



# **Companion Guide**

## **Health Services Review Request and Response 278**

**Release 2.0**

**X12N 278 (Version 5010) Healthcare Services Review –  
Request for Review and Response Implementation Guide**

**Revision History**

Date	Release	Appendix name/ loop & segments	Description
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October 22, 2018	2.0	Name Change	Allways Health Partners

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## 1. Introduction

### 1.1 Intended Audience

This companion guide is intended for the business and technical areas, within or on behalf of a provider organization, responsible for the testing and setup of electronic referral and authorization request submissions to Allways Health Partners. In addition, this information should be communicated to, and coordinated with, the provider's referral and authorization department in order to ensure that the required referral/authorization information is provided. This guide supports the submission of X12N 278 addenda for health care services review and response.

### 1.2 Purpose of the Companion Guide

This document has been prepared as a Allways Health Partners specific companion guide to the 278 transaction sets. It supplements but does not contradict any requirements in the 278 version 5010 Implementation Guide.

The primary purpose of the document is to assist the user with the submission of a valid 278 healthcare services review transaction and receipt of a valid 278 healthcare services response transaction.

### 1.3 How to obtain copies of the Implementation Guides

Implementation Guides for all HIPAA transactions are available electronically at [www.wpc-edi.com/HIPAA](http://www.wpc-edi.com/HIPAA).

## 2. General Information

### 2.1 Confidentiality, Privacy and Security

Maintaining the confidentiality of personal health information has been, and continues to be, one of ALLWAYS HEALTH PARTNERS's guiding principles. ALLWAYS HEALTH PARTNERS has a strict Confidentiality Policy with regard to safeguarding patient, employee, and health plan information. All staff are required to be familiar with, and comply with ALLWAYS HEALTH PARTNERS's policy on the Confidentiality of Member Personal and Clinical Information to ensure that all member information is treated in a confidential and respectful manner. The policy permits use or disclosure of members' medical or personal information only as necessary to

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conduct required business and perform care management, approved research, quality assurance and measurement activities when authorized to do so by a member or as required by law.

In order to comply with our own internal policies and the provisions of the Health Insurance Portability and Accountability Act, 1996 (HIPAA), ALLWAYS HEALTH PARTNERS has outlined specific requirements applicable to the electronic exchange of protected health information (PHI) including provisions for:

- Maintaining Confidentiality of Protected Information
- Confidentiality Safeguards
- Security Standards
- Return or Destruction of Protected Information
- Compliance with State and Federal regulatory and statutory requirements
- Required disclosure
- Use of Business Associates
- Implementing trading partner agreements prior to receiving electronic files

## **2.2 Security Statement**

ALLWAYS HEALTH PARTNERS has implemented a best practice approach to protecting the integrity and availability of protected health information. When the HIPAA security regulations are finalized, ALLWAYS HEALTH PARTNERS will evaluate its current standards for the exchange of protected health information, electronic storage and/or transmission over telecommunications systems/networks to determine whether updates or changes to established protocols will be needed. This rule had not been finalized as of January 1, 2003. When the rule is finalized, ALLWAYS HEALTH PARTNERS will evaluate its current procedures and make enhancements/changes as indicated.

## **3. Contacts**

### **3.1 Privacy Contact**

For privacy questions please contact:

Privacy Officer  
Allways Health Partners  
399 Revolution Drive  
Somerville, MA 02145

1-800-433-5556 (Toll-free)

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### 3.2 Transaction Contact:

The ALLWAYS HEALTH PARTNERS E-commerce department is the contact for all transaction-related questions. For user set up and to establish testing, please contact:

E-commerce  
Allways Health Partners  
399 Revolution Drive  
Somerville, MA 02145

E-Mail : [vchiachio@AllwaysHealth.org](mailto:vchiachio@AllwaysHealth.org)

### 3.3 Member Services

For benefit or coverage-related questions, please contact the Member Services Department:

Member Services  
Allways Health Partners  
399 Revolution Drive  
Somerville, MA 02145

1-800-462-5449 (Toll-free)

### 3.4 Provider Relations

Should you need to have additional providers set up, please contact your provider relations representative.

Provider Relations  
Allways Health Partners  
399 Revolution Drive  
Somerville, MA 02145  
1-855-444-4647 (Toll-free)

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## 4. Establishing Connectivity with ALLWAYS HEALTH PARTNERS

### 4.1 Initiating EDI setup

ALLWAYS HEALTH PARTNERS offers a variety of options to send 278 health care requests. The preferred options are to submit through NEHEN or ALLWAYSHEALTH.Net if you are a participating provider. ALLWAYS HEALTH PARTNERS will accept transactions from other clearinghouses and will review requests for direct submission from providers who can send and pick up transactions from our secure server utilizing either an HTTPS protocol or secured FTP protocol. ALLWAYS HEALTH PARTNERS can also use VPN connections with providers who can support this.

### 4.2 Trading Partner Setup

Providers wishing to submit electronic claims transactions to ALLWAYS HEALTH PARTNERS should contact the ALLWAYS HEALTH PARTNERS E-Commerce Department via e-mail or telephone to initiate a setup request. Please refer to Appendix A for a User Agreement, Appendix B for the ALLWAYS HEALTH PARTNERS Privacy and Security Agreement and Appendix C for the Trading Partner Agreement request form. You can also download printable versions from [www.ALLWAYSHEALTH.Org](http://www.ALLWAYSHEALTH.Org).

A Trading Partner Agreement form (Appendix C) is required to initiate a trading partner set up. A person who is authorized to approve the trading partner set up, whether directly from the provider or through a billing entity, must sign the authorization. The signed form will initiate a Trading Partner Agreement with ALLWAYS HEALTH PARTNERS, giving authorization for ALLWAYS HEALTH PARTNERS to accept referral/ authorization requests on behalf of the provider. Once a valid Trading Partner Agreement is in place, testing can begin. If any of the information on the Authorization Form changes, a new form must be completed and submitted to ALLWAYS HEALTH PARTNERS's E-Commerce Department.

ALLWAYS HEALTH PARTNERS's E-Commerce Department will return an EDI authorization to the trading partner with all the necessary information to submit electronic transactions. The information will include:

- An assigned default user ID and password and a mailbox (folder) for file drop off and retrieval
- Submitter (ISA06) and the Submitter Application ID (GS02) – Trading Partner ID

ALLWAYS HEALTH PARTNERS will accept transmissions only from authorized Trading Partners who have signed an ALLWAYS HEALTH PARTNERS Trading Partner Agreement. Files for providers who submit without a Trading Partner Agreement in place will be rejected. The



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ALLWAYS HEALTH PARTNERS E-Commerce Coordinator will then contact you to establish a valid Trading Partner Agreement.

Submitters should include in their file pick up process a script that deletes the file from the server. (An archive copy of all files is stored and backed up daily by ALLWAYS HEALTH PARTNERS. Eliminating the file from the server will improve overall performance.)

### 4.3 Testing

ALLWAYS HEALTH PARTNERS requires submitters to test healthcare request submissions and retrieval of 278 responses prior to submitting production 278 requests. Once in production, ALLWAYS HEALTH PARTNERS reserves the right to require re-testing if it is determined that the submitter is receiving/generating an unacceptable volume of errors or types of errors.

The following outlines the testing process:

- Prior to testing, the E-Commerce Department will provide the submitter with a test plan specific to his/her organization.
- Test cycles will be scheduled with the submitter during regular business hours – Monday through Friday, 8:30 a.m. to 5:00 p.m., EST.
- The submitter will be notified when and how many test files can be sent to ALLWAYS HEALTH PARTNERS.
- The transactions submitted for testing should be a general representation of the types of transactions that are normally submitted and must contain a reasonable variety of services and diagnoses.
- In general, turnaround time for test files is 48 hours, but is dependent on the testing process and the quality of the data.
- Once the tests are completed, the E-Commerce Department will notify the submitter and review the results with the submitter. Submitters will be instructed to move files to production upon successful testing sign off.
- The submitter's mailbox name will change when moving from test to production. The file status will change from test to production when testing is complete.

#### 4.4 Production

The E-Commerce Department will review the following schedules with the submitter:

- File Drop off
- Response Retrieval
- Monitoring period

ALLWAYS HEALTH PARTNERS will monitor closely the first few production runs to ensure successful submission.

**ALLWAYS HEALTH PARTNERS RESERVES THE RIGHT TO REQUIRE RE-TESTING IF IT IS DETERMINED THAT A SUBMITTER IS RECEIVING/GENERATING AN UNACCEPTABLE VOLUME OF ERRORS OR TYPES OF ERRORS.**

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## 5. ALWAYS HEALTH PARTNERS Specific Conditional Data Requirements and Edits

### 5.1 Business Edits and Helpful Tips

In addition to compliance checking for required transaction data elements, ALWAYS HEALTH PARTNERS will implement business front end reject edits as a vehicle to improve accuracy and turnaround of transactions. A reject edit does not mean the transaction is being denied. Rather it means submitted information is either invalid or incorrect and should be corrected and re-submitted. Additionally this section includes helpful hints to setting up a successful transaction.

#### Member Validation

- Do not use dashes or spaces when entering the ALWAYS HEALTH PARTNERS member ID number.
- All ALWAYS HEALTH PARTNERS members have a unique member ID. We recommend that you place all patient-related services in the Subscriber Loop (2000C). The ALWAYS HEALTH PARTNERS member number should be placed in Loop 2010C, segment NM109 given that a unique member ID identifies each Allways Health Partners member.
- ALWAYS HEALTH PARTNERS will reject any transaction that does not have a valid ALWAYS HEALTH PARTNERS member ID.
- ALWAYS HEALTH PARTNERS uses the member ID, date of birth, plan effective and end dates to validate ALWAYS HEALTH PARTNERS enrollment.
- Use ALWAYS HEALTH PARTNERSNet.org or NEHEN to verify the accuracy of member information prior to submission.
- Special characters, such as hyphens (Tellington-Jones) and apostrophes (O'Donnell) are acceptable for last names

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## Provider Validation

- ALWAYS HEALTH PARTNERS requires that you have a valid Trading Partner Agreement on file prior to initiating electronic submission of the 278.
- Specialty Referrals (UM01 = ‘SC’):
  - *Requester Loop (2010B)*: Only the member’s Primary Care Site can request a specialty referral. Put the Primary Care Site’s ALWAYS HEALTH PARTNERS Vendor ID in REF02 of this segment.
  - *Service Provider Loop (2010F)*: ALWAYS HEALTH PARTNERS requires two servicing Provider Loops in order to identify the Pay-to Provider and the specialist providing the service. Place the ALWAYS HEALTH PARTNERS Vendor ID of the Pay-to Provider (Group/Facility) in REF02 of the first 2010F loop. The Pay-to Provider must be a contracted provider with ALWAYS HEALTH PARTNERS.
  - *Servicing Provider*: Place the Servicing Provider’s ALWAYS HEALTH PARTNERS Provider ID in REF02 of the second 2010F loop. The Servicing Provider in the second loop must have a valid association with the vendor/group in the first loop. Do not repeat the loop if servicing provider is not known or is the same as the vendor in the first loop.
- Admission Review/ Inpatient Authorizations (UM01 = ‘AR’):
  - *Requester Loop (2010B)*: Place a valid ALWAYS HEALTH PARTNERS Vendor ID in REF02 of this segment. ALWAYS HEALTH PARTNERS does not require that the requester be the member’s Primary Care Site for this request.
  - *Service Provider Loop (2010F)*: Place the ALWAYS HEALTH PARTNERS Vendor ID of the Pay-to Provider (Facility) in REF02 of the 2010F loop. The Pay-to Provider must be a valid ALWAYS HEALTH PARTNERS vendor.
  - *Attending Physician (2010F)*: Repeat the 2000E loop if the Attending Physician is known and place his/her name in that loop. ALWAYS HEALTH PARTNERS does not require that the attending physician be a valid ALWAYS HEALTH PARTNERS Provider. However, if he/she is an ALWAYS HEALTH PARTNERS Provider place the ALWAYS HEALTH PARTNERS Provider ID in REF02 of this loop. Do not repeat the loop if the Attending Physician is not known.
- Member and provider information submitted on a claim does not update the member and provider demographics stored in ALWAYS HEALTH PARTNERS’s processing systems. In the instance of data validation (for example, ALWAYS HEALTH PARTNERS may compare the provider’s tax ID on the transaction to the one stored in ALWAYS HEALTH PARTNERS’s system), ALWAYS HEALTH PARTNERS uses the member and provider demographics stored in its internal systems to validate submitted data and process referrals/prior authorizations. However, ALWAYS HEALTH PARTNERS will store the name of an Attending Physician if submitted and the Attending Physician is not an ALWAYS HEALTH PARTNERS Provider. ALWAYS HEALTH PARTNERS will also store contact information if submitted in the PER segment of the first Servicing Provider loop. ALWAYS HEALTH PARTNERS will ignore contact information in the PER segment of the second loop.

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## Code Set Validation

- ALWAYS HEALTH PARTNERS will require the submission of industry standard code sets. A submitter must submit standard codes (CPT, HCPC, Place of Service, etc.) on the transaction unless otherwise noted. Attached is a crosswalk table that maps standard codes to Mass Health local codes. ALWAYS HEALTH PARTNERS has mapped these local codes to the recommended standard codes. ALWAYS HEALTH PARTNERS will require the submission of Standard Codes.
  - Diagnosis codes have a maximum size of five (5).
  - You may send up to twelve (12) diagnosis codes per transaction.
  - You may send up to twelve (12) procedure codes per transaction.

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## 5.2 General Transaction Helpful tips

- ALWAYS HEALTH PARTNERS will only process via EDI Initial (UM02 = “I”) and Extension (UM02 = “4”) Requests. Requests for Appeals, Cancellations, Renewals or Revisions (UM02 = “1”, “2”, “3”, “R” or “S”) will be rejected with a message on the 278 Response to Contact the Health Plan. These rejections do not necessarily mean that the request is rejected. To expedite these requests, contact ALWAYS HEALTH PARTNERS directly instead of transmitting the request via EDI.
- ALWAYS HEALTH PARTNERS will reject the request if the request is an Initial Request (UM02 = “I”) and a previous certification number is submitted in Loop 2000F, REF02.
- ALWAYS HEALTH PARTNERS will reject the request if the request is for an Extension (UM02 = “4”) and a previous certification number is not submitted in Loop 2000F, REF02.
- ALWAYS HEALTH PARTNERS will not reduce services approved if an extension request is for a shorter duration and/or fewer visits than originally approved. ALWAYS HEALTH PARTNERS will return a status of “A6 – Modified” on the 278 Response but will not alter the original authorization.
- Any data submitted in the PWK (Paperwork) segment may not be considered for processing.
- If a transaction is certified (HCR01 = “A1”), pended (HCR01 = “A4”) or modified (HCR01 = “A6”) in the clinical system, ALWAYS HEALTH PARTNERS will return the certification number for the referral/prior authorization in the Certification Number field (Loop 2000F, HCR02) on the 278 Response.
- Submit the primary diagnosis in the first instance of the Subscriber Diagnosis Loop (HI01-02). ALWAYS HEALTH PARTNERS will assume that the first diagnosis submitted is the primary diagnosis regardless of qualifier. ALWAYS HEALTH PARTNERS will accept up to twelve (12) diagnoses.
- ALWAYS HEALTH PARTNERS will use the Previous Certification Identification Segment (Loop 2000F, REF) on the 278 Response to identify the certification number submitted by the requester on the 278 request.

**NOTE: ALL SEGMENTS AND FIELDS REQUIRED FOR THE 278 TO BE FORMAT AND CONTENT COMPLIANT MUST BE SENT REGARDLESS OF ALWAYS HEALTH PARTNERS INTERNAL PROCESSING REQUIREMENTS. ALWAYS HEALTH PARTNERS WILL REQUIRE, PER THE IMPLEMENTATION GUIDE, THAT THESE FIELDS BE SUBMITTED. IF THEY ARE NOT USED TO PROCESS THE REQUEST, THE CONTENT WILL NOT BE VALIDATED. ALWAYS HEALTH PARTNERS HAS INTENTIONALLY LEFT OUT OF ITS MAP THOSE IMPLEMENTATION GUIDE SEGMENTS/LOOPS NOT USED IN ORDER TO DECREASE THE SIZE OF THE MAP.**

### 5.3 Specialty Referral Helpful tips

- See provider requirements in “Provider Validation” Section (pg.9).
- ALWAYS HEALTH PARTNERS will approve up to fifty-two (52) visits and/or one (1) year duration on specialty referrals. If the request exceeds these limits, ALWAYS HEALTH PARTNERS will approve the maximum amount(s) and return a status of “A6 – Modified” on the 278 Response. This guideline applies to both initial requests and requests for extensions.
- ALWAYS HEALTH PARTNERS will use the Loop 2000F/UM03 Service Type Codes and the Provider Specialty Type on file for the servicing provider (second instance of the 2010F loop) to identify the type of specialty referral requested. In the case that ALWAYS HEALTH PARTNERS is unable to identify the specialty type, ALWAYS HEALTH PARTNERS will return a status of “CT – Contact Payer” on the 278 Response. ALWAYS HEALTH PARTNERS will not use Provider Taxonomy Codes to identify specialty type.
- ALWAYS HEALTH PARTNERS requests value “472 – Service Date Qualifier” in Loop 2000F, DTP01. ALWAYS HEALTH PARTNERS will accept either a single date or a date range in this segment. If an end date is not submitted, ALWAYS HEALTH PARTNERS will default the end date to (91) days from the Begin Date.
- To request a specific number of visits, submit 2000F, HSD01 = “VS” along with the number of visits in 2000F, HSD02. ALWAYS HEALTH PARTNERS will only accept a value of “VS” in HSD01 for this type of request. ALWAYS HEALTH PARTNERS will not use HSD03 – HSD08 to process this type of request.
- ALWAYS HEALTH PARTNERS will pend the request if the Service Begin Date in Loop 2000F, DTP01 is more than thirty (30) days prior to the transaction receipt date. Any request for an override to the timely request must be done directly with a clinical reviewer. ALWAYS HEALTH PARTNERS will return a status of “A4 – Pended” on the 278 Response.

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#### 5.4 Admission Review/ Inpatient Authorization Helpful tips

- See provider requirements in “Provider Validation” Section (pg.9).
- ALWAYS HEALTH PARTNERS will approve the first day of an Admission when the request is an initial request (UM01 = “I”) and the Admission Type Code (CL101) is “1 – Emergency” or “2 – Urgent”. This guideline does not apply to Skilled Nursing or Rehabilitation Admissions. The remaining days requested will be pended for further review by a clinical reviewer. ALWAYS HEALTH PARTNERS will return a status of “A6 – Modified” on the 278 Response when the request is for more than the Admission Day. ALWAYS HEALTH PARTNERS will return a status of “A3 – Certified in Total” on the 278 Response when the request is for the Admission Day only. All non-emergent requests will be pended for clinical review.
- ALWAYS HEALTH PARTNERS will pend an emergent request if the Admission Date in Loop 2000E, DTP01 is more than twenty-four (24) hours or one (1) business day prior to the transaction receipt date/ time. Any request for an override to the timely request must be done directly with a clinical reviewer. ALWAYS HEALTH PARTNERS will return a status of “A4 – Pended” on the 278 Response.
- ALWAYS HEALTH PARTNERS requests submission of the Admission Source Code (Loop 2000E, CL102) for processing purposes. ALWAYS HEALTH PARTNERS will default the value to “9 – Information not Available” when the field is not submitted.
- ALWAYS HEALTH PARTNERS will accept either a single date or a date range for the Admission Date (Loop 2000E, DTP01 = “435 – Admission Date”. If a date range is submitted, ALWAYS HEALTH PARTNERS will store the end date as the “Estimated Discharge Date”. ALWAYS HEALTH PARTNERS will not accept discharge dates via EDI. Contact ALWAYS HEALTH PARTNERS’s Clinical Services Department to notify ALWAYS HEALTH PARTNERS of a patient discharge.
- If a Discharge Date is submitted (Loop 2000E, DTP01 = “096 – Discharge Date), ALWAYS HEALTH PARTNERS will store the date as the “Estimated Discharge Date”. ALWAYS HEALTH PARTNERS will not accept discharge dates via EDI. Contact ALWAYS HEALTH PARTNERS’s Clinical Services Department to notify ALWAYS HEALTH PARTNERS of a patient’s actual discharge.
- ALWAYS HEALTH PARTNERS will not use a date submitted in Loop 2000F, DTP01 = ‘456 – Surgery’. ALWAYS HEALTH PARTNERS requires that a surgical procedure be submitted (2000E, HI Segment) when submitting a request for a surgical service type (UM02 = ‘2’ or ‘53’).



- To request the number of days for an admission, submit 2000E, HSD01 = “DY” along with the number of days in 2000F, HSD02. ALLWAYS HEALTH PARTNERS will only accept a value of “DY” in HSD01 for this type of request. ALLWAYS HEALTH PARTNERS will not use HSD03 – HSD08 to process the request.
- ALLWAYS HEALTH PARTNERS will not accept changes to either the Admission Date or the Discharge Date via EDI. Contact ALLWAYS HEALTH PARTNERS’s Clinical Services Department to notify ALLWAYS HEALTH PARTNERS of a change in a patient’s actual admission or discharge.

### **5.5 Health Services Review Helpful tips**

- As of the release of this document, ALLWAYS HEALTH PARTNERS is unable to process Health Services (UM01 = ‘HS’) Requests via EDI. If you submit a request for Health Services, ALLWAYS HEALTH PARTNERS will return HCR01 = ‘CT’ on the 278 Respond requesting that you contact the plan directly. To expedite your request, contact ALLWAYS HEALTH PARTNERS rather than submitting a Health Services Request via EDI. ALLWAYS HEALTH PARTNERS will have the ability to accept these EDI requests at a future date.

## **6. Technical Requirements for Electronic Submission**

### **6.1 File Naming Standards**

ALLWAYS HEALTH PARTNERS determines the file naming conventions. Once a Trading Partner Agreement is established, ALLWAYS HEALTH PARTNERS will provide you with a unique file naming convention and a folder structure on its secure server to drop off and pick up your files.

### **6.2 File Submission Standards**

- Transactions submitted through NEHEN or directly from a provider:
  - Contain only one ISA and one GS segment. A GS segment should contain only one ST segment.
- Transactions submitted from clearinghouses:

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- ALLWAYS HEALTH PARTNERS will accept a file with multiple ISA and GS records from our clearinghouse trading partners. We expect that these files will contain multiple ISA and GS records. However, each individual provider submissions should adhere to the recommended standard.

ALLWAYS HEALTH PARTNERS is adhering to the structural specifications for required and situational fields as stated in the Implementation Guide.

**ALLWAYS HEALTH PARTNERS STRONGLY RECOMMENDS THAT ALL SUBMITTERS GENERATE A UNIQUE TRANSACTION TRACKING IDENTIFICATION NUMBER (AS DESCRIBED IN LOOP 2000E TRN SEGMENT ON PAGE 37 OF THE IMPLEMENTATION GUIDE ADDENDA) FOR EACH TRANSACTION THAT IS SUBMITTED TO ALLWAYS HEALTH PARTNERS. ALLWAYS HEALTH PARTNERS RECOMMENDS THAT THESE IDS BE UNIQUE BOTH WITHIN A FILE AND ACROSS FILES (IN OTHER WORDS, GENERATE A NEW ID EVEN IF THE TRANSACTION WAS SUBMITTED PREVIOUSLY). THIS WILL FACILITATE PROBLEM RESOLUTION AND TYING OUT ALLWAYS HEALTH PARTNERS'S RESPONSES TO SUBMITTED TRANSACTIONS.**

- Compression of files is not supported for transmissions between the submitter and ALLWAYS HEALTH PARTNERS.
- Only loops, segments, and data elements valid for the HIPAA Request for Healthcare Services Review Implementation Guide will be translated. Non-implementation guide data may not be sent for processing consideration.

**TRANSACTIONS THAT ARE NOT STRUCTURALLY VALID WILL BE REJECTED.**

- You must submit incoming 278 data using the character set as defined in the Implementation Guide.
- All dates that are submitted on an incoming 278 transaction should be valid calendar dates in the appropriate format based on the respective qualifier. Failure to submit a valid calendar date may result in rejection of the transaction or the applicable interchange (transmission).

### 6.3 Attachments

Currently there is no standard for submitting attachments electronically. If you use the transaction to indicate that you will be forwarding an attachment or paper work, choose one of the following media to send the attachment segment. Please use the following instructions to submit and make sure any attachments include the appropriate attachment number that was placed in the PWK06 field.

**Mail:**

Allways Health Partners  
ATTN: Clinical Department  
399 Revolution Drive  
Somerville, MA 02145

Fax: (617) 478-7175 or (671) 772-5512  
DME Fax: (617) 526-1935

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## 6.4 File Acknowledgements/Remittance Reports

### 278 Response Transaction

ALLWAYS HEALTH PARTNERS uses a proprietary front-end processor. Files that are accepted by the ALLWAYS HEALTH PARTNERS ANSI Translator are not necessarily submitted to the clinical system for processing. ALLWAYS HEALTH PARTNERS will return a 278 generally within five (5) minutes of the file receipt for every 278 request submitted when the submission is received from NEHEN.

- 278 Response – HCR01 valid action codes are:
  - A1 – Certified in Total
  - A3 – Transaction has been rejected. Please refer to Appendix E for a list of reject Reason Codes.
  - A4 – Transaction has been pended for clinical review in the ALLWAYS HEALTH PARTNERS clinical system.
  - A6 – Transaction has been certified for an amount or duration different than requested.
  - CT – Contact Payer
  - NA – No Action Required (Used when requested service does not require certification.)

If your EDI file was rejected, and you are not sure why or how to correct it, it is important to contact the E-Commerce Department as soon as possible to ensure that your file is resubmitted before the filing limit expires.

**THE 278 RESPONSE WILL BE SENT TO YOUR OUTBOUND FOLDER FOR RETRIEVAL BY YOU.**

Your pick up file script should include a delete script in your file process. Delete the file out of your outbound mailbox after you have successfully retrieved it.

**THE SUBMITTER SHOULD REVIEW THE 278 TO VERIFY THAT ALL TRANSACTIONS HAVE BEEN ACCEPTED AND SENT FOR PROCESSING.**

At a future date, ALLWAYS HEALTH PARTNERS will offer the 278 Referral Inquiry request through NEHEN and ALLWAYSHEALTH.net. Use the 278 Referral Inquiry to check the status of a pended request until the request is either certified with an authorization number (HCR01 = “A1” or “A6” and Loop 2000F/HCR02 is populated) or rejected (HCR01 = “A3” and Loop 2000F/REF02 is populated).

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## Appendix A – User Agreement

### Electronic Commerce

#### USER AGREEMENT

**Read these terms carefully.** Use of ALLWAYS HEALTH PARTNERS’s Electronic Submission is subject to the terms and conditions set forth herein including certain restrictions on the use of the Service provided through the Site. If you do not agree to these terms and conditions, you may not access or otherwise use the Service. To agree to these terms and conditions, please sign the acknowledgement on the last page, insert the date and return it to:

*E- Commerce Department*  
**Allways Health Partners**  
399 Revolution Drive  
Somerville, MA 02145

**1. Introduction.** The ALLWAYS HEALTH PARTNERS E-Commerce Department (the “Site”) provides the means for electronic

Transmission and retrieval of information (the “Service”) between you (“User”), as a Provider of healthcare services or as an authorized representative of a Provider, and (“ALLWAYS HEALTH PARTNERS”). As

part of the Service, User will have the ability to transmit messages, files, data regarding User, data regarding ALLWAYS HEALTH PARTNERS’s insured or other information or to engage in any other form of communication with ALLWAYS HEALTH PARTNERS through the Site. User will also have the means to retrieve certain information from certain ALLWAYS HEALTH PARTNERS databases, including information regarding ALLWAYS HEALTH PARTNERS insured who are patients of User or of the Provider for whom the User is an authorized representative (the “Protected Information”).

(i) User will not disclose his/her password that allows access to the Site and the System to any third party. User, and any provider for whom User is an authorized representative, will be responsible for all activity or transactions through the Site that are attributable to User’s password.

(ii) User will ensure that any data, text or information that User accesses or retrieves from ALLWAYS HEALTH PARTNERS databases will be used solely in furtherance of the relationship that User and/or the provider for whom User is an authorized representative has with ALLWAYS HEALTH PARTNERS.

(iii) User will use best efforts to ensure that any data, text or information, including without limitation, enrollment, payment, claims adjudication, case or medical management, medical or billing records or any Protected Information that User accesses or retrieves from ALLWAYS HEALTH PARTNERS databases will be maintained in confidence and not disclosed to any other party, except in accordance with the Privacy and Security Agreement between ALLWAYS HEALTH PARTNERS and Provider.

(iv) User acknowledges that all right, title and interest in and to the Protected Information, the Service, the Site, and the URL associated therewith, including all present and future rights in and to

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intellectual property and other proprietary rights of any type are and will continue to be the sole and exclusive property ALWAYS HEALTH PARTNERS.

3. Termination. ALWAYS HEALTH PARTNERS may immediately terminate this Agreement and the rights granted to User hereunder, with or without cause, at any time, without notice, and without penalty.

4. General Provisions. Any terms used in this Agreement and not otherwise defined will have the meaning used in the Privacy and Security Agreement between ALWAYS HEALTH PARTNERS and Provider. This Agreement will not be assigned or otherwise transferred by User without ALWAYS HEALTH PARTNERS's prior written consent. This Agreement contains the entire Agreement between the parties hereto with respect to the matters contained herein and supersedes all prior understandings, whether written or oral, if any, with respect thereto. If any term or provision of this Agreement will be invalid, illegal or unenforceable, the remainder of his Agreement will not be affected thereby. This Agreement may not be modified, terminated or amended nor any of its provisions waived except by written instruments signed by the party to be charged. Section 2, 3 and this section 4 will survive any termination of this agreement. This agreement will be governed by the laws of the Commonwealth of Massachusetts. Any disputes arising hereunder will be brought in courts having jurisdiction and located in the Commonwealth of Massachusetts.

I hear by acknowledge that I have read the above terms and conditions and agree to be bound thereby as a condition to my access to the use and services of this site.

User Name (Print): \_\_\_\_\_

User Signature: \_\_\_\_\_

Provider Site: \_\_\_\_\_

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## Appendix B – ALLWAYS HEALTH PARTNERS Privacy & Security Agreement

### ALLWAYS HEALTH PARTNERS PRIVACY AND SECURITY AGREEMENT

\_\_\_\_\_ [ insert type of entity] with place of business at \_\_\_\_\_ (hereinafter "Contractor") THIS PRIVACY AND SECURITY AGREEMENT is made effective as of \_\_\_\_\_, 2003 (the "Effective Date") by and among Allways Health Partners with a place of business at 253 Summer Street, Boston, MA (together, hereinafter "ALLWAYS HEALTH PARTNERS") and \_\_\_\_\_, a \_\_\_\_\_

#### RECITALS

WHEREAS, the parties recognize their legal obligation to protect the privacy and security of protected health information concerning individual persons;

WHEREAS, state and federal laws, including the Health Insurance Portability and Accountability Act ("HIPAA") and regulations promulgated thereunder, as well as accrediting organizations, including the National Committee for Quality Assurance, contemplate that payors, providers, providers' Business Associates and others given access to such health information will enter into agreements with each other to maintain information security and protect the privacy of such protected health information;

WHEREAS, the parties will be sharing such information in conjunction with a number of aspects of ALLWAYS HEALTH PARTNERS's relationship with providers, including without limitation referral notifications, authorizations, pre-certifications, eligibility verifications, claims status inquiries, claims submission and payment activities; and

WHEREAS, the parties to this agreement will be sharing such information through a number of media, including without limitation electronically through ALLWAYS HEALTH PARTNERS's internet application known as ALLWAYS HEALTH PARTNERSnet.

NOW THEREFORE, the parties, intending to be legally bound, agree as follows:

#### 1. DEFINITIONS

1.1 "Authorized Employees" shall mean Contractor's employees with a need to know Protected Information and who have been authorized by Contractor to have access to Protected Information.

1.2 "Business Associate" shall mean a person or entity (other than an employee of Contractor) that performs, or assists in the performance of a function or activity involving the use or disclosure of Protected Information, including without limitation claims processing or administration, data analysis, processing or administration, billing, or practice management, or a person or entity (other than an employee of Contractor) that provides legal, actuarial, accounting, consulting, management, administrative, or financial services to or for Contractor, where the provision of the service involves the disclosure of Protected Information.

1.3 "Protected Information" shall mean information obtained from ALLWAYS HEALTH PARTNERS, whether oral or recorded in any form or medium, that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual, including demographic information collected from an individual, which information either identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual. Protected Information shall also include but not

be limited to (whether or not specifically designated as "confidential" by ALLWAYS HEALTH PARTNERS) enrollment information, claims data, demographic data and any and all patient specific information and rate information or specific utilization information relating to clinical practices. Protected Information shall not include the information described in this section 1.3 if Contractor has independently created or gathered such information.

1.4 "User" shall mean those Authorized Employees who have executed a User Agreement, a copy of which is attached as Exhibit A, and been permitted electronic access to Protected Information by Contractor.

## 2. CONFIDENTIALITY AND SECURITY

2.1 Maintaining Confidentiality of Protected Information. Contractor shall not, without the prior written consent of ALLWAYS HEALTH PARTNERS, or unless pursuant to section 2.6 hereof:

- i. use or access any Protected Information except (i) in the conduct of its business as a provider of health care and as necessary to administer and implement a provider agreement between Contractor and ALLWAYS HEALTH PARTNERS or (ii) as a Business Associate of a health care provider for the proper management and administration of the Business Associate, and as provided herein; or
- ii. disclose any portion of the Protected Information to any persons or entities other than to Contractor's Authorized Employees or Business Associates, as provided herein.

2.2 Confidentiality Safeguards. Contractor shall use its best efforts, including employment of all reasonable safeguards, to prevent (i) any reasonably anticipated threats or hazards to the security or integrity of the Protected Information and to protect such information against unauthorized use or disclosure, and (ii) any use, access or disclosure of the Protected Information not authorized by this Agreement or by law. Such safeguards shall include, but not be limited to

- i. limiting Authorized Employees to those having a need to know such information,
- ii. limiting the number of Authorized Employees and Users,
- iii. ensuring that access to such information of any Authorized Employee who is no longer employed by Contractor is terminated immediately upon his or her departure.
- iv. ensuring that Authorized Employees understand the obligations of Contractor under this Agreement.
- v. establishing a discipline policy for breach of confidentiality,
- vi. instituting appropriate password controls for Users,
- vii. immediately notifying ALLWAYS HEALTH PARTNERS in the event Contractor has knowledge that any employee or agent has breached this Agreement or the User Agreement.

Contractor shall immediately notify ALLWAYS HEALTH PARTNERS of the identity of such individuals, the nature of the breach, and the action taken by Contractor.

2.3 Security Standards. Contractor shall use its best reasonable efforts to implement security procedures that are reasonably sufficient to ensure that all transmissions of Protected Information are authorized and protected from improper access, tampering or unauthorized disclosure. Such security procedures shall include administrative procedures, physical security measures, technical security mechanisms and technical security services that are reasonably feasible and necessary to secure the



Protected Information from any reasonably anticipated threats or hazards to the security or integrity of the Protected Information and to protect such information against unauthorized use or disclosure.

At a minimum, such procedures will include the following:

- i. Contractor will obtain a signed User Agreement for each User, in the form attached hereto as Exhibit A, which must be received by ALLWAYS HEALTH PARTNERS before electronic access to Protected Information will be authorized
  - ii. Contractor will use reasonable efforts to ensure that each User understands that he or she must access only his or her account using their own log-on password
  - iii. Contractor will use reasonable efforts to ensure that Users will not share their log-on password and will keep their password secret
  - iv. Contractor will run anti-virus software to prevent the input or uploading of any viruses or other disabling or malicious code capable of disrupting or disabling computer hardware or software.
  - v. Contractor will establish procedures to prevent unauthorized disclosure of Protected Information.
- In addition to the foregoing, Contractor shall implement the following administrative procedures and physical safeguards to protect the integrity, confidentiality and availability of Protected Information:

- (i) Procedures to assure reasonable supervision of personnel with access to Protected Information.
- (ii) Procedures to clear personnel for access to Protected Information.
- (iii) Procedures for reporting and responding to security violations.
- (iv) Procedures for sanctioning employees who do not observe security procedures.
- (v) Procedures to be followed on the termination, resignation, or reassignment of Authorized Employees with access to Protected Information.
- (vi) Physical access controls, including need-to-know procedures
- (vii) Authorization controls designed to assure that only Authorized Employees have access to Protected Information.

ALLWAYS HEALTH PARTNERS has developed a list of security and confidentiality "best practices", attached hereto as Exhibit B, which Contractor may use to develop confidentiality and security procedures.

**2.4 Return or Destruction of Protected Information.** Protected Information shall remain the property of ALLWAYS HEALTH PARTNERS and shall, at ALLWAYS HEALTH PARTNERS's request (which may be at any time), if feasible and to the extent such Protected Information remains in existence, be returned forthwith to ALLWAYS HEALTH PARTNERS or be destroyed if so directed by ALLWAYS HEALTH PARTNERS together with all copies made by Contractor and by anyone to whom such Protected Information has been made available by Contractor. Upon request, Contractor shall provide to ALLWAYS HEALTH PARTNERS a certificate as to the return or destruction of such Protected Information by Contractor. Notwithstanding any provision in this Agreement to the contrary, Contractor may destroy or discard Protected Information in the ordinary course of business and Contractor shall not be required to maintain such Protected Information unless specifically instructed to do so by ALLWAYS HEALTH PARTNERS.

**2.5 Compliance with Policy and Laws.** Contractor agrees to comply with all applicable and effective state and federal regulatory and statutory requirements related to the confidentiality of Protected Information, including but not limited to, the Massachusetts privacy statute (M.G.L. ch. 214 § 1B) or the comparable applicable state privacy law in the state in which Contractor's medical

practice is located (or, for a Business Associate, the state in which its provider client's medical practice is located), and the federal Health Insurance Portability and Accountability Act ("HIPAA") and related final regulations as they may be amended from time to time.

2.6 Required Disclosure. Notwithstanding the foregoing, if Contractor is requested or required in a judicial, administrative or governmental proceeding or is otherwise required by state or federal statute or regulation to disclose any Protected Information, Contractor will notify ALLWAYS HEALTH PARTNERS as promptly as practicable so that ALLWAYS HEALTH PARTNERS may either seek an appropriate protective order or waive the provisions of this Agreement. If ALLWAYS HEALTH PARTNERS promptly seeks and is unable to obtain a protective order or waiver, and Contractor, in the opinion of its counsel, is required to disclose Protected Information in any court, governmental agency or tribunal or else stand liable for contempt under penalty, Contractor may disclose such Protected Information without liability hereunder.

2.7 Costs. Contractor, at its own expense, shall provide and maintain the personnel, equipment, software, services and testing necessary to effectively and reliably implement the confidentiality and security standards contemplated by this Agreement. Contractor shall be responsible for all equipment necessary to maintain the security of Protected Information, including hardware, software and telecommunication services.

2.8 Certification. Contractor shall upon request certify to ALLWAYS HEALTH PARTNERS that it complies with the terms of this Privacy and Security Agreement, which may be in the form of self-certification.

2.9 Business Associates.

(i) Direct access. If Contractor engages any Business Associates, and such Business Associate has a need to know and will have access to Protected Information directly from ALLWAYS HEALTH PARTNERS, then such Business Associate will be required to execute a Privacy and Security Agreement with ALLWAYS HEALTH PARTNERS prior to being given such access.

(ii) Other. If Contractor engages any other Business Associates who have a need to know and will have access to Protected Information from Contractor, then Contractor shall be responsible for obtaining the written agreement of such Business Associates that they will comply with the terms of this Privacy and Security Agreement and with the terms of HIPAA (as defined below) to the same extent as if they were covered entities.

2.10 Effect of Prior Agreements. The parties may have previously entered into a confidentiality agreement with respect to the Protected Information or other ALLWAYS HEALTH PARTNERS confidential information. Such agreements shall continue in full force and effect, provided, however, that to the extent the terms of such previous agreement conflict with this Agreement as to the Protected Information, the terms of this Agreement will govern.

### 3.0 MISCELLANEOUS TERMS

3.1 Term and Termination. The term of this Agreement shall commence upon the Effective Date and shall continue until Contractor no longer receives Protected Information from ALLWAYS HEALTH PARTNERS ("Term"). ALLWAYS HEALTH PARTNERS shall have the right to stop providing Protected Information at any time. Any termination will not alter the rights or duties of the parties with respect to Protected Information received before the effective date of the termination, which such obligations will survive the termination of this Agreement.

3.2 Severability. Any provision of this Agreement which is determined to be invalid or unenforceable will be ineffective to the extent of such determination without invalidating the

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remaining provisions of this Agreement or affecting the validity or enforceability of such remaining provisions.

3.3 Entire Agreement. This Agreement constitutes the complete agreement of the parties relating to the matters specified in this Agreement and, except as otherwise provided herein, supersedes all prior representations or agreements, whether oral or written, with respect to such matters. This Agreement may be amended only by a written instrument signed by ALWAYS HEALTH PARTNERS and Contractor. Notwithstanding the foregoing, ALWAYS HEALTH PARTNERS may unilaterally amend this Agreement as reasonably necessary to comply with applicable law (including, without limitation, HIPAA) upon thirty (30) days prior written notice to Contractor, provided that Contractor may terminate this Agreement upon written notice to ALWAYS HEALTH PARTNERS if it objects to such amendment. This Agreement is for the benefit of, and shall be binding upon, the parties and their respective successors and assigns.

3.4 Governing Laws. This Agreement shall be governed by and interpreted in accordance with the laws of the state in which Contractor's medical practice is located (or, for a Business Associate, the state in which its provider client's medical practice is located).

3.5 Specific Performance. The parties hereby agree and affirm that the subject matter of this Agreement is unique, and that it may be impossible to measure the damages which would result to ALWAYS HEALTH PARTNERS from violations by Contractor of the agreements set forth herein. Accordingly, in addition to any other remedies which ALWAYS HEALTH PARTNERS may have at law or in equity, the parties hereby agree that ALWAYS HEALTH PARTNERS shall have the right to have all obligations and other provisions of this Agreement specifically performed by the Contractor, as applicable, and that ALWAYS HEALTH PARTNERS shall have the right to seek preliminary and permanent injunctive relief to secure specific performance, and to prevent a breach or contemplated breach, of this Agreement, without, in any case, proof of actual damages.

3.6 Audit ALWAYS HEALTH PARTNERS shall have the right, at its own expense, to conduct an audit of Contractor at any time during normal working hours upon reasonable notice to Contractor to determine if Contractor is in compliance with the terms of this Agreement. Said audit shall not include any review by ALWAYS HEALTH PARTNERS of Contractor's confidential patient information or any other proprietary information of Contractor.

4. Disclaimer of Warranties. Contractor agrees that Contractor's access and use of Protected Information, ALWAYS HEALTH PARTNERS's websites, and ALWAYS HEALTH PARTNERS's website contractor's service is at Contractor's sole risk and acknowledges that the Protected Information, the site, and the service, including, without limitation, any links thereon, are provided "as is" and that ALWAYS HEALTH PARTNERS's website contractor and ALWAYS HEALTH PARTNERS make no warranty of any kind, express or implied, as to the Protected Information, the site or the service, including, without limitation, merchantability, noninfringement, title or fitness for a particular purpose or use, provided that ALWAYS HEALTH PARTNERS will not knowingly retain information on its website that is inaccurate, false, misleading or incomplete and ALWAYS HEALTH PARTNERS will make all necessary amendments to Protected Information upon discovery of same in accordance with the final HIPAA regulations.

5. Limitation of Liability.

To the full extent allowed by applicable law, in no event will ALWAYS HEALTH PARTNERS or its website contractor, and its or their directors, officers and employees, affiliates, subsidiaries, successors and assigns, and third-party agents' have any liability for any damages arising from or

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relating to this agreement or Contractor's use of the site, the service and any Protected Information except for damages arising solely from gross negligence or willful misconduct.

IN WITNESS WHEREOF, the parties or their authorized representatives have caused this Agreement to be executed under seal as of the Effective Date.

ALLWAYS HEALTH PARTNERS

By: \_\_\_\_\_

(Contractor's Signature)

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

## Appendix E – Reject Reason Codes

ANSI Loop/ Segment	Description	Error Code - Description
2000F/ HCR03	Reject Reason Code	41 – Authorization Access Restrictions (Requires PCP Authorization)
AAA03	Reject Reason Code	15 – Required Application Data Missing 33 – Input Errors 52 – Service dates not within Provider Enrollment 57 – Invalid or missing dates of service 60- Date of Birth Follows Date(s) of Service 61 - Date of Death Precedes Date(s) of Service 62 - Date of Service Not Within Allowable AA – Authorization Number Not Found AG- invalid/Missing Procedure Code(s) T5 – Certification Information Missing
AAA04		C – Correct and resubmit N – Do not resubmit

- **The codes listed above are the valid reject reason codes used by ALLWAYS HEALTH PARTNERS to respond to a request. Not all AAA codes are valid for each Loop and Segment. Refer to the Implementation Guide for details.**

## Appendix F - DMA Codes

### New Standard Procedure Codes to Replace Local Codes

Under HIPAA, providers are required to submit referral/ authorization requests with the *standard* code set that is in effect on the date of service. ALWAYS HEALTH PARTNERS will reject transactions that are submitted with *non-standard* (local) procedure codes or with codes that are not valid for the date of service.

Provided as a separate document: **Companion Guide DMA Codes**

## Appendix G – Valid Service Types by Category Code

Following are valid Service Types for Specialty Requests (UM01 = ‘SC’)

ANSI Service Type Code	Description
3	Allergy
71	Audiology
3	Cardiology
3	Cardiothoracic Surgery
76	Dialysis
86	Emergency Room (Authorization Not Required. ALLWAYS HEALTH PARTNERS requests notification.)
3	Endocrinology
3	Gastroenterology
3	Genitourinary
3	Hematology and Oncology
3	Immunology
3	Infectious Diseases
3	Neonatology
3	Nephrology
3	Neurology
3	Neurosurgery
3	Oncology
3	Ophthalmology
AL	Optometry
3	Orthopedics
77	Otolaryngology
AE	Physiatry
3	Pulmonology
3	Rheumatology
3	Surgery
3	Urology
3	Vascular Surgery

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Following are valid Service Types for Admission Review Requests (UM01 = 'AR')

<b>ANSI Service Type Code</b>	<b>Description</b>
1	General Medicine (Member is 21 years old or older)
69	Obstetrics
1	Pediatrics (Member is less than 21 years of age)
AB	Rehabilitation
65	Sick Newborn
AG	Skilled Nursing Facility
2	Surgery
53	Surgical Day Care
70	Transplant (Inpatient)



**Appendix H – Services that do not require Referral/ Prior Authorization**

Abortion Service performed in a free standing facility
Ambulance (Emergency Only)
Bone Scan
CAT Scan
Chemotherapy
Chiropractic Services (20 Visits)
Colonoscopy
ECG/ EEG/ EKG
Diagnostic Test
Early Intervention Visit
Emergency Room Visit
Eye Exam (Routine Only)
Endoscopy
Family Planning Services
Gynecology Specialty Services
Hearing Exam (Routine Only)
Labor and Delivery Outpatient Visit
Laboratory Services
Mammography
MRI
Nuclear Studies
Prenatal Care
Pulmonary Function Test
Radiation Therapy
Radiology Services (Except for those requiring anesthesia)
Sigmoidoscopy
Stress Test
Ultrasound
Urgent Care Visit (if at a member’s designated Urgent Care site)

- Do not send a 278 Request for Services outlined in the above table. If a request is submitted for one of the aforementioned services, ALLWAYS HEALTH PARTNERS will return HCR01 = ‘NA’ on the 278 Response.

## Appendix I – Services Not Accepted via EDI

Services Types that ALLWAYS HEALTH PARTNERS cannot process via EDI and for which ALLWAYS HEALTH PARTNERS requests that the provider contact ALLWAYS HEALTH PARTNERS directly. If a 278 Request is submitted for services in the following two tables, ALLWAYS HEALTH PARTNERS will return HCR01 = ‘CT’ on the 278 Response. To expedite the request, contact ALLWAYS HEALTH PARTNERS directly. Do not submit a request for these services via EDI.

Adult Day Health
Adult Foster Care
Benefit Exception Requests
Cardiac Rehabilitative
Chiropractic Services (after the first 20 visits)
Developmental Evaluation Requests
Emergency Dental
Failure to Thrive
Home Nutritional Services
Home Maker
Infertility-related Visit
In-vitro Fertilization
Lead Clinic
Nutrition (performed outside of Primary Care Office)
Observation
Oral Surgery
Orthotics
Personal Care Assistance
Plastic Surgery
Urgent Care (not delivered by delegated Primary Care)

In addition, the following services cannot be processed via EDI as of the release of this document but will be accepted by ALLWAYS HEALTH PARTNERS at a later date.

Durable Medical Equipment
Disposable Medical Supplies
Home Health Aid
Home Infusion
Home Occupational Therapy
Home Physical Therapy
Home Skilled Nursing Visit
Home Speech Therapy
Hospice
Occupational Therapy (Outpatient)
Oxygen Therapy
Physical Therapy (Outpatient)

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Podiatry
Private Duty Nursing
Prosthetics
Pulmonary Therapy
Radiology requests involving anesthesia
Respiratory Inhalation Therapy
Speech Therapy Outpatient
Transplants (Outpatient)

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**Appendix J – ALLWAYS HEALTH PARTNERS-Specific 278 Map**

Provided as a separate file: **278 Companion Guide – Appendix J**