



HIPAA Transaction Standard Companion Guide

**Refers to the Implementation Guides
Based on ASC X12 version 005010**

**278 Health Care Services Review
Request and Response for Fee for
Service**

This Companion Guide has been developed in coordination with the new Ohio Medicaid Enterprise System (OMES) and provides trading partners information needed to meet future OMES EDI requirements. Trading Partners should not use the instructions in this Companion Guide to submit production files until the official implementation of the new OMES.

Disclosure Statement

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The ODM Companion Guides do not:

- Replace the HIPAA ANSI ASC X12N Implementation Guide.
- Contain any actions that would result in a Non-Compliant Transaction.

The ODM Companion Guides are subject to change without prior notice.

Providers and Trading Partners are responsible for periodically checking for Companion Guide updates on the ODM Trading Partner website - [Trading Partners | Medicaid \(ohio.gov\)](#).

Each Medicaid Provider and/or Trading Partner has the ultimate responsibility to adhere to the HIPAA Federal Requirements as well as any Ohio State laws that are applicable including the Ohio Administrative Code (<http://codes.ohio.gov/oac/5160-1-20>).

Preface

This Companion Guide to the 5010 ASC X12N Technical Report Type 3 Implementation Guides and associated errata and addenda adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with ODM. Transmissions based on this companion guide, used in tandem with 005010 ASC X12 TR3 Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N TR3 Implementation Guides 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 TR3 Implementation Guides.

EDITOR'S NOTE:

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Table of Contents

Table of Contents	5
1 INTRODUCTION	6
1.1 SCOPE	6
1.2 OVERVIEW	7
1.3 REFERENCES	8
1.3.1 EDI Basics	8
1.3.2 Government and Other Associations	8
1.3.3 ASC X12 Standards	8
1.4 ADDITIONAL INFORMATION	8
2 GETTING STARTED	9
3 TESTING WITH THE PAYER	10
4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS.....	11
5 CONTACT INFORMATION	12
5.1 EDI CUSTOMER SERVICE	12
5.2 EDI TECHNICAL ASSISTANCE	12
6 CONTROL SEGMENTS/ENVELOPES	13
6.1 ISA-IEA.....	13
6.2.2 278 Response	16
6.3.1 278 Request.....	17
7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS	18
8 ACKNOWLEDGEMENTS AND/OR REPORTS	20
8.1 The TA1 Technical Acknowledgement	20
8.2 The 999 Implementation Acknowledgement.....	20
8.3 824 Application Advice	20
8.4 Report Inventory.....	20
9 TRADING PARTNER AGREEMENTS	21
9.1 TRADING PARTNERS	21
10 TRANSACTION SPECIFIC INFORMATION	22
10.1 278 Request	22
10.2 278 Response	24
11 APPENDICES	26
11.1 Implementation Checklist	26
11.2 Frequently Asked Questions	26
12 Change Summary.....	27

1 INTRODUCTION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that ODM has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite, and simple data elements
5. Any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with ODM

In addition to the row for each segment, one or more additional rows are used to describe ODM's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell.
195	2100C	NM109	Subscriber Primary Identifier		15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional Identification			
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P,HJ, N6		These are the only codes transmitted by ODM.
			Plan Network Identification Number	N6		This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it
218	2110C	EB	Subscriber Eligibility or Benefit Information			
231	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how to indicate a component data element in the Reference column and also, how to specify that only one code value is applicable.

1.1 SCOPE

ODM developed 5010 Companion Guides to supplement each 5010 Transaction Implementation Guide, based on Version 5, Release 1, with regards to:

- Specific Codes and/or Values that ODM will default on Outbound Transactions

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Page 6 of 27

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- Specific Codes and/or Values that are unique to ODM to accept an Inbound Transaction

ODM Companion Guides will not create a Non-Compliant Transaction

This companion guide is intended to be used in conjunction with the ASC X12N/005010X217E2 Implementation Guide (IG). It provides supplementation instructions not included in the IG that must be followed for implementation and conducting the transaction with ODM. It does not change the requirements of the IG in any way.

1.2 OVERVIEW

The Health Insurance Portability and Accountability Act (HIPAA) require all Providers, Trading Partners and Payers in the United States to comply with the Electronic Data Interchange (EDI) Standards for Health Care.

The ASC X12 HIPAA 278 Health Care Services Review Request and Response Guide presents the basic requirements for planning and implementing an EDI-based system for the exchange of ASC X12 HIPAA compliant transactions with the Ohio Medicaid Enterprise System (OMES). In order to create a HIPAA compliant transaction, you must first meet the requirements of the ASC X12 HIPAA 278 Health Care Services Review Request and Response Implementation Guide and then incorporate the ODM specific requirements.

The segments and elements used in this document are necessary for OMES for Health Care Services Review Requests and Responses.

1.3 REFERENCES

In addition to the resources available on the ODM Trading Partner Website ([Trading Partners | Medicaid \(ohio.gov\)](#)), there are other websites that contain helpful information to assist in the implementation of the electronic data interchange process. Links to these websites are listed below and are separated by category for easy reference.

1.3.1 EDI Basics

For information about EDI software and services, visit: 1EDI Source, Inc (<http://www.1edisource.com/>).

1.3.2 Government and Other Associations

- Center for Medicare and Medicaid Services (CMS): <http://www.cms.hhs.gov>
- Answers to Frequently Asked Questions: [HIPAA, Administrative Simplification, and ACA FAQs | CMS](#)
- HHS Office for Civil Rights (Privacy): <http://www.hhs.gov/ocr/hipaa/>
- WEDI SNIP: Workgroup for EDI, Strategic National Implementation Process: <http://www.wedi.org>
- CMS website for NPI: <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvidentStand>

1.3.3 ASC X12 Standards

- Washington Publishing Company: <http://www.wpc-edi.com/>
- American National Standards Institute: <http://ansi.org/>
- Accredited Standards Committee: <http://www.x12.org>

1.4 ADDITIONAL INFORMATION

For additional information, the Trading Partner Information Guide can be found here: [Trading Partners | Medicaid \(ohio.gov\)](#).

2 GETTING STARTED

To get started, the Trading Partner Information Guide, can be found here:
[Trading Partners | Medicaid \(ohio.gov\)](#).

3 TESTING WITH THE PAYER

Details related to testing are in the Trading Partner Information Guide, which can be found here: [Trading Partners | Medicaid \(ohio.gov\)](#).

4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

Connectivity information is in the Trading Partner Information Guide, which can be found here: [Trading Partners | Medicaid \(ohio.gov\)](#).

5 CONTACT INFORMATION

5.1 EDI CUSTOMER SERVICE

Days Available: Monday through Friday

Time Zone: Eastern Time (ET)

Time Available: 8:00 am to 4:30pm

Phone: 800-686-1516, option 4.

Email: omesedisupport@medicaid.ohio.gov

5.2 EDI TECHNICAL ASSISTANCE

Days Available: Monday through Friday

Time Zone: Eastern Time (ET)

Time Available: 8:00 am to 4:30pm

Phone: 800-686-1516, option 4.

Email: omesedisupport@medicaid.ohio.gov

6 CONTROL SEGMENTS/ENVELOPES

6.1 ISA-IEA

This section describes ODM's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

6.1.1 278 Request

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00		No Authorization Information Present (No
C.4		ISA03	Security Information Qualifier	00		No Security Information Present (No Meaningful Information in ISA04)
C.4		ISA05	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA06	Interchange Sender ID			7-digit Trading Partner ID assigned by ODM. This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15.
C.4		ISA07	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA08	Interchange Receiver ID	MMISODJFS 0021920 0002937 0004202 0003150 0021919 0007316 0007610 0021914		This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15. MMISODJFS = Department of Medicaid 0021920 = AmeriHealth Caritas Ohio, Inc. 0002937 = Anthem Blue Cross Blue Shield 0004202 = Buckeye Community Health Plan 0003150 = CareSource 0021919 = Humana Health Plan of Ohio, Inc. 0007316 = Molina Healthcare of Ohio 0007610 = United Healthcare Community Plan of Ohio, Inc 0021914= Aetna OhioRISE
C.5		ISA13	Interchange Control Number			Must be identical to the associated interchange control trailer IEA02

C.6		ISA14	Acknowledgment Requested	0		No Interchange Acknowledgment Requested
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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.10		IEA	Interchange Control Trailer			
C.10		IEA01	Number of Included Functional Groups			Number of included functional groups.
C.10		IEA02	Interchange Control Number			The control number assigned by the interchange sender. Must be identical to the value in ISA13.

6.1.2 278 Response

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00		No Authorization Information Present (No meaningful information in ISA02)
C.4		ISA03	Security Information Qualifier	00		No Security Information Present (No Meaningful Information in ISA04)
C.4		ISA05	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA06	Interchange Sender ID	MMISODJFS 0021920 0002937 0004202 0003150 0021919 0007316 0007610 0021914		This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15. MMISODJFS = Department of Medicaid 0021920 = AmeriHealth Caritas Ohio, Inc. 0002937 = Anthem Blue Cross Blue Shield 0004202 = Buckeye Community Health Plan 0003150 = CareSource 0021919 = Humana Health Plan of Ohio, Inc. 0007316 = Molina Healthcare of Ohio 0007610 = United Healthcare Community Plan of Ohio, Inc 0021914 = Aetna OhioRISE
C.4		ISA07	Interchange ID Qualifier	ZZ		Mutually Defined

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.4		ISA08	Interchange Receiver ID			7-digit Trading Partner ID assigned by ODM. This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15.
C.5		ISA13	Interchange Control Number			Must be identical to the associated interchange control trailer IEA02
C.6		ISA14	Acknowledgment Requested	0		No Interchange Acknowledgment Requested

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.10		IEA	Interchange Control Trailer			
C.10		IEA01	Number of Included Functional Groups			Number of included functional groups.
C.10		IEA02	Interchange Control Number			The control number assigned by the interchange sender. Must be identical to the value in ISA13.

6.2 GS-GE

This section describes ODM's use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how ODM expects functional groups to be sent and how ODM will send functional groups. These discussions will describe how similar transaction sets will be packaged and ODM's use of functional group control numbers.

6.2.1 278 Request

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS	Functional Group Header			
C.7		GS02	Application Sender's Code			7-digit Trading Partner ID assigned by ODM.
C.7		GS03	Application Receiver's Code			
C.8		GS06	Group Control Number			Must be identical to the value in GE01.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.9		GE	Functional Group Trailer			
C.9		GE01	Number of Transaction Sets Included			Number of included transaction sets.
C.9		GE02	Group Control Number			The functional group control number.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						Must be the same value as GS06

6.2.2 278 Response

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS	Functional Group Header			
C.7		GS02	Application Sender's Code			
C.7		GS03	Application Receiver's Code			7-digit Trading Partner ID assigned by ODM.
C.8		GS06	Group Control Number			Must be identical to the value in GE02

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.9		GE	Functional Group Trailer			
C.9		GE01	Number of Transaction Sets Included			Number of included transaction sets.
C.9		GE02	Group Control Number			The functional group control number. Must be the same value as GS06

6.3 ST-SE

This section describes ODM's use of transaction set control numbers. ODM limits the number of inquiries per ST-SE to 5,000.

6.3.1 278 Request

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
61		ST	Transaction Set Header			
61		ST02	Transaction Set Control Number			Identical to the value in SE02.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
200		SE	Transaction Set Trailer			
200		SE01	Number of Included Segments			Total number of segments included in a transaction set including ST and SE segments
200		SE02	Transaction Set Control Number			Transaction set control number. Identical to the value in ST02.

6.3.2 278 Response

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
209		ST	Transaction Set Header			
209		ST02	Transaction Set Control Number			Identical to the value in SE02.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
450		SE	Transaction Set Trailer			
450		SE01	Number of Included Segments			Total number of segments included in a transaction set including ST and SE segments
450		SE02	Transaction Set Control Number			Transaction set control number. Identical to the value in ST02.

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

In order to receive 278 Health Care Services Review Request and Response X12 transactions, Trading Partners must be certified by Ohio Medicaid and in active status. These details are documented in the Trading Partner Information Guide which can be found at this link - [Trading Partners | Medicaid \(ohio.gov\)](#).

For MMISODJFS, the first two (2) characters of the MSG-01 segment in the 2000E loop must contain the OH specific PA assignment types. The valid PA assignment type codes listed below are used:

- 01: Compression Garments
- 02: Decubitus Care Equipment
- 03: Dental
- 04: Dressings, Surgical
- 05: Enteral Nutrition and Supplies
- 06: Hearing Aids
- 07: Hospital Beds
- 08: Incontinence Supplies
- 09: Miscellaneous Equipment
- 10: Orthotics
- 12: Repairs
- 13: Respiratory
- 15: Speech Generating Devices
- 16: Supplies (Miscellaneous)
- 17: Therapies
- 18: Vision
- 19: Wheelchairs
- 20: Orthodontics
- 21: Transportation
- 23: PDN
- 34: Hospital Inpatient
- 35: Hospital Outpatient
- 37: Psychiatric Inpatient
- 38: Increase State Plan Home Hlth
- 39: Physician Services
- 40: Medicaid School Program
- 43: Medical Nutrition Therapy
- 44: Chiropractic/Acupuncture
- 45: Psychotherapy
- 46: Applied Behavior Analysis
- 49: Medical Services
- 50: SUD Partial Hosp Services
- 52: Services for ACT Enrollees
- 53: SUD Residential Services
- 54: Mental Health Services
- 55: Hospital OP-Behavioral Health
- 57: ASC
- 58: LABORATORY SERVICES
- 59: HOSPITAL HIGH-COST CARVE-OUT
- 60: Non-Inst High-Cost Drugs

MCE Payer IDs in 2010A NM109:

MCE	PAYER NAME (NM103)	275 1000A NM109
United Healthcare	United Healthcare Ohio Medicaid	88337
	United Healthcare Ohio Medicaid Vision	83572
	United Healthcare Ohio Medicaid Dental	83244
AmeriHealth	AmeriHealth Caritas Ohio	35374
	AmeriHealth Caritas Ohio Radiology Only	N/A
	AmeriHealth Caritas Ohio Transportation Only	42435
Aetna OhioRISE	Aetna OhioRISE	N/A
CareSource	CareSource OH Medicaid	0003150
	CareSource OH Vision	CSVIS001
	CareSource OH Dental	CSDEN001
Buckeye	Buckeye Ohio Medicaid	0004202
	Buckeye Envolve Vision	V004202
	Buckeye Envolve Dental	D004202
	Buckeye Access2Care	T004202
	Buckeye NIA	A004202
	Buckeye TurningPoint	B004202
	Buckeye NewCentury	C004202
Molina	Molina Ohio Medicaid	0007316
	Molina SkyGen	D007316
	Molina March Vision	V007316
	Molina Access2Care	T007316
	Molina Progeny	P007316
	Molina NewCenturyHealth	N007316
Humana	Humana Ohio Medicaid	61103
	Humana DentaQuest	D021919
	Humana EyeMed	V021919
	Humana Access2Care	N/A
Anthem BCBS	Anthem Medical	0002937
	Anthem EyeMed Vision	N/A
	Anthem DentaQuest Dental	D002937
	Anthem Access2Care Transportation	N/A

8 ACKNOWLEDGEMENTS AND/OR REPORTS

8.1 The TA1 Technical Acknowledgement

The TA1 allows the receiver of a file to notify the sender that an invalid interchange structure was received or that problems were encountered. The TA1 verifies only the interchange header (ISA/GS) and trailer (IEA/GE) segments of the file envelope.

For batch and real-time transactions, if ISA or GS errors were encountered then the generated TA1 report with the Interchange Header errors will be returned for pickup.

8.2 The 999 Implementation Acknowledgement

Each time a properly formatted 5010 X12 file is submitted to Ohio Medicaid, a 999 acknowledgement is returned to the submitter.

8.3 824 Application Advice

For batch transactions, the 824 application advice is used to report the rejection of a transaction that does not meet WEDI SNIP Type 7 compliance.

8.4 Report Inventory

If a 5010 X12 file fails compliance, an HTML report file is returned to the submitter. This file contains details that will assist the submitter to identify the issue and correct the problem.

9 TRADING PARTNER AGREEMENTS

9.1 TRADING PARTNERS

These details can be found in the Trading Partner Information Guide which can be found at this link - [Trading Partners | Medicaid \(ohio.gov\)](#).

10 TRANSACTION SPECIFIC INFORMATION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that ODM has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
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10.1 278 Request

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
67		BHT	Beginning of Hierarchical Transaction			
67		BHT02	Transaction Set Purpose Code			01 Cancellation 13 Request
69	2000A	HL	Utilization Management Organization (UMO)			
71	2010A	NM101	Entity Identifier Code			PR Payer
72	2010A	NM102	Entity Type Qualifier	2		2= Non-Person Entity
72	2010A	NM103	Organization Name			
73	2010A	NM108	Identification Code Qualifier	PI		PI = Payer ID
73	2010A	NM109	Identification ID			See Section 7
74	2000B	HL	Requester			
76	2010B	NM101	Entity Identifier Code	1P FA		1P = Provider FA = Facility
77	2010B	NM102	Entity Type Qualifier	1, 2		1 = Person 2= Non-Person Entity

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
77	2010B	NM108	Identification Code Qualifier	XX		XX = NPI
78	2010B	NM109	Identification Code			
89	2000C	HL	Subscriber			For Ohio Medicaid, the “insured”, “subscriber” and the “patient” are always the same person.
91	2010C	NM108	Identification Code Qualifier			MI
91	2010C	NM109	Subscriber Member Number			Medicaid Member Identification Number assigned by ODM
116	2000E	HL	Patient Event			
118	2000E	TRN	Patient Event Tracking Number			
120	2000E	UM01	Request Category Code	AR HS		AR = Admission Review Required if requesting an admission to a facility. HS = Health Services Review
121	2000E	UM02	Certification Type Code	3 I S		3 Cancel I Initial S Revised
121	2000E	UM03	Service Type Codes			Classification of Service Codes
126	2000E	UM06	Level of Service Code	03 E U		03 - Emergency E – Elective U - Urgent
203	2000E	PWK01	Report Type	77		Support Data for Verification
206	2000E	PWK02	Report Transmission Code			EL Electronically Only
206	2000E	PWK06	Identification Code			Attachment Control Number
208	2000E	MSG	Message Text			See Section 7
208	2000EA	NM1	Patient Event Provider Name			
210	2000EA	NM101	Entity Identifier Code	DK		DK Ordering Physician
211	2010EA	NM108	Identification Code Qualifier	XX		XX
212	2010EA	NM109	Patient Event Provider UD			NPI
234	2000F	HL	Service Detail			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
246	2000F	DTP	Service Date			
247	2000F	SV1	Professional Service			
247	2000F	SV101-1	Product/Service ID Qualifier	HC N4		HC – HCPCS N4 – NDC
250	2000F	SV103	Measurement Code	UN		UN - Unit
253	2000F	SV2	Institutional Service Line			Required when =AR
	2000F	SV202-1	Product/Service ID Qualifier	ZZ		ZZ – ICD-10 Code
	2000F	SV204	Measurement Code	UN		
259	2000F	SV3	Dental Service			

10.2 278 Response

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
306		BHT	Beginning of Hierarchical Transaction			
306		BHT02	Transaction Set Purpose Code			11
68		BHT06	Transaction Type Code	18, 19		18 Response - No Further Updates to Follow 19 Response - Further Updates to Follow
306	2000A	HL	Utilization Management Organization (UMO)			
308	2000A	AAA	Request Validation			
309	2000A	AAA03	Reject Reason Code			04 Authorized Quantity Exceeded 41 Authorization/Access Restrictions 42 Unable to Respond at Current Time 79 Invalid Participant Identification
309	2000A	AAA04	Follow-up Action Code			C Please Correct and Resubmit N Resubmission Not Allowed P Please Resubmit Original Transaction Y Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
310	2010A	NM101	UMO Entity Identifier Code			PR Payer
311	2010A	NM102	Entity Type Qualifier	2		2= Non-Person Entity
311	2010A	NM108	Identification Code Qualifier	PI		PI = Payer ID
312	2010A	NM109	Identification ID			See Section 7
316	2010A	AAA	UMO Requester Validation			
320	2010B	NM109	Requester Name			
325	2010B	AAA	Requester Request Validation			
331	2010C	NM109	Subscriber Name			
339	2010C	AAA	Subscriber Request Validation			
361	2000E	HL	Patient Event			
363	2000E	TRN	Patient Event Tracker Number			
365	2000E	AAA	Patient Event Request Validation			
367	2000E	UM	UM Health Care Services Review Information			
373	2000E	HRC	UM Health Care Services Review			
376	2000E	REF	Administrative Reference Number			
463	2000F	HL	Service Level			

11 APPENDICES

This section contains one or more appendices.

11.1 Implementation Checklist

See Implementation Checklist found here: [Trading Partners | Medicaid \(ohio.gov\)](#).

11.2 Frequently Asked Questions

See Trading Partner website found here: [Trading Partners | Medicaid \(ohio.gov\)](#).

12 Change Summary

This section describes the differences between the current Companion Guide and previous guide(s).

12/21/2021:

- Updated the revision number in the filename.
- Added EDI helpdesk email address to Section 5 Contact Information
- Added 0021914 = Aetna OhioRISE in ISA08 for the 278 Request and ISA06 for the 278 Response
- Removed details from GS03 for the 278 Request and GS02 for the 278 Response
- Added to 278 Request 2000E, UM02: "1 Appeal – Immediate. Used where the level of service required is emergency or urgent (UM06 must be valued)"
- Added to 278 Request 2000E, UM06

3/4/2022:

- Added MCE Payer IDs in 2010A NM109 for 278 Request and 278 Response in Section 7

3/25/2022

- Updated MCE Payer IDs in 2010A NM109 in Section 7

04/22/2022:

- Replaced DRAFT with OMES disclaimer
- Removed details from MSG-01 segment in the 2000E loop in Section 10 and placed the information in Section 7
- Created table and updated MCE Payer IDs in 2010A NM109 in Section 7

09/16/2022:

- Updated Section 7 MCE Payer ID table

09/19/2022

- Corrected Section 7 MCE Payer ID table for Buckeye

01/24/2023

- Updated EDI Support in Section 5, Contact Information.