi.com>.

Section II – General Information

The 278 Transaction is a request (for services) and response (decision) transaction encompassing the following types of services:

Initial Requests for Review

- Admission Certification review request and associated response (*Precertification request or notification of an inpatient admission*)
- Referral review request and associated response (*Oxford referral*)
- Health Care Services Certification review request and associated response (*Precertification of an outpatient procedure or services*)

Subsequent Requests for Review

- Extension
- Renewal

- Revised
- *Appeal (Standard or Immediate)
- Cancel

***Note – the 278 Request for Appeal transaction is to be used only for an appeal of a precertification request denial. This transaction is not to be used for any form of claims appeal.**

- 278 Addenda: The 275 transaction (ability to electronically reference an attachment – paper, electronic or other medium) is not required by HIPAA, and Oxford will not be implementing the transaction at this time.
- The requester may use the new paperwork segment (*Loops 2000C, 2000D and 2000F, “PWK” segments*) to reference an attachment. However, Oxford will not be using the new paperwork segment in a response to indicate that specific paperwork is required for the request.
- The TCN number (*Loops 2000C, 2000D, “TRN” segments*) is a provider-specific Patient Tracking Number, which can now be found at the subscriber and dependent level loops in addition to the service loop. Oxford will accept the number and pass it back in the response, but will not be required to report or pull data based on this number.
- The HI segment supports the use of LOINC codes (Logical Observation Identifier Names and Codes). HIPAA does not require the use of LOINC codes. Therefore, Oxford is not implementing this functionality at this time.
- The Reject Reason Code of 90 – (*“Requested Information Not Received” Loop 2000F, “HCR” segment*) will not be used since Oxford does not communicate through electronic data interchange (EDI) that additional information is required and can be sent electronically.
- Loop PWK02 (*Report Transmission Code*) of “EM” (*E-mail*) in Loops 2000C, 2000D and 2000F is to be used only with encrypted/secure e-mail by the requester in accordance with HIPAA Privacy guidelines.*
- The following 278 Request segment Loop IDs have changed in accordance with the 278 Addenda:
 - Loop 2010C, Subscriber Name, NM1 Segment, REF segment, and DMG segment to Loop 2010CA
 - Loop 2010D, Dependant Name, NM1 Segment, REF segment, DMG segment, and INS Segment to Loop 2010DA

Oxford will process the 278 HIPAA compliant transactions in both real-time and batch mode via EDI and real-time via the Web. Interactive voice response (IVR) is not covered under HIPAA. The guidelines in this document apply specifically to EDI.

Oxford Health Plans will create and respond with the following acknowledgments:

- **Batch Transactions:**

- Oxford will send a TA1 acknowledgement for every Interchange received (ISA-IEA envelope) pass or failure.
- Oxford will send a negative 997 acknowledgement for every Functional Group (GS-GE envelope) failure.
- Oxford will send a 278 Response transaction for every compliant transmission. The 278 Response may contain one or more Request Validation (AAA) Segments for error conditions at the Requesting Provider, Subscriber, Dependent, Service Provider and/or Service levels and/or one or more Health Service Review (HCR) segments containing the Oxford decision, Reference Number and reason.

- **Real-Time Transactions:**

- Oxford will send a negative 997 acknowledgement for every Functional Group (GS-GE envelope) failure.
- Oxford will send a 278 Response transaction for every compliant transmission. The 278 Response may contain one or more Request Validation (AAA) Segments for error conditions at the Requesting Provider, Subscriber, Dependent, Service Provider and/or Service levels and/or one or more Health Service Review (HCR) segments containing the Oxford decision, Reference Number and reason.
- Oxford will include a 24 character-length string in front of each real-time transaction. The 24 characters prepended to the X12 files consists of 8 characters detailing the file size (left padded with zeros), followed by 16 characters where the vendor will supply a trace back ID. The 25th character will be the start of the X12 transaction.
 - Following is an example (“571” indicates the file size, including the prepended characters):
000005710000000000000000ISA*...
 - On response from UHC NE, the first 8 characters will contain the length of response, and the next 16 will repeat the tracking string originally sent on request.

*Note – A negative 997 acknowledgement will not be followed by a 278 response.

**Refer to the HIPAA IG for TA1 and 997 formatting per HIPAA Implementation.

Oxford will only accept a single Functional Group (GS-GE) within a given Interchange. For example, Oxford will not accept a single transmission containing mixed transactions such as Claims (837) and Health Care Services Review – Request for Review and Response (278).

Oxford Health Plans Submission Suggestions

- When submitting a Request Category Code (UM01) of “AR” (Admission Review) or “HS” (Health Care Services Review) with more than one provider, Oxford recommends being as specific as possible as to each individual service provider’s role in Loop 2000E “Service Provider Level.”
- When submitting a request with Certification Type Code (UM02) of other than “I” (Initial) (i.e., “1” (Appeal-Immediate), “2” (Appeal-Standard), “3” (Cancel), “4” (Extension), “R” (Renewal), or “S” (Revised), Oxford recommends that you include the “Previous Certification Identification” (REF Segment) from Loop 2000F to ensure the request is mapped back to the original Admission Review or Health Care Services Review request.
- When submitting a Request Category Code (UM01) of AR” (Admission Review) or “HS” (Health Services Review) with or without a Certification Type Code (UM02) of “1” (Appeal-Immediate) or “2” (Appeal-Standard), Oxford recommends that you utilize the “Message Text” in Loop 2000E and 2000F for any additional clinical information you would like to convey that may help Oxford render a timely decision especially any information or documents to be reviewed or that were not provided in the initial request.
- All Oxford Members have unique identification numbers with the exception of newly identified dependants. If the patient’s individual Oxford Member ID # is known, the Subscriber Loop (Loop 2010C) must be used. If the patients individual ID # is not known, the Subscriber Loop (Loop 2010C) and the Dependant Loop (Loop 2000D) are required.
- Per the Implementation Guide, Section 2.2.2.1, the UMO can specify if Subscriber Last Name, First Name, and Date of Birth are required for identification of the patient (Subscriber or Dependent). Oxford requires patient’s Date of Birth (DMG segment) for Admission Review and Health Services Review, but not for Specialty Care Review. If the patient’s Oxford Member ID # is not known, and the Dependent Loop is required, Dependent Last Name (NM103), First Name (NM104) and Dependent Birth Date (DMG01 & DMG02) are required by OHP for identification of the dependent.
- If Servicing Provider (Loop 2000E) does not participate with Oxford, Oxford recommends entering as much information as possible in the Service Provider Contact Information (Loop 2010E segments PER01 – PER08) to ensure the correct provider is contacted upon review of request by Oxford. This information should include the provider’s address and telephone number.
- If other insurance information (such as auto insurance, workers’ compensation) is available to the requestor of services, it is recommended by Oxford that the Related Causes Information and Related Causes codes within Loop 2000F (Segments UM05,

UM05-1 – UM05-3) be entered. If requested services are accident or employment related, the date of accident is required as well as related cause.

- When submitting a 278 Request where UM01=AR (Admission Review), all service loops within that transaction must contain the same Admission Source and Type (Loop 2000F, CL101 “Admission Type Code”, CL102 “Admission Source Code”) or Oxford will reject the request at the service level (2000F) with AAA03=33 (Input Errors) with a corresponding MSG text “Error in Admission Type/Source. Cannot have multiple values for same admission.”
- When submitting a 278 Request where UM01=HS “Health Care Services Certification”, the CL segment (Loop 2000F) should not be provided. If the CL segment is submitted, that service loop will be rejected by Oxford with a AAA response of AAA03=33 (Input Errors), with corresponding MSG text “Error in Admission Type/Source. Not used for Health Service Requests.”

***Note - Please see table in section III below for all Oxford preferred data elements.**

Provider Identification Information and Format; **National Provider Identification (NPI)**

National Provider Identifier (NPI)

The National Provider Identifier (NPI) has been adopted nationally as the standard, unique 10 digit number assigned to healthcare providers. Providers were given the option to begin applying for their NPI beginning on 5/23/05. Prior to May 23rd 2007 what is being referred to in the industry as the “dual use” period is in effect, during which time the NPI and other Legacy identifiers can be submitted alone or in combination to identify providers.

As of May 23rd 2007 only the NPI should be submitted as the primary provider identifier. The following guidelines should be followed when submitting the NPI:

- ◆ The NPI must appear in the NM109 and the corresponding ‘XX’ qualifier in the NM108 element in the associated Loop.
- ◆ Prior to May 23rd 2007, provider Legacy ID’s can be provided in REF segments in the applicable Loop.

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NPI Locations:
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Table I

Loop 2010B	Requester Name NPI	NM108 = XX; NM109
Loop 2010E	Service Provider Name NPI	NM108 = XX; NM109

Table II

Loop 2010B	Requester Name NPI	NM108 = XX; NM109
Loop 2010E	Service Provider Name NPI	NM108 = XX; NM109

Table III

Loop 2010B	Requester Name NPI	NM108 = XX; NM109
Loop 2010E	Service Provider Name NPI	NM108 = XX; NM109

Section III – Detailed Table

Loop

Segment

Segment Name

Usage- 'R' - HIPAA required fields

Oxford Preferred Element - the element suggested for this field.

Oxford Element Description - Detail specific to the Oxford element

Table I:

All Initial Admission Review (“AR”) and Health Service Review (“HS”) Requests where:

- Loop 2000F – Service Level: Segment UM: UM01 (Request Category Code) *equals* "AR" (Admission Review) *or* "HS" (Health Services Review)

And

- Loop 2000F – Service Level: Segment UM = UM02 (Certification Type Code) *equals* “I” (Initial)

Table II:

All Non-Initial Admission Review (“AR”), Health Service Review (“HS”) and Appeal Requests where:

- Loop 2000F – Service Level: Segment UM: UM01 (Request Category Code) *equals* "AR" (Admission Review) *or* "HS" (Health Services Review)

And

- Loop 2000F – Service Level: Segment UM = UM02 (Certification Type Code) *equals* "1" (Appeal-Immediate), "2" (Appeal-Standard), "3" (Cancel), "4" (Extension), "R" (Renewal), or "S" (Revised)

Table III:

All Specialty Care Review (*Referral*) Requests where:

- Loop 2000F – Service Level: Segment UM: UM01 (Request Category Code) *equals* "SC" (Specialty Care Review)

NOTE: THE DETAILED TABLES BELOW IDENTIFY ONLY THOSE LOOPS AND SEGMENTS IN THE 278 REQUEST THAT CONTAIN ANY OXFORD “PREFERRED” DATA ELEMENTS. NOT ALL LOOPS AND SEGMENTS ARE IDENTIFIED.

Unless otherwise noted, Oxford will accept the field lengths identified in the Implementation Guide.

Table I: Initial Admission Review ("AR") and Health Services Review request ("HS")

Table I: Initial Admission Review ("AR") and Health Services Review request ("HS")					
Loop ID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
		<i>Transaction Set Header</i>	<i>Required</i>		
	ST01	Transaction Set Identifier Code	<i>Required</i>		278=Health Care Services Review Information
	ST02	Transaction Set Control Number	<i>Required</i>		
	BHT01	Hierarchical Structure Code	<i>Required</i>		0078= Information Source, Information Receiver, Subscriber, Dependent, Provider of Service, Services
	BHT02	Transaction Set Purpose Code	<i>Required</i>		13=Request
	BHT03	Reference Identification	<i>Required</i>		
	BHT04	Date	<i>Required</i>		
	BHT05	Time	<i>Required</i>		
	BHT06	Transaction Type Code	<i>Not Used</i>		
2000A		<i>Utilization Management Organization Level</i>	<i>Required</i>		
2000A	HL01	Hierarchical ID Number	<i>Required</i>		
	HL02	Hierarchical Parent ID Number	<i>Not Used</i>		
	HL03	Hierarchical Level Code	<i>Required</i>		20=Information Source
	HL04	Hierarchical Child Code	<i>Required</i>		1=Additional Subordinate HL Data Segment in This Hierarchical Structure
2010A		Utilization Management Organization Name	<i>Required</i>		
2000B		<i>Requester Level</i>	<i>Required</i>		
2000B	HL01	Hierarchical ID Number	<i>Required</i>		
2000B	HL02	Hierarchical Parent ID Number	<i>Required</i>		

Table I: Initial Admission Review ("AR") and Health Services Review request ("HS")					
Loop ID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
2000B	HL03	Hierarchical Level Code	<i>Required</i>		21=Information Receiver
2000B	HL04	Hierarchical Child Code	<i>Required</i>		1=Additional Subordinate HL Data Segment in This Hierarchical Structure
2010B		<i>Requester Name</i>	<i>Required</i>		
2010B	NM101	Entity Identifier Code	<i>Required</i>		1P=Provider FA=Facility
2010B	NM102	Entity Type Qualifier	<i>Required</i>		1=Person 2=Non-Person Entity
2010B	NM108	Identification Code Qualifier	<i>Required</i>	"24" or "34" or "XX"	24 = Employer's Identification Number (FTIN) 34 = Social Security Number (SSN) XX = Health Care Financing Administration National Provider Identifier (NPI)
2010B	NM109	Identification Code	<i>Required</i>		Actual Employer's Identification Number (FTIN) or National Provider ID (NPI) or Security Number (SSN)
2010B		<i>Requester Supplemental Identification</i>	<i>Situational</i>		<i>Address and telephone number</i>
2010B	REF01	Reference Identification Qualifier	<i>Required if Loop Present</i>	"ZH" or "1G" or "EI" or "SY"	ZH = Carrier Assigned Reference Number (Oxford ID #) 1G = Provider UPIN Number EI = Employer's Identification Number (FTIN) – not used if NM108 = 24 SY = Social Security Number (SSN) – not used for Medicare Members or if NM108 = 34
2010B	REF02	Reference Identification	<i>Required if Loop Present</i>		Actual Oxford ID # or UPIN or FTIN or SSN
2010B		<i>Requester Contact Information</i>	<i>Situational</i>		<i>Office manager or staff member handling requests</i>
2010B	PER02	Name	<i>Situational</i>		Free form name (Requester Contact Name) <i>This is recommended if the name of the individual to contact regarding request is not already defined in previous NM1 segment within Loop 2010B)</i>
2010B	PER03	Communication Number Qualifier	<i>Situational</i>	"TE"	Telephone (for first one)
2010B	PER05	Communication Number Qualifier	<i>Situational</i>	"EX" or "FX" or "TE"	Telephone Extension, Facsimile or Telephone
2010B		<i>Requester Provider Information</i>	<i>Situational</i>		
2010B	PRV01	Provider Code	<i>Situational</i>	*Appropriate Provider Code	Please select from the list of appropriate Provider Codes. Entering this information will aid Oxford in processing the request.
2010B	PRV02	<i>Reference Identification Qualifier</i>	<i>Required if Loop Present</i>	"ZZ"	Mutually Defined Health Care Provider Taxonomy Code List

Table I: Initial Admission Review ("AR") and Health Services Review request ("HS")					
Loop ID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
2010B	PRV03	<i>Reference Identification</i>	<i>Required if Loop Present</i>		Actual Provider Taxonomy Code (Provider Specialty Code)
2000C		<i>Subscriber Diagnosis</i>	<i>Situational</i>		
2000C	HI01-1	Code List Qualifier Code	<i>Required if Loop Present</i>	"BK"	Principal Diagnosis <i>This is required on requests for home health</i>
2000C	H101-2	Industry Code	<i>Required if Loop Present</i>		Actual Diagnosis Code
2000C	PWK	<i>Paperwork</i>	<i>Situational</i>		Used when requester has additional documentation associated with the Health Care Services Review that applies to the patient event and/or all services requested.
2000C	PWK01	<i>Report Type Code</i>	<i>Required if Loop Present</i>	*See Element Description	Attachment Report Type Code <i>(Oxford does not have a data element preference in PWK01 – this is listed as informational only in this document)</i>
2000C	PWK02	<i>Report Transmission Code</i>	<i>Required if Loop Present</i>	"AA", "BM", "EM", "FX", "VO"	"EM" (E-mail) to be used only with encrypted/secure e-mail by the requester in accordance with HIPAA Privacy guidelines. Oxford will not be accepting any additional information electronically at this time, therefore, Report Transmission Code of "EL" (Electronically Only) should not be used by the requester.
2010CA		<i>Subscriber Name</i>	<i>Required</i>		
2010CA	NM108	Identification Code Qualifier	<i>Required</i>	"MI"	Member Identification Code Qualifier (Oxford ID#)
2010CA	NM109	Identification Code	<i>Required</i>		Actual Oxford Member ID # without asterisk
2010CA		<i>Subscriber Demographic Information</i>	<i>Situational</i>		Oxford requires for identification of the patient
2010CA	DMG01	Date Time Period Format Qualifier	<i>Required if Loop Present</i>	"D8"	
2010CA	DMG02	Subscriber Date of Birth	<i>Required if Loop Present</i>		Actual Patient Date of Birth
2000D		<i>Dependent Diagnosis</i>	<i>Situational</i>		<i>Use this Loop only if the patient is someone other than the subscriber and the patient does not have a unique Member ID # (i.e.,- newborn)</i>
2000D	HI01-1	Code List Qualifier Code	<i>Required if Loop Present</i>	"BK"	Principal Diagnosis <i>This is required on requests for home health</i>
2000D	PWK	<i>Paperwork</i>	<i>Situational</i>		Used when requester has additional documentation associated with this Health Care Services review that applies to the patient event and/or all services requested
2000D	PWK01	<i>Report Type Code</i>	<i>Required if Loop Present</i>	*See Element Description	Attachment Report Type Code <i>(Oxford does not have a data element preference in PWK01 – this is listed as informational only in this document)</i>

Table I: Initial Admission Review ("AR") and Health Services Review request ("HS")					
Loop ID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
2000D	PWK02	<i>Report Transmission Code</i>	<i>Required if Loop Present</i>	"AA", "BM", "EM", "FX", "VO"	"EM" (E-mail) to be used only with encrypted/secure e-mail by the requester in accordance with HIPAA Privacy guidelines. Oxford will not be accepting any additional information electronically at this time, therefore, Report Transmission Code of "EL" (Electronically Only) should not be used by the requester.
2010DA		<i>Dependent Name</i>			Required by Oxford for identification of the dependent (i.e., patient)
2010DA	NM103	Dependent Last Name	<i>Situational</i>		Required by Oxford to identify the patient
2010DA	NM104	Dependent First Name	<i>Situational</i>		Required by Oxford to identify the patient
2010DA		<i>Dependent Supplemental Information</i>	<i>Situational</i>		<i>Any clinical information pertaining to the diagnosis (if entered)</i>
2010DA	REF01	Reference Identification Qualifier	<i>Required if Loop Present</i>	"SY"	Commercial Members use: Social Security Number Medicare Members – do not use
2010DA	REF02	Reference Identification	<i>Required if Loop Present</i>		Actual Social Security Number
2010DA		<i>Dependent Demographic Information</i>	<i>Situational</i>		<i>Oxford requires for identification of the dependent</i>
2010DA	DMG01	Date Time Period Format Qualifier	<i>Required if Loop Present</i>	"D8"	
2010DA	DMG02	Subscriber Date of Birth	<i>Required if Loop Present</i>		Actual Patient Date of Birth
2000E		<i>Message Text</i>	<i>Situational</i>		Text message pertaining to the service provider or specialty requested
2000E	MSG01	Free-Form Message Text	<i>Required if Loop Present</i>		Use to transmit a text message to Oxford about the service provider or specialty requested. <i>Entering additional information about the service provider or specialty requested may help in Plan's decision making</i>
2010E		<i>Service Provider Name</i>	<i>Required</i>		
2010E	NM108	ID Code Qualifier	<i>Situational</i>	"24" or "34" or "XX"	24 = Employer's Identification Number (FTIN) 34 = Social Security Number (SSN) XX = Health Care Financing Administration National Provider Identifier (NPI)
2010E	NM109	Identification Code	<i>Situational</i>		Actual Employer's Identification Number (FTIN) or National Provider ID (NPI) or Security Number (SSN)
2010E		<i>Service Provider Supplemental Identification</i>	<i>Situational</i>		<i>Address and telephone number</i>

Table I: Initial Admission Review ("AR") and Health Services Review request ("HS")					
Loop ID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
2010E	REF01	Reference Identification Qualifier	<i>Required if Loop Present</i>	"ZH" or "1G" or "EI" or "SY"	ZH = Carrier Assigned Reference Number (Oxford ID #) 1G = Provider UPIN Number EI = Employer's Identification Number (FTIN) – not used if NM108 = 24 SY = Social Security Number (SSN) – not used for Medicare Members or if NM108 = 34
2010E	REF02	Reference Identification	<i>Required if Loop Present</i>		Actual Oxford ID # or UPIN or FTIN or SSN
2010E		<i>Service Provider Contact Information</i>	<i>Situational</i>		<i>Office manager or staff member handling requests</i>
2010E	PER02	Name	<i>Situational</i>		Free form name (Requester Contact Name) <i>Use this segment to identify a contact name and/or communications number for the service provider.</i>
2010E	PER03	Communication Number Qualifier	<i>Situational</i>	"TE"	Telephone (for first one)
2010E	PER05	Communication Number Qualifier	<i>Situational</i>	"EX", "FX", "TE"	Telephone Extension, Facsimile, or Telephone
2010E		<i>Service Provider Information</i>	<i>Situational</i>		
2010E	PRV01	<i>Provider Code</i>	<i>Required if Loop Present</i>	*Appropriate Provider Code	Please select from the list of appropriate Service Role Codes available. Entering this information will aid Oxford in processing the request.
2010E	PRV02	<i>Reference Identification Qualifier</i>	<i>Required if Loop Present</i>	"ZZ"	Mutually Defined Health Care Provider Taxonomy Code list.
2010E	PRV03	<i>Reference Identification</i>	<i>Required if Loop Present</i>		Actual Provider Taxonomy Code (<i>Provider Specialty Code</i>)
2000F		<i>Health Care Services Review Information</i>	<i>Required</i>		
2000F	UM01	Request Category Code	Required	"AR", "HS"	Admission Review (Use for request of admission to a facility) Health Services Review (Use for request of review of services related to an episode of care)
2000F	UM02	Certification Type Code	Required	"I"	Initial
2000F	UM03	Service Type Code	<i>Situational</i>	*Appropriate Type of Service Code	Please select from the list of appropriate Type of Service Codes. *Note – Entering this information will aid Oxford in processing the request.
2000F	UM04-1	Health Care Service Location Information	<i>Situational</i>	*Appropriate Place of Service Code	Please select from the list of appropriate Place of Service Codes. *Note – Entering this information will aid Oxford in processing the request.

Table I: Initial Admission Review ("AR") and Health Services Review request ("HS")					
Loop ID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
2000F	UM04-2	Health Care Service Location Information	<i>Situational</i>	"B"	Qualifier to indicate Place of Service Code from FAO record of the Electronic Media Claims Nat'l Standard Format
2000F	DTP	Service Date	Situational		
2000F	DTP01	Date Time Qualifier	<i>Required if Loop Present</i>	"472"	<i>Qualifier code to indicate Service Date.</i>
2000F	DTP02	Date Time Period Format Qualifier	<i>Required if Loop Present</i>	"D8" or "RD8"	
2000F	DTP03	Propose or Actual Service Date	<i>Required if Loop Present</i>		<i>Service Date or Date Range</i>
2000F	DTP	Admission Date	Situational		
2000F	DTP01	Date Time Qualifier	<i>Required if Loop Present</i>	"435"	<i>Qualifier code to indicate Admission Date</i>
2000F	DTP02	Date Time Period Format Qualifier	<i>Required if Loop Present</i>	"D8"	Oxford prefers a single date for proposed or actual admission date.
2000F	DTP03	Propose or Actual Service Date	<i>Required if Loop Present</i>		<i>Admission Date</i>
2000F		Procedures	Situational		<i>Entering this information will aid Oxford in processing the request.</i>
2000F	HI01-1	Code List Qualifier Code	<i>Required if Loop Present</i>	"BO"	HCFA Common Procedural Coding System
2000F		Health Care Services Directory	Situational		
2000F	HSD01	Quantity Qualifier	<i>Situational</i>	"VS" "DY"	For Outpatient services use: Visits For Inpatient services use: Days
2000F	PWK	Paperwork	Situational		Used when requester has additional documentation associated with this Health Care Services Review that applies to the patient event and/or all services requested.
2000F	PWK01	Report Type Code	Required if Loop Present	*See Element Description	Attachment Report Type Code (<i>Oxford does not have a data element preference in PWK01 – this is listed as informational only in this document</i>)
2000F	PWK02	Report Transmission Code	Required if Loop Present	"AA", "BM", "EM", "FX", "VO"	"EM" (E-mail) to be used only with encrypted/secure e-mail by the requester in accordance with HIPAA Privacy guidelines. Oxford will not be accepting any additional information electronically at this time, therefore, Report Transmission Code of "EL" (Electronically Only) should not be used by the requester.
2000F		Message Text	Situational		
2000F	MSG01	Free-Form Message Text	<i>Required if Loop Present</i>		Use, if needed, to convey free-form text about the Health Care Services Review requested. <i>*Entering additional clinical data in this field may help in Plan's decision making</i>
2000F	SE01	Number of Included Segments	<i>Required</i>		

Table I: Initial Admission Review ("AR") and Health Services Review request ("HS")					
Loop ID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
2000F	SE02	Transaction Set Control Number	<i>Required</i>		

Table II: Non-Initial Admission Review ("AR") and Health Services Review ("HS") and Appeals Request

Table II: Non-Initial Admission Review ("AR") and Health Services Review ("HS") and Appeals Request					
LoopID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
2010B		<i>Requester Name</i>	<i>Required</i>		
2010B	NM108	Identification Code Qualifier	<i>Required</i>	"24" or "34" or "XX"	24 = Employer's Identification Number (FTIN) 34 = Social Security Number (SSN) XX = Health Care Financing Administration National Provider Identifier (NPI)
2010B	NM109	Identification Code	<i>Required</i>		Actual Employer's Identification Number (FTIN) or National Provider ID (NPI) or Security Number (SSN)
2010B		<i>Requester Supplemental Identification</i>	<i>Situational</i>		<i>Address and telephone number</i>

Table II: Non-Initial Admission Review ("AR") and Health Services Review ("HS") and Appeals Request

LoopID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
2010B	REF01	Reference Identification Qualifier	<i>Required if Loop Present</i>	"ZH" or "1G" or "EI" or "SY"	ZH = Carrier Assigned Reference Number (Oxford ID #) 1G = Provider UPIN Number EI = Employer's Identification Number (FTIN) – not used if NM108 = 24 SY = Social Security Number (SSN) – not used for Medicare Members or if NM108 = 34
2010B	REF02	Reference Identification	<i>Required if Loop Present</i>		Actual Oxford ID # or UPIN or FTIN or SSN
2010B		<i>Requester Contact Information</i>	<i>Situational</i>		<i>Office manager or staff member handling requests</i>
2010B	PER02	Name	<i>Situational</i>		Free form name (Requester Contact Name) <i>This is recommended if the name of the individual to contact regarding request is not already defined in previous NM1 segment within Loop 2010B</i>
2010B	PER03	Communication Number Qualifier	<i>Situational</i>	"TE"	Telephone (for first one)
2010B	PER05	Communication Number Qualifier	<i>Situational</i>	EX or "FX" or "TE"	Telephone Extension, Facsimile or Telephone
2010B		<i>Requester Provider Information</i>	<i>Situational</i>		<i>Address and telephone number</i>
2010B	PRV01	Provider Code	<i>Required if Loop Present</i>	Appropriate Provider Code	Please select from the list of appropriate Provider Codes. Entering this information will aid Oxford in processing the request
2010B	PRV02	Reference Identification Qualifier	<i>Required if Loop Present</i>	"ZZ"	Mutually Defined Health Care Provider Taxonomy Code List
2010B	PRV03	Reference Identification	<i>Required if Loop Present</i>		Actual Provider Taxonomy Code (Provider Specialty Code)
2000C		<i>Subscriber Diagnosis</i>	<i>Situational</i>		
2000C	HI01-1	Code List Qualifier Code	<i>Required if Loop Present</i>	"BK"	Principal Diagnosis
2000C	HI01-2	Industry Code	<i>Required if Loop Present</i>		
2010CA		<i>Subscriber Name</i>	<i>Required</i>		
2010CA	NM108	Identification Code Qualifier	<i>Required</i>	"MI"	Member Identification Code Qualifier (Oxford ID #)
2010CA	NM109	Identification Code	<i>Required</i>		Actual Oxford Member ID # without asterisk
2010CA		<i>Subscriber Demographic Information</i>	<i>Situational</i>		Oxford requires for identification of the patient
2010CA	DMG01	Date Time Period Format Qualifier	<i>Required if Loop Present</i>	"D8"	
2010CA	DMG02	Subscriber Date of Birth	<i>Required if Loop Present</i>		Actual Patient Date of Birth

Table II: Non-Initial Admission Review ("AR") and Health Services Review ("HS") and Appeals Request

LoopID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
2000D		Dependent Diagnosis	Situational		<i>Any clinical information pertaining to the diagnosis (if entered)</i>
2000D	HI01-1	Code List Qualifier Code	<i>Required if Loop Present</i>	"BK"	Principal Diagnosis
2010DA		Dependent Name			Required by Oxford for identification of the dependent (i.e., patient)
2010DA	NM103	Dependent Last Name	Situational		Required by Oxford to identify the patient
2010DA	NM104	Dependent First Name	Situational		Required by Oxford to identify the patient
2010DA		Dependent Supplemental Information	Situational		<i>Any clinical information pertaining to the diagnosis (if entered)</i>
2010DA	REF01	Reference Identification Qualifier	<i>Required if Loop Present</i>	"SY"	Commercial Members use: Social Security Number Medicare Members – do not use
2010DA	REF02	Reference Identification	<i>Required if Loop Present</i>		Actual Social Security Number
2010DA		Dependent Demographic Information	Situational		<i>Oxford requires for identification of the dependent.</i>
2010DA	DMG01	Date Time Period Format Qualifier	<i>Required if Loop Present</i>	"D8"	
2010DA	DMG02	Subscriber Date of Birth	<i>Required if Loop Present</i>		<i>Actual Patient Date of Birth</i>
2000E		Message Text	Situational		Text message pertaining to the service provider or specialty requested.
2000E	MSG01	Free-Form Message Text	<i>Required if Loop Present</i>		Use to transmit a text message to Oxford about the service provider or specialty requested. <i>Entering additional information about the service provider or specialty requested may help in Plan's decision making</i>
2010E		Service Provider Name	Required		
2010E	NM108	ID Code Qualifier	<i>Situational</i>	"24" or "34" or "XX"	24 = Employer's Identification Number (FTIN) 34 = Social Security Number (SSN) XX = Health Care Financing Administration National Provider Identifier (NPI)
2010E	NM109	Identification Code	<i>Situational</i>		Actual Employer's Identification Number (FTIN) or National Provider ID (NPI) or Security Number (SSN)
2010E		Service Provider Supplemental Identification	Situational		<i>Address and telephone number</i>
2010E	REF01	Reference Identification Qualifier	<i>Required if Loop Present</i>	"ZH" or "1G" or "EI" or "SY"	ZH = Carrier Assigned Reference Number (Oxford ID #) 1G = Provider UPIN Number EI = Employer's Identification Number (FTIN) – not used if NM108 = 24 SY = Social Security Number (SSN) – not used for Medicare Members or if NM108 = 34
2010E		Service Provider Contact Information	Situational		Actual Oxford ID # or UPIN or FTIN or SSN

Table II: Non-Initial Admission Review ("AR") and Health Services Review ("HS") and Appeals Request

LoopID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
2010E	PER02	Name	<i>Situational</i>		<i>Office manager or staff member handling requests</i>
2010E	PER03	Communication Number Qualifier	<i>Situational</i>	"TE"	Telephone (for first one)
2010E	PER05	Communication Number Qualifier	<i>Situational</i>	"EX", "FX", "TE"	Telephone Extension, Facsimile, or Telephone
2010E		<i>Service Provider Information</i>	<i>Situational</i>		
2010E	PRV01	<i>Provider Code</i>	<i>Required if Loop Present</i>	Appropriate Provider Code	Please select from the list of appropriate Service Role Codes available. Entering this information will aid Oxford in processing the request.
2010E	PRV02	<i>Reference Identification Qualifier</i>	<i>Required if Loop Present</i>	"ZZ"	Mutually Defined Health Care Provider Taxonomy Code list.
2010E	PRV03	<i>Reference Identification</i>	<i>Required if Loop Present</i>		Actual Provider Taxonomy Code (<i>Provider Specialty Code</i>)
2000F		<i>Health Care Services Review Information</i>	<i>Required</i>		
2000F	UM01	Request Category Code	Required	"AR", "HS"	Admission Review (Use for request of admission to a facility) Health Services Review (Use for request of review of services related to an episode of care)
2000F	UM02	Certification Type Code	Required	"1", "2", "3", "4", "R", "S"	Appeal - Immediate, Appeal - Standard, Cancel, Extension, Renewal, Revised
2000F		<i>Previous Certification Identification</i>	<i>Situational</i>		
2000F	REF01	Reference Identification Qualifier	<i>Required if Loop Present</i>	"BB"	Authorization Number
2000F	REF02	Reference Identification	<i>Required if Loop Present</i>		Actual Authorization Number (<i>Previous Certification Number</i>)
2000F	DTP	<i>Service Date</i>	<i>Situational</i>		
2000F	DTP01	Date Time Qualifier	<i>Situational</i>	"472"	<i>Qualifier code to indicate Service Date.</i>
2000F	DTP02	Date Time Period Format Qualifier	<i>Situational</i>	"D8" or "RD8"	
2000F	DTP03	Propose or Actual Service Date	<i>Situational</i>		<i>Service Date or Date Range</i>
2000F	DTP	<i>Admission Date</i>	<i>Situational</i>		
2000F	DTP01	Date Time Qualifier	<i>Situational</i>	"435"	<i>Qualifier code to indicate Admission Date</i>
2000F	DTP02	Date Time Period Format Qualifier	<i>Situational</i>	"D8"	Oxford prefers a single date for proposed or actual admission date
2000F	DTP03	Propose or Actual Service Date	<i>Situational</i>		<i>Admission Date</i>
2000F		<i>Procedures</i>	<i>Situational</i>		<i>Entering this information will aid Oxford in processing the request</i>

Table II: Non-Initial Admission Review ("AR") and Health Services Review ("HS") and Appeals Request					
LoopID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
2000F	HI01-1	Code List Qualifier Code	<i>Required if Loop Present</i>	"BO"	HCFA Common Procedural Coding System
2000F		<i>Message Text</i>	<i>Situational</i>		<i>Any clinical information and history pertaining to dx and Member's condition</i>
2000F	MSG01	Free-Form Message Text	<i>Required if Loop Present</i>		Use, if needed, to convey free-form text about the Health Care Services review requested. <i>Entering additional clinical data in this field may help in Plan's decision making</i>

Table III: Specialty Care Review ("SC")

Table III: Specialty Care Review ("SC")					
LoopID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
<i>2010B</i>		<i>Requester Name</i>	<i>Required</i>		
2010B	NM108	Identification Code Qualifier	<i>Required</i>	"24" or "34" or "XX"	24 = Employer's Identification Number (FTIN) 34 = Social Security Number (SSN) XX = Health Care Financing Administration National Provider Identifier (NPI)
2010B	NM109	Identification Code	<i>Required</i>		Actual Employer's Identification Number (FTIN) or National Provider ID (NPI) or Security Number (SSN)
<i>2010B</i>		<i>Requester Supplemental Identification</i>	<i>Situational</i>		<i>Address and telephone number</i>
2010B	REF01	Reference Identification Qualifier	<i>Required if Loop Present</i>	"ZH" or "1G" or "EI" or "SY"	ZH = Carrier Assigned Reference Number (Oxford ID #) 1G = Provider UPIN Number EI = Employer's Identification Number (FTIN) – not used if NM108 = 24 SY = Social Security Number (SSN) – not used for Medicare Members or if NM108 = 34
2010B	REF02	Reference Identification	<i>Required if Loop Present</i>		Actual Oxford ID # or UPIN or FTIN or SSN
<i>2010CA</i>		<i>Subscriber Name</i>	<i>Required</i>		
2010CA	NM108	Identification Code Qualifier	<i>Required</i>	"MI"	Member Identification Code Qualifier (Oxford ID #)
2010CA	NM109	Identification Code	<i>Required</i>		Actual Oxford Member ID # without asterisk
<i>2010DA</i>		<i>Dependent Name</i>			Required by Oxford for identification of the dependent (i.e., patient)
2010DA	NM103	Dependent Last Name	<i>Situational</i>		Required by Oxford to identify the patient
2010DA	NM104	Dependent First Name	<i>Situational</i>		Required by Oxford to identify the patient
<i>2010DA</i>		<i>Dependent Supplemental Information</i>	<i>Situational</i>		<i>Any clinical information pertaining to the diagnosis (if entered)</i>
2010DA	REF01	Reference Identification Qualifier	<i>Required if Loop Present</i>	"SY"	Commercial Members use: Social Security Number Medicare Members – do not use
2010DA	REF02	Reference Identification	<i>Required if Loop Present</i>		Actual Social Security Number
<i>2010DA</i>		<i>Dependent Demographic Information</i>	<i>Situational</i>		<i>Oxford requires for identification of the dependent</i>
<i>2010DA</i>	DMG01	<i>Date Time Period Format Qualifier</i>	<i>Required if Loop Present</i>	"D8"	

Table III: Specialty Care Review ("SC")					
LoopID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
2010DA	DMG02	<i>Subscriber Date of Birth</i>	<i>Required if Loop Present</i>		<i>Actual Patient Date of Birth</i>
2010E		<i>Service Provider Name</i>	Required		
2010E	NM108	ID Code Qualifier	<i>Situational</i>	"24" or "34" or "XX"	24 = Employer's Identification Number (FTIN) 34 = Social Security Number (SSN) XX = Health Care Financing Administration National Provider Identifier (NPI)
2010E	NM109	Identification Code	<i>Situational</i>		Actual Employer's Identification Number (FTIN) or National Provider ID (NPI) or Security Number (SSN)
2010E		<i>Service Provider Supplemental Identification</i>	<i>Situational</i>		<i>Address and telephone number</i>
2010E	REF01	Reference Identification Qualifier	<i>Required if Loop Present</i>	"ZH" or "1G" or "EI" or "SY"	ZH = Carrier Assigned Reference Number (Oxford ID #) 1G = Provider UPIN Number EI = Employer's Identification Number (FTIN) – not used if NM108 = 24 SY = Social Security Number (SSN) – not used for Medicare Members or if NM108 = 34
2010E	REF02	Reference Identification	<i>Required if Loop Present</i>		Actual Oxford ID # or UPIN or FTIN or SSN
2000F		<i>Service Date</i>	<i>Situational</i>		
2000F	DTP02	Date Time Period Format Qualifier	Required	"D8"	Date Expressed in Format CCYYMMDD
2000F		<i>Health Care Services Directory</i>	<i>Situational</i>		
2000F	HSD01	Quantity Qualifier	<i>Situational</i>	"VS"	Visits
2000F		<i>Message Text</i>	<i>Situational</i>		<i>Any clinical information and history pertaining to diagnosis and Member's condition</i>
2000F	MSG01	Free-Form Message Text	<i>Required if Loop Present</i>		

Table I: Initial Admission Review ("AR") and Health Services Review request ("HS")					
Loop ID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
2010B		<i>Requester Name</i>	Required		

Table I: Initial Admission Review ("AR") and Health Services Review request ("HS")					
Loop ID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
2010B	NM108	Identification Code Qualifier	<i>Required</i>	"46"	Electronic Transmitter Identification (ETIN/FTIN)
2010B	NM109	Identification Code	<i>Required</i>		Actual ETIN or FTIN
2010B		<i>Requester Supplemental Identification</i>	<i>Situational</i>		<i>Address and telephone number</i>
2010B	REF01	Reference Identification Qualifier	<i>Required if Loop Present</i>	"ZH"	Carrier Assigned reference Number (OHP ID#)
2010B	REF02	Reference Identification	<i>Required if Loop Present</i>		Actual OHP ID#
2010B		<i>Requester Contact Information</i>	<i>Situational</i>		<i>Office manager or staff member handling requests</i>
2010B	PER02	Name	<i>Situational</i>		Free form name (Requester Contact Name) <i>This is recommended if the name of the individual to contact regarding request is not already defined in previous NM1 segment within Loop 2010B)</i>
2010B	PER03	Communication Number Qualifier	<i>Situational</i>	"TE"	Telephone (for first one)
2010B	PER05	Communication Number Qualifier	<i>Situational</i>	"EX" or "FX" or "TE"	Telephone Extension, Facsimile or Telephone
2010B		<i>Requester Provider Information</i>	<i>Situational</i>		
2010B	PRV01	Provider Code	<i>Situational</i>	*Appropriate Provider Code	Please select from the list of appropriate Provider Codes. Entering this information will aid Oxford in processing the request.
2010B	PRV02	<i>Reference Identification Qualifier</i>	<i>Required if Loop Present</i>	"ZZ"	Mutually Defined Health Care Provider Taxonomy Code List
2010B	PRV03	<i>Reference Identification</i>	<i>Required if Loop Present</i>		Actual Provider Taxonomy Code (Provider Specialty Code)
2000C		<i>Subscriber Diagnosis</i>	<i>Situational</i>		
2000C	HI01-1	Code List Qualifier	<i>Required if</i>	"BK"	Principal Diagnosis

Table I: Initial Admission Review ("AR") and Health Services Review request ("HS")					
Loop ID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
		Code	<i>Loop Present</i>		<i>This is required on requests for home health</i>
2000C	H101-2	Industry Code	<i>Required if Loop Present</i>		Actual Diagnosis Code
2000C	PWK	Paperwork	Situational		Used when requester has additional documentation associated with the Health Care Services Review that applies to the patient event and/or all services requested.
2000C	PWK01	Report Type Code	Required if Loop Present	*See Element Description	Attachment Report Type Code (Oxford does not have a data element preference in PWK01 – this is listed as informational only in this document)
2000C	PWK02	Report Transmission Code	Required if Loop Present	“AA”, “BM”, “EM”, “FX”, “VO”	“EM” (E-mail) to be used only with encrypted/secure e-mail by the requester in accordance with HIPAA Privacy guidelines. Oxford will not be accepting any additional information electronically at this time, therefore, Report Transmission Code of ”EL” (Electronically Only) should not be used by the requester.
2010CA		Subscriber Name	Required		
2010CA	NM108	Identification Code Qualifier	<i>Required</i>	"MI"	Member Identification Code Qualifier (Oxford ID#)
2010CA	NM109	Identification Code	<i>Required</i>		Actual Oxford Member ID # without asterisk
2010CA		Subscriber Demographic Information	Situational		Oxford requires for identification of the patient
2010CA	DMG01	Date Time Period Format Qualifier	<i>Required if Loop Present</i>	“D8”	
2010CA	DMG02	Subscriber Date of Birth	<i>Required if Loop Present</i>		Actual Patient Date of Birth
2000D		Dependent Diagnosis	Situational		<i>Use this Loop only if the patient is someone other than the subscriber and the patient does not have a unique Member ID # (i.e.,- newborn)</i>
2000D	HI01-1	Code List Qualifier Code	<i>Required if Loop Present</i>	"BK"	Principal Diagnosis <i>This is required on requests for home health</i>
2000D	PWK	Paperwork	Situational		Used when requester has additional documentation associated with this Health Care Services review that applies to the patient event and/or all services requested
2000D	PWK01	Report Type Code	Required if Loop Present	*See Element Description	Attachment Report Type Code (Oxford does not have a data element preference in PWK01 – this is listed as informational only in this document)

Table I: Initial Admission Review ("AR") and Health Services Review request ("HS")					
Loop ID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
2000D	PWK02	<i>Report Transmission Code</i>	<i>Required if Loop Present</i>	"AA", "BM", "EM", "FX", "VO"	"EM" (E-mail) to be used only with encrypted/secure e-mail by the requester in accordance with HIPAA Privacy guidelines. Oxford will not be accepting any additional information electronically at this time, therefore, Report Transmission Code of "EL" (Electronically Only) should not be used by the requester.
2010DA		<i>Dependent Name</i>			Required by Oxford for identification of the dependent (i.e., patient)
2010DA	NM103	Dependent Last Name	<i>Situational</i>		Required by Oxford to identify the patient
2010DA	NM104	Dependent First Name	<i>Situational</i>		Required by Oxford to identify the patient
2010DA		<i>Dependent Supplemental Information</i>	<i>Situational</i>		<i>Any clinical information pertaining to the diagnosis (if entered)</i>
2010DA	REF01	Reference Identification Qualifier	<i>Required if Loop Present</i>	"SY"	Commercial Members use: Social Security Number Medicare Members – do not use
2010DA	REF02	Reference Identification	<i>Required if Loop Present</i>		Actual Social Security Number
2010DA		<i>Dependent Demographic Information</i>	<i>Situational</i>		<i>Oxford requires for identification of the dependent</i>
2010DA	DMG01	Date Time Period Format Qualifier	<i>Required if Loop Present</i>	"D8"	
2010DA	DMG02	Subscriber Date of Birth	<i>Required if Loop Present</i>		Actual Patient Date of Birth
2000E		<i>Message Text</i>	<i>Situational</i>		Text message pertaining to the service provider or specialty requested
2000E	MSG01	Free-Form Message Text	<i>Required if Loop Present</i>		Use to transmit a text message to Oxford about the service provider or specialty requested. <i>Entering additional information about the service provider or specialty requested may help in Plan's decision making</i>

Table I: Initial Admission Review ("AR") and Health Services Review request ("HS")					
Loop ID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
2010E		<i>Service Provider Name</i>	<i>Required</i>		
2010E	NM108	ID Code Qualifier	<i>Situational</i>	"46"	Electronic Transmitter Identification (ETIN/FTIN)
2010E	NM109	Identification Code	<i>Situational</i>		Actual ETIN or FTIN
2010E		<i>Service Provider Supplemental Identification</i>	<i>Situational</i>		<i>Address and telephone number</i>
2010E	REF01	Reference Identification Qualifier	<i>Required if Loop Present</i>	"ZH"	Carrier Assigned Reference Number (Oxford ID #)
2010E	REF02	Reference Identification	<i>Required if Loop Present</i>		Actual Oxford ID #
2010E		<i>Service Provider Contact Information</i>	<i>Situational</i>		<i>Office manager or staff member handling requests</i>
2010E	PER02	Name	<i>Situational</i>		Free form name (Requester Contact Name) <i>Use this segment to identify a contact name and/or communications number for the service provider.</i>
2010E	PER03	Communication Number Qualifier	<i>Situational</i>	"TE"	Telephone (for first one)
2010E	PER05	Communication Number Qualifier	<i>Situational</i>	"EX", "FX", "TE"	Telephone Extension, Facsimile, or Telephone
2010E		<i>Service Provider Information</i>	<i>Situational</i>		
2010E	PRV01	<i>Provider Code</i>	<i>Required if Loop Present</i>	*Appropriate Provider Code	Please select from the list of appropriate Service Role Codes available. Entering this information will aid Oxford in processing the request.
2010E	PRV02	<i>Reference Identification Qualifier</i>	<i>Required if Loop Present</i>	"ZZ"	Mutually Defined Health Care Provider Taxonomy Code list.

Table I: Initial Admission Review ("AR") and Health Services Review request ("HS")					
Loop ID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
2010E	PRV03	<i>Reference Identification</i>	<i>Required if Loop Present</i>		Actual Provider Taxonomy Code (<i>Provider Specialty Code</i>)
2000F		<i>Health Care Services Review Information</i>	<i>Required</i>		
2000F	UM01	Request Category Code	Required	"AR", "HS"	Admission Review (Use for request of admission to a facility) Health Services Review (Use for request of review of services related to an episode of care)
2000F	UM02	Certification Type Code	Required	"I"	Initial
2000F	UM03	Service Type Code	<i>Situational</i>	*Appropriate Type of Service Code	Please select from the list of appropriate Type of Service Codes. *Note – Entering this information will aid Oxford in processing the request.
2000F	UM04-1	Health Care Service Location Information	<i>Situational</i>	*Appropriate Place of Service Code	Please select from the list of appropriate Place of Service Codes. *Note – Entering this information will aid Oxford in processing the request.
2000F	UM04-2	Health Care Service Location Information	<i>Situational</i>	"B"	Qualifier to indicate Place of Service Code from FAO record of the Electronic Media Claims Nat'l Standard Format
2000F	DTP	<i>Service Date</i>	<i>Situational</i>		
2000F	DTP01	Date Time Qualifier	<i>Required if Loop Present</i>	"472"	<i>Qualifier code to indicate Service Date.</i>
2000F	DTP02	Date Time Period Format Qualifier	<i>Required if Loop Present</i>	"D8" or "RD8"	
2000F	DTP03	Propose or Actual Service Date	<i>Required if Loop Present</i>		<i>Service Date or Date Range</i>
2000F	DTP	<i>Admission Date</i>	<i>Situational</i>		
2000F	DTP01	Date Time Qualifier	<i>Required if Loop Present</i>	"435"	<i>Qualifier code to indicate Admission Date</i>
2000F	DTP02	Date Time Period Format Qualifier	<i>Required if Loop Present</i>	"D8"	Oxford prefers a single date for proposed or actual admission date.
2000F	DTP03	Propose or Actual Service Date	<i>Required if Loop Present</i>		<i>Admission Date</i>
2000F		<i>Procedures</i>	<i>Situational</i>		<i>Entering this information will aid Oxford in processing the request.</i>
2000F	HI01-1	Code List Qualifier Code	<i>Required if Loop Present</i>	"BO"	HCFA Common Procedural Coding System

Table I: Initial Admission Review ("AR") and Health Services Review request ("HS")					
Loop ID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
2000F		<i>Health Care Services Directory</i>	<i>Situational</i>		
2000F	HSD01	Quantity Qualifier	<i>Situational</i>	"VS" "DY"	For Outpatient services use: Visits For Inpatient services use: Days
2000F	PWK	<i>Paperwork</i>	<i>Situational</i>		Used when requester has additional documentation associated with this Health Care Services Review that applies to the patient event and/or all services requested.
2000F	PWK01	<i>Report Type Code</i>	<i>Required if Loop Present</i>	*See Element Description	Attachment Report Type Code (<i>Oxford does not have a data element preference in PWK01 – this is listed as informational only in this document</i>)
2000F	PWK02	<i>Report Transmission Code</i>	<i>Required if Loop Present</i>	"AA", "BM", "EM", "FX", "VO"	"EM" (E-mail) to be used only with encrypted/secure e-mail by the requester in accordance with HIPAA Privacy guidelines. Oxford will not be accepting any additional information electronically at this time, therefore, Report Transmission Code of "EL" (Electronically Only) should not be used by the requester.
2000F		<i>Message Text</i>	<i>Situational</i>		
2000F	MSG01	Free-Form Message Text	<i>Required if Loop Present</i>		Use, if needed, to convey free-form text about the Health Care Services Review requested. <i>*Entering additional clinical data in this field may help in Plan's decision making</i>

Table II: Non-Initial Admission Review ("AR") and Health Services Review ("HS") or and Appeals Request

LoopID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
2010B		Requester Name	Required		
2010B	NM108	Identification Code Qualifier	Required	"46"	Electronic Transmitter Identification (ETIN/FTIN)
2010B	NM109	Identification Code	Required		Actual ETIN or FTIN
2010B		Requester Supplemental Identification	Situational		Address and telephone number
2010B	REF01	Reference Identification Qualifier	Required if Loop Present	"ZH"	Carrier Assigned reference Number (Oxford ID #)
2010B	REF02	Reference Identification	Required if Loop Present		Actual Oxford ID #
2010B		Requester Contact Information	Situational		Office manager or staff member handling requests
2010B	PER02	Name	Situational		Free form name (Requester Contact Name) This is recommended if the name of the individual to contact regarding request is not already defined in previous NM1 segment within Loop 2010B
2010B	PER03	Communication Number Qualifier	Situational	"TE"	Telephone (for first one)
2010B	PER05	Communication Number Qualifier	Situational	EX or "FX" or "TE"	Telephone Extension, Facsimile or Telephone
2010B		Requester Provider Information	Situational		Address and telephone number
2010B	PRV01	Provider Code	Required if Loop Present	Appropriate Provider Code	Please select from the list of appropriate Provider Codes. Entering this information will aid Oxford in processing the request
2010B	PRV02	Reference Identification Qualifier	Required if Loop Present	"ZZ"	Mutually Defined Health Care Provider Taxonomy Code List
2010B	PRV03	Reference Identification	Required if Loop Present		Actual Provider Taxonomy Code (Provider Specialty Code)
2000C		Subscriber Diagnosis	Situational		
2000C	HI01-1	Code List Qualifier Code	Required if Loop Present	"BK"	Principal Diagnosis
2000C	HI01-2	Industry Code	Required if Loop Present		
2010CA		Subscriber Name	Required		

Table II: Non-Initial Admission Review ("AR") and Health Services Review ("HS") or and Appeals Request

LoopID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
2010CA	NM108	Identification Code Qualifier	<i>Required</i>	"MI"	Member Identification Code Qualifier (Oxford ID #)
2010CA	NM109	Identification Code	<i>Required</i>		Actual Oxford Member ID # without asterisk
2010CA		<i>Subscriber Demographic Information</i>	<i>Situational</i>		Oxford requires for identification of the patient
2010CA	DMG01	Date Time Period Format Qualifier	<i>Required if Loop Present</i>	"D8"	
2010CA	DMG02	Subscriber Date of Birth	<i>Required if Loop Present</i>		Actual Patient Date of Birth
2000D		<i>Dependent Diagnosis</i>	<i>Situational</i>		<i>Any clinical information pertaining to the diagnosis (if entered)</i>
2000D	HI01-1	Code List Qualifier Code	<i>Required if Loop Present</i>	"BK"	Principal Diagnosis
2010DA		<i>Dependent Name</i>			Required by Oxford for identification of the dependent (i.e., patient)
2010DA	NM103	Dependent Last Name	<i>Situational</i>		Required by Oxford to identify the patient
2010DA	NM104	Dependent First Name	<i>Situational</i>		Required by Oxford to identify the patient
2010DA		<i>Dependent Supplemental Information</i>	<i>Situational</i>		<i>Any clinical information pertaining to the diagnosis (if entered)</i>
2010DA	REF01	Reference Identification Qualifier	<i>Required if Loop Present</i>	"SY"	Commercial Members use: Social Security Number Medicare Members – do not use
2010DA	REF02	Reference Identification	<i>Required if Loop Present</i>		Actual Social Security Number
2010DA		<i>Dependent Demographic Information</i>	<i>Situational</i>		<i>Oxford requires for identification of the dependent.</i>
2010DA	DMG01	<i>Date Time Period Format Qualifier</i>	<i>Required if Loop Present</i>	"D8"	
2010DA	DMG02	<i>Subscriber Date of Birth</i>	<i>Required if Loop Present</i>		<i>Actual Patient Date of Birth</i>
2000E		<i>Message Text</i>	<i>Situational</i>		Text message pertaining to the service provider or specialty requested.
2000E	MSG01	Free-Form Message Text	<i>Required if Loop Present</i>		Use to transmit a text message to Oxford about the service provider or specialty requested. <i>Entering additional information about the service provider or specialty requested may help in Plan's decision making</i>

Table II: Non-Initial Admission Review ("AR") and Health Services Review ("HS") or and Appeals Request

LoopID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
2010E		Service Provider Name	Required		
2010E	NM108	ID Code Qualifier	<i>Situational</i>	"46"	Electronic Transmitter Identification (ETIN/FTIN)
2010E	NM109	Identification Code	<i>Situational</i>		Actual ETIN or FTIN
2010E		Service Provider Supplemental Identification	Situational		<i>Address and telephone number</i>
2010E	REF01	Reference Identification Qualifier	<i>Required if Loop Present</i>	"ZH"	Carrier Assigned reference Number (Oxford ID #)
2010E		Service Provider Contact Information	Situational		<i>Office manager or staff member handling requests</i>
2010E	PER02	Name	<i>Situational</i>		<i>Office manager or staff member handling requests</i>
2010E	PER03	Communication Number Qualifier	<i>Situational</i>	"TE"	Telephone (for first one)
2010E	PER05	Communication Number Qualifier	<i>Situational</i>	"EX", "FX", "TE"	Telephone Extension, Facsimile, or Telephone
2010E		Service Provider Information	Situational		
2010E	PRV01	Provider Code	Required if Loop Present	Appropriate Provider Code	Please select from the list of appropriate Service Role Codes available. Entering this information will aid Oxford in processing the request.
2010E	PRV02	Reference Identification Qualifier	Required if Loop Present	"ZZ"	Mutually Defined Health Care Provider Taxonomy Code list.
2010E	PRV03	Reference Identification	Required if Loop Present		Actual Provider Taxonomy Code (<i>Provider Specialty Code</i>)
2000F		Health Care Services Review Information	Required		
2000F	UM01	Request Category Code	Required	"AR", "HS"	Admission Review (Use for request of admission to a facility) Health Services Review (Use for request of review of services related to an episode of care)
2000F	UM02	Certification Type Code	Required	"1", "2", "3", "4", "R", "S"	Appeal - Immediate, Appeal - Standard, Cancel, Extension, Renewal, Revised

Table II: Non-Initial Admission Review ("AR") and Health Services Review ("HS") or and Appeals Request					
LoopID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
2000F		<i>Previous Certification Identification</i>	<i>Situational</i>		
2000F	REF01	Reference Identification Qualifier	<i>Required if Loop Present</i>	"BB"	Authorization Number
2000F	REF02	Reference Identification	<i>Required if Loop Present</i>		Actual Authorization Number (<i>Previous Certification Number</i>)
2000F	DTP	<i>Service Date</i>	<i>Situational</i>		
2000F	DTP01	Date Time Qualifier	<i>Situational</i>	"472"	<i>Qualifier code to indicate Service Date.</i>
2000F	DTP02	Date Time Period Format Qualifier	<i>Situational</i>	"D8" or "RD8"	
2000F	DTP03	Propose or Actual Service Date	<i>Situational</i>		<i>Service Date or Date Range</i>
2000F	DTP	<i>Admission Date</i>	<i>Situational</i>		
2000F	DTP01	Date Time Qualifier	<i>Situational</i>	"435"	<i>Qualifier code to indicate Admission Date</i>
2000F	DTP02	Date Time Period Format Qualifier	<i>Situational</i>	"D8"	Oxford prefers a single date for proposed or actual admission date
2000F	DTP03	Propose or Actual Service Date	<i>Situational</i>		<i>Admission Date</i>
2000F		<i>Procedures</i>	<i>Situational</i>		<i>Entering this information will aid Oxford in processing the request</i>
2000F	HI01-1	Code List Qualifier Code	<i>Required if Loop Present</i>	"BO"	HCFA Common Procedural Coding System
2000F		<i>Message Text</i>	<i>Situational</i>		<i>Any clinical information and history pertaining to dx and Member's condition</i>
2000F	MSG01	Free-Form Message Text	<i>Required if Loop Present</i>		Use, if needed, to convey free-form text about the Health Care Services review requested. <i>Entering additional clinical data in this field may help in Plan's decision making</i>

Table III: Specialty Care Review ("SC")					
LoopID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
<i>2010B</i>		<i>Requester Supplemental Identification</i>	<i>Situational</i>		<i>Address and telephone number</i>
2010B	REF01	Reference Identification Qualifier	<i>Required if Loop Present</i>	"ZH"	Carrier Assigned reference Number (Oxford ID #)
2010B	REF02	Reference Identification	<i>Required if Loop Present</i>		Actual Oxford ID #
<i>2010CA</i>		<i>Subscriber Name</i>	<i>Required</i>		
2010CA	NM108	Identification Code Qualifier	<i>Required</i>	"MI"	Member Identification Code Qualifier (Oxford ID #)
2010CA	NM109	Identification Code	<i>Required</i>		Actual Oxford Member ID # without asterisk
<i>2010DA</i>		<i>Dependent Name</i>			Required by Oxford for identification of the dependent (i.e., patient)
2010DA	NM103	Dependent Last Name	<i>Situational</i>		Required by Oxford to identify the patient
2010DA	NM104	Dependent First Name	<i>Situational</i>		Required by Oxford to identify the patient
<i>2010DA</i>		<i>Dependent Supplemental Information</i>	<i>Situational</i>		<i>Any clinical information pertaining to the diagnosis (if entered)</i>
2010DA	REF01	Reference Identification Qualifier	<i>Required if Loop Present</i>	"SY"	Commercial Members use: Social Security Number Medicare Members – do not use
2010DA	REF02	Reference Identification	<i>Required if Loop Present</i>		Actual Social Security Number
<i>2010DA</i>		<i>Dependent Demographic Information</i>	<i>Situational</i>		<i>Oxford requires for identification of the dependent</i>
<i>2010DA</i>	DMG01	<i>Date Time Period Format Qualifier</i>	<i>Required if Loop Present</i>	"D8"	
<i>2010DA</i>	DMG02	<i>Subscriber Date of Birth</i>	<i>Required if Loop Present</i>		<i>Actual Patient Date of Birth</i>
<i>2010E</i>		<i>Service Provider Supplemental Identification</i>	<i>Situational</i>		<i>Address and telephone number</i>
2010E	REF01	Reference Identification Qualifier	<i>Required if Loop</i>	"ZH"	Carrier Assigned Reference Number (Oxford ID#)

Table III: Specialty Care Review ("SC")					
LoopID	Segment	Segment Name	HIPAA Usage	Oxford Preferred	Element Description
			<i>Present</i>		
2000F		<i>Service Date</i>	<i>Situational</i>		
2000F	DTP02	Date Time Period Format Qualifier	<i>Required</i>	"D8"	Date Expressed in Format CCYYMMDD
2000F		<i>Health Care Services Directory</i>	<i>Situational</i>		
2000F	HSD01	Quantity Qualifier	<i>Situational</i>	"VS"	Visits
2000F		<i>Message Text</i>	<i>Situational</i>		<i>Any clinical information and history pertaining to diagnosis and Member's condition</i>
2000F	MSG01	Free-Form Message Text	<i>Required if Loop Present</i>		

Section IV – Revision History

Revision	Date	Author	Description
1.0	10/10/02	Lori Branning	Initial Draft
1.1	11/25/02	Lori Branning	Feedback from Business User and I.S. Department
1.2	12/14/02	Lori Branning	Updates to Tables
1.3	1/17/03	Lori Branning	Additional Updates to Tables, General Information and Submission Suggestions
1.4	3/11/03	Lori Branning	Addenda additions made to Section IIa and Tables
1.5	3/10/03	Lori Branning	Feedback from I.S.
1.6	5/22/06	Heather Pierce	Added new logo and reformatted document.
1.7	11/30/06	Pam Sugden	Added additional qualifiers, including NPI to tables I, II, and III in loops 2010B and 2010E Added NPI information in general information
1.8	7/17/07	Heather Barczak	Added details regarding 24 character string prepended to each real-time transaction.