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**Harvard Pilgrim Health Plan**

HIPAA Transaction  
Standard Companion Guide (278, 005010X217)

**Refers to the Technical Report Type 3 Based on x12 version 005010E1**

Companion Guide Version Number: 1.4.3

General Business

**Preface**

This Companion Guide to the ASC X12N Technical Report Type 3 adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Harvard Pilgrim Health Plan. Transmissions based on this companion guide, used in tandem with the X12N Technical Report Type 3, are compliant with both X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Technical Report Type 3 adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Technical Report Type 3.

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## 1 INTRODUCTION

### Overview

The Health Insurance Portability and Accountability Act–Administration Simplification (HIPAA-AS) requires Harvard Pilgrim Health Care (HPHC) and all other covered entities to comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services.

The primary focus of this document is to clarify specific segments and data elements that should be submitted to Harvard Pilgrim Health Care on the 278 Services Review – Information Review and certain information that will be included on the 278 Services Review Information Response Transaction. This guide supplements (but does not contradict) requirements in the ASC X12N 278 (version 005010X217E1) implementation. This information should be given to the provider's business area to ensure that Services Review Information Responses are interpreted correctly.

There are three parts to this guide:

- The first part includes Sections 1-4 which details the technical requirements necessary to transmit EDI information with Harvard Pilgrim Health Care, and general information on setting up the trading partner relationship.
- The second part, Sections 5 and 6, details data requirements specific to HPHC for processing the 278.
- The third part contains the Tables and Appendices that show the segments and elements affected, code listings, and examples of the X12 data for the 278.

### References

- The ASC X12N 278 (version 005010X217E1) Implementation Guide for Health Care Eligibility Benefit Inquiry and Response has been established as the standard for eligibility transactions and is available at <http://www.wpc-edi.com/HIPAA>.
- Harvard Pilgrim Health Care is certified by the Council for Affordable Quality Healthcare [CAQH] to meet the Committee for Operating Rules for information Exchange [CORE] requirements for this transaction. Additional information is located at <http://www.caqh.org>
- Harvard Pilgrim Health Care's Web site containing documentation on e-transactions for providers is located at <https://www.harvardpilgrim.org/provider/>.

### **Technical Requirements**

Harvard Pilgrim Health Care supports the 278 ASC X12N version 005010X217 for health care claim status inquiries and responses. Providers wishing to receive the 278 must support this version. We employ real time transactions only.

Real Time 278 transactions have a single ST/SE loop, one. Typical turnaround time is under 10 seconds during which the portal connection is held open.

### **Trading Partner Registration and Agreement**

Documents important to the setup of new EDI partnerships are detailed below:

- EDI Trade Partner Agreement – Defines requirements for the secure use, transmission, and storage of protected information exchanged between the payer and trading partners.
- EDI Enrollment Form – A survey of Trading Partner information, identifiers, desired EDI transactions, and requested e-channels. This information is used to set up new Trading Partners for EDI or to edit existing information.
- NOTE: Billing agents complete this form only when electing to use the File Transfer Agent via HPHConnect e-channel: Identification of Third-Party Representative Form – Required for billing services, clearinghouses and intermediaries. This form defines the relationship between provider and third party and gives authorization to send/retrieve data on behalf of provider.

## 2 TESTING

### Creating a Test File

Trading partners will need to create multiple 278s for testing purposes as part of their test plan. In order to receive a 278 response, Test files should contain a minimum of 10 requests, with at least two of each type of request that the trading partner typically uses. E.g. Admission, outpatient, and physician referral.

### Ramp Management

Harvard Pilgrim Health Care employs the Edifecs Ramp Management software tool for trading partner self-testing. Trading partners are provided with a user name and password in order to access the Web site and upload test files for automatic verification.

### Test Plan

Harvard Pilgrim Health Care provides the trading partner a test plan specific to their organization before testing begins. Two successful and unique submissions are required in Ramp Management for a pass to the second stage of testing. Successful tests are defined as passing validation in Ramp Management and completing a round-trip submission and response through the chosen e-channel for the two successful and unique transactions validated in Ramp Management.

HPHC provides support for testing Monday -Friday 8:30 AM to 5:00 PM EST.

## 3 CONNECTING AND COMMUNICATING

### e-Channels

Harvard Pilgrim Health Care provides three options for submission of production 278s. Sending these transactions directly eliminates the need for an intermediary and is offered to providers at no cost per transaction. Our preferred e-channels are:

- **New England Healthcare Exchange Network (NEHEN)** – <http://www.nehen.org>
- **NEHENNet** - <http://www.nehennet.org> A consortium of the six largest payer organizations in Massachusetts that has created an affordable, Web-based, single gateway for essential electronic transactions.
- **CSOAP (Simple Object Access Protocol)** - Harvard Pilgrim Health Care supports the use of HTTP SOAP + WSDL envelope standards as identified in CAQH CORE Phase II Connectivity standards (<http://www.caqh.org>).

The following is a list of technical standards and versions for the HTTP MIME Multipart envelope and eligibility payload:

- HTTP Version 1.1
- CSOAP Version 1.2
- TLS version 1.2

- Health Care Services Review — Request for Review and Response Version 005010X217E2

Provider needs a HPHC-issue X12 client certificate to connect to HPHC over HTTPs.

- The HPHC WSDL for Core4 SOAP transactions are:

Production: <https://b2b.harvardpilgrim.org/caqhcoreV4?wsdl>

Provider Testing: <https://b2bu.hphc.org/prvtst/caqhcoreV4?wsdl>

- Harvard Pilgrim Health Care provides certificates to use in place of a user ID and password for SOAP upon completion of enrollment process.
- Message specifications for CSOAP:

Envelope Element	Specification
Payload Type	005010X217
Processing Mode	RealTime
Sender ID	ISA06 value as assigned by HPHC
Receiver ID	HPHC0001
CORE Rule Version	4.0.0
Certificate Version	X509

## Security

Maintaining the confidentiality of personal health information continues to be one of Harvard Pilgrim Health Care's guiding principles. HPHC has a strict confidentiality policy for safeguarding patient, employee, and health plan information. All staff is required to comply with HPHC's policy on the confidentiality of member personal and clinical information to ensure that it is treated in a confidential and respectful manner. This policy permits use or disclosure of members' medical or personal information only as necessary to conduct required business, care management, approved research or quality assurance or measurement activities, or when authorized to do so by a member or as required by law.

To comply with internal policies as well as the provisions of the Health Insurance Portability and Accountability Act (HIPAA), HPHC 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

These requirements are detailed in the Privacy and Security Agreement presented to HPHC's electronic trading partners during our initial discussions. HPHC offers a variety of solutions to transmit protected health information (PHI) using a public network. In

accordance with Harvard Pilgrim Health Care Policy and the HIPAA Security Rule, any PHI transmitted using a public network must be encrypted. Web-based applications are configured to use secure socket layer security software capabilities, and only a browser with support for 128-bit high encryption is acceptable under this policy.

Harvard Pilgrim Health Care's policy requires that the HPHC Information Security Officer approve the use of any encryption technology prior to its implementation.

## 4 CONTACT INFORMATION

### EDI Services

If the answers to questions you have are not found in this Companion Guide, contact the Harvard Pilgrim EDI team:

**Phone:**

*Toll Free:* 800-708-4414 (option 1, then option 3)

**Email:** [edi\\_team@point32health.org](mailto:edi_team@point32health.org)

**Web site:** <https://www.harvardpilgrim.org/provider/>

### Provider Service Center

If you have questions regarding a pended referral/authorization, contact the Harvard Pilgrim Provider Service Center:

**Phone:** 800-708-4414

### Health Plan Products, Programs, Policies and Procedures

The online Provider Manual represents up-to-date information on Harvard Pilgrim Health Care products, programs, policies and procedures. Information found online may differ from your print version.

**Web site:** <https://www.harvardpilgrim.org/provider/provider-manual/>



## 5 HPHC BUSINESS RULES AND LIMITATIONS

### Envelope Identifiers

Harvard Pilgrim Health Care supplies each submitting provider with the Submitter and Sender Identifiers for the envelope elements as a part of the setup process.

- The Interchange Receiver ID (ISA08) is HPHC0001 and the Application Receiver ID (GS03) is HPHC0001B

### Simple File Structure

There should be one request per ST/SE transaction.

### Extended Character Set

Harvard Pilgrim Health Care accepts all of the basic and extended character sets as defined in the X12 T3 guide.

### Member Identification Numbers

In accordance with the Technical Report Type 3 Guide, section 1.3.2, use “one subscriber loop (Loop 2000C) if the subscriber is the patient” or “if the dependent is the patient and has a unique member ID.” All Harvard Pilgrim Health Care members are considered subscribers.

Complete Harvard Pilgrim Health Care member IDs, including suffix, are 11-character alphanumeric values, (e.g. **HP123456700**). The last two digits [(e.g., **00**)] represent the member suffix. If a member ID is sent without the two digit suffix, we attempt to match members using the exact last name, date of birth, and partial first name.

**Note:** Member IDs should not include hyphens or spaces.

For trading partners that want to verify member or subscriber IDs, Harvard Pilgrim Health care recommends the use of the 270 Benefit Inquiry transaction.

### Third Party Authorization Services

Authorizations for certain services are managed through arrangements with third-party entities. Requests for authorizations for these services must be directed to the entity managing those specialty services.

Services	Entity	Contact Information
All behavioral health for dates of service before 11/1/2023	Optum Health Behavioral Services	Optum Health Behavioral Services, Harvard Pilgrim's Behavioral Health Access Center 888-777-4742
All behavioral health for dates of service after 11/1/2023	Harvard Pilgrim Health Care	(800)708-4414, select option 1, then option 7
MRI	Evolent (formerly National Imaging Associates, Inc./NIA)	On-line at <a href="http://www.radmd.com">www.radmd.com</a> or contact Evolent by phone at 800-642-7543
CT	Evolent (formerly National Imaging Associates, Inc./NIA)	
Spine Management	Evolent (formerly National Imaging Associates, Inc./NIA)	
Sleep Study	Care Core National LLC (CCN)	Phone at 888-511-0401

### Products Not Supported by Harvard Pilgrim Health Care

Referral or authorization requests for Healthplans Inc. [HPI] or joint venture with United Healthcare – Choice, Choice Plus, or Options products must be directed to the respective payers

For United Healthcare's related policies and procedures, please go to <http://www.harvardpilgrim.org> or call 800-708-4414, option 2.

### Receiving a “Pended” Response

When a response 278 is received indicating that a request is Pended, trading partners wishing to receive additional status updates will need to perform a 278 Inquiry. No additional updates on the Pended response will be automatically transmitted.

### Level of Service

Emergency and urgent requests must be submitted no more than two (2) business days after the date of service. Elective service requests with a Start Date of Service prior to the current date will return Not Certified as “Denied for Failure to Notify.” Failure to comply with Harvard Pilgrim Health Care authorization requirements will

result in an administrative denial of the claim payment. Members cannot be held liable for claims denied for failure to meet these requirements.

Elective request must be submitted prior to the start date of service.

### Initial Request

Before creating an initial request 278, have all information readily available for entering the transaction:

- Verify patient eligibility
- Check referral or authorization status to see if a request has already been submitted for the service
- Verify servicing provider
- Diagnosis code(s)
- Procedure code(s), if applicable
- Other service-specific information, if applicable

Harvard Pilgrim Health Care's Referral, Notification and Authorization Policies can be found online at our public website: <https://www.harvardpilgrim.org/provider/wp-content/uploads/sites/7/2020/07/D-1-REFERRAL-POLICY-PM.pdf>

### Initial Request Response

Error messages will be returned indicating corrections required Verify patient eligibility. If there are no errors, the returned status will be described by one of the codes below:

Action Code	Request
A1 – Certified in total	Finalized.
A3 – Not certified	Finalized; the service on the record has not been authorized.
A4 – Pended	Not finalized; subject to Harvard Pilgrim review
A6 – Modified	Service approved, but with changes. Number of days/visits, date range, or procedure, etc. may be different. This service may be considered for payment
NA – No Action Required	Finalized; certification not required, e.g. a self-referral

- Harvard Pilgrim does not use the following certification action codes:

Action Code	Request
A2 – Certified/partial	Harvard Pilgrim uses A6 – Modified
CT – Contact Payer	

### Revision Request

There are some general restrictions to the use of Revision Requests:

- Only the initial requestor can edit a transaction
- Only Certified in Total, and in certain cases Modified transactions can be edited
- No changes can be made to the type of request, the patient or the service requested

The following edits can be made prior to the Start Date of Service:

- Servicing Provider(s)
- Diagnosis Code – add or change
- Procedure Code – add or change
- Start Date – new Start Date may not be prior to current date
- End Date – may not be more than 364 days from Start Date (initial or revised)
- Units – add or reduce

The following edits can be made after the Start Date but prior to the End Date:

- Diagnosis Code – add or change
- Procedure Code – add or change
- End Date – may not be prior to current date
- Units – add or reduce

Some data cannot be modified on any transactions. To change the following items, submit a Cancel Request and submit a new Initial Request:

- Patient
- Requesting provider
- Type of request (UM01 – Request Category Code)
- Requested service (UM03 – Service Type Code)
- Level of Service (UM06)

### **Cancel Request**

If an authorization or referral request has been sent, but the requestor has no more need for it, the requestor or the servicing provider can cancel a transaction. This applies to certified, modified, and pended transactions, however a request cannot be canceled after the end date of the initial request.

### **Service Specific Requests**

#### **Specialty Care Review (UM01 = SC)**

- Includes: Consultation, Physician Visit – Office: Sick, Physician Visit – Office: Well, Surgical Assistance, Second or Third Surgical Opinion, Dental Accident, and Vision (Optometry).
- Note – Chiropractic services are submitted as a Health Services Request not Specialty Care Review.

<b>Specialist Visit Requests</b>	
Requesting Provider	Only a member's PCP or a covering PCP from the same referral circle or care unit can refer a member to a specialist.
Servicing Provider – 1 Per Transaction	Only one (1) servicing provider is required for a specialty care service request.  Include procedure code and quantity if the servicing provider is not contracted with Harvard Pilgrim.
Standing Referrals	Standing referrals may be requested for no more than 364 days.
Visit Requests	Identify the number of visit(s) requested.
Pended Transaction	The most common reasons why transactions pend are: <ul style="list-style-type: none"> <li>• The servicing provider is not contracted with Harvard Pilgrim.</li> <li>• The requesting provider cannot be matched to a Harvard Pilgrim provider enrollment.</li> <li>• The servicing provider cannot be matched to a Harvard Pilgrim provider enrollment.</li> </ul>

**Health Services Review (UM01 = HS)**

- Includes: Outpatient rehabilitative therapies (Cardiac, Physical, Occupational, Speech, etc.), chiropractic services, diagnostic services excluding MRI/CT or sleep studies, home care services, outpatient surgical services, outpatient medical services (Chemotherapy, Radiation Therapy), and durable medical equipment

<b>Rehabilitative Therapies – OT, PT, and ST</b>	
Requesting Provider	Only providers with specialties listed can submit request: Occupational Therapist Physical Therapist Speech Therapist Acute Care Facility Skilled Nursing Facility Rehabilitation Facility
Servicing Provider – 1 Per Transaction	Only providers with specialties listed can be the servicing provider in a request: Occupational Therapist Physical Therapist Speech Therapist Acute Care Facility Skilled Nursing Facility Rehabilitation Facility

<b>Rehabilitative Therapies – OT, PT, and ST</b>	
Initial Requests	Commercial initial requests for PT and OT will approve as Modified transaction and assign 25 visits, regardless of condition. Payment is submitted to available benefits.
Pended Transaction	The most common reasons why transactions pend are: <ul style="list-style-type: none"> <li>• Request for additional information – includes Harvard Pilgrim contract to direct additional information when submitted</li> <li>• All subsequent requests for services that are submitted in the calendar year pend for review</li> <li>• The servicing provider is not contracted with Harvard Pilgrim.</li> </ul>
Transaction Revisions/Edits	Edits to count of visits are not supported.

<b>Surgical Day Care/Outpatient Surgery</b>	
Requesting Provider	The requesting provider may be: <ul style="list-style-type: none"> <li>• The member's PCP</li> <li>• Specialist</li> <li>• Facility</li> </ul>
Servicing Provider – 1 Per Transaction	The servicing provider may be: <ul style="list-style-type: none"> <li>• Specialist</li> <li>• Facility</li> </ul>
Procedure Code	At least one is required; up to 12 can be submitted <ul style="list-style-type: none"> <li>• Surgical – a CPT surgical procedure code</li> <li>• Oral surgery – an appropriate CPT or HCPCS procedure code</li> </ul>
Location	Required. Use Place of Service Code “Outpatient Hospital” or “Ambulatory Surgical Center”
Units	Units should be one (1) day.
Pended Transaction	Surgical day care transaction pend for review when: <ul style="list-style-type: none"> <li>• The service requires prior authorization</li> <li>• The servicing provider is non-contracted and the patient is a Harvard Pilgrim HMO member.</li> </ul>

<b>Home Health Care – Home Health, Hospice, Home Infusion</b>	
Requesting Provider	Any Harvard Pilgrim contracted provider
Servicing Provider – 2 Per Transaction	Two servicing providers are required on home care transactions.

<b>Home Health Care – Home Health, Hospice, Home Infusion</b>	
	<ul style="list-style-type: none"> <li>• First servicing provider – the home care agency</li> <li>• Second servicing provider – a clinician, either a PCP or specialist provider</li> </ul> <p>Hospice services require only one (1) servicing provider – the home care agency or acute care facility.</p>
Prognosis Code	Prognosis code (CR601). (Not required on Hospice transactions.)
Procedure Code	<p>At least one procedure code is required; multiple can be submitted. Procedure codes include revenue codes as identified in the provider contract. Include all that are indicated on the physician's orders and the quantity of visits for each.</p> <p>The sum of the requested quantity for each procedure code must equal the total requested visits in HSD02.</p>
Quantity	Include the total number of visits expected for all disciplines – skilled nursing, therapies, etc., for the duration of time period requested
End Date of Service	Must be in the same calendar year as the start date.
Universal Home Health Authorization (UHHA) Form	<p>Enter clinical information instead of submitting the UHHA form in the MSG segment:</p> <ul style="list-style-type: none"> <li>• 225 characters maximum</li> <li>• Enter letters and/or numbers only</li> <li>• Do not use punctuation marks or other keyboard characters</li> </ul>
Home Infusion	<p>Clinical information to support the home infusion request may be submitted in the MSG segment:</p> <ul style="list-style-type: none"> <li>• 225 characters maximum</li> <li>• Enter letters and/or numbers only</li> <li>• Do not use punctuation marks or other keyboard characters</li> </ul>
Location	Location is required for Hospice services.
Initial Requests	<p>On requests that auto-approve, the system will auto-assign a date that's 60 days after the requested start date. Initial requests for skilled nursing, physical therapy, or occupational therapy provided in the home will automatically approve only for the exact number of visits requested.</p> <ul style="list-style-type: none"> <li>• Up to an initial total of 40 visits</li> <li>• To be used over 60 days The request will auto-approve, provided that:</li> </ul>

<b>Home Health Care – Home Health, Hospice, Home Infusion</b>	
	<ul style="list-style-type: none"> <li>• It is the member's initial authorization for home care.</li> <li>• The only services requested are skilled nursing, PT or OT (or any combination of these).</li> <li>• The total visit count does not exceed 40 visits.</li> <li>• Requests for services that require medical necessity review will pend</li> </ul>
Pended Transaction	<p>Home care transaction requests will pend for review and require additional information if:</p> <ul style="list-style-type: none"> <li>• The member's PCP belongs to HVMA</li> <li>• The initial request is for more than a total of 40 visits</li> <li>• Extensions of approved home care transactions exceed 40 total visits</li> <li>• The transaction contains one or more procedures other than those for nursing (0551, 0552, 0559, 99601, 99602, 9445, S9098), PT (S9131) and OT (S9129)</li> <li>• There is another home care transaction in the system containing dates of service in the same year as the transaction being entered</li> </ul>
Transaction Revisions/Edits	<p>Edits to existing approved transactions for nursing, PT or OT services will be approved as requested for up to a total of 40 visits.</p> <p>Before the Start Date the following additional edits can be made:</p> <ul style="list-style-type: none"> <li>• Prognosis code</li> <li>• Medicare indicator</li> <li>• Patient location code</li> <li>• Last admission period</li> <li>• Physician contact date</li> </ul> <p>After the Start Date but prior to the End Date Units may only be added not reduced.</p>

<b>Durable Medical Equipment (DME)</b>	
Requesting Provider	Any Harvard Pilgrim contracted provider.
Servicing Provider – 2 Per Transaction	<p>Two servicing providers are required:</p> <ul style="list-style-type: none"> <li>• PCP</li> <li>• Specialist</li> <li>• Facility</li> <li>• DME vendor</li> <li>• Home care agency</li> </ul>
Location	Location is required.



**Admission Review (UM01 = AR)**

Includes: Inpatient acute care hospital, inpatient rehabilitation service and inpatient skilled nursing care.

<b>Inpatient Acute Care Hospital Admission</b>	
Requesting Provider	<p>Elective inpatient admission:</p> <ul style="list-style-type: none"> <li>• Facility</li> <li>• The Member's PCP</li> <li>• Specialist</li> </ul> <p>Urgent or Emergency admissions:</p> <ul style="list-style-type: none"> <li>• Facility</li> <li>• The Member's PCP</li> </ul>
Servicing Provider – 2 Per Transaction	<p>Two servicing providers are required on admission transactions.</p> <ul style="list-style-type: none"> <li>• First servicing provider – the facility</li> <li>• Second servicing provider – a clinician, either the Member's PCP or a specialist provider</li> </ul>
Procedure Code	<p>A procedure code is required for inpatient surgical or inpatient oral surgical procedures. At least one is required; up to 12 can be submitted</p> <ul style="list-style-type: none"> <li>• Surgical – a CPT surgical procedure code</li> <li>• Oral surgery – an appropriate CPT or HCPCS procedure code</li> </ul>
Initial Requests	<p>For elective admission services request authorization at least one week prior to the date of service/admission.</p> <p>Transactions requiring notification only (no medical necessity review) will return default of 4 Days as quantity approved.</p>
Pended Transaction	<p>Inpatient acute day care transaction pend for review when:</p> <ul style="list-style-type: none"> <li>• The service requires prior authorization</li> <li>• The servicing provider is non-contracted and the patient is a Harvard Pilgrim HMO member.</li> </ul> <p>When a transaction pends for review, the Harvard Pilgrim review updates the service request to reflect the final status, "Certified in Total" or "Not Certified", within two (2) business days of receiving all information needed to complete the review.</p>

Transaction Revisions/Edits	Only “Certified in Total” transactions can be edited. Level of service may be revised before the Start Date. Day unit count and End Date cannot be edited.
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**Inpatient Rehabilitation Admission**

Requesting Provider	The requesting provider may be: <ul style="list-style-type: none"> <li>• The member’s PCP</li> <li>• Specialist</li> <li>• Facility</li> </ul>
Servicing Provider – 2 Per Transaction	Two servicing providers are required on admission transactions. <ul style="list-style-type: none"> <li>• First servicing provider – the facility</li> <li>• Second servicing provider – a clinician, either the Member’s PCP or a specialist provider</li> </ul>
End Date	Expected discharge date.
Units	The number of days requested.
Pended Transaction	All rehabilitation facility admission transactions pend for review, both initial and revision requests.  When a transaction pends for review, the Harvard Pilgrim review updates the service request to reflect the final status, “Certified in Total” or “Not Certified”, within two (2) business days of receiving all information needed to complete the review.
Transaction Revisions/Edits	Only “Certified in Total” and “Modified” transactions can be edited. Level of service may be revised before the Start Date. End Date may be revised to date not prior to current date and not more than one year from Start Date.

**Skilled Nursing Facility Admission**

Requesting Provider	The requesting provider may be: <ul style="list-style-type: none"> <li>• The member’s PCP</li> <li>• Specialist</li> <li>• Facility</li> </ul>
Servicing Provider – 2 Per Transaction	Two servicing providers are required on admission transactions. <ul style="list-style-type: none"> <li>• First servicing provider – the facility</li> <li>• Second servicing provider – a clinician, either the Member’s PCP or a specialist provider</li> </ul>
End Date	Expected discharge date.
Units	The number of days requested.

<b>Skilled Nursing Facility Admission</b>	
Nursing Home Residential Status	Nursing home residential status must be submitted.
Pended Transaction	<p>All skilled nursing facility admission transactions pend for review, both initial and revision requests.</p> <p>When a transaction pends for review, the Harvard Pilgrim review updates the service request to reflect the final status, “Certified in Total” or “Not Certified”, within two (2) business days of receiving all information needed to complete the review.</p>
Transaction Revisions/Edits	Only “Certified in Total” and “Modified” transactions can be edited. Level of Service and Nursing Home Residential Status may be revised before the Start Date. End Date may be revised to date not prior to current date and not more than one year from Start Date.

### Frequently Asked Questions

1. *Why is my request pending with MSG\*Pended for review of NPI(ReqP) ?*

Answer: The requesting provider cannot be matched to a Harvard Pilgrim provider enrollment.

Resolution: Contact the Provider Service Center to confirm provider location and organization to complete the request.

2. *Why is my request pending with MSG\*Pended for review of NPI(SvcP) ?*

Answer: The servicing provider cannot be matched to a Harvard Pilgrim provider enrollment.

Resolution: Contact the Provider Service Center to confirm provider location and organization to complete the request.

## 6 ACKNOWLEDGEMENTS AND REPORTING

Harvard Pilgrim Health Care issues the following reports to indicate the acceptance or rejection of files.

### 999 - Acknowledgment for Health Care Insurance

Harvard Pilgrim Health Care supports the Acknowledgement for Health Care Insurance (999), and uses it as an acknowledgement of the incoming 278 batch file. No 999s are sent for real time submissions of 278 transaction. HPHC returns the 999 as it begins processing the 278 batch file. For this reason, there is a delay between receipt of the

claim status request file and return of the 999 transaction. The submitter should review the 999 to verify that the file is accepted. If the 999 report states a failure, the entire file will not be processed. If the 999 report states a particular ST/SE loop has failed, the remainder of the file will still be processed

## 7 TABLES

### 278 Request for Review

Loop ID	Segment Type	Segment Designator	Element ID	Data Element	HPHC Business Rule
Header	ISA	Interchange Control Header			
			05	Interchange ID Qualifier	Expected Value: <b>ZZ</b>
			06	Interchange Sender ID	See Section 5, HPHC Business Rules and Limitations on page 9
			07	Interchange ID Qualifier	Expected Value: <b>ZZ</b>
			08	Interchange Rx ID	HPHC0001
			16	Component Element Separator	Expected value: “:”
Header	GS	Functional Group Header			
			02	Application Sender's Code	See Section 5, HPHC Business Rules and Limitations on page 9
			03	Application Receiver's Code	See Section 5, HPHC Business Rules and Limitations on page 9
Header	BHT	Beginning of Hierarchical Transaction			
			06	Transaction Type Code	Not expected to be received. Reservations are treated as requests
2010A	NM1	Utilization Management Organization Name			
			01	Entity ID Code	Expected Value: <b>X3</b>

			03	Organization Name	Expected Value: <b>HARVARD PILGRIM HEALTH CARE</b>
			08	Identification Code Qualifier	PI
			09	Identification Code	HPHC0001
2010B	REF	Requester Supplemental Identification			
			01	Reference Identification Qualifier	Optional: N5
			02	Reference Identification	Optional: Clinician Harvard Pilgrim ID. Reduces likelihood of pended status for Requesting Provider
			01	Reference Identification Qualifier	N7
			02	Reference Identification	Optional: Facility Harvard Pilgrim ID. Reduces likelihood of pended status for Requesting Provider
			01	Reference Identification Qualifier	EI
			02	Reference Identification	Optional: Provider Tax ID. Reduces likelihood of pended status for Requesting Provider
	N3	Requester Address			Recommended to reduce likelihood of pended status for Requesting Provider
	N4	Requester City, State, Zip Code			Recommended to reduce likelihood of pended status for Requesting Provider

2000D	HL	Dependent Level			Not expected. See Section 5 Business Rules and Limitations – Member Identification Numbers
2000E	UM	Health Care Services Review			
			01	Request Category Code	Expected Values: AR, HS and SC
			02	Certification Type Code	Use S – Revised for all appeal, extension, reconsideration and renewal requests
			06	Level of Service Code	See Level of Service description Section 5 Business Rules and Limitations
			09	Release of Information	Expected value: <b>Y</b>
	REF	Previous Review Authorization Number			
			02	Previous Review Authorization Number	Expected when UM02 value is C or S
	HI	Patient Diagnosis			
			01-2	Diagnosis Code	At least 1 diagnosis code must be submitted in any request
	HSD	Health Care Services Delivery			
			01	Quantity Qualifier	Expected values: <b>DY</b> or <b>VS</b>
			02	Quantity	Must equal sum of units in SV104, SV205 and SV306 if submitted.
	MSG	Message Text			
			01	Free-Form Message Text	May be used to send UHHA, Home Infusion or applicable clinical information.

	NM1	Patient Event Provider Name			See Section 5 Business Rules and Limitations – Service Type details for Servicing Provider Order when 2 Servicing Providers Required
	N3	Patient Event Provider Address			Recommended to reduce likelihood of pended status for Servicing Provider
	N4	Patient Event City, State, Zip Code			Recommended to reduce likelihood of pended status for Servicing Provider
	PER	Patient Event Provider Contact Information			Recommended for Admission Review and Health Services Review requests that pend for additional information
2000F	SV2	Institutional Service Line			
			01	Service Line Revenue Code	Required when Home Care services are identified by Revenue Code per provider contract.
	SV3	Dental Service			Use CPT or HCPCS in SV1 for Oral Surgery procedures.
2010F	N3	Service Provider Address			Recommended to reduce likelihood of pended status for Servicing Provider if Service Provider sent
	N4	Service Provider City, State, Zip Code			Recommended to reduce likelihood of pended status for Servicing Provider if Service Provider sent

**278 Response**

Loop ID	Segment Type	Segment Designator	Element ID	Data Element	HPHC Business Rule
2000E	HCR	Health Care Services Review			
			01	Action Code	A1, A3, A4, A6, C and NA returned
	HSD	Health Care Services Delivery			
			01	Quantity Qualifier	Response for Inpatient Notification (no medical necessity review) will default to DY
			02	Quantity	Response for Inpatient Notification (no medical necessity review) will default to 4
	MSG	Message Text			
			01	Free-form Message Text	Additional detail describing reason for Pended, Modified or Denied transaction.



## 8 APPENDICES

### A. Sample 278 Specialist Referral and Response

ISA\*00\*        \*00\*        \*ZZ\*SUBMITTERID    \*ZZ\*HPHC0001  
 \*151229\*1441\*^\*00501\*000069448\*0\*P\*;  
 GS\*HI\*00000001R\*HPHC0001B\*20151229\*1441\*69448\*X\*005010X217  
 ST\*278\*0001\*005010X217  
 BHT\*0007\*13\*13811441\*20151229\*0000  
 HL\*1\*\*20\*1  
 NM1\*X3\*2\*HARVARD PILGRIM HEALTH CARE\*\*\*\*\*PI\*NEHEN0003  
 HL\*2\*1\*21\*1  
 NM1\*1P\*1\*SMITH\*JANE\*\*\*\*\*XX\*1558605775  
 REF\*N5\*AA99999  
 N3\*411 WAVERLEY OAKS RD BLDG 3 STE 302  
 N4\*WALTHAM\*MA\*02452  
 PER\*IC\*NANCY\*TE\*7818916666  
 HL\*3\*2\*22\*1  
 NM1\*IL\*1\*JONES\*TRIP\*\*\*\*\*MI\*HP987654321  
 N3\*19 SCITUATE ST  
 N4\*ARLINGTON\*MA\*024760000  
 DMG\*D8\*19861012\*M  
 HL\*4\*3\*EV\*1  
 TRN\*1\*99JFOMXHRVZEENB2C89G23YWA\*1621809643  
 UM\*SC\*I\*3\*\*\*E\*\*\*Y  
 DTP\*AAH\*RD8\*20160106-20160706  
 HI\*ABK:J342  
 HSD\*VS\*6  
 NM1\*SJ\*1\*JONES\*PETER\*\*\*\*\*XX\*1884200522  
 N3\*C/O EYE & EAR INFIRMARY\*23 BAXTER ST  
 N4\*BOSTON\*MA\*02114  
 PER\*IC\*STAFF\*TE\*6175732222  
 SE\*26\*0001  
 GE\*1\*69448  
 IEA\*1\*000069448

ISA\*00\*        \*00\*        \*ZZ\*HPHC0001        \*ZZ\*SUBMITTERID  
 \*151229\*1642\*^\*00501\*000455702\*0\*P\*;  
 GS\*HI\*HPHC0001B\*00000001R\*20151229\*1642\*455702\*X\*005010X217  
 ST\*278\*455702\*005010X217  
 BHT\*0007\*11\*13811441\*20151229\*0000\*18  
 HL\*1\*\*20\*1  
 NM1\*X3\*2\*HARVARD PILGRIM HEALTH CARE\*\*\*\*\*PI\*NEHEN0003  
 HL\*2\*1\*21\*1  
 NM1\*1P\*1\*SMITH\*JANE\*\*\*\*\*XX\*1558605775  
 HL\*3\*2\*22\*1  
 NM1\*IL\*1\*JONES\*TRIP\*\*\*\*\*MI\*HP987654321  
 N3\*19 SCITUATE ST  
 N4\*ARLINGTON\*MA\*024760000  
 DMG\*D8\*19861012\*M

HL\*4\*3\*EV\*1  
 TRN\*1\*99JFOMXHRVZEENB2C89G23YWA\*1621809643  
 UM\*SC\*I\*3\*\*\*E\*\*\*Y  
 HCR\*A1\*PHD89901  
 DTP\*AAH\*RD8\*20160106-20160706  
 HI\*ABK:J342  
 HSD\*VS\*6  
 MSG\*Transaction approved  
 NM1\*SJ\*1\*JONES\*PETER\*\*\*\*XX\*1884200522  
 N3\*C/O EYE & EAR INFIRMARY\*23 BAXTER ST  
 N4\*BOSTON\*MA\*02114  
 PER\*IC\*STAFF\*TE\*6175732222  
 SE\*24\*455702  
 GE\*1\*455702  
 IEA\*1\*000455702

#### B. Sample 278 Surgical Day Care and Response

ISA\*00\*        \*00\*        \*ZZ\*SUBMITTERID    \*ZZ\*HPHC0001  
 \*151217\*0721\*^\*00501\*000063959\*0\*P\*:  
 GS\*HI\*00000001R\*HPHC0001B\*20151217\*0721\*63959\*X\*005010X217  
 ST\*278\*0001\*005010X217  
 BHT\*0007\*13\*13067504\*20151217\*0000  
 HL\*1\*\*20\*1  
 NM1\*X3\*2\*HARVARD PILGRIM HEALTH CARE\*\*\*\*\*PI\*NEHEN0003  
 HL\*2\*1\*21\*1  
 NM1\*FA\*2\*OUTPATIENT HOSPITAL\*\*\*\*\*XX\*1389200522  
 REF\*N7\*901543  
 N3\*189 HIGH ST  
 N4\*WORCESTER\*MA\*01602  
 PER\*IC\*STAFF\*TE\*5084715555  
 HL\*3\*2\*22\*1  
 NM1\*IL\*1\*JAMES\*MARY\*\*\*\*\*MI\*HP123456789  
 N3\*89 BOXWOOD ST  
 N4\*UXBRIDGE\*MA\*015690000  
 DMG\*D8\*19910504\*F  
 HL\*4\*3\*EV\*0  
 TRN\*1\*ET6GXP26F7P0E01H9NJCDG6R6\*1621809643  
 UM\*HS\*I\*2\*22:B\*\*\*\*\*Y  
 DTP\*AAH\*D8\*20160212  
 HI\*ABK:G710  
 HSD\*VS\*20  
 NM1\*FA\*2\*OUTPATIENT HOSPITAL\*\*\*\*\*XX\*1389200522  
 N3\*189 HIGH ST  
 N4\*WORCESTER\*MA\*01602  
 PER\*IC\*STAFF\*TE\*5084715555  
 HL\*5\*4\*SS\*0  
 DTP\*472\*D8\*20160212  
 SV1\*HC:11310\*\*DY\*1  
 SE\*29\*0001

GE\*1\*63959  
IEA\*1\*000063959

ISA\*00\* \*00\* \*ZZ\*HPHC0001 \*ZZ\*SUBMITTERID  
\*160208\*1330\*^\*00501\*000512476\*0\*P\*:  
GS\*HI\*HPHC0001B\*00000001R\*20160208\*1330\*512476\*X\*005010X217  
ST\*278\*512476\*005010X217  
BHT\*0007\*11\*16905729\*20160208\*0000\*18  
HL\*1\*\*20\*1  
NM1\*X3\*2\*HARVARD PILGRIM HEALTH CARE\*\*\*\*\*PI\*NEHEN0003  
HL\*2\*1\*21\*1  
NM1\*FA\*2\*OUTPATIENT HOSPITAL\*\*\*\*\*XX\*1389200522  
HL\*3\*2\*22\*1  
NM1\*IL\*1\*JAMES\*MARY\*\*\*\*\*MI\*HP123456789  
N3\*89 BOXWOOD ST  
N4\*UXBRIDGE\*MA\*015690000  
DMG\*D8\*19910504\*F  
HL\*4\*3\*EV\*0  
TRN\*1\*1NB7EHQTW3L87LVP0YGB6DKB\*1621809643  
UM\*HS\*I\*2\*22:B\*\*\*\*\*Y  
HCR\*A1\*PHA62550  
DTP\*AAH\*D8\*20160212  
HI\*ABK:S82142D  
HSD\*VS\*25  
MSG\*Transaction approved  
NM1\*FA\*2\*OUTPATIENT HOSPITAL\*\*\*\*\*XX\*1389200522  
N3\*189 HIGH ST  
N4\*WORCESTER\*MA\*01602  
PER\*IC\*STAFF\*TE\*5084715555  
HL\*5\*4\*SS\*0  
DTP\*472\*D8\*20160212  
SV1\*HC:11310\*\*DY\*1  
SE\*27\*512476  
GE\*1\*512476  
IEA\*1\*000512476

### C. Sample 278 Home Care and Response

ISA\*00\* \*00\* \*ZZ\*SUBMITTERID \*ZZ\*HPHC0001  
\*151015\*1149\*^\*00501\*000040483\*0\*P\*:  
GS\*HI\*SUBITTERX\*HPHC0001B\*20151015\*1149\*40483\*X\*005010X217  
ST\*278\*0001\*005010X217  
BHT\*0007\*13\*8947764\*20151015\*0000  
HL\*1\*\*20\*1  
NM1\*X3\*2\*HARVARD PILGRIM HEALTH CARE\*\*\*\*\*PI\*NEHEN0003  
HL\*2\*1\*21\*1  
NM1\*FA\*2\*HOME CARE AGENCY\*\*\*\*\*XX\*1087472584  
N3\*7000 PEABODY ST  
N4\*SALEM\*NH\*030793925  
PER\*IC\*STAFF\*TE\*6036823333

HL\*3\*2\*22\*1  
 NM1\*IL\*1\*BRADY\*ALICE\*\*\*\*MI\*HP987612345  
 N3\*47 EAST AVE  
 N4\*SALEM\*NH\*030790000  
 DMG\*D8\*19801001\*F  
 HL\*4\*3\*EV\*1  
 TRN\*1\*2W3I8WXHZTP2LRT1BK1PB5GWO\*1621809643  
 UM\*HS\*I\*42\*\*\*\*\*Y  
 DTP\*AAH\*RD8\*20151016-20151115  
 HI\*ABK:Z471\*ABF:Z96653  
 HSD\*VS\*40  
 CR6\*4\*20151016\*\*\*\*\*W\*I  
 NM1\*FA\*2\*HOME CARE AGENCY\*\*\*\*\*XX\*1087472584  
 N3\*7000 PEABODY ST  
 N4\*SALEM\*NH\*030793925  
 PER\*IC\*STAFF\*TE\*6036823333  
 NM1\*SJ\*1\*ARRON\*HENRY\*\*\*\*\*XX\*1592182899  
 N3\*75 DUCK ST  
 N4\*BOSTON\*MA\*021156110  
 PER\*IC\*ADMISSIONS\*TE\*6037778888  
 HL\*5\*4\*SS\*0  
 DTP\*472\*RD8\*20151016-20151115  
 SV2\*0551\*\*\*UN\*16  
 HL\*6\*4\*SS\*0  
 DTP\*472\*RD8\*20151016-20151115  
 SV1\*HC:S9131\*\*UN\*24  
 SE\*36\*0001  
 GE\*1\*40483  
 IEA\*1\*000040483  
  
 ISA\*00\*        \*00\*        \*ZZ\*HPHC0001        \*ZZ\*NEHEN001  
 \*151029\*1649\*^\*00501\*000000031\*1\*P\*;  
 GS\*HI\*HPHC0001B\*00000007R\*20151029\*1649\*1\*X\*005010X215  
 ST\*278\*0001\*005010X215  
 BHT\*0083\*49\*10499595\*20151029\*1649\*RD  
 HL\*1\*\*20\*1  
 NM1\*X3\*2\*HARVARD PILGRIM HEALTH CARE\*\*\*\*\*PI\*HPHC0001  
 HL\*2\*1\*21\*1  
 NM1\*1P\*1\*BALCOMB\*INGRID\*\*\*\*\*XX\*1275519340  
 REF\*EI\*134336187  
 N3\*131 ORNAC\*STE. 830  
 N4\*CONCORD\*MA\*01742  
 HL\*3\*2\*22\*1  
 NM1\*IL\*1\*NAMERY\*\*\*\*\*MI\*HP030471501  
 DMG\*D8\*19620710  
 HL\*4\*3\*EV\*1  
 UM\*HS\*I\*62  
 HCR\*A1\*PHO40175  
 DTP\*AAH\*RD8\*20151020-20151119  
 HI\*ABF:R69

HSD\*FL\*1  
 MSG\*Transaction approved MRI BREAST (See Payment Policy)  
 NM1\*DN\*2\*\*INGRID\*\*\*\*XX\*1275519340  
 NM1\*SJ\*2\*HOSPITAL\*EMERSON\*\*\*\*XX\*1922103357  
 HL\*5\*4\*SS\*0  
 SV1\*HC:77058\*\*\*1  
 SE\*24\*0001  
 GE\*1\*1  
 IEA\*1\*000000031

#### D. Sample 278 Admission and Response

ISA\*00\* \*00\* \*ZZ\*SUBMITTERID \*ZZ\*HPHC0001  
 \*151019\*1212\*^\*00501\*000041501\*0\*P\*;  
 GS\*HI\*SUBITTERN\*HPHC0001B\*20151019\*1212\*41501\*X\*005010X217  
 ST\*278\*0001\*005010X217  
 BHT\*0007\*13\*9247441\*20151019\*0000  
 HL\*1\*\*20\*1  
 NM1\*X3\*2\*HARVARD PILGRIM HEALTH CARE\*\*\*\*\*PI\*NEHEN0003  
 HL\*2\*1\*21\*1  
 NM1\*FA\*2\*INPATIENT HOSPITAL\*\*\*\*\*XX\*1247350985  
 N3\*22 LINCOLN ST  
 N4\*TAUNTON\*MA\*027802465  
 PER\*IC\*JANE\*TE\*7818844444  
 HL\*3\*2\*22\*1  
 NM1\*IL\*1\*CLEAVER\*WALLY\*B\*\*\*MI\*HP123459876  
 N3\*285 TREMONT ST  
 N4\*SALEM\*MA\*027800000  
 DMG\*D8\*19630812\*M  
 HL\*4\*3\*EV\*0  
 TRN\*1\*8GVMZPCSF63V8XQX1QNOWHOXH\*1621809643  
 UM\*AR\*I\*1\*\*\*03\*\*\*Y  
 DTP\*435\*D8\*20151018  
 DTP\*096\*D8\*20151025  
 HI\*ABK:R531  
 HSD\*VS\*1  
 NM1\*FA\*2\*INPATIENT HOSPITAL\*\*\*\*\*XX\*1247350985  
 N3\*22 LINCOLN ST  
 N4\*TAUNTON\*MA\*027802465  
 PER\*IC\*JANE\*TE\*7818844444  
 NM1\*SJ\*1\*IRIS\*AUBURN\*\*\*\*XX\*1707476663  
 N3\*283 LOWLAND AVE  
 N4\*FALL RIVER\*MA\*027203703  
 PER\*IC\*UR DEPT\*TE\*5087774444  
 SE\*30\*0001  
 GE\*1\*41501  
 IEA\*1\*000041501

ISA\*00\* \*00\* \*ZZ\*HPHC0001 \*ZZ\*SUBMITTERID  
 \*151019\*1413\*^\*00501\*000427880\*0\*P\*;

GS\*HI\*HPHC0001B\*SUBITTERN\*20151019\*1413\*427880\*X\*005010X217  
 ST\*278\*427880\*005010X217  
 BHT\*0007\*11\*9247441\*20151019\*0000\*18  
 HL\*1\*\*20\*1  
 NM1\*X3\*2\*HARVARD PILGRIM HEALTH CARE\*\*\*\*\*PI\*NEHEN0003  
 HL\*2\*1\*21\*1  
 NM1\*FA\*2\*INPATIENT HOSPITAL\*\*\*\*\*XX\*1247350985  
 HL\*3\*2\*22\*1  
 NM1\*IL\*1\*CLEAVER\*WALLY\*B\*\*\*MI\*HP123459876  
 N3\*285 TREMONT ST  
 N4\*SALEM\*MA\*027800000  
 DMG\*D8\*19630812\*M  
 HL\*4\*3\*EV\*0  
 TRN\*1\*8GVMZPCSF63V8XQX1QNOWHOXH\*1621809643  
 UM\*AR\*I\*1\*\*\*03\*\*\*Y  
 HCR\*A1\*PHBO3974  
 DTP\*435\*D8\*20151018  
 DTP\*096\*D8\*20151025  
 HI\*ABK:R531  
 HSD\*DY\*4  
 MSG\*Transaction approved  
 NM1\*FA\*2\*INPATIENT HOSPITAL\*\*\*\*\*XX\*1247350985  
 N3\*22 LINCOLN ST  
 N4\*TAUNTON\*MA\*027802465  
 PER\*IC\*JANE\*TE\*7818844444  
 NM1\*SJ\*1\*IRIS\*AUBURN\*\*\*\*\*XX\*1707476663  
 N3\*283 LOWLAND AVE  
 N4\*FALL RIVER\*MA\*027203703  
 PER\*IC\*UR DEPT\*TE\*5087774444  
 SE\*29\*427880  
 GE\*1\*427880  
 IEA\*1\*000427880

#### E. Sample 278 Edit – Speech Therapy and Response

ISA\*00\*        \*00\*        \*ZZ\*SUBMITTERID    \*ZZ\*HPHC0001  
 \*151016\*1349\*^\*00501\*000041033\*0\*P\*:  
 GS\*HI\*SUBITTERA\*HPHC0001B\*20151016\*1349\*41033\*X\*005010X217  
 ST\*278\*0001\*005010X217  
 BHT\*0007\*13\*9033702\*20151016\*0000  
 HL\*1\*\*20\*1  
 NM1\*X3\*2\*HARVARD PILGRIM HEALTH CARE\*\*\*\*\*PI\*NEHEN0003  
 HL\*2\*1\*21\*1  
 NM1\*1P\*1\*THERAPIES\*NORTH SHORE\*\*\*\*\*XX\*1974100163  
 N3\*SPEECH THERAPY\*6 BAILEY PKWY STE 963  
 N4\*WEYMOUTH\*MA\*021893137  
 PER\*IC\*ADMIT\*TE\*7813337777  
 HL\*3\*2\*22\*1  
 NM1\*IL\*1\*BOURNNE\*JASON\*M\*\*\*MI\*HP666666666  
 N3\*95 EAGLE RD

N4\*MARSHFIELD\*MA\*020500000  
 DMG\*D8\*20040713\*FM  
 HL\*4\*3\*EV\*0  
 TRN\*1\*CLAVGYW0JRBLXWZLQPURZV0X\*1621809643  
 UM\*HS\*S\*AF\*\*\*E\*\*\*Y  
 REF\*BB\*PHA60381  
 DTP\*AAH\*RD8\*20150128-20160127  
 HI\*BK:29900  
 HSD\*VS\*82  
 NM1\*1P\*1\*THERAPIES\*NORTH SHORE\*\*\*\*XX\*1974100163  
 N3\*SPEECH THERAPY\*6 BAILEY PKWY STE 963  
 N4\*WEYMOUTH\*MA\*021893137  
 SE\*25\*0001  
 GE\*1\*41033  
 IEA\*1\*000041033  
  
 ISA\*00\*        \*00\*        \*ZZ\*HPHC0001        \*ZZ\*SUBMITTERID  
 \*151016\*1549\*^\*00501\*000427412\*0\*P\*:  
 GS\*HI\*HPHC0001B\*SUBITTERA\*20151016\*1549\*427412\*X\*005010X217  
 ST\*278\*427412\*005010X217  
 BHT\*0007\*11\*9033702\*20151016\*0000\*18  
 HL\*1\*\*20\*1  
 NM1\*X3\*2\*HARVARD PILGRIM HEALTH CARE\*\*\*\*\*PI\*NEHEN0003  
 HL\*2\*1\*21\*1  
 NM1\*1P\*1\*THERAPIES\*NORTH SHORE\*\*\*\*XX\*1974100163  
 HL\*3\*2\*22\*1  
 NM1\*IL\*1\*BOURNNE\*JASON\*M\*\*\*MI\*HP666666666  
 N3\*95 EAGLE RD  
 N4\*MARSHFIELD\*MA\*020500000  
 DMG\*D8\*20040713\*FM  
 HL\*4\*3\*EV\*0  
 TRN\*1\*CLAVGYW0JRBLXWZLQPURZV0X\*1621809643  
 UM\*HS\*S\*AF\*\*\*E\*\*\*Y  
 HCR\*A4\*PHA60381\*90  
 REF\*BB\*PHM60381  
 DTP\*AAH\*RD8\*20150128-20160127  
 HI\*BK:29900  
 HSD\*VS\*72  
 MSG\*Fax pertinent clinical notes and completed Functional Therapies Service Request form to 800-232-0816  
 NM1\*1P\*1\*THERAPIES\*NORTH SHORE\*\*\*\*XX\*1974100163  
 N3\*SPEECH THERAPY\*6 BAILEY PKWY STE 963  
 N4\*WEYMOUTH\*MA\*021893137  
 SE\*24\*427412  
 GE\*1\*427412  
 IEA\*1\*000427412

**F. Sample 278 Cancel – Ambulatory Surgery and Response**

ISA\*00\* \*00\* \*ZZ\*SUBMITTERID \*ZZ\*HPHC0001  
 \*160627\*1120\*^\*00501\*000309195\*0\*P\*;  
 GS\*HI\*000000099\*HPHC0001B\*20160627\*1120\*309195\*X\*005010X217  
 ST\*278\*0001\*005010X217  
 BHT\*0007\*13\*25931390\*20160627\*0000  
 HL\*1\*\*20\*1  
 NM1\*X3\*2\*HARVARD PILGRIM HEALTH CARE\*\*\*\*\*PI\*NEHEN0003  
 HL\*2\*1\*21\*1  
 NM1\*FA\*2\*HOSPITAL FACILITY\*\*\*\*\*XX\*1146220845  
 N3\*523 HOSTA ST  
 N4\*LEXINGTON\*MA\*02420  
 PER\*IC\*STAFF\*TE\*6174449999  
 HL\*3\*2\*22\*1  
 NM1\*IL\*1\*MITCHUM\*ROBERT\*X\*\*\*MI\*HPP88888888  
 N3\*17 ROBBIN RD  
 N4\*BILLERICA\*MA\*018210000  
 DMG\*D8\*19750810\*M  
 HL\*4\*3\*EV\*1  
 TRN\*1\*2V7QRMXH8QVUKN15YT2CVPV1K\*1621809643  
 UM\*HS\*3\*2\*\*\*E\*\*\*Y  
 REF\*BB\*PHD86684  
 DTP\*AAH\*RD8\*20160624-20160721  
 HI\*ABK:I83893  
 HSD\*DY\*1  
 MSG\*USER1 06/27/16 11|20 TRANSACTION PENDED  
 NM1\*SJ\*1\*MARKS\*PAUL\*\*\*\*\*XX\*1213139653  
 N3\*55 FRANCIS ST STE 20  
 N4\*BOSTON\*MA\*02215  
 HL\*5\*4\*SS\*0  
 DTP\*472\*RD8\*20160624-20160721  
 SV1\*HC:37766\*\*UN\*1  
 SE\*29\*0001  
 GE\*1\*309195  
 IEA\*1\*000309195

ISA\*00\* \*00\* \*ZZ\*HPHC0001 \*ZZ\*SUBMITTERID  
 \*160627\*1320\*^\*00501\*000693579\*0\*P\*;  
 GS\*HI\*HPHC0001B\*000000099\*20160627\*1320\*693579\*X\*005010X217  
 ST\*278\*693579\*005010X217  
 BHT\*0007\*11\*25931390\*20160627\*0000\*18  
 HL\*1\*\*20\*1  
 NM1\*X3\*2\*HARVARD PILGRIM HEALTH CARE\*\*\*\*\*PI\*NEHEN0003  
 HL\*2\*1\*21\*1  
 NM1\*FA\*2\*HOSPITAL FACILITY\*\*\*\*\*XX\*1146220845  
 HL\*3\*2\*22\*1  
 NM1\*IL\*1\*MITCHUM\*ROBERT\*X\*\*\*MI\*HPP88888888  
 N3\*17 ROBBIN RD  
 N4\*BILLERICA\*MA\*018210000



DMG\*D8\*19750810\*M  
HL\*4\*3\*EV\*1  
TRN\*1\*2V7QRMXH8QVUKN15YT2CVPV1K\*1621809643  
UM\*HS\*3\*2\*\*\*E  
HCR\*C\*PHD86684  
REF\*BB\*PHD86684  
DTP\*AAH\*RD8\*20160624-20160721  
HI\*ABK:I83893  
HSD\*DY\*1  
MSG\*Transaction voided/cancelled  
NM1\*SJ\*1\*MARKS\*PAUL\*\*\*\*XX\*1213139653  
N3\*55 FRANCIS ST STE 20  
N4\*BOSTON\*MA\*02215  
HL\*5\*4\*SS\*0  
DTP\*472\*RD8\*20160624-20160721  
SV1\*HC:37766\*\*UN\*1  
SE\*27\*693579  
GE\*1\*693579  
IEA\*1\*000693579

#### **G. Revision History**

Version 1.6 – 12/05/2024

Removed fax number

Version 1.5 – 09/24/2024

Effective 10/1/2024 provider\_callcenter@point32health.org is no longer in use.

Version 1.4 – 06/28/2024

Updated Evolvent/NIA contact information in section 5. Removed direct line

Version 1.3 – 09/12/2023

Added changes to Third Party Authorization Services in section 5

Version 1.2 – 6/15/2022

Updated URLs for Harvard Pilgrim Health Care web pages

Version 1.1 – 6/6/2022

Updated email addresses to Point32Health

Version 1 – 06/30/2016