

OptumHealth_{SM} Salt Lake County
Public Sector

**278 Health Care Services Review —
Request for Review and Response
Companion Guide Specifications
for
Salt Lake County Public Sector
Behavioral Health**

Version 0.5
June 30, 2011

Prepared by: OptumHealth Salt Lake County

Version 0.5

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1. Introduction

This Companion Guide is intended to be used in conjunction with the “National Electronic Data Interchange Transaction Set Implementation Guide” for “Health Care Services Review – Request for Review and Response” for the version “Combined May 2000 004010X096 and October 2002 004010X096A1” (this version combines the original 4010 and 4010A1 Addendum).

The information contained in this Companion Guide are specific to authorizations for service for Salt Lake County, Utah Medicaid and other locally funded Behavioral Health services for which OptumHealth Salt Lake County has been contracted to manage. Utah Health Information Network (UHIN) will act as the clearinghouse for all transactions between facilities and providers to OptumHealth Salt Lake County. Please contact UHIN at www.uhin.org or call 801-466-7705 x200. UHIN will assign a Trading Partner Number (TPN) for EDI.

2. Purpose

The purpose of this guide is to support the successful request for authorization of services and the response provided to the request via the 278 transactions. It provides the requirements for submission of requests and the data that will be provided in the response.

PLEASE NOTE: The submission of all values required within this companion guide does not guarantee authorization. All authorizations are subject to Salt Lake County and OptumHealth clinical guidelines, edits and audit processes.

3. General Guidelines

- 3.1. Information about the ISA – Interchange Control Header, GS – Function Group Header, GE – Functional Group Trailer, and IEA – Interchange Control Trailer can be found on the UHIN website.
- 3.2. Only Non-emergency and non-urgent outpatient authorization requests should be sent via the 278. Emergency, urgent, and all authorization requests for levels of care above outpatient care should be telephoned into a Care Advocate to receive immediate attention. Please contact OptumHealth at 877-370-8953.
- 3.3. Due to the complexity of authorization processing, requesters should send separate transactions sets¹ for different patients and events. There is no limit to the number of transaction sets that can be sent each day.
- 3.4. All submissions must use Trading Partner Number HT006885-001
- 3.5. Requests may be submitted 24 hours a day, 7 days a week.
- 3.6. A 997 Functional Acknowledgment will be available for pickup (download) within two hours of transmission for all 278 transactions. If you find no 997, contact UHIN.
- 3.7. In the 278 Response, due to current limitations, rejections for data errors that would be reported at the AAA in Loops 2010B Requester Name, 2000C Subscriber, 2010CA Subscriber Name, 2010E Service Provider Name, 2000F Service Level, will not be reported back to the Requester via a 278. Instead, a report will be returned to the Requester detailing these failed Requests. (Report detail and delivery method TBD)
- 3.8. A 278 Response will be available for all non-emergency, non-urgent, outpatient authorization requests within 3 business days of receipt of the request except those with data errors as stated in 3.7 above.
- 3.9. Requests for reviews of previously submitted Authorization Requests can be submitted via the 278. See Loop 2000F, Segment UM for details.
- 3.10. All syntactical error resolution and transmission level rejections will be handled by UHIN. Please contact UHIN.

¹ A transaction set is comprised of Segments ST – Transaction Set Header through SE – Transaction Set Trailer.

4. Contact Information and Support

Should you have additional questions regarding the use of this Companion Guide, please contact OptumHealth Salt Lake County at 877-370-8953.

DRAFT

278 Authorization Request

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
	ST		TRANSACTION SET HEADER	R	Follow Implementation Guide for this Segment and all data elements.
	BHT		BEGINNING OF HIERARCHICAL TRANSACTION	R	Follow Implementation Guide for this Segment and all data elements.
	BHT	01	Hierarchical Structure Code	R	Follow Implementation Guide for this data element.
	BHT	02	Transaction Set Purpose Code	R	Follow Implementation Guide for this data element.
	BHT	03	Submitter Transaction Identifier	R	This data element will be used by the Submitter to trace the transaction to OptumHealth SLC and to reconcile the response to the original request.
	BHT	04	Transaction Set Creation Date	R	Follow Implementation Guide for this data element.
	BHT	05	Transaction Set Creation Time	R	Follow Implementation Guide for this data element.
	BHT	06	Transaction Type Code	R	Follow Implementation Guide for this data element.
2000A			UTILIZATION MANAGEMENT ORGANIZATION LOOP	R	
2000A	HL		UTILIZATION MANAGEMENT ORGANIZATION	R	Follow Implementation Guide for this Segment and all data elements.
2000A	HL	01	Hierarchical ID Number	R	Follow Implementation Guide for this data element.
2000A	HL	03	Hierarchical Level Code	R	Valid Value: "20" – Information Source

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
2000A	HL	04	Hierarchical Child Code	R	Valid Value: "1" – Additional Subordinate HL Segments
2010A	NM1		UTILIZATION MANAGEMENT ORGANIZATION NAME LOOP	R	
2010A	NM1		UTILIZATION MANAGEMENT ORGANIZATIONAL NAME	R	Follow Implementation Guide for this Segment and all data elements.
2010A	NM1	01	Entity Identifier Code	R	Valid Value: "X3" – Utilization Management Organization
2010A	NM1	02	Entity Type Qualifier	R	Valid Value: "2" – Non-Person Entity
2010A	NM1	03	Utilization Management Organization Name	R	"OPTUMHEALTH SLC PS"
2010A	NM1	04	First Name	S	Not used
2010A	NM1	05	Middle Name	S	Not used
2010A	NM1	08	Identification Code Qualifier	R	Valid Value: "46" – Electronic Transmitter Identification Number
2010A	NM1	09	Submitter Identifier	R	HT006885-001
2000B			REQUESTER LEVEL LOOP	R	
2000B	HL		REQUESTER HIERARCHICAL LEVEL	R	Follow Implementation Guide for this Segment and all data elements.
2000B	HL	01	Hierarchical ID Number	R	Follow Implementation Guide for this data element.
2000B	HL	02	Hierarchical Parent ID Number	R	Follow Implementation Guide for this

Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
					data element.
2000B	HL	03	Hierarchical Level Code	R	Valid Value: "21" – Information Receiver
2000B	HL	04	Hierarchical Child Code	R	Valid Value: "1" – Additional Subordinate HL Segments
2010B			REQUESTER NAME LOOP		
2010B	NM1		REQUESTER NAME	R	
2010B	NM1	01	Entity Identification Code	R	Valid Values: "1P" – Provider "FA" – Facility
2010B	NM1	02	Entity Type Qualifier	R	Valid Value: "1" – Person "2" – Non-Person Entity
2010B	NM1	03	Requester Last or Organization Name	R	Follow Implementation Guide for this data element.
2010B	NM1	04	Requester First Name	S	Follow Implementation Guide for this data element.
2010B	NM1	05	Requester Middle Name	S	Follow Implementation Guide for this data element.
2010B	NM1	07	Requester Name Suffix	S	Not used
2010B	NM1	08	Information Receiver Identification Number Qualifier	R	Valid Value: "XX" – NPI
2010B	NM1	09	Receiver Primary Identifier	R	NPI
2010B	REF		REQUESTER SUPPLEMENTAL IDENTIFICATION	S	Please supply to ensure proper identification. This Segment is Required for Out of Network Providers.

Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
2010B	REF	01	Reference Identification Qualifier	R	Valid Values: "EI" – Tax ID "SY" - SSN
2010B	REF	02	Reference Supplemental Identifier	R	Tax ID or SSN
2010B	N3		REQUESTER ADDRESS	S	<i>This segment Required for out of Network Providers. Follow Implementation Guide for this Segment and all data elements.</i>
2010B	N4		REQUESTER CITY/STATE/ZIP CODE	S	<i>This segment Required for out of Network Providers. Follow Implementation Guide for this Segment and all data elements.</i>
2010B	PER		REQUESTER CONTACT INFORMATION	S	<i>This segment Required for out of Network Providers. Follow Implementation Guide for this Segment and all data elements.</i>
2010B	PRV		REQUESTER PROVIDER INFORMATION	S	<i>Not used</i>
2000C			SUBSCRIBER LEVEL LOOP	R	For Salt Lake County Public Sector Behavioral Health, the subscriber is always the patient. Therefore, all patient data is included in this loop.
2000C	HL		SUBSCRIBER LEVEL	R	<i>Follow Implementation Guide for this data element.</i>
2000C	HL	01	Hierarchical ID Number	R	Follow Implementation Guide for this

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)required (S)ituational (O)ptional	OH Salt Lake County Instructions
					data element.
2000C	HL	02	Hierarchical Parent ID Number	R	Follow Implementation Guide for this data element.
2000C	HL	03	Hierarchical Level Code	R	Valid Value: "22" – Subscriber
2000C	HL	04	Hierarchical Child Code	R	Valid Value: "1" – Additional Subordinate HL Segments
2000C	TRN		PATIENT EVENT TRACKING NUMBER	R	<i>This TRN segment is required if the subscriber is the patient and the requester needs to assign a unique trace number to the patient event request. This enables the requester to:</i> <ul style="list-style-type: none"> <i>• uniquely identify this patient event request</i> <i>• trace the request</i> <i>• match the response to the request</i> <i>• reference this request in any associated attachments containing additional patient information related to this patient event request.</i>
2000C	TRN	01	Trace Type Code	R	Valid Value: "1" – Current Transaction Trace Numbers
2000C	TRN	02	Patient Event Tracking Number	R	Follow Implementation Guide for this

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)required (S)ituational (O)ptional	OH Salt Lake County Instructions
					data element.
2000C	TRN	03	Trace Assigning Entity Identifier	R	Use this element to identify the organization that assigned this trace number. TRN03 must be completed to aid requesters and clearinghouses in identifying their TRN in the 278 response. Follow Implementation Guide for this data element.
2000C	TRN	04	Trace Assigning Entity Additional Identifier	S	Follow Implementation Guide for this data element.
2000C	DTP		ACCIDENT DATE	S	Not used
2000C	DTP		LAST MENSTRUAL PERIOD DATE	S	Not used
2000C	DTP		ESTIMATED DATE OF BIRTH	S	Not used
2000C	DTP		ONSET OF CURRENT SYMPTOMS OR ILLNESS DATE	S	Provide if known.
2000C	DTP	01	Date/Time Qualifier	R	Valid Value: "431" – Onset of Current Symptoms or Illness
2000C	DTP	02	Date/Time Period Format Qualifier	R	Valid Values: "D8" – CCYYMMDD "RD8" – CCYYMMDD - CCYYMMDD
2000C	DTP	03	Onset Date	R	Follow Implementation Guide for this data element.
2000C	HI		SUBSCRIBER DIAGNOSIS	R	Required for request to be processed.
2000C	HI	01-1	Diagnosis Type Code	R	Valid Values: "BF" – Diagnosis

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
					“BJ” – Admitting Diagnosis “BK” – Principal Diagnosis
2000C	HI	01-2	Diagnosis Code	R	Valid Value: DSM-IV Code
2000C	HI	01-3	Date/Time Period Format Qualifier	S	Use only if known. Valid Value: “D8” – CCYYMMDD
2000C	HI	01-4	Diagnosis Date	S	Follow Implementation Guide for this data element.
2000C	HI	02-1	Diagnosis Type Code	S	Use only if additional diagnoses known. Valid Values: “BF” – Diagnosis “BJ” – Admitting Diagnosis “BK” – Principal Diagnosis
2000C	HI	02-2	Diagnosis Code	R	Valid Value: DSM-IV Code
2000C	HI	02-3	Date/Time Period Format Qualifier	S	Use only if known. Valid Value: “D8” – CCYYMMDD
2000C	HI	02-4	Diagnosis Date	S	Follow Implementation Guide for this data element.
2000C	HI	03-1	Diagnosis Type Code	S	Use only if additional diagnoses known. Valid Values: “BF” – Diagnosis “BJ” – Admitting Diagnosis “BK” – Principal Diagnosis
2000C	HI	03-2	Diagnosis Code	R	Valid Value:

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
					DSM-IV Code
2000C	HI	03-3	Date/Time Period Format Qualifier	S	Use only if known. Valid Value: "D8" – CCYYMMDD
2000C	HI	03-4	Diagnosis Date	S	Follow Implementation Guide for this data element.
2000C	HI	04-1	Diagnosis Type Code	S	Use only if additional diagnoses known. Valid Values: "BF" – Diagnosis "BJ" – Admitting Diagnosis "BK" – Principal Diagnosis
2000C	HI	04-2	Diagnosis Code	R	Valid Value: DSM-IV Code
2000C	HI	04-3	Date/Time Period Format Qualifier	S	Use only if known. Valid Value: "D8" – CCYYMMDD
2000C	HI	04-4	Diagnosis Date	S	Follow Implementation Guide for this data element.
2000C	HI	05-1	Diagnosis Type Code	S	Use only if additional diagnoses known. Valid Values: "BF" – Diagnosis "BJ" – Admitting Diagnosis "BK" – Principal Diagnosis
2000C	HI	05-2	Diagnosis Code	R	Valid Value: DSM-IV Code
2000C	HI	05-3	Date/Time Period Format Qualifier	S	Use only if known. Valid Value:

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
					"D8" – CCYYMMDD
2000C	HI	05-4	Diagnosis Date	S	Follow Implementation Guide for this data element.
2000C	HI	06-1	Diagnosis Type Code	S	Not used
2000C	HI	06-2	Diagnosis Code	R	Not used
2000C	HI	06-3	Date/Time Period Format Qualifier	S	Not used
2000C	HI	06-4	Diagnosis Date	S	Not used
2000C	HI	07-1	Diagnosis Type Code	S	Not used
2000C	HI	07-2	Diagnosis Code	R	Not used
2000C	HI	07-3	Date/Time Period Format Qualifier	S	Not used
2000C	HI	07-4	Diagnosis Date	S	Not used
2000C	HI	08-1	Diagnosis Type Code	S	Not used
2000C	HI	08-2	Diagnosis Code	R	Not used
2000C	HI	08-3	Date/Time Period Format Qualifier	S	Not used
2000C	HI	08-4	Diagnosis Date	S	Not used
2000C	HI	09-1	Diagnosis Type Code	S	Not used
2000C	HI	09-2	Diagnosis Code	R	Not used
2000C	HI	09-3	Date/Time Period Format Qualifier	S	Not used
2000C	HI	09-4	Diagnosis Date	S	Not used
2000C	HI	10-1	Diagnosis Type Code	S	Not used
2000C	HI	10-2	Diagnosis Code	R	Not used
2000C	HI	10-3	Date/Time Period Format Qualifier	S	Not used
2000C	HI	10-4	Diagnosis Date	S	Not used

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
2000C	HI	11-1	Diagnosis Type Code	S	Not used
2000C	HI	11-2	Diagnosis Code	R	Not used
2000C	HI	11-3	Date/Time Period Format Qualifier	S	Not used
2000C	HI	11-4	Diagnosis Date	S	Not used
2000C	HI	12-1	Diagnosis Type Code	S	Not used
2000C	HI	12-2	Diagnosis Code	R	Not used
2000C	HI	12-3	Date/Time Period Format Qualifier	S	Not used
2000C	HI	12-4	Diagnosis Date	S	Not used
2000C	PWK		ADDITIONAL PATIENT INFORMATION	S	Not used
2010CA			SUBSCRIBER NAME LOOP	R	
2010CA	NM1		SUBSCRIBER NAME	R	
2010CA	NM1	01	Entity Identifier Code	R	Valid Value: "IL" – Insured or Subscriber
2010CA	NM1	02	Entity Type Qualifier	R	Valid Value: "1" - Person
2010CA	NM1	03	Subscriber Last Name	R	Patient/Consumer Last Name
2010CA	NM1	04	Subscriber First Name	R	Patient/Consumer First Name
2010CA	NM1	05	Subscriber Middle Name	S	Patient/Consumer Middle Name
2010CA	NM1	07	Subscriber Name Suffix	S	Not used
2010CA	NM1	08	Identifier Code Qualifier	R	Valid Value: "MI" Member Identification Number
2010CA	NM1	09	Subscriber Primary Identifier	R	PACMIS for Medicaid; OptumHealth SLC Member ID for Non-Medicaid
2010CA	REF		SUBSCRIBER SUPPLEMENTAL IDENTIFICATION	S	The Requester may include any ID which may help in reconciling the

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
					response.
2010CA	REF	01	Reference Identification Qualifier	R	Valid Values: "EJ" – Patient Account Number "HJ" – Identity Card Number "NQ" - Medicaid Recipient Identification Number "SY" – Social Security Number
2010CA	REF	02	Subscriber Supplemental Identifier	R	Requester Patient ID Number
2010CA	DMG		SUBSCRIBER DEMOGRAPHIC INFORMATION	R	
2010CA	DMG	01	Date/Time Period Format Qualifier	R	Valid Value: "D8" - CCYYMMDD
2010CA	DMG	02	Subscriber Birth Date	R	CCYYMMDD
2010CA	DMG	03	Subscriber Gender Code	R	Valid Values: "F" – Female "M" – Male "U" - Unknown
2000D			DEPENDENT LEVEL LOOP	S	DO NOT USE THIS LOOP; The patient is <u>always</u> the subscriber for Medicaid and other SLC funded Behavioral Health Services.
2010DA	NM1		DEPENDENT NAME LOOP	S	DO NOT USE THIS LOOP; The patient is <u>always</u> the subscriber for Medicaid and other SLC funded Behavioral Health Services.

Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
2000E			SERVICE PROVIDER LEVEL LOOP	R	
2000E	HL		DETAIL SERVICE PROVIDER LEVEL	R	Follow Implementation Guide for this Segment and all data elements.
2000E	HL	01	Hierarchical ID Number	R	Follow Implementation Guide for this data element.
2000E	HL	02	Hierarchical Parent ID Number	R	Follow Implementation Guide for this data element.
2000E	HL	03	Hierarchical Level Code	R	Valid Value: "19" – Provider of Services
2000E	HL	04	Hierarchical Child Code	R	Valid Value: "1" – Additional Subordinate HL Segments
2000E	MSG		MESSAGE TEXT	S	Not used
2010E			SERVICE PROVIDER NAME	S	
2010E	NM1		SERVICE PROVIDER NAME	R	This Segment is required for any authorization to be accepted for processing. Only the first 2010E, NM1 Segment will be used to process the request.
2010E	NM1	01	Entity Identifier Code	R	Valid Values: "1T" – Physician, Clinic or Group Practice "FA" – Facility "SJ" – Service Provider
2010E	NM1	02	Entity Type Qualifier	R	Valid Value: "1" – Person

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
					"2" – Non-Person Entity
2010E	NM1	03	Service Provider Last or Organization Name	R	Must be present for request to be processed.
2010E	NM1	04	Service Provider First Name	S	Must be present if NM102 = "1" Person
2010E	NM1	05	Service Provider Middle Name	S	Follow Implementation Guide for this data element.
2010E	NM1	07	Service Provider Name Suffix	S	Not used
2010E	NM1	08	Identification Code Qualifier	R	Must be present. Valid Value: "XX" – NPI
2010E	NM1	09	Service Provider Identifier	R	NPI
2010E	REF		SERVICE PROVIDER SECONDARY IDENTIFICATION	S	Please provide to ensure proper Provider identification
2010E	REF	01	Reference Identification Qualifier	R	Valid Values: "24" – Tax ID "34" – SSN
2010E	REF	02	Service Provider Supplemental Identifier	R	Tax ID or SSN
2010E	N3		SERVICE PROVIDER ADDRESS	S	Required if needed to identify a specific location for a service provider that has multiple locations. Follow Implementation Guide for this Segment and all data elements. Please complete with available information.
2010E	N4		SERVICE PROVIDER	S	Required if needed to identify a

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
			CITY/STATE/ZIP CODE		<i>specific location for a service provider that has multiple locations. Follow Implementation Guide for this Segment and all data elements. Please complete with available information.</i>
2010E	PER		SERVICE PROVIDER CONTACT INFORMATION	S	<i>Requesters are strongly urged to provide this information. Follow Implementation Guide for this Segment and all data elements.</i>
2010E	PRV		SERVICE PROVIDER INFORMATION	R	<i>This segment must be present.</i>
2010E	PRV	01	Provider Code	R	Valid Value: "PE" – Performing
2010E	PRV	02	Reference Identification Qualifier	R	"ZZ" – Provider Taxonomy Code
2010E	PRV	03	Provider Taxonomy Code	R	Provider Taxonomy Code
2000F			SERVICE LEVEL LOOP	R	
2000F	HL		SERVICE LEVEL	R	<i>Follow Implementation Guide for this Segment and all data elements.</i>
2000F	HL	01	Hierarchical ID Number	R	Follow Implementation Guide for this data element.
2000B	HL	02	Hierarchical Parent ID Number	R	Follow Implementation Guide for this data element.
2000B	HL	03	Hierarchical Level Code	R	Valid Value: "SS" – Services

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
2000B	HL	04	Hierarchical Child Code	R	Valid Value: "0" – No Subordinate HL Segments
2000F	TRN		SERVICE TRACE NUMBER	S	Requesters are strongly urged to provide this information assist them in reconciliation of the 278 response. Follow Implementation Guide for this Segment and all data elements.
2000F	TRN	01	Trace Type Code	R	Valid Value: "1" – Current Transaction Trace Number
2000F	TRN	02	Service Trace Number	R	Service Provider assigned Service Trace Number
2000F	TRN	03	Trace Assigning Entity ID	R	Use this element to identify the organization that assigned this trace number. TRN03 must be completed to aid requesters and clearinghouses in identifying their TRN in the 278 response. Service Provider Trace Assigning Entity ID
2000F	TRN	04	Trace Assigning Entity Additional Identifier	S	Follow Implementation Guide for this data element.
2000F	UM		HEALTH CARE SERVICE REVIEW INFORMATION	R	
2000F	UM	01	Request Category Code	R	Valid Values: "HS" – Health Services Review
2000F	UM	02	Certification Type Code	R	Valid Values: "2" – Appeal Standard

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
					"3" – Cancel (Previous Request) "4" – Extension "I" – Initial "R" – Renewal "S" - Revised
2000F	UM	03	Service Type Code	R	Valid Values: "A4" – Psychiatric "A6" – Psychotherapy "A8" – Psychiatric –Outpatient
2000F	UM	04-1	Facility Type Code	S	Not used
2000F	UM	04-2	Facility Code	S	Not used
2000F	UM	05-1	Related Causes Code	S	Not used
2000F	UM	05-2	Related Causes Code	S	Not used
2000F	UM	05-3	Related Causes Code	S	Not used
2000F	UM	05-4	State Code	S	Not used
2000F	UM	05-5	Country Code	S	Not used
2000F	UM	06	Level of Service Code	S	Not used NOTE: If the Service is Emergency or Urgent, the 278 should not be used. Call OptumHealth at 877-370-8953 for authorization of these services.
2000F	UM	07	Current Health Condition Code	S	Valid Values: "1" – Acute "2" – Stable "3" – Chronic "E" – Excellent

Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
					"F" – Fair "G" – Good "P" – Poor
2000F	UM	08	Prognosis Code	S	Not used
2000F	UM	09	Release of Information Code	R	Valid Values: "A" – Appropriate Release of Information on File "I" – Informed Consent "M" – Provider has Limited or Restricted Ability to Release Data "O" – On file at Payer or County "Y" – Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data
2000F	UM	10	Delay Reason Code	S	Not used
2000F	REF		PREVIOUS CERTIFICATION IDENTIFICATION	S	Follow Implementation Guide for this Segment and all data elements. This Segment should NOT be present when UM02 = "I" Initial Request. This Segment is REQUIRED when UM02 = "2", "3", "4", "R", or "S".
2000F	REF	01	Reference Identification Qualifier	R	Valid Value: "BB" – Authorization Number
2000F	REF	02	Previous Authorization Number	R	OptumHealth SLC Authorization Number
2000F	DTP		SERVICE DATE	S	Follow Implementation Guide for this Segment and all data elements

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
					<i>in this segment.</i>
2000F	DTP		ADMISSION DATE	S	<i>Follow Implementation Guide for this Segment and all data elements in this segment.</i>
2000F	DTP		DISCHARGE DATE	S	<i>Follow Implementation Guide for this Segment and all data elements in this segment.</i>
2000F	DTP		SURGERY DATE	S	<i>Not used</i>
2000F	HI		PROCEDURES (SERVICES)	R	
2000F	HI	01-1	Health Care Code Information	R	Valid Value: “ZZ” – Mutually defined (OptumHealth SLC Level of Care Codes) “BO” – Health Care Financing Administration Common Procedural Coding System (includes CPT codes)
2000F	HI	01-2	Health Care Code		OptumHealth SLC Authorization Grouping Codes. Valid Values: (Where HI01-1 = ZZ) “JCRT” – Juvenile Corrections includes the following codes: <ul style="list-style-type: none"> • 90802 • H0039 “JDOT” – Jail Diversion Outreach Team includes the following codes: <ul style="list-style-type: none"> • 90802 “OUTP” – General Outpatient Services includes the following

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
					codes: <ul style="list-style-type: none"> • 90802 • 90809 • 90813 • 90847 • 90849 • 90853 • 90862 • 96105 • 99244 • 99245 • H0046 • H2014 • H2017 (Where HI01-1 = BO) HCPCS/CPT Codes per Provider Contract
2000F	HI	01-3	Date Time Period Format Qualifier	R	Valid Values: "D8" – CCYYMMDD (single day) "RD8" – CCYYMMDD-CCYYMMDD (Begin and End dates)
2000F	HI	01-4	Service Date	R	Authorization Request Date(s)
2000F	HI	01-5	Service Amount	S	Not used
2000F	HI	01-6	Service Quantity	R	Enter the number of units requested.
2000F	HI	01-7	Version Identifier	S	Not used
2000F	HI	02	HEALTH CODE INFORMATION	S	See explanation for composite above
2000F	HI	03	HEALTH CODE INFORMATION	R	See explanation for composite above
2000F	HI	04	HEALTH CODE INFORMATION	R	See explanation for composite above

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
2000F	HI	05	HEALTH CODE INFORMATION	S	See explanation for composite above
2000F	HI	06	HEALTH CODE INFORMATION	S	See explanation for composite above
2000F	HI	07	HEALTH CODE INFORMATION	S	See explanation for composite above
2000F	HI	08	HEALTH CODE INFORMATION	S	See explanation for composite above
2000F	HI	09	HEALTH CODE INFORMATION	S	See explanation for composite above
2000F	HI	10	HEALTH CODE INFORMATION	S	See explanation for composite above
2000F	HI	11	HEALTH CODE INFORMATION	S	See explanation for composite above
2000F	HI	12	HEALTH CODE INFORMATION	S	See explanation for composite above
2000F	HSD		HEALTH CARE SERVICES DELIVER	S	Not used
2000F	CRC		PATIENT CONDITION INFORMATION	S	The Requester may include if they believe there are extenuating circumstances that support the Level of Care requested.
2000F	CRC	01	Condition Code Category	R	Follow Implementation Guide for this data element.
2000F	CRC	02	Certification Condition Indicator	R	Follow Implementation Guide for this data element.
2000F	CRC	03	Condition Code	R	Follow Implementation Guide for this data element.
2000F	CRC	04	Condition Code	S	Follow Implementation Guide for this data element.
2000F	CRC	05	Condition Code	S	Follow Implementation Guide for this data element.
2000F	CRC	06	Condition Code	S	Follow Implementation Guide for this data element.
2000F	CRC	07	Condition Code	S	Follow Implementation Guide for this data element.

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
2000F	CL1		INSTITUTIONAL CLAIM CODE	S	Not used
2000F	CR1		AMBULANCE TRANSPORT INFORMATION	S	Follow Implementation Guide for this Segment and all data elements in this segment.
2000F	NM1		SERVICE LEVEL (CHIRO)	S	Not used
2000F	CR5		HOME OXYGEN THERAPY INFORMATION	S	Not used
2000F	CR6		HOME HEALTH CARE INFORMATION	S	Not used
2000F	PWK		ADDITIONAL SERVICE INFORMATION	S	Follow Implementation Guide for this Segment and all data elements in this segment.
2000F	MSG		MESSAGE TEXT	S	Not used
	SE		TRANSACTION SET TRAILER	R	Follow Implementation Guide for this Segment and all data elements.

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278 Authorization Response

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
	ST		TRANSACTION SET HEADER	R	This Segment follows the Implementation Guide for this Transaction.
	BHT		BEGINNING OF HIERARCHICAL TRANSACTION	R	This Segment follows the Implementation Guide for this Transaction. See below for further information.
	BHT	01	Hierarchical Structure Code	R	Valid Value: "0078" - Information Source, Information Receiver, Subscriber, Dependent, Provider of Service, Services
	BHT	02	Transaction Set Purpose Code	R	Valid Value: "11" - Response
	BHT	03	Submitter Transaction Identifier	R	This is the Submitter Transaction Identifier sent by the Submitter in the original request. (See BHT03 in the 'Request' portion of this guide).
	BHT	04	Transaction Set Creation Date		This will be the Date that OptumHealth SLC created the Response.
	BHT	05	Transaction Set Creation Time		This will be the Time that OptumHealth SLC created the Response.
	BHT	06	Transaction Type Code		Valid Value: "18" – Response – No Further Updates to Follow "19" – Response – Further Updates to Follow

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
					"AT" – Administrative Action
2000A			UTILIZATION MANAGEMENT ORGANIZATION LOOP	R	
2000A	HL		UTILIZATION MANAGEMENT ORGANIZATION		This Segment follows the Implementation Guide for this Transaction.
2000A	AAA		UTILIZATION MANAGEMENT ORGANIZATION LEVEL	S	This segment is required when the Submitted transaction is rejected by UHIN. Contact UHIN to resolve these issues.
2000A	AAA	01	Valid Request Indicator	R	Valid Values: "N" – No; the request or a data element in the request is NOT VALID. Please see the reason for rejection in AAA03 of this segment. "Y" – Yes; the request was valid, however the transaction has been rejected for some other reason. Please see the reason for rejection in AAA03 of this segment.
2000A	AAA	03	Reject Reason Code	R	Valid Values: "04" – Authorized Quantity Exceeded (More transactions than agreed to between Submitter and UHIN) "41" – Access Restrictions (No Trading Partner Agreement) "42" – Unable to Respond at Current Time "79" – Invalid Participant Identification

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
2000A	AAA	04	Follow Up Action Code	R	Valid Values: "C" – Please Correct and Resubmit "N" – Resubmission Non Allowed "P" – Please Resubmit Original Transaction
2010A	NM1		UTILIZATION MANAGEMENT ORGANIZATION NAME LOOP	R	
2010A	NM1		RECIEVER INDIVIDUAL OR ORGANIZATIONAL NAME	R	
2010A	NM1	01	Entity Identification Code	R	This follows the Implementation Guide for this data element.
2010A	NM1	02	Entity Type Qualifier	R	Valid Value = "2" Non-Person Entity
2010A	NM1	03	Utilization Management Organization Name	R	"OptumHealth SLC PS"
2010A	NM1	04	Utilization Management First Name	S	Not used
2010A	NM1	05	Utilization Management Middle Name	S	Not used
2010A	NM1	07	Utilization Management Suffix	S	Not used
2010A	NM1	08	Information Receiver Identification Number Qualifier	R	Valid Value = "24" Tax Identification Number for OptumHealth SLC
2010A	NM1	09	Receiver Primary Identifier	R	NEED OUR TAX ID
2010A	PER		UTILIZATION MANAGEMENT ORGANIZATION CONTACT INFORMATION	S	
2010A	PER	01	Contact Function Code	R	This follows the Implementation Guide for this data element.
2010A	PER	02	Utilization Management Organization Contact Name	S	"OptumHealth SLC"

Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
2010A	PER	03	Communication Number Qualifier	S	Valid Values: "EM" – Email "FX" – Fax "TE" – Telephone
2010A	PER	04	Utilization Management Organization Contact Number	S	8773708953
2010A	PER	05	Communication Number Qualifier	S	Valid Values: "EM" – Email "FX" – Fax "TE" – Telephone
2010A	PER	06	Utilization Management Organization Contact Number	S	Contact Number
2010A	PER	07	Communication Number Qualifier	S	Valid Values: "EM" – Email "FX" – Fax "TE" – Telephone
2010A	PER	08	Utilization Management Organization Contact Number	S	Contact Number
2010A	AAA		UTILIZATION MANAGEMENT ORGANIZATION REQUEST VALIDATION	S	This Segment will contain information about why a request was rejected at this level.
2010A	AAA	01	Valid Request Indicator	R	Valid Values: "N" – No; the request failed due to data issues e.g. information needed to process the request not present or not valid "Y" – Yes; the request is valid, but failed due to some other processing issue

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
2010A	AAA	03	Reject Reason Code	R	<p>“41” – Authorization/Access Restrictions; this indicates that the requester is not allowed to send or received authorizations via the 278 process</p> <p>“42” – Unable to Respond at Current Time; this indicates a problem with OptumHealth SLC Authorization System; contact OptumHealth</p> <p>“79” – Invalid Participant Identification; this indicates that the code used in 2010A of the original request is invalid</p> <p>“80” – No Response Received; indicates that OptumHealth SLC Authorization System has not received a response for additional information in the expected timeframe and has terminated the request</p> <p>“T4” – Payer Name or Identifier Missing; indicates that the Identifier(s) for OptumHealth identified in Loop 2010A is missing.</p>
2010A	AAA	04	Follow-up Action Code	S	<p>Valid Values:</p> <p>“N” – Resubmission Not Allowed</p> <p>“P” – Please Resubmit Original Transaction</p> <p>“Y” – Do Not Resubmit; We will hold</p>

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
					your request and respond again shortly
2000B			REQUESTER LEVEL LOOP	R	
2000B	HL		REQUESTER HIERARCHICAL LEVEL	R	This Segment follows the Implementation Guide for this Transaction.
2010B			REQUESTER NAME LOOP		
2010B	NM1		REQUESTER NAME	R	The receiver is the facility/provider who is receiving the authorization decision.
2010B	NM1	01	Entity Identification Code	R	This follows the Implementation Guide for this data element.
2010B	NM1	02	Entity Type Qualifier	R	This follows the Implementation Guide for this data element.
2010B	NM1	03	Requester Last or Organization Name	R	This follows the Implementation Guide for this data element.
2010B	NM1	04	Requester First Name	S	This follows the Implementation Guide for this data element.
2010B	NM1	05	Requester Middle Name	S	This follows the Implementation Guide for this data element.
2010B	NM1	07	Requester Name Suffix	S	Not used
2010B	NM1	08	Information Receiver Identification Number Qualifier	R	Valid Values: "24" - Tax Identification Number "34" – Social Security Number
2010B	NM1	09	Receiver Primary Identifier	R	Requester's Tax ID or SSN
2010B	REF		REQUESTER SUPPLEMENTAL IDENTIFICATION	R	Required for request to be processed.
2010B	REF	01	Reference Identification Qualifier	R	Valid Value:

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
					"ZH" – OptumHealth Provider ID
2010B	REF	02	Reference Supplemental Identifier	R	OptumHealth Provider ID
2010B	AAA		REQUESTER REQUEST VALIDATION	S	This Segment will contain information about why a request was rejected at this level.
2010B	AAA	01	Valid Request Indicator	R	Valid Values: "N" – No; the request failed due to data issues e.g. information needed to process the request not present or not valid "Y" – Yes; the request is valid, but failed due to some other processing issue
2010B	AAA	03	Reject Reason Code	R	"41" – Authorization/Access Restrictions; this indicates that the requester is not allowed to send or received authorizations via the 278 process "43" – Invalid/Missing Provider Identification "44" – Invalid/Missing Provider Name "45" – Invalid/Missing Provider Specialty "50" – Provider Ineligible for Inquiries/not authorized for requests "79" – Invalid Participant Identification; supplemental Facility/Provider IDs (OptumHealth Provider ID) invalid/missing

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
2010B	AAA	04	Follow-up Action Code	S	Valid Values: "C" – Please Correct and Resubmit "N" – Resubmission Not Allowed "R" – Resubmission Allowed
2010B	PRV		REQUESTER PROVIDER INFORMATION	R	<i>This segment will contain the information submitted in the original request 2010B Segment.</i>
2000C			SUBSCRIBER LEVEL LOOP	R	For Salt Lake County Public Sector Behavioral Health, the subscriber is always the patient. Therefore, all patient data is included in this loop.
2000C	HL		SUBSCRIBER LEVEL	R	This Segment follows the Implementation Guide for this Transaction.
2000C	TRN		PATIENT EVENT TRACKING NUMBER	R	<i>This Segment will return the data supplied in the original request to assist the Requester in reconciling their authorization requests.</i>
2000C	TRN	01	Trace Type Code	R	Valid Value: "2" – Referenced (original request) Transaction Trace Number.
2000C	TRN	02	Patient Event Tracking Number	R	This will be the Tracking Number sent in the original request.
2000C	TRN	03	Trace Assigning Entity Identifier	R	This will be the value sent in the original request.
2000C	TRN	04	Trace Assigning Entity Additional Identifier	S	This will be the value sent in the original request, if supplied.
2000C	TRN		PATIENT EVENT TRACKING	R	<i>This Segment will contain tracking</i>

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
			NUMBER		information for the request as assigned by OptumHealth SLC.
2000C	TRN	01	Trace Type Code	R	Valid Value: "1" – Current Transaction Trace Number (as assigned by OptumHealth SLC).
2000C	TRN	02	Patient Event Tracking Number	R	This will be the Tracking Number assigned by OptumHealth SLC.
2000C	TRN	03	Trace Assigning Entity Identifier	R	This will be the value assigned by OptumHealth SLC.
2000C	TRN	04	Trace Assigning Entity Additional Identifier	S	Not used.
2000C	AAA		SUBSCRIBER REQUEST VALIDATION	S	This Segment will contain information about why a request was rejected at this level.
2000C	AAA	01	Valid Request Indicator	R	Valid Values: "N" – No; the request failed due to data issues e.g. information needed to process the request not present or not valid "Y" – Yes; the request is valid, but failed due to some other processing issue
2000C	AAA	03	Reject Reason Code	R	Valid Values: "15" – Missing Diagnosis and/or Diagnosis Dates "33" – Invalid Diagnosis and/or Diagnosis Dates "56" – Inappropriate Date(s)

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
2000C	AAA	04	Follow-up Action Code	S	Valid Values: "C" – Please Correct and Resubmit "N" – Resubmission Not Allowed
2000C	DTP		ACCIDENT DATE	S	Not used
2000C	DTP		LAST MENSTRUAL PERIOD DATE	S	Not used
2000C	DTP		ESTIMATED DATE OF BIRTH	S	Not used
2000C	DTP		ONSET OF CURRENT SYMPTOMS OR ILLNESS DATE	R	This Segment will return the data supplied in the original request.
2000C	DTP	01	Date/Time Qualifier	R	This will be the data supplied in the original request.
2000C	DTP	02	Date/Time Period Format Qualifier	R	This will be the data supplied in the original request.
2000C	DTP	03	Onset Date	R	This will be the data supplied in the original request.
2000C	HI		SUBSCRIBER DIAGNOSIS	R	See below for explanation of data
2000C	HI	01-1	Diagnosis Type Code	R	This will be the data supplied in the original request.
2000C	HI	01-2	Diagnosis Code	R	This will be the data supplied in the original request.
2000C	HI	01-3	Date/Time Period Format Qualifier	S	This will be the data supplied in the original request.
2000C	HI	01-4	Diagnosis Date	S	This will be the data supplied in the original request.
2000C	HI	02-1	Diagnosis Type Code	S	This will be the data supplied in the original request.
2000C	HI	02-2	Diagnosis Code	R	This will be the data supplied in the original request.

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
2000C	HI	02-3	Date/Time Period Format Qualifier	S	This will be the data supplied in the original request.
2000C	HI	02-4	Diagnosis Date	S	This will be the data supplied in the original request.
2000C	HI	03-1	Diagnosis Type Code	S	This will be the data supplied in the original request.
2000C	HI	03-2	Diagnosis Code	R	This will be the data supplied in the original request.
2000C	HI	03-3	Date/Time Period Format Qualifier	S	This will be the data supplied in the original request.
2000C	HI	03-4	Diagnosis Date	S	This will be the data supplied in the original request.
2000C	HI	04-1	Diagnosis Type Code	S	This will be the data supplied in the original request.
2000C	HI	04-2	Diagnosis Code	R	This will be the data supplied in the original request.
2000C	HI	04-3	Date/Time Period Format Qualifier	S	This will be the data supplied in the original request.
2000C	HI	04-4	Diagnosis Date	S	This will be the data supplied in the original request.
2000C	HI	05-1	Diagnosis Type Code	S	This will be the data supplied in the original request.
2000C	HI	05-2	Diagnosis Code	R	This will be the data supplied in the original request.
2000C	HI	05-3	Date/Time Period Format Qualifier	S	This will be the data supplied in the original request.
2000C	HI	05-4	Diagnosis Date	S	This will be the data supplied in the original request.

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
2000C	HI	06-1	Diagnosis Type Code	S	This will be the data supplied in the original request.
2000C	HI	06-2	Diagnosis Code	R	This will be the data supplied in the original request.
2000C	HI	06-3	Date/Time Period Format Qualifier	S	This will be the data supplied in the original request.
2000C	HI	06-4	Diagnosis Date	S	This will be the data supplied in the original request.
2000C	HI	07-1	Diagnosis Type Code	S	This will be the data supplied in the original request.
2000C	HI	07-2	Diagnosis Code	R	This will be the data supplied in the original request.
2000C	HI	07-3	Date/Time Period Format Qualifier	S	This will be the data supplied in the original request.
2000C	HI	07-4	Diagnosis Date	S	This will be the data supplied in the original request.
2000C	HI	08-1	Diagnosis Type Code	S	This will be the data supplied in the original request.
2000C	HI	08-2	Diagnosis Code	R	This will be the data supplied in the original request.
2000C	HI	08-3	Date/Time Period Format Qualifier	S	This will be the data supplied in the original request.
2000C	HI	08-4	Diagnosis Date	S	This will be the data supplied in the original request.
2000C	HI	09-1	Diagnosis Type Code	S	This will be the data supplied in the original request.
2000C	HI	09-2	Diagnosis Code	R	This will be the data supplied in the original request.

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
2000C	HI	09-3	Date/Time Period Format Qualifier	S	This will be the data supplied in the original request.
2000C	HI	09-4	Diagnosis Date	S	This will be the data supplied in the original request.
2000C	HI	10-1	Diagnosis Type Code	S	This will be the data supplied in the original request.
2000C	HI	10-2	Diagnosis Code	R	This will be the data supplied in the original request.
2000C	HI	10-3	Date/Time Period Format Qualifier	S	This will be the data supplied in the original request.
2000C	HI	10-4	Diagnosis Date	S	This will be the data supplied in the original request.
2000C	HI	11-1	Diagnosis Type Code	S	This will be the data supplied in the original request.
2000C	HI	11-2	Diagnosis Code	R	This will be the data supplied in the original request.
2000C	HI	11-3	Date/Time Period Format Qualifier	S	This will be the data supplied in the original request.
2000C	HI	11-4	Diagnosis Date	S	This will be the data supplied in the original request.
2000C	HI	12-1	Diagnosis Type Code	S	This will be the data supplied in the original request.
2000C	HI	12-2	Diagnosis Code	R	This will be the data supplied in the original request.
2000C	HI	12-3	Date/Time Period Format Qualifier	S	This will be the data supplied in the original request.
2000C	HI	12-4	Diagnosis Date	S	This will be the data supplied in the original request.

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
2000C	PWK		ADDITIONAL PATIENT INFORMATION	S	Not used
2010CA			SUBSCRIBER NAME LOOP	R	
2010CA	NM1		SUBSCRIBER NAME	R	
2010CA	NM1	01	Entity Identifier Code	R	Valid Value: "IL" – Subscriber/Member
2010CA	NM1	02	Entity Type Qualifier	R	Valid Value: "1" – Person
2010CA	NM1	03	Subscriber Last Name	R	This will either be the Consumer Last Name that OptumHealth SLC has for the requested OptumHealth Consumer ID OR The name that was supplied on the original request (when Loop 2000C, Segment AAA is returned in the response)
2010CA	NM1	04	Subscriber First Name		This will either be the Consumer First Name that OptumHealth SLC has for the requested OptumHealth Consumer ID OR The name that was supplied on the original request (when Loop 2000C, Segment AAA is returned in the response)
2010CA	NM1	05	Subscriber Middle Name		This will either be the Consumer Middle Name that OptumHealth SLC has for the requested OptumHealth

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
					Consumer ID OR The name that was supplied on the original request (when Loop 2000C, Segment AAA is returned in the response)
2010CA	NM1	07	Subscriber Name Suffix	S	Not used
2010CA	NM1	08	Identifier Code Qualifier	R	Valid Value: "MI" Member Identification Number (OptumHealth Consumer ID)
2010CA	NM1	09	Subscriber Primary Identifier	R	OptumHealth Consumer ID or "UNKNOWN"
2010CA	REF		SUBSCRIBER SUPPLEMENTAL IDENTIFICATION	S	Required when the patient has Medicaid coverage
2010CA	REF	01	Reference Identification Qualifier	R	Valid Value: "NQ" – Medicaid Recipient Identification Number
2010CA	REF	02	Subscriber Supplemental Identifier	R	Medicaid ID Number
2010CA	DMG		SUBSCRIBER DEMOGRAPHIC INFORMATION	R	
2010CA	DMG	01	Date/Time Period Format Qualifier	R	Valid Value: "D8" - CCYYMMDD
2010CA	DMG	02	Subscriber Birth Date	R	CCYYMMDD
2010CA	DMG	03	Subscriber Gender Code	R	Valid Values: "F" – Female "M" – Male "U" - Unknown
2010CA	REF		SUBSCRIBER SUPPLEMENTAL IDENTIFICATION	S	This Segment will contain data as supplied by the Requester in the

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
					<i>original request.</i>
2010CA	REF	01	Reference Identification Qualifier	R	This will be the data supplied in the original request.
2010CA	REF	02	Subscriber Supplemental Identifier	R	This will be the data supplied in the original request.
2000D			DEPENDENT LEVEL LOOP	S	THIS LOOP NOT USED; The patient is <u>always</u> the subscriber for Medicaid and other SLC funded Behavioral Health Services.
2010DA	NM1		DEPENDENT NAME LOOP	S	THIS LOOP NOT USED; The patient is <u>always</u> the subscriber for Medicaid and other SLC funded Behavioral Health Services.
2000E			SERVICE PROVIDER LEVEL LOOP	R	
2000E	HL		DETAIL SERVICE PROVIDER LEVEL	R	This Segment follows the Implementation Guide for this Transaction.
2000E	MSG		MESSAGE TEXT	S	This Segment follows the Implementation Guide for this Transaction.
2000E	NM1		SERVICE PROVIDER NAME	R	
2000E	NM1	01	Entity Identifier Code	R	This follows the Implementation Guide for this data element.
2000E	NM1	02	Entity Type Qualifier	R	This follows the Implementation Guide for this data element.
2000E	NM1	03	Service Provider Last or Organization Name	R	This will be the Service Provider Last or Organization Name contained on OptumHealth SLC Authorization

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
					System.
2000E	NM1	04	Service Provider First Name	S	This will be the Service Provider Last or Organization Name contained on OptumHealth SLC Authorization System.
2000E	NM1	05	Service Provider Middle Name	S	This will be the Service Provider First contained on OptumHealth SLC Authorization System.
2000E	NM1	07	Service Provider Name Suffix	S	Not used
2000E	NM1	08	Identification Code Qualifier	R	Valid Values: "24" – Tax Identification Number "34" – Social Security Number
2000E	NM1	09	Service Provider Identifier	R	Tax ID or SSN
2010E			SERVICE PROVIDER SUPPLEMENTAL IDENTIFICATION	R	
2010E	REF		SERVICE PROVIDER SECONDARY IDENTIFICATION	S	Not used
2010E	REF	01	Reference Identification Qualifier	R	Valid Value: "ZH" – OptumHealth Provider ID
2010E	REF	02	Service Provider Supplemental Identifier	R	OptumHealth Provider ID
2010E	N3		SERVICE PROVIDER ADDRESS	R	This segment will contain the Service Provider Address as contained in OptumHealth SLC Authorization System and as authorized/denied for service.
2010E	N3	01	Service Provider Address Line	R	OptumHealth Service Provider Address Line 1

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
2010E	N3	02	Service Provider Address Line	S	OptumHealth Service Provider Address Line 2
2010E	N4		SERVICE PROVIDER CITY/STATE/ZIP CODE	R	This segment will contain the Service Provider Address as contained in OptumHealth SLC Authorization System and as authorized/denied for service.
2010E	N4	01	Service Provider City Name	R	OptumHealth Service Provider City
2010E	N4	02	Service Provider State	R	OptumHealth Service State
2010E	N4		Service Provider ZIP Code	R	OptumHealth Service Provider ZIP Code
2010E	N4		Service Provider County Code	S	OptumHealth Service Provider Country Code
2010E	PER		SERVICE PROVIDER CONTACT INFORMATION	S	Not used
2010E	AAA		SERVICE PROVIDER REQUEST VALIDATION	S	This Segment will contain information about why a request was rejected at this level.
2000E	AAA	01	Valid Request Indicator	R	Valid Values: "N" – No; the request failed due to data issues e.g. information needed to process the request not present or not valid "Y" – Yes; the request is valid, but failed due to some other processing issue
2000E	AAA	03	Reject Reason Code	R	Valid Values: "15" – Missing Diagnosis and/or Diagnosis Dates

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
					"33" – Input Errors "41" – Authorization/Access Restrictions "43" – Invalid/Missing Provider Identification "44" – Invalid/Missing Provider Name "45" – Invalid/Missing Provider Specialty "47" – Invalid/Missing Provider State "51" – Provider Not on File "52" – Service Dates Not Within Provider Plan Enrollment "79" – Invalid/Missing Supplemental ID
2000E	AAA	04	Follow-up Action Code	S	Valid Values: "C" – Please Correct and Resubmit "N" – Resubmission Not Allowed
2010E	PRV		SERVICE PROVIDER INFORMATION	S	When the request is approved, this Segment will indicate the Service Provider Role.
2010E	PRV	01	Provider Code	R	Valid Value: "PE" – Performing
2010E	PRV	02	Reference Identification Qualifier	R	Valid Value: "ZZ" – Provider Taxonomy Code
2010E	PRV	03	Provider Taxonomy Code	R	Provider Taxonomy Code
2000F			SERVICE LEVEL LOOP	R	
2000F	HL		SERVICE LEVEL	R	This Segment follows the Implementation Guide for this Transaction.

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
2000F	TRN		SERVICE TRACE NUMBER	S	If this Segment was supplied in the original request this will return the submitted data.
2000F	TRN		SERVICE TRACE NUMBER	S	If this Segment was supplied in the original request this will return the submitted data.
2010F	AAA		SERVICE REQUEST VALIDATION	S	This Segment will contain information about why a request was rejected at this level. PLEASE NOTE: If an adverse benefit determination has been made, the reason for that determination will be reflected in the HCR segment of this Loop.
2000F	AAA	01	Valid Request Indicator	R	Valid Values: "N" – No; the request failed due to data issues e.g. information needed to process the request not present or not valid "Y" – Yes; the request is valid, but failed due to some other processing issue
2000F	AAA	03	Reject Reason Code	R	Valid Values: "15" – Missing Diagnosis and/or Diagnosis Dates "33" – Input Errors "52" – Service Dates Not Within Provider Plan Enrollment "57" – Invalid/Missing Date(s) of

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
					Service "60" – Date of Birth after requested Date(s) of Service "61" – Date of Death precedes requested Date(s) of Service "62" – Date of Service Not Within Allowable Inquiry Period "T5" – Previous Authorization Number Missing
2000F	AAA	04	Follow-up Action Code	S	Valid Values: "C" – Please Correct and Resubmit "N" – Resubmission Not Allowed
2000F	UM		HEALTH CARE SERVICE REVIEW INFORMATION	R	
2000F	UM	01	Request Category Code	R	Valid Values: "AR" – Admission Review "HS" – Health Services Review "SC" – Specialty Care Review
2000F	UM	02	Certification Type Code	R	Valid Values: "2" – Appeal Standard "3" – Cancel (Previous Request) "4" – Extension "I" – Initial "R" – Renewal "S" - Revised
2000F	UM	03	Service Type Code	R	Valid Values: "A4" – Psychiatric "A6" – Psychotherapy "A8" – Psychiatric –Outpatient

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2000F	UM	04-1	Facility Type Code	R	Follow Implementation Guide for this data element.
2000F	UM	04-2	Facility Code	R	This follows the Implementation Guide for this data element.
2000F	UM	05-1	Related Causes Code	S	Not used
2000F	UM	05-2	Related Causes Code	S	Not used
2000F	UM	05-3	Related Causes Code	S	Not used
2000F	UM	05-4	State Code	S	Not used
2000F	UM	05-5	Country Code	S	Not used
2000F	UM	05-6	Level of Service Code	S	Follow Implementation Guide for this data element. NOTE: If the Service is Emergency or Urgent, the 278 should not be used. Call OptumHealth at TELEPHONE NUMBER for authorization of these services.
2000F	UM	06	Level of Service Code	S	Not used Valid Values: "03" – Emergency "U" – Urgent
2000F	UM	07	Current Health Condition Code	S	Not used
2000F	UM	08	Prognosis Code	S	Not used
2000F	UM	09	Release of Information Code	R	Not used
2000F	UM	10	Delay Reason Code	S	Not used
2000F	HCR		HEALTH CARE SERVICES REVIEW	S	<i>This Segment will be present in the Response. It is required in the Request when UM02 = "2" – Appeal Standard</i>

Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
					"3" – Cancel (Previous Request) "4" – Extension "R" – Renewal "S" - Revised
2000F	HCR	01	Certification Action Code	R	Valid Values: "A1" – Certified (Authorized) in Total "A3" – Not Certified (Authorized) "A4" – Pended "A6" – Modified (See appropriate DTP Segment) "CT" – Contact Payer "NA" – No Action Required
2000F	HCR	02	Authorization Number	R	OptumHealth SLC Authorization Number PLEASE NOTE: This number must be returned when claims/encounters are filed for services.
2000F	HCR	03	Reject Reason Code	S	Present when HCR01 = "A3" Valid Values: "53" – Requested Service Inconsistent with Provider Type "69" – Requested Service Inconsistent with Patient's Age "82" – Not Clinically Necessary "83" – Level of Care Not Appropriate "84" – Authorization Not Required for this Service "88" – Non-covered Service "90" – Requested Information Not

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
					Received "91" – Duplicate Request "92" – Service Inconsistent with Diagnosis "98" – Experimental Service
2000F	HCR	04	Second Surgical Opinion Indicator	S	Not used
2000F	REF		PREVIOUS CERTIFICATION IDENTIFICATION	S	<i>This segment will be present when an original request/response has been updated.</i>
2000F	REF	01	Reference Identification Qualifier	R	Valid Value: "BB" – Authorization Number
2000F	REF	02	Previous Authorization Number	R	Previous Authorization Number
2000F	DTP		SERVICE DATE	R	<i>This Segment will be present and will contain the Date(s) services are authorized.</i>
2000F	DTP	01	Date Time Qualifier	R	Valid Value: "472" - Service
2000F	DTP	02	Date Time Period Format Qualifier	R	Valid Values: "D8" – CCYYMMDD "RD8" – CCYYMMDD- CCYYMMDD
2000F	DTP	03	Service Date(s)		Service Date(s)
2000F	DTP		ADMISSION DATE	S	<i>Not used</i>
2000F	DTP		DISCHARGE DATE	S	<i>Not used</i>
2000F	DTP		SURGERY DATE	S	<i>Not used</i>
2000F	DTP		AUTHORIZATION ISSUE DATE	R	<i>This segment will provide information on the date the authorization determination was made. This Segment follows the</i>

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)required (S)ituational (O)ptional	OH Salt Lake County Instructions
					Implementation Guide for this Transaction.
2000F	DTP	01	Date Time Qualifier	R	Valid Value: "102" – Issue
2000F	DTP	02	Date Time Period Format Qualifier	R	Valid Value: "D8" – CCYYMMDD
2000F	DTP	03	Issue Date	R	Date Authorization Issued
2000F	HI		PROCEDURES (SERVICES)	R	
2000F	HI	01-1	Health Care Code Information	R	Valid Value: "ZZ" – Mutually Defined
2000F	HI	01-2	Health Care Code	R	OptumHealth SLC Level of Authorized Services
2000F	HI	01-3	Date Time Period Format Qualifier	S	Valid Values: "D8" – CCYYMMDD (single day) "RD8" – CCYYMMDD-CCYYMMDD (Begin and End dates)
2000F	HI	01-4	Procedure Date	S	Authorization Date(s)
2000F	HI	01-5	Procedure Amount	S	Not used
2000F	HI	01-6	Procedure Quantity	S	Number of Units Authorized
2000F	HI	01-7	Version Identifier	S	Not used
2000F	HI	02	HEALTH CODE INFORMATION	S	See explanation for composite above
2000F	HI	03	HEALTH CODE INFORMATION	S	See explanation for composite above
2000F	HI	04	HEALTH CODE INFORMATION	S	See explanation for composite above
2000F	HI	05	HEALTH CODE INFORMATION	S	See explanation for composite above
2000F	HI	06	HEALTH CODE INFORMATION	S	See explanation for composite above
2000F	HI	07	HEALTH CODE INFORMATION	S	See explanation for composite above
2000F	HI	08	HEALTH CODE INFORMATION	S	See explanation for composite above
2000F	HI	09	HEALTH CODE INFORMATION	S	See explanation for composite above

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
2000F	HI	10	HEALTH CODE INFORMATION	S	See explanation for composite above
2000F	HI	11	HEALTH CODE INFORMATION	S	See explanation for composite above
2000F	HI	12	HEALTH CODE INFORMATION	S	See explanation for composite above
2000F	HSD		HEALTH CARE SERVICES DELIVER	S	Not used
2000F	CRC		PATIENT CONDITION INFORMATION	S	<i>This Segment will be present if the Requester sent the segment and will contain the Requesters values.</i>
2000F	CRC	01	Condition Code Category	R	When present, will return the value submitted in original request.
2000F	CRC	02	Certification Condition Indicator	R	When present, will return the value submitted in original request.
2000F	CRC	03	Condition Code	R	When present, will return the value submitted in original request.
2000F	CRC	04	Condition Code	S	When present, will return the value submitted in original request.
2000F	CRC	05	Condition Code	S	When present, will return the value submitted in original request.
2000F	CRC	06	Condition Code	S	When present, will return the value submitted in original request.
2000F	CRC	07	Condition Code	S	When present, will return the value submitted in original request.
2000F	CL1		INSTITUTIONAL CLAIM CODE	S	Not used
2000F	CR1		AMBULANCE TRANSPORT INFORMATION	S	<i>Follow Implementation Guide for this Segment and all data elements in this segment.</i>
2000F	NM1		SERVICE LEVEL (CHIRO)	S	Not used
2000F	CR5		HOME OXYGEN THERAPY	S	Not used

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Loop ID	Segment ID	Element ID	Segment or Element Name	(R)quired (S)ituational (O)ptional	OH Salt Lake County Instructions
			INFORMATION		
2000F	CR6		HOME HEALTH CARE INFORMATION	S	Not used
2000F	PWK		ADDITIONAL SERVICE INFORMATION	S	Follow Implementation Guide for this Segment and all data elements in this segment.
2000F	MSG		MESSAGE TEXT	S	Not used
	SE		TRANSACTION SET TRAILER	R	Follow Implementation Guide for this Segment and all data elements.

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