

# Appendix X

## Alaska 278 Referral Certification and Authorization Request Instructions

### Revision History

Date	Location	Revision
12/29/03	Entire Appendix	Initial release of 278 Request Appendix

## Alaska Trading Partner Companion Guide

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The following table identifies the information that will be contained in the mapping tables in the appendices for submitting EDI transactions to Alaska Medical Assistance. The columns used in all data tables are:

<b>I.G. Page</b>	Referenced Page in the <i>HIPAA ANSI X12N Implementation Guide</i> (including any approved addenda)	
<b>I.G. SegID</b>	Segment ID in the Implementation Guide.	
<b>I.G. RefDes</b>	Field ID in the Implementation Guide.	
<b>I.G. Use</b>	Usage in the Implementation Guide: <b>R</b> means Required, and <b>S</b> means Situational, as defined by the national standard in the Implementation Guide.	
<b>I.G. Element Name</b>	Name of the element as given in the Implementation Guide.	
<b>Alaska</b>	This field describes the use of the segment/field by Alaska Medical Assistance as discussed below:	
	*	There is a requirement specific to Alaska Medical Assistance. Instructions to complete this field have been provided which detail the specifications for Alaska Medical Assistance. The expected values are highlighted.
	X	This indicates segments and/or fields, that will be validated and stored but may not be used for the purpose of claims processing by Alaska Medical Assistance.
	IG	This indicates that the expected values are identical to those in the Implementation Guide.
<b>Usage Details and Expected Value</b>	This field describes the expected values. The values required by Alaska Medical Assistance are highlighted. An explanation of the field may be provided. If values are not highlighted, any value listed is acceptable. If there are five (5) or less values listed in the Implementation Guide, then all of the values are listed in the transaction table. If more than five (5) values are listed in the Implementation Guide, then <See <b>IG List</b> > will appear in this column.	
<b>Additional Instructions</b>	This column provides instructions for populating the field in question and may include specific instructions regarding Alaska Medical Assistance.	

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The NMEH Prior Authorization sub-workgroup identified three (3) gaps in the HIPAA 278 transaction in which there were no viable elements within the implementation guide for reporting this information. Workaround solutions have been developed by the sub-workgroup that Alaska Medical Assistance has decided to implement. They are as follows:

1. **Procedure Code Modifier Workaround** – The solution is to use the MSG segment of the Service Level (2000F) loop. The proposed format would be variable length, accommodating for reporting modifiers for up to 12 potential Procedure Codes in the HI segment. However, a fixed length for each procedure will be used to accommodate up to four modifiers. The procedure for which the modifier is being reported will be identified in the MSG segment by the corresponding HI element for which that procedure is located.
2. **Dental Workaround for Tooth Number, Surface, and Arches** – The solution is to use the MSG segment of the Service Level (2000F) Loop. The proposed format would be variable length, accommodating for reporting tooth number, surfaces for that tooth number and arches if applicable for up to 12 potential Procedure Codes in the HI segment. However, a fixed length for each procedure will be used to accommodate one tooth number, up to five (5) surfaces for that tooth number and two (2) arch/quadrant designations.
3. **Dental Workaround for Missing Teeth** – The solution to use the PWK segment for Additional Patient Information (2000C) Subscriber Loop, with the PWK01 (Report Type Code) = P6, PWK02 (Report Transmission Code) = AA, and the missing teeth reported in the PWK07. The proposed format for the PWK07 would be variable length, accommodating for reporting tooth number(s), if applicable. Two (2) bytes will be allocated for the tooth information for each missing tooth. When reporting tooth numbers 1 through 9, zero fill the first byte so the field will be 01, 02, etc. When reporting primary dentition (A through P), pad the second byte with a space. This will allow providers and payers to have a consistent locations to identify tooth numbers.

The following matrix has been created to assist requesters in determining what type of requests will require additional information to be sent the same day as the 278 Request.

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
<b>B.3</b>	<b>ISA</b>		<b>R</b>	<b>Interchange Control Header</b>			
		ISA01	R	Authorization Information Qualifier	*	“00” – No Authorization Information Present	
		ISA02	R	Authorization Information	IG	10 blanks	
		ISA03	R	Security Information Qualifier	*	“00” - No Security Information Present	
		ISA04	R	Security Information	IG	10 blanks	
		ISA05	R	Interchange ID Qualifier	*	“ZZ” - Mutually Defined	
		ISA06	R	Interchange Sender ID	IG	Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID Element	
		ISA07	R	Interchange ID Qualifier	*	“ZZ” - Mutually Defined	
		ISA08	R	Interchange Receiver ID	*	“AKMEDICAID FHSC”	This is the ID of Alaska Medical Assistance. Enter “AKMEDICAID FHSC” here.
		ISA09	R	Interchange Date	IG	“YYMMDD” - Date of the Interchange	
		ISA10	R	Interchange Time	IG	“HHMM” - Time of the Interchange	
		ISA11	R	Interchange Control Standards Identifier	IG	“U” - U.S. EDI Community of ASC X12, TDCC and UCS	
		ISA12	R	Interchange Control Version Number	IG	“00401” - Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	
		ISA13	R	Interchange Control Number	IG	<b>Originator assigned number</b> (ISA13 must be identical to the associated Interchange Trailer IEA02)	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		ISA14	R	Acknowledgement Requested	IG	“0” - No Acknowledgment Requested “1” – Interchange Acknowledgement Requested	Regardless of the value chosen, one of the following three responses will be generated: <ul style="list-style-type: none"> <li>Negative TA1—indicates there was a problem opening the X-12 file</li> <li>Negative 997—indicates the transaction was rejected</li> <li>Positive 997—indicates the transaction was accepted</li> </ul>
		ISA15	R	Usage Indicator	IG	“T” - Test Data “P” - Production Data	When testing enter ‘T’ or When in regular production enter ‘P’
		ISA16	R	Component Element Separator	IG	Component Element Separator This field provides the delimiter used to separate component data elements within a composite data structure. This character must be different than the data element separator and the segment terminator.	
<b>B.8 &amp; 234A</b>	<b>GS</b>		<b>R</b>	<b>Function Group Header</b>			
		GS01	R	Functional Identifier Code	IG	“HI” - Health Care Services Review Information (278)	
		GS02	R	Application Sender’s Code	IG	Code identifying party sending transmission; codes agreed to by trading partners	Enter the submitter number that was assigned by Alaska Medical Assistance.
		GS03	R	Application Receiver’s Code	*	“AKMEDICAID FHSC”	This is the ID of Alaska Medical Assistance. Enter ‘AKMEDICAID FHSC’ here
		GS04	R	Date	IG	Functional Group Creation Date expressed as CCYYMMDD	
		GS05	R	Time	IG	Functional Group Creation Time	
		GS06	R	Group Control Number	IG	Sender’s Assigned Number (GS06 must be identical to the associated Functional Group Trailer GE02)	
		GS07	R	Responsible Agency Code	IG	“X” – Accredited Standards Committee X12	
		GS08	R	Version / Release / Industry Identifier Code	IG	“004010X094A1”	
<b>50</b>	<b>ST</b>		<b>R</b>	<b>Transaction Set Header</b>			

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		ST01	R	Transaction Set Identifier Code	IG	“278” - Health Care Services Review Information	
		ST02	R	Transaction Set Control Number	IG	Variable - Unique within a specific functional group (GS-GE) and interchange (ISA-IEA), but can repeat in other groups and interchanges. (The Transaction Set Control Numbers in ST02 and SE02 must be identical.)	
<b>51</b>	<b>BHT</b>		<b>R</b>	<b>Beginning of Hierarchical Transaction</b>			
		BHT01	R	Hierarchical Structure Code	IG	“0078” - Information Source, Information Receiver, Subscriber, Dependent, Provider of Service, Services	
		BHT02	R	Transaction Set Purpose Code	IG	“13” - Request	
		BHT03	R	Reference Identification	IG	Submitter Transaction Identifier	Originator assigned number; identifies the transaction within submitter’s business application system and will be returned in 278 Response transaction.
		BHT04	R	Date	IG	Transaction Set Creation Date	Use this date to identify the date on which the submitter created the file. Date expressed as CCYYMMDD.
		BHT05	R	Time	IG	Transaction Set Creation Time	Use the time to identify the time of day that the submitter created the file. Time expressed in 24-hour clock time in any of the following formats: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99).
			<b>R</b>	<b>LOOP 2000A - UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL</b>			
<b>53</b>	<b>HL</b>		<b>R</b>	<b>Utilization Management Organization (UMO) Level</b>			

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HL01	R	Hierarchical ID Number	IG	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.	HL01 must begin with “1” and be incremented by one each time any HL segment is used in the transaction. Always enter a ‘1’ for this particular loop.
		HL03	R	Hierarchical Level Code	IG	“20” - Information Source	
		HL04	R	Hierarchical Child Code	IG	“1” - Additional Subordinate HL Data Segment in this Hierarchical Structure.	
			<b>R</b>	<b>LOOP 2010A - UTILIZATION MANAGEMENT ORGANIZATION NAME</b>			
<b>55</b>	<b>NM1</b>		<b>R</b>	<b>Utilization Management Organization (UMO) Name</b>			
		NM101	R	Entity Identifier Code	IG	“X3” - Utilization Management Organization	
		NM102	R	Entity Type Qualifier	*	“2” - Non-Person Entity	Alaska Medical Assistance is non-person entity. Enter ‘2’ here
		NM103	S	Name Last or Organization Name	*	“AKMEDICAID FHSC”	This is the organization name of Alaska Medical Assistance. Enter ‘AKMEDICAID FHSC’ here
		NM104	S	Name First	X	Utilization Management Organization (UMO) Last or Organization Name	
		NM105	S	Name Middle	X	Utilization Management Organization (UMO) Last or Organization Name	
		NM107	S	Name Suffix	X	Utilization Management Organization (UMO) Last or Organization Name	
		NM108	R	Identification Code Qualifier	*	“PI” - Payor Identification	
		NM109	R	Identification Code	*	“AKMEDICAID FHSC”	This is the ID of Alaska Medical Assistance. Enter ‘AKMEDICAID FHSC’ here
			<b>R</b>	<b>LOOP 2000B - REQUESTER LEVEL</b>			
<b>58</b>	<b>HL</b>		<b>R</b>	<b>Requester Level</b>			
		HL01	R	Hierarchical ID Number	IG	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.	HL01 must be incremented by one each time any HL segment is used in the transaction.
		HL02	R	Hierarchical Parent ID Number	IG	Identification number of the next higher hierarchical data segment to which the data segment being described is subordinate.	HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions	
		HL03	R	Hierarchical Level Code	IG	“21” - Information Receiver		
		HL04	R	Hierarchical Child Code	IG	“1” - Additional Subordinate HL Data Segment in This Hierarchical Structure.		
			<b>R</b>	<b>LOOP 2010B - REQUESTER NAME</b>				
<b>60</b>	<b>NM1</b>		<b>R</b>	<b>Requester Name</b>				
		NM101	R	Entity Identifier Code	IG	“1P” - Provider “FA” - Facility		
		NM102	R	Entity Type Qualifier	IG	“1” - Person “2” - Non-Person Entity		
		NM103	S	Name Last or Organization Name	IG	Requester Last or Organization Name	Returned in response If received.	
		NM104	S	Name First	IG	Requester First Name	Returned in response If received.	
		NM105	S	Name Middle	IG	Requester Middle Name	Returned in response If received.	
		NM107	S	Name Suffix	IG	Requester Name Suffix	Returned in response If received.	
		NM108	R	Identification Code Qualifier	IG	“24” - Employer’s Identification Number “34” - Social Security Number “46” - Electronic Transmitter Identification Number (ETIN) “XX” - Health Care Financing Administration	None of these primary identifiers are recognized in the current Alaska Medical Assistance System, therefore complete Requester Supplemental Identification segment below (REF01/REF02) to supply the Medicaid Provider ID Number along with this.	
		NM109	R	Identification Code	IG	Requester Identifier		
<b>63</b>	<b>REF</b>		<b>S</b>	<b>Requester Supplemental Identification</b>				
		REF01	R	Reference Identification Qualifier	*	“ZH” - Carrier Assigned Reference Number Use for the requester/provider ID as assigned by the UMO identified in Loop 2000A.	The Alaska Medical Assistance system requires a valid Medicaid provider ID number; enter ‘ZH’ here	
		REF02	R	Reference Identification	*	Requester Supplemental Identifier	Enter Requester’s Alaska Medical Assistance Provider ID Number here.	
<b>65</b>	<b>N3</b>		<b>S</b>	<b>Requester Address</b>				<b>This segment is not available in 278 response and will not be returned by Alaska Medical Assistance if sent.</b>
<b>66</b>	<b>N4</b>		<b>S</b>	<b>Requester City/State/Zip Code</b>				<b>This segment is not available in 278 response and will not be returned by Alaska Medical Assistance if sent.</b>

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
68	PER		S	<b>Requester Contact Information</b>			<b>This segment is not available in 278 response and will not be returned by Alaska Medical Assistance if sent. However, it is suggested that this information be supplied in the event that Alaska Medical Assistance needs to contact the requester for additional information.</b>
		PER01	R	Contact Function Code	IG	“IC” - Information Contact	
		PER02	S	Name	IG	Requester Contact Name	
		PER03	S	Communication Number Qualifier	IG	“EM” - Electronic Mail “FX” - Facsimile “TE” - Telephone	
		PER04	S	Communication Number	IG	Requester Contact Communication Number	
		PER05	S	Communication Number Qualifier	IG	“EM” - Electronic Mail “EX” - Telephone Extension “FX” - Facsimile “TE” - Telephone	
		PER06	S	Communication Number	IG	Requester Contact Communication Number	
		PER07	S	Communication Number Qualifier	IG	“EM” - Electronic Mail “EX” - Telephone Extension “FX” - Facsimile “TE” - Telephone	
		PER08	S	Communication Number	IG	Requester Contact Communication Number	
71	PRV		S	<b>Requester Provider Information</b>			<b>This segment is not used by Alaska Medical Assistance.</b>
			R	<b>LOOP 2000C - SUBSCRIBER LEVEL</b>			<b>For Alaska Medical Assistance each recipient is assigned a unique ID number, therefore the patient is considered as subscriber for all HIPAA transactions.</b>
73	HL		R	<b>Subscriber Level</b>			
		HL01	R	Hierarchical ID Number	IG	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.	HL01 must be incremented by one each time any HL segment is used in the transaction.

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HL02	R	Hierarchical Parent ID Number	IG	Identification number of the next higher hierarchical data segment to which the data segment being described is subordinate.	HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
		HL03	R	Hierarchical Level Code	IG	“22” - Subscriber	
		HL04	R	Hierarchical Child Code	IG	“1” - Additional Subordinate HL Data Segment in This Hierarchical Structure.	
<b>37A</b>	<b>TRN</b>		<b>S</b>	<b>Patient Event Tracking Number</b>			
		TRN01	R	Trace Type Code	IG	“1” - Current Transaction Trace Numbers	
		TRN02	R	Reference Identification	IG	Patient Event Tracking Number	Returned in response if received
		TRN03	R	Originating Company Identifier	IG	Trace Assigning Entity Identifier	Returned in response if received
		TRN04	S	Reference Identification	IG	Trace Assigning Entity Additional Identifier	Returned in response if received
<b>75</b>	<b>DTP</b>		<b>S</b>	<b>Accident Date</b>			
		DTP01	R	Date/Time Qualifier	IG	“439” - Accident	Returned in response if received
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	Returned in response if received
		DTP03	R	Date Time Period	IG	Accident Date	Returned in response if received
<b>76</b>	<b>DTP</b>		<b>S</b>	<b>Last Menstrual Period Date</b>			
		DTP01	R	Date/Time Qualifier	IG	“484” - Last Menstrual Period	Returned in response if received
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	Returned in response if received
		DTP03	R	Date Time Period	IG	Last Menstrual Period Date	Returned in response if received
<b>77</b>	<b>DTP</b>		<b>S</b>	<b>Estimated Date of Birth</b>			
		DTP01	R	Date/Time Qualifier	IG	“ABC” - Estimated Date of Birth	Returned in response if received
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	Returned in response if received
		DTP03	R	Date Time Period	IG	Estimated Birth Date	Returned in response if received
<b>78</b>	<b>DTP</b>		<b>S</b>	<b>Onset of Current Symptoms or Illness Date</b>			
		DTP01	R	Date/Time Qualifier	IG	“431” - Onset of Current Symptoms or Illness	Returned in response if received
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	Returned in response if received
		DTP03	R	Date Time Period	IG	Onset Date	Returned in response if received

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
80	HI		S	Subscriber Diagnosis			<b>In order to authorize services, an ICD-9-CM diagnosis code will need to be supplied by the requester. Any requests received without diagnosis information cannot be reviewed by Alaska Medical Assistance.</b>
		HI01	R	Health care code information			
		HI01-1	R	Code List Qualifier Code	IG	Diagnosis Type Code “BF” - Diagnosis “BJ” - Admitting Diagnosis “BK” - Principal Diagnosis	
		HI01-2	R	Industry Code	IG	Diagnosis Code	
		HI01-3	S	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI01-4	S	Date Time Period	IG	Diagnosis Date	
		HI02	S	Health Care Code Information			Required only if there are additional diagnoses to communicate.
		HI02-1	R	Code List Qualifier Code	X	Diagnosis Type Code “BF” - Diagnosis “BJ” - Admitting Diagnosis	
		HI02-2	R	Industry Code	X	Diagnosis Code	
		HI02-3	S	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CCYYMMDD	
		HI02-4	S	Date Time Period	X	Diagnosis Date	
		HI03	S	Health Care Code Information			Required only if there are additional diagnoses to communicate.
		HI03-1	R	Code List Qualifier Code	X	Diagnosis Type Code “BF” - Diagnosis	
		HI03-2	R	Industry Code	X	Diagnosis Code	
		HI03-3	S	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CCYYMMDD	
		HI03-4	S	Date Time Period	X	Diagnosis Date	
		HI04	S	Health Care Code Information			Required only if there are additional diagnoses to communicate.
		HI04-1	R	Code List Qualifier Code	X	Diagnosis Type Code “BF” - Diagnosis	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HI04-2	R	Industry Code	X	Diagnosis Code	
		HI04-3	S	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CCYYMMDD	
		HI04-4	S	Date Time Period	X	Diagnosis Date	
		HI05	S	Health Care Code Information			Required only if there are additional diagnoses to communicate.
		HI05-1	R	Code List Qualifier Code	X	Diagnosis Type Code “BF” - Diagnosis	
		HI05-2	R	Industry Code	X	Diagnosis Code	
		HI05-3	S	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CCYYMMDD	
		HI05-4	S	Date Time Period	X	Diagnosis Date	
		HI06	S	Health care code information			Required only if there are additional diagnoses to communicate.
		HI06-1	R	Code List Qualifier Code	X	Diagnosis Type Code “BF” - Diagnosis	
		HI06-2	R	Industry Code	X	Diagnosis Code	
		HI06-3	S	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CCYYMMDD	
		HI06-4	S	Date Time Period	X	Diagnosis Date	
		HI07	S	Health care code information			Required only if there are additional diagnoses to communicate.
		HI07-1	R	Code List Qualifier Code	X	Diagnosis Type Code “BF” - Diagnosis	
		HI07-2	R	Industry Code	X	Diagnosis Code	
		HI07-3	S	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CCYYMMDD	
		HI07-4	S	Date Time Period	X	Diagnosis Date	
		HI08	S	Health Care Code Information			Required only if there are additional diagnoses to communicate.
		HI08-1	R	Code List Qualifier Code	X	Diagnosis Type Code “BF” - Diagnosis	
		HI08-2	R	Industry Code	X	Diagnosis Code	
		HI08-3	S	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CCYYMMDD	
		HI08-4	S	Date Time Period	X	Diagnosis Date	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HI09	S	Health Care Code Information			Required only if there are additional diagnoses to communicate.
		HI09-1	R	Code List Qualifier Code	X	Diagnosis Type Code “BF” - Diagnosis	
		HI09-2	R	Industry Code	X	Diagnosis Code	
		HI09-3	S	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CCYYMMDD	
		HI09-4	S	Date Time Period	X	Diagnosis Date	
		HI10	S	Health Care Code Information			Required only if there are additional diagnoses to communicate.
		HI10-1	R	Code List Qualifier Code	X	Diagnosis Type Code “BF” - Diagnosis	
		HI10-2	R	Industry Code	X	Diagnosis Code	
		HI10-3	S	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CCYYMMDD	
		HI10-4	S	Date Time Period	X	Diagnosis Date	
		HI11	S	Health Care Code Information			Required only if there are additional diagnoses to communicate.
		HI11-1	R	Code List Qualifier Code	X	Diagnosis Type Code “BF” - Diagnosis	
		HI11-2	R	Industry Code	X	Diagnosis Code	
		HI11-3	S	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CCYYMMDD	
		HI11-4	S	Date Time Period	X	Diagnosis Date	
		HI12	S	Health Care Code Information			Required only if there are additional diagnoses to communicate.
		HI12-1	R	Code List Qualifier Code	X	Diagnosis Type Code “BF” - Diagnosis	
		HI12-2	R	Industry Code	X	Diagnosis Code	
		HI12-3	S	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CCYYMMDD	
		HI12-4	S	Date Time Period	X	Diagnosis Date	
<b>40A</b>	<b>PWK</b>		<b>S</b>	<b>Additional Patient Information</b>			
		PWK01	R	Report Type Code	IG	Attachment Report Type Code <See IG List>	<i>Do not send the Radiology films as attachment</i>

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		PWK02	R	Report Transmission Code	*	Attachment Transmission Code “FX” - By Fax	<i>Fax the attachments the same day that review requests are transmitted.</i>
		PWK05	S	Identifier Code Qualifier	*	“AC” - Attachment Control Number Required if PWK02=BM,EL,EM, or FX	Required if any documentation is sent by Fax.
		PWK06	S	Identification Code	*	Attachment Control Number	Generate a unique attachment control number and put it on the Fax sent to support this review request. This attachment control number may be used by Alaska Medical Assistance to match attachment to review request.
		PWK07	S	Description	IG	Attachment Description	
				<b>LOOP 2010CA - SUBSCRIBER NAME</b>			<b>For Alaska Medical Assistance, the patient is considered as the subscriber for all HIPAA transactions.</b>
<b>89 &amp; 44A</b>	<b>NM1</b>		<b>R</b>	<b>Subscriber Name</b>			
		NM101	R	Entity Identifier Code	IG	“IL” – Insured or Subscriber	
		NM102	R	Entity Type Qualifier	IG	“1” – Person	
		NM103	S	Name Last or Organization Name	X	Subscriber Last Name	Returned in response if received
		NM104	S	Name First	X	Subscriber First Name	Returned in response if received
		NM105	S	Name Middle	X	Subscriber Middle Name	Returned in response if received
		NM107	S	Name Suffix	X	Subscriber Name Suffix	Returned in response if received
		NM108	R	Identification Code Qualifier	*	“MI” - Member Identification Number	
		NM109	R	Identification Code	IG	Subscriber Primary Identifier	Enter the Recipient Alaska Medical Assistance Identification number here.
<b>92 &amp; 47A</b>	<b>REF</b>		<b>S</b>	<b>Subscriber Supplemental Identification</b>			<b>This segment is not used by Alaska Medical Assistance</b>
<b>94 &amp; 49A</b>	<b>DMG</b>		<b>S</b>	<b>Subscriber Demographic Information</b>			<b>This segment is not required by Alaska Medical Assistance</b>

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
				<b>LOOP 2000D - DEPENDENT LEVEL</b>			For Alaska Medical Assistance each recipient is assigned a unique ID number, therefore the patient is considered as subscriber for all HIPAA transactions. <b>Complete Subscriber Level (Loop 2000C) to identify the patient. Do not complete Dependent Level (Loop 2000D).</b>
			R	<b>LOOP 2010DA - DEPENDENT NAME</b>			For Alaska Medical Assistance each recipient is assigned a unique ID number, therefore the patient is considered as subscriber for all HIPAA transactions. <b>Complete Subscriber Name (Loop 2010CA) to identify the patient. Do not complete Dependent Name (Loop 2010DA)</b>
				<b>LOOP 2000E - SERVICE PROVIDER LEVEL</b>			
<b>121</b>	<b>HL</b>		<b>R</b>	<b>Service Provider Level</b>			
		HL01	R	Hierarchical ID Number	IG	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.	HL01 must be incremented by one each time any HL segment is used in the transaction.
		HL02	R	Hierarchical Parent ID Number	IG	Identification number of the next higher hierarchical data segment to which the data segment being described is subordinate.	
		HL03	R	Hierarchical Level Code	IG	“19” - Provider of Service	
		HL04	R	Hierarchical Child Code	IG	“1” - Additional Subordinate HL Data Segment in This Hierarchical Structure.	
<b>123</b>	<b>MSG</b>		<b>S</b>	<b>Message Text</b>			
		MSG01	R	Free-Form Message Text	X	Free Form Message Text	
				<b>LOOP 2010E - SERVICE PROVIDER NAME</b>			
<b>124</b>	<b>NM1</b>		<b>R</b>	<b>Service Provider Name</b>			

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		NM101	R	Entity Identifier Code	IG	“1T” - Physician, Clinic or Group Practice “FA” - Facility “SJ” - Service Provider	Returned in response if received
		NM102	R	Entity Type Qualifier	IG	“1” - Person “2” - Non-Person Entity	Returned in response if received
		NM103	S	Name Last or Organization Name	IG	Service Provider Last or Organization Name Required if identifying a specialty person, facility, group practice, or clinic and NM108/NM109 are not present. Not used if identifying a specialty entity.	Returned in response if received
		NM104	S	Name First	IG	Service Provider First Name Required if the service provider is a specific person (NM102 = 1) and NM103 is present.	Returned in response if received
		NM105	S	Name Middle	IG	Service Provider Middle Name Required if NM104 is present and the middle name/initial of the person is known.	Returned in response if received
		NM107	S	Name Suffix	IG	Service Provider Name Suffix Use this for the suffix of an individual’s name; e.g., Sr., Jr., or III.	Returned in response if received
		NM108	S	Identification Code Qualifier	IG	“24” - Employer’s Identification Number “34” - Social Security Number “46” - Electronic Transmitter Identification Number (ETIN) “XX” - Health Care Financing Administration National Provider Identifier	None of these primary identifiers are recognized in the current Alaska Medical Assistance System, therefore complete secondary identification segment below (REF01/REF02) to supply the Medicaid Provider Identification Number.
		NM109	S	Identification Code	IG	Service Provider Identifier	
<b>127</b>	<b>REF</b>		<b>S</b>	<b>Service Provider Supplemental Identification</b>			
		REF01	R	Reference Identification Qualifier	*	“ZH” - Carrier Assigned Reference Number Use for the provider ID as assigned by the UMO identified in Loop 2000A.	The Alaska Medical Assistance system will only validate the Medicaid Provider Identification Number; enter ZH here.

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		REF02	R	Reference Identification	*	Service Provider Supplemental Identifier	Enter the Servicing Provider's Alaska Medical Assistance Provider Identification Number here. For non-emergency transportation and/or accommodation prior authorization requests, the Servicing Provider's Alaska Medical Assistance Provider Identification Number is not required.
129	N3		S	Service Provider Address			<b>This segment is not required by Alaska Medical Assistance however, if address information is received it will be returned in the response.</b>
130	N4		S	Service Provider City/State/Zip Code			<b>This segment is not required by Alaska Medical Assistance however, if address information is received it will be returned in the response.</b>
132	PER		S	Service Provider Contact Information			<b>This segment is not required by Alaska Medical Assistance however, if contact information is received it will be returned in the response.</b>
135	PRV		S	Service Provider Information			<b>This segment is not required by Alaska Medical Assistance.</b>
<b>LOOP 2000F - SERVICE LEVEL</b>							
137	HL		R	Service Level			
		HL01	R	Hierarchical ID Number	IG	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.	HL01 must be incremented by one each time any HL segment is used in the transaction.
		HL02	R	Hierarchical Parent ID Number	IG	Identification number of the next higher hierarchical data segment to which the data segment being described is subordinate	
		HL03	R	Hierarchical Level Code	IG	"SS" - Services	
		HL04	R	Hierarchical Child Code	IG	"0" - No Subordinate HL Segment in This Hierarchical Structure.	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
139 & 67A	TRN		S	<b>Service Trace Number</b>			
		TRN01	R	Trace Type Code	IG	“1” - Current Transaction Trace Numbers	
		TRN02	R	Reference Identification	IG	Service Trace Number	Returned in response if received
		TRN03	R	Originating Company Identifier	IG	Trace Assigning Entity Identifier	Returned in response if received
		TRN04	S	Reference Identification	IG	Trace Assigning Entity Additional Identifier	Returned in response if received
141	UM		R	<b>Health Care Services Review Information</b>			
		UM01	R	Request Category Code	IG	“AR” - Admission Review “HS” - Health Services Review “SC” - Specialty Care Review	
		UM02	R	Certification Type Code	IG	<See IG List>	The Alaska Medical Assistance Prior Authorization number will need to be reported in REF02 below for all certification type code values except “I” (Initial). Additionally, for certification type code values “1” and “2” (Appeal), new information must be submitted that was not submitted with the original PA request. Choose value “S” (Revised) to request additional services or change the quantity of services previously authorized. Choose value “4” (Extension) to request a change in the dates of service for previously authorized service(s).
		UM03	S	Service Type Code	X	Code identifying the classification of service <See IG List>	
		UM04	S	Health Care Service Location Information			
		UM04-1	R	Facility Code Value	X	Facility Type Code	
		UM04-2	R	Facility Code Qualifier	X	“A” - Uniform Billing Claim Form Bill Type “B” - Place of service code from the FAO record of the Electronic Media Claims National Standard Format	
		UM05	S	Related Causes Information	X	Required when the patient’s condition is accident or employment related.	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		UM05-1	R	Related-Causes Code	X	Related Causes Code “AA” - Auto Accident “AP” - Another Party Responsible “EM” - Employment	This element is not available in 278 Response and will not be returned by Alaska Medical Assistance if sent.
		UM05-2	S	Related-Causes Code	X	Related Causes Code “AP” - Another Party Responsible “EM” - Employment	This element is not available in 278 Response and will not be returned by Alaska Medical Assistance if sent.
		UM05-3	S	Related-Causes Code	X	“AP” - Another Party Responsible	This element is not available in 278 Response and will not be returned by Alaska Medical Assistance if sent.
		UM05-4	S	State or Province Code	X	State Code	This element is not available in 278 Response and will not be returned by Alaska Medical Assistance if sent.
		UM05-5	S	Country Code	X	Code identifying the country	This element is not available in 278 Response and will not be returned by Alaska Medical Assistance if sent.
		UM06	S	Level of Service Code	X	“03” - Emergency “U” - Urgent	
		UM07	S	Current Health Condition Code	X	<See IG List>	This element is not available in 278 Response and will not be returned by Alaska Medical Assistance if sent.
		UM08	S	Prognosis Code	X	<See IG List>	This element is not available in 278 Response and will not be returned by Alaska Medical Assistance if sent.
		UM09	R	Release of Information Code	IG	<See IG List>	HIPAA Privacy rules do not require release of information for treatment, payment, and health care operations. All values will be accepted for processing authorization requests. This element is not available in 278 Response and will not be returned by Alaska Medical Assistance if sent.
		UM10	S	Delay Reason Code	X	<See IG List>	This element is not available in 278 Response and will not be returned by Alaska Medical Assistance if sent.
<b>150</b>	<b>REF</b>		<b>S</b>	<b>Previous Certification Identification</b>			<b>Alaska Medical Assistance will need this information if UM02 contains any value except “I” (Initial).</b>

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		REF01	R	Reference Identification Qualifier	IG	“BB” - Authorization Number	
		REF02	R	Reference Identification	IG	Previous Certification Identifier	Enter 8-digit Alaska Medical Assistance Prior Authorization number
<b>152</b>	<b>DTP</b>		<b>S</b>	<b>Service Date</b>			
		DTP01	R	Date/Time Qualifier	IG	“472” - Service	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD “RD8” - Range of Dates Expressed in Format CCYYMMDDCCYYMMDD	
		DTP03	R	Date time period	IG	Proposed or Actual Service Date	
<b>154</b>	<b>DTP</b>		<b>S</b>	<b>Admission Date</b>			
		DTP01	R	Date/Time Qualifier	IG	“435” - Admission	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD “RD8” - Range of Dates Expressed in Format CCYYMMDDCCYYMMDD	
		DTP03	R	Date Time Period	IG	Proposed or Actual Admission Date	
<b>156</b>	<b>DTP</b>		<b>S</b>	<b>Discharge Date</b>			
		DTP01	R	Date/Time Qualifier	IG	“096” - Discharge	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Proposed or Actual Discharge Date	
<b>157</b>	<b>DTP</b>		<b>S</b>	<b>Surgery Date</b>			<b>Use this segment only if the request is for surgery and HI segment is not used to identify specific surgical procedures.</b>
		DTP01	R	Date/Time Qualifier	IG	“456” - Surgery	Returned in response if received
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	Returned in response if received
		DTP03	R	Date time period	IG	Proposed or Actual Surgery Date	Returned in response if received

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
159 & 68A	HI		S	Procedures			<p>In order to authorize services, procedure code information will need to be supplied by the requester. Any requests received without procedure code information cannot be reviewed by Alaska Medical Assistance. Also, generally, the Procedure Monetary Amount will need to be supplied for most Durable Medical Equipment, all unlisted services, and Home &amp; Community Based Waiver services. The Procedure Monetary Amount is generally not needed for authorization requests for the following services:</p> <ul style="list-style-type: none"> <li>• Outpatient MRIs</li> <li>• Outpatient Mental Health and Substance Abuse Treatment</li> <li>• Non-emergency Transportation and/or Accommodation</li> </ul>
		HI01	R	Health Care Code Information		<PROCEDURE CODE 1>	
		HI01-1	R	Code List Qualifier Code	IG	<See IG List>	Enter qualifier for the Industry Code List used for procedure code here.
		HI01-2	R	Industry Code	IG	Procedure Code	
		HI01-3	S	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CCYYMMDD “RD8” - Range of Dates Expressed in Format CCYYMMDDCCYYMMDD	Returned in response if received
		HI01-4	S	Date Time Period	X	Procedure Date	
		HI01-5	S	Monetary Amount	IG	Procedure Monetary Amount	
		HI01-6	S	Quantity	IG	Procedure Quantity	
		HI01-7	S	Version Identifier	X	Version, Release, or Industry Identifier	
		HI02	S	Health Care Code Information		<PROCEDURE CODE 2>	
		HI02-1	R	Code List Qualifier Code	IG	<See IG List>	
		HI02-2	R	Industry Code	IG	Procedure Code	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HI02-3	S	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CCYYMMDD “RD8” - Range of Dates Expressed in Format CCYYMMDDCCYYMMDD	
		HI02-4	S	Date Time Period	X	Procedure Date	
		HI02-5	S	Monetary amount	IG	Procedure Monetary Amount	
		HI02-6	S	Quantity	IG	Procedure Quantity	
		HI02-7	S	Version Identifier	X	Version, Release, or Industry Identifier	
		HI03	S	Health Care Code Information		<PROCEDURE CODE 3>	
		HI03-1	R	Code List Qualifier Code	IG	<See IG List>	
		HI03-2	R	Industry Code	IG	Procedure Code	
		HI03-3	S	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CCYYMMDD “RD8” - Range of Dates Expressed in Format CCYYMMDDCCYYMMDD	
		HI03-4	S	Date Time Period	X	Procedure Date	
		HI03-5	S	Monetary amount	IG	Procedure Monetary Amount	
		HI03-6	S	Quantity	IG	Procedure Quantity	
		HI03-7	S	Version Identifier	X	Version, Release, or Industry Identifier	
		HI04	S	Health Care Code Information		<PROCEDURE CODE 4>	
		HI04-1	R	Code List Qualifier Code	IG	<See IG List>	
		HI04-2	R	Industry Code	IG	Procedure Code	
		HI04-3	S	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CCYYMMDD “RD8” - Range of Dates Expressed in Format CCYYMMDDCCYYMMDD	
		HI04-4	S	Date Time Period	X	Procedure Date	
		HI04-5	S	Monetary amount	IG	Procedure Monetary Amount	
		HI04-6	S	Quantity	IG	Procedure Quantity	
		HI04-7	S	Version Identifier	X	Version, Release, or Industry Identifier	
		HI05	S	Health Care Code Information		<PROCEDURE CODE 5>	
		HI05-1	R	Code List Qualifier Code	IG	<See IG List>	
		HI05-2	R	Industry Code	IG	Procedure Code	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HI05-3	S	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CCYYMMDD “RD8” - Range of Dates Expressed in Format CCYYMMDDCCYYMMDD	
		HI05-4	S	Date Time Period	X	Procedure Date	
		HI05-5	S	Monetary amount	IG	Procedure Monetary Amount	
		HI05-6	S	Quantity	IG	Procedure Quantity	
		HI05-7	S	Version Identifier	X	Version, Release, or Industry Identifier	
		HI06	S	Health Care Code Information		<PROCEDURE CODE 6>	
		HI06-1	R	Code List Qualifier Code	IG	<See IG List>	
		HI06-2	R	Industry Code	IG	Procedure Code	
		HI06-3	S	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CCYYMMDD “RD8” - Range of Dates Expressed in Format CCYYMMDDCCYYMMDD	
		HI06-4	S	Date Time Period	X	Procedure Date	
		HI06-5	S	Monetary amount	IG	Procedure Monetary Amount	
		HI06-6	S	Quantity	IG	Procedure Quantity	
		HI06-7	S	Version Identifier	X	Version, Release, or Industry Identifier	
		HI07	S	Health Care Code Information		<PROCEDURE CODE 7>	
		HI07-1	R	Code List Qualifier Code	IG	<See IG List>	
		HI07-2	R	Industry Code	IG	Procedure Code	
		HI07-3	S	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CCYYMMDD “RD8” - Range of Dates Expressed in Format CCYYMMDDCCYYMMDD	
		HI07-4	S	Date Time Period	X	Procedure Date	
		HI07-5	S	Monetary amount	IG	Procedure Monetary Amount	
		HI07-6	S	Quantity	IG	Procedure Quantity	
		HI07-7	S	Version Identifier	X	Version, Release, or Industry Identifier	
		HI08	S	Health Care Code Information		<PROCEDURE CODE 8>	
		HI08-1	R	Code List Qualifier Code	IG	<See IG List>	
		HI08-2	R	Industry Code	IG	Procedure Code	

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		HI08-3	S	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CCYYMMDD “RD8” - Range of Dates Expressed in Format CCYYMMDDCCYYMMDD	
		HI08-4	S	Date Time Period	X	Procedure Date	
		HI08-5	S	Monetary amount	IG	Procedure Monetary Amount	
		HI08-6	S	Quantity	IG	Procedure Quantity	
		HI08-7	S	Version Identifier	X	Version, Release, or Industry Identifier	
		HI09	S	Health Care Code Information		<b>&lt;PROCEDURE CODE 9&gt;</b>	
		HI09-1	R	Code List Qualifier Code	IG	<See IG List>	
		HI09-2	R	Industry Code	IG	Procedure Code	
		HI09-3	S	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CCYYMMDD “RD8” - Range of Dates Expressed in Format CCYYMMDDCCYYMMDD	
		HI09-4	S	Date Time Period	X	Procedure Date	
		HI09-5	S	Monetary amount	IG	Procedure Monetary Amount	
		HI09-6	S	Quantity	IG	Procedure Quantity	
		HI09-7	S	Version Identifier	X	Version, Release, or Industry Identifier	
		HI10	S	Health Care Code Information		<b>&lt;PROCEDURE CODE 10&gt;</b>	
		HI10-1	R	Code List Qualifier Code	IG	<See IG List>	
		HI10-2	R	Industry Code	IG	Procedure Code	
		HI10-3	S	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CCYYMMDD “RD8” - Range of Dates Expressed in Format CCYYMMDDCCYYMMDD	
		HI10-4	S	Date Time Period	X	Procedure Date	
		HI10-5	S	Monetary amount	IG	Procedure Monetary Amount	
		HI10-6	S	Quantity	IG	Procedure Quantity	
		HI10-7	S	Version Identifier	X	Version, Release, or Industry Identifier	
		HI11	S	Health Care Code Information		<b>&lt;PROCEDURE CODE 11&gt;</b>	
		HI11-1	R	Code List Qualifier Code	IG	<See IG List>	
		HI11-2	R	Industry Code	IG	Procedure Code	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HI11-3	S	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CCYYMMDD “RD8” - Range of Dates Expressed in Format CCYYMMDDCCYYMMDD	
		HI11-4	S	Date Time Period	X	Procedure Date	
		HI11-5	S	Monetary amount	IG	Procedure Monetary Amount	
		HI11-6	S	Quantity	IG	Procedure Quantity	
		HI11-7	S	Version Identifier	X	Version, Release, or Industry Identifier	
		HI12	S	Health Care Code Information		<PROCEDURE CODE 12>	
		HI12-1	R	Code List Qualifier Code	IG	<See IG List>	
		HI12-2	R	Industry Code	IG	Procedure Code	
		HI12-3	S	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CCYYMMDD “RD8” - Range of Dates Expressed in Format CCYYMMDDCCYYMMDD	
		HI12-4	S	Date Time Period	X	Procedure Date	
		HI12-5	S	Monetary amount	IG	Procedure Monetary Amount	
		HI12-6	S	Quantity	IG	Procedure Quantity	
		HI12-7	S	Version Identifier	X	Version, Release, or Industry Identifier	
<b>175</b>	<b>HSD</b>		<b>S</b>	<b>Health Care Services Delivery</b>			
		HSD01	S	Quantity Qualifier	X	“DY” - Days “FL” - Units “HS” - Hours “MN” - Month “VS” - Visits	
		HSD02	S	Quantity	X	Service Unit Count	
		HSD03	S	Unit or Basis for Measurement Code	X	“DA” - Days “MO” - Months “WK” - Week	
		HSD04	S	Sample Selection Modulus	X	Sampling Frequency in terms of a modulus of the Unit of Measure	
		HSD05	S	Time Period Qualifier	X	<See IG List>	
		HSD06	S	Number of Periods	X	Period Count	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HSD07	S	Ship/Delivery or Calendar Pattern Code	X	Ship, Delivery or Calendar Pattern Code <See IG List>	
		HSD08	S	Ship/Delivery Pattern Time Code	X	Delivery Pattern Time Code <See IG List>	
<b>180 &amp; 87A</b>	<b>CRC</b>		<b>S</b>	<b>Patient Condition Information</b>			
		CRC01	R	Code Category	X	Condition Code Category <See IG List>	
		CRC02	R	Yes/No Condition or Response Code	X	Certification Condition Indicator “N” - No “Y” - Yes	
		CRC03	R	Condition Indicator	X	Condition Code <See IG List>	
		CRC04	S	Condition Indicator	X	Same as above	
		CRC05	R	Condition Indicator	X	Same as above	
		CRC06	S	Condition Indicator	X	Same as above	
		CRC07	R	Condition Indicator	X	Same as above	
<b>189</b>	<b>CL1</b>		<b>S</b>	<b>Institutional Claim Code</b>			
		CL101	S	Admission Type Code	X	Refer to Code Source 231 : Admission Type Code	
		CL102	S	Admission Source Code	X	Refer to Code Source 230 : Admission Source Code	
		CL103	S	Patient Status Code	X	Refer to Code Source 239 : Patient Status Code	
		CL104	S	Nursing Home Residential Status Code	X	<See IG List>	
<b>191</b>	<b>CR1</b>		<b>S</b>	<b>Ambulance Transport Information</b>			
		CR101	S	Unit or Basis for Measurement Code	X	“KG” - Kilogram “LB” - Pound	
		CR102	S	Weight	X	Patient Weight	
		CR103	R	Ambulance Transport Code	X	“I” - Initial Trip “R” - Return Trip “T” - Transfer Trip “X” - Round Trip	

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## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		CR104	R	Ambulance Transport Reason Code	X	“A” - Patient was transported to nearest facility for care of symptoms, complaints, or both “B” - Patient was transported for the benefit of a preferred physician “C” - Patient was transported for the nearness of family members “D” - Patient was transported for the care of a specialist or for availability of specialized equipment “E” - Patient Transferred to Rehabilitation Facility	
		CR105	S	Unit or Basis for Measurement Code	X	“DH” - Miles “DK” - Kilometers	
		CR106	S	Quantity	X	Transport Distance	
		CR107	S	Address Information	IG	Ambulance Trip Origin Address	Enter street address, city or town name and state.
		CR108	S	Address Information	IG	Ambulance Trip Destination Address	Enter street address, city or town name and state.
		CR109	S	Description	X	Round Trip Purpose Description	
		CR110	S	Description	X	Stretcher Purpose Description	
<b>194</b>	<b>CR2</b>		<b>S</b>	<b>Spinal Manipulation Service Information</b>			
		CR201	S	Count	X	Treatment Series Number	
		CR202	S	Quantity	X	Treatment Count	
		CR203	S	Subluxation Level Code	X	<See IG List>	
		CR204	S	Subluxation Level Code	X	<See IG List>	
		CR205	S	Unit or Basis for Measurement Code	X	“DA” - Days “MO” - Months “WK” - Week “YR” - Years	
		CR206	S	Quantity	X	Treatment Period Count	
		CR207	S	Quantity	X	Monthly Treatment Count	
		CR208	S	Nature of Condition Code	X	Patient Condition Code <See IG List>	
		CR209	S	Yes/No Condition or Response Code	X	Complication Indicator “N” - No “Y” - Yes	

Refer to <http://alaska.fhsc.com> for current version

Appendix X—Alaska 278 Referral Certification and Authorization Request Instructions

Version 1

12/29/03

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		CR210	S	Description	X	Patient Condition Description	
		CR211	S	Description	X	Patient Condition Description	
		CR212	R	Yes/No Condition or Response Code	X	X-ray Availability Indicator “N” - No “Y” - Yes	
<b>200</b>	<b>CR5</b>		<b>S</b>	<b>Home Oxygen Therapy Information</b>			
		CR503	S	Oxygen Equipment Type Code	X	<See IG List>	
		CR504	S	Oxygen Equipment Type Code	X	<See IG List>	
		CR505	S	Description	X	Equipment Reason Description	
		CR506	R	Quantity	X	Oxygen Flow Rate	
		CR507	S	Quantity	X	Daily Oxygen Use Count	
		CR508	S	Quantity	X	Oxygen Use Period Hour Count	
		CR509	S	Description	X	Respiratory Therapist Order Text	
		CR510	S	Quantity	X	Arterial Blood Gas Quantity	
		CR511	S	Quantity	X	Oxygen Saturation Quantity	
		CR512	R	Oxygen Test Condition Code	X	<See IG List>	
		CR513	S	Oxygen Test Findings Code	X	“1” - Dependent edema suggesting congestive heart failure “2” - “P” Pulmonale on Electrocardiogram (EKG) “3” - Erythrocythemia with a hematocrit greater than 56 percent	
		CR514	S	Oxygen Test Findings Code	X	Same as above	
		CR515	S	Oxygen Test Findings Code	X	Same as above	
		CR516	S	Quantity	X	Portable Oxygen System Flow Rate	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		CR517	R	Oxygen Delivery System Code	X	“A” - Nasal Cannula “B” - Oxygen Conserving Device “C” - Oxygen Conserving Device with Oxygen Pulse System “D” - Oxygen Conserving Device with Reservoir System “E” - Transtracheal Catheter	
		CR518	S	Oxygen Equipment Type Code	X	<See IG List>	
<b>205</b>	<b>CR6</b>		<b>S</b>	<b>Home Health Care Information</b>			
		CR601	R	Prognosis Code	X	<See IG List>	
		CR602	R	Date	X	Service From Date	
		CR603	S	Date Time Period Format Qualifier	X	“RD8” - Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD	
		CR604	S	Date Time Period	X	Home Health Certification Period	
		CR606	R	Yes/No Condition or Response Code	X	Skilled Nurse Facility Indicator “N” - No “U” - Unknown “Y” - Yes	
		CR607	R	Yes/No Condition or Response Code	X	Medicare Coverage Indicator “N” - No “U” - Unknown “Y” - Yes	
		CR608	R	Certification Type Code	X	<See IG List>	See Additional Instructions in UM02 of this Companion Guide table.
		CR609	S	Date	X	Surgery Date	
		CR610	S	Product/Service ID Qualifier	X	Product or Service ID Qualifier “HC” - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes “ID” - International Classification of Diseases Clinical Modification (ICD-9-CM) – Procedure	
		CR611	S	Medical Code Value	X	Surgical Procedure Code	
		CR612	S	Date	X	Physician Order Date	

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Appendix X—Alaska 278 Referral Certification and Authorization Request Instructions

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions	
		CR613	S	Date	X	Last Visit Date		
		CR614	S	Date	X	Physician Contact Date		
		CR615	S	Date Time Period Format Qualifier	X	“RD8” - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD		
		CR616	S	Date Time Period	X	Last Admission Period		
		CR617	S	Patient Location Code	X	Patient Discharge Facility Type Code <See IG List>		
<b>99A</b>	<b>PWK</b>		<b>S</b>	<b>Additional Service Information</b>				
		PWK01	R	Report Type Code	IG	Attachment Report Type Code <See IG List>	<i>Do not send the Radiology films as attachment</i>	
		PWK02	R	Report Transmission Code	*	Attachment Transmission Code “FX” - By Fax	<i>Fax the attachments the same day that review requests are transmitted.</i>	
		PWK05	S	Identifier Code Qualifier	*	“AC” - Attachment Control Number	Required if any documentation is sent by Fax.	
		PWK06	S	Identification Code	*	Attachment Control Number	Generate a unique attachment control number and put it on the Fax sent to support this review request. This attachment control number may be used by Alaska Medical Assistance to match attachment to review request.	
		PWK07	S	Description	X	Attachment Description	Returned in response if received	
<b>211</b>	<b>MSG</b>		<b>S</b>	<b>Message Text</b>				
		MSG01	R	Free-Form Message Text	*	Free Form Message Text	Use this segment to report up to four HCPCS Modifiers for each procedure code in the HI segment. See supported NMEH work-a-rounds at the beginning of appendix.	
				<b>TRANSACTION SET TRAILER</b>				
<b>212</b>	<b>SE</b>		<b>R</b>	<b>Transaction Set Trailer</b>				
		SE01	R	Number of Included Segments	IG	Number of Segments in Transaction Set		
		SE02	R	Transaction Set Control Number	IG	Transaction Set Control Number (Transaction Set Control Number in ST02 and SE02 must be identical)		
<b>B.10</b>	<b>GE</b>		<b>R</b>	<b>Functional Group Trailer</b>				

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<b>I.G. Page</b>	<b>I.G. SegID</b>	<b>I.G. RefDes</b>	<b>I.G. Use</b>	<b>I.G. Element Name</b>	<b>Alaska</b>	<b>Usage Details and Expected Value</b>	<b>Additional Instructions</b>
		GE01	R	Number of Transactions set included	IG	Number of Transaction Sets Included	
		GE02	R	Group Control Number	IG	Sender's Assigned Number (GE02 must be identical to the associated Functional Group Header GS06)	
<b>B.7</b>	<b>IEA</b>		<b>R</b>	<b>Interchange Control Trailer</b>			
		IEA01	R	Number of Included Functional Groups	IG	Number of Functional Groups Included	
		IEA02	R	Interchange Control Number	IG	Interchange Control Number (IEA02 must be identical to the associated Interchange Header ISA13)	