

Appendix XI

Alaska 278 Referral Certification and Authorization Response Instructions

Revision History

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

Alaska Trading Partner Companion Guide

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:

I.G. Page	Referenced Page in the <i>HIPAA ANSI X12N Implementation Guide</i> (including any approved addenda)	
I.G. SegID	Segment ID in the Implementation Guide.	
I.G. RefDes	Field ID in the Implementation Guide.	
I.G. Use	Usage in the Implementation Guide: R means Required, and S means Situational, as defined by the national standard in the Implementation Guide.	
I.G. Element Name	Name of the element as given in the Implementation Guide.	
Alaska	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.
Usage Details and Expected Value	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 IG List > will appear in this column.	
Additional Instructions	This column provides instructions for populating the field in question and may include specific instructions regarding Alaska Medical Assistance.	

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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.3	ISA		R	Interchange Control Header			
		ISA01	R	Authorization Information Qualifier	*	“00” - No Authorization Information Present	“00” represents “No Authorization Information Present” in ISA02 field.
		ISA02	R	Authorization Information	IG	10 blanks	
		ISA03	R	Security Information Qualifier	*	“00” - No Security Information Present	“00” in this field identifies “No Security Information Present” in ISA04 field.
		ISA04	R	Security Information	IG	10 blanks	
		ISA05	R	Interchange ID Qualifier	*	“ZZ” - Mutually Defined	
		ISA06	R	Interchange Sender ID	*	“AKMEDICAID FHSC”	“AKMEDICAID FHSC” in this field identifies the Alaska Medical Assistance Sender ID.
		ISA07	R	Interchange ID Qualifier	*	“ZZ” - Mutually Defined	
		ISA08	R	Interchange Receiver ID	IG	Identification code published by the receiver of data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them.	The information that was sent in ISA06 on the 278 Request transaction will be returned 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	Originator Assigned Number (ISA13 must be identical to the associated Interchange Trailer IEA02)	
		ISA14	R	Acknowledgment Requested	IG	“0” - No Acknowledgment Requested “1” – Interchange Acknowledgement Requested	Alaska Medical Assistance is not expecting an acknowledgement for this transaction but may request acknowledgement(s) on a case-by-case basis.
		ISA15	R	Usage Indicator	IG	“T” - Test Data “P” - Production Data	A value of “T” will be returned for test data transactions. A value of “P” will be returned for Production transactions.

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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
		ISA16	R	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.	Alaska Medical Assistance will use a ">" (greater than sign) as the Component Element Separator.
B.8	GS		R	Functional Group Header			
		GS01	R	Functional Identifier Code	IG	"HI" - Health Care Services Review Information (278)	
		GS02	R	Application Sender's Code	*	"AKMEDICAID FHSC"	"AKMEDICAID FHSC" in this field identifies the Alaska Medical Assistance Sender's Code.
		GS03	R	Application Receiver's Code	IG	Code identifying party receiving transmission; codes agreed to by trading partners	The information that was sent in GS02 on the 278 Request transaction will be returned here. This is the submitter ID number assigned by Alaska Medical Assistance.
		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	This number is assigned by Alaska Medical Assistance, and it will 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"	
218	ST		R	Transaction Set Header			
		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.)	This unique number is assigned by Alaska Medical Assistance.
219 & 107A	BHT		R	Beginning of Hierarchical 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
		BHT01	R	Hierarchical Structure Code	IG	“0078” - Information Source, Information Receiver, Subscriber, Dependent, Provider of Service, Services	
		BHT02	R	Transaction Set Purpose Code	IG	“11” - Response	
		BHT03	R	Reference Identification	IG	Submitter Transaction Identifier	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction.
		BHT04	R	Date	IG	Transaction Set Creation Date	This is the date Alaska Medical Assistance created the 278 Response transaction. Date expressed as CCYYMMDD.
		BHT05	R	Time	*	Transaction Set Creation Time	This is the time of day that Alaska Medical Assistance created the 278 Response transaction. Time expressed in 24-hour clock time as follows: HHMMSSDD
		BHT06	S	Transaction Type Code	IG	“18” - Response - No Further Updates to Follow “19” - Response - Further Updates to Follow “AT” - Administrative Action	
LOOP 2000A - UTILIZATION MANAGEMENT ORGANIZATION LEVEL							
221	HL		R	Utilization Management Organization (UMO) Level			
		HL01	R	Hierarchical Identification Number	IG	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.	HL01 will begin with ‘1’ and will be incremented by one each time an HL is used in the transaction.
		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.	
223	AAA		S	Request Validation			

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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
		AAA01	R	Yes/No Condition or Response Code	IG	<p>“N” - No This code is used to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03.</p> <p>“Y” - Yes This code is used to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.</p>	
		AAA03	R	Reject Reason Code	IG	<p>“04” - Authorized Quantity Exceeded “41” - Authorization/Access Restrictions “42” - Unable to Respond at Current Time “79” - Invalid Participant Identification</p>	
		AAA04	R	Follow-up Action Code	*	“C” - Please Correct and Resubmit	
LOOP 2000A - UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME							
225	NM1		R	Utilization Management Organization (UMO) Name			
		NM101	R	Entity Identifier Code	IG	“X3” - Utilization Management Organization	
		NM102	R	Entity Type Qualifier	*	“2” - Non person entity	
		NM103	S	Name Last or Organization Name	*	“AKMEDICAID FHSC”	“AKMEDICAID FHSC” in this field identifies Alaska Medical Assistance as UMO.
		NM104	S	Name First	X	Utilization Management Organization (UMO) First Name	Not Applicable for Alaska Medical Assistance
		NM105	S	Name Middle	X	Utilization Management Organization (UMO) Middle Name	Not Applicable for Alaska Medical Assistance
		NM107	S	Name Suffix	X	Utilization Management Organization (UMO) Name Suffix	Not Applicable for Alaska Medical Assistance
		NM108	R	Identification Code Qualifier	*	“PI” - Payor Identification	
		NM109	R	Identification Code	*	“AKMEDICAID FHSC”	“AKMEDICAID FHSC” in this field identifies Alaska Medical Assistance as UMO

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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
228	PER		S	Utilization Management Organization (UMO) Contact Information			
		PER01	R	Contact Function Code	IG	“IC” - Information Contact	
		PER02	S	Name	*	“AKMEDICAID FHSC”	“AKMEDICAID FHSC” in this field identifies Alaska Medical Assistance as UMO
		PER03	S	Communication Number Qualifier	IG	“EM” - Electronic Mail “FX” - Facsimile “TE” - Telephone	
		PER04	S	Communication Number	IG	UMO Contact Communication Number	
		PER05	S	Communication Number Qualifier	IG	“EM” - Electronic Mail “FX” - Facsimile “TE” - Telephone “EX” - Telephone Extension	
		PER06	S	Communication Number	IG	UMO Contact Communication Number	
		PER07	S	Communication Number Qualifier	IG	“EM” - Electronic Mail “FX” - Facsimile “TE” - Telephone “EX” - Telephone Extension	
		PER08	S	Communication Number	IG	UMO Contact Communication Number	
231	AAA		S	Utilization Management Organization (UMO) Request Validation			
		AAA01	R	Yes/No Condition or Response Code	IG	Valid Request Indicator “N” - No “Y” - Yes	
		AAA03	R	Reject Reason Code	IG	<See IG List>	
		AAA04	R	Follow-up Action Code	IG	“N” - Resubmission Not Allowed “P” - Please Resubmit Original Transaction “Y” - Do Not Resubmit; We will Hold Your Request and Respond Again Shortly	
LOOP 2000B - REQUESTER LEVEL							
234	HL		R	Requester Level			

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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 Identification Number	IG	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.	HL01 will begin with '1' and will be incremented by one each time an HL is used in the transaction.
		HL02	R	Hierarchical Parent Identification 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	"21" - Information Receiver	
		HL04	R	Hierarchical Child Code	IG	"1" - Additional Subordinate HL Data Segment in This Hierarchical Structure.	
LOOP 2010B - REQUESTER NAME							
236	NM1		R	Requester Name			
		NM101	R	Entity Identifier Code	IG	"1P" - Provider "FA" - Facility	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction.
		NM102	R	Entity Type Qualifier	IG	"1" - Person "2" - Non-Person Entity	See above.
		NM103	S	Name Last or Organization Name	IG	Requester Last or Organization Name	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		NM104	S	Name First	IG	Requester First Name	See above.
		NM105	S	Name Middle	IG	Requester Middle Name	See above.
		NM107	S	Name Suffix	IG	Requester Name Suffix	See above.
		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 National Provider Identifier	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction.
		NM109	R	Identification Code	IG	Requester Identification	See above.
239	REF		S	Requester Supplemental Identification			

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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	<See IG List>	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		REF02	R	Reference Identification	IG	Requester Supplemental Identifier	See above.
241	AAA		S	Requester Request Validation			
		AAA01	R	Yes/No Condition or Response Code	IG	Valid Request Indicator “N” - No “Y” - Yes	
		AAA03	R	Reject Reason Code	IG	<See IG List>	
		AAA04	R	Follow-up Action	*	“C” - Please Correct and Submit	
243	PRV		S	Requester Provider Information			
		PRV01	R	Provider Code	IG	Code identifying the type of provider <See IG List>	
		PRV02	R	Reference Identification Qualifier	IG	“ZZ” - Mutually Defined Health Care Provider Taxonomy Code List	
		PRV03	R	Reference Identification	IG	Provider Taxonomy Code	
LOOP 2000C - SUBSCRIBER LEVEL							
245	HL		R	Subscriber Level			
		HL01	R	Hierarchical Identification Number	IG	Identification number of the next higher hierarchical data segment to which the data segment being described is subordinate.	HL01 will begin with ‘1’ and will be incremented by one each time an HL is used in the transaction.
		HL02	R	Hierarchical Parent Identification Number	IG	Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	
		HL03	R	Hierarchical Level Code	IG	“22” - Subscriber	
		HL04	R	Hierarchical Child Code	IG	“1” - Additional Subordinate HL Data Segment in This Hierarchical Structure.	
108A	TRN		S	Patient Event Tracking Number			

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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
		TRN01	R	Trace Type Code	*	“2” - Referenced transaction Trace number	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		TRN02	R	Reference Identification	IG	Patient Event Tracking Number	See above.
		TRN03	R	Originating Company Identifier	IG	Trace Assigning Entity Number	See above.
		TRN04	S	Reference Identification	IG	Trace Assigning Entity Additional Identifier	See above.
247	AAA		S	Subscriber Request Validation			
		AAA01	R	Yes/No Condition or Response Code	IG	Valid Request Indicator “N” - No “Y” - Yes	
		AAA03	R	Reject Reason Code	IG	“15” - Required Application Data Missing “33” - Input Errors “56” - Inappropriate Date	
		AAA04	R	Follow-up Action	*	“C” - Please Correct and Submit	
249	DTP		S	Accident Date			The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		DTP01	R	Date/Time Qualifier	IG	“439” - Accident	See above.
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	See above.
		DTP03	R	Date Time Period	IG	Accident Date	See above.
250	DTP		S	Last Menstrual Period Date			The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		DTP01	R	Date/Time Qualifier	IG	“484” - Last Menstrual Period	See above.
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	See above.
		DTP03	R	Date Time Period	IG	Last Menstrual Period Date	See above.

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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
251	DTP		S	Estimated Date of Birth			The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		DTP01	R	Date/Time Qualifier	IG	“ABC” - Estimated Date of Birth	See above.
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	See above.
		DTP03	R	Date Time Period	IG	Estimated Birth Date	See above.
252	DTP		S	Onset of Current Symptoms or Illness Date			The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		DTP01	R	Date/Time Qualifier	IG	“431” - Onset of Current Symptoms or Illness	See above.
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	See above.
		DTP03	R	Date Time Period	IG	Onset Date	See above.
111A	HI		S	Subscriber Diagnosis			The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction.
		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 “L01” - Logical Observation Identifier Names Codes (LOINC)	
		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			

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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
		HI02-1	R	Code List Qualifier Code	IG	Diagnosis Type Code “BF” - Diagnosis “BJ” - Admitting Diagnosis “BK” - Principal Diagnosis “L01” - Logical Observation Identifier Names Codes (LOINC)	
		HI02-2	R	Industry Code	IG	Diagnosis Code	
		HI02-3	S	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI02-4	S	Date Time Period	IG	Diagnosis Date	
		HI03	S	Health Care Code Information			
		HI03-1	R	Code List Qualifier Code	IG	Diagnosis Type Code “BF” - Diagnosis “BJ” - Admitting Diagnosis “BK” - Principal Diagnosis “L01” - Logical Observation Identifier Names Codes (LOINC)	
		HI03-2	R	Industry Code	IG	Diagnosis Code	
		HI03-3	S	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI03-4	S	Date Time Period	IG	Diagnosis Date	
		HI04	S	Health Care Code Information			
		HI04-1	R	Code List Qualifier Code	IG	Diagnosis Type Code “BF” - Diagnosis “BJ” - Admitting Diagnosis “BK” - Principal Diagnosis “L01” - Logical Observation Identifier Names Codes (LOINC)	
		HI04-2	R	Industry Code	IG	Diagnosis Code	
		HI04-3	S	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI04-4	S	Date Time Period	IG	Diagnosis Date	
		HI05	S	Health Care Code Information			

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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
		HI05-1	R	Code List Qualifier Code	IG	Diagnosis Type Code “BF” - Diagnosis “BJ” - Admitting Diagnosis “BK” - Principal Diagnosis “L01” - Logical Observation Identifier Names Codes (LOINC)	
		HI05-2	R	Industry Code	IG	Diagnosis Code	
		HI05-3	S	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI05-4	S	Date Time Period	IG	Diagnosis Date	
		HI06	S	Health Care Code Information			
		HI06-1	R	Code List Qualifier Code	IG	Diagnosis Type Code “BF” - Diagnosis “BJ” - Admitting Diagnosis “BK” - Principal Diagnosis “L01” - Logical Observation Identifier Names Codes (LOINC)	
		HI06-2	R	Industry Code	IG	Diagnosis Code	
		HI06-3	S	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI06-4	S	Date Time Period	IG	Diagnosis Date	
		HI07	S	Health Care Code Information			
		HI07-1	R	Code List Qualifier Code	IG	Diagnosis Type Code “BF” - Diagnosis “BJ” - Admitting Diagnosis “BK” - Principal Diagnosis “L01” - Logical Observation Identifier Names Codes (LOINC)	
		HI07-2	R	Industry Code	IG	Diagnosis Code	
		HI07-3	S	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI07-4	S	Date Time Period	IG	Diagnosis Date	
		HI08	S	Health Care Code Information			

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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
		HI08-1	R	Code List Qualifier Code	IG	Diagnosis Type Code “BF” - Diagnosis “BJ” - Admitting Diagnosis “BK” - Principal Diagnosis “L01” - Logical Observation Identifier Names Codes (LOINC)	
		HI08-2	R	Industry Code	IG	Diagnosis Code	
		HI08-3	S	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI08-4	S	Date Time Period	IG	Diagnosis Date	
		HI09	S	Health Care Code Information			
		HI09-1	R	Code List Qualifier Code	IG	Diagnosis Type Code “BF” - Diagnosis “BJ” - Admitting Diagnosis “BK” - Principal Diagnosis “L01” - Logical Observation Identifier Names Codes (LOINC)	
		HI09-2	R	Industry Code	IG	Diagnosis Code	
		HI09-3	S	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI09-4	S	Date Time Period	IG	Diagnosis Date	
		HI10	S	Health Care Code Information			
		HI10-1	R	Code List Qualifier Code	IG	Diagnosis Type Code “BF” - Diagnosis “BJ” - Admitting Diagnosis “BK” - Principal Diagnosis “L01” - Logical Observation Identifier Names Codes (LOINC)	
		HI10-2	R	Industry Code	IG	Diagnosis Code	
		HI10-3	S	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI10-4	S	Date Time Period	IG	Diagnosis Date	
		HI11	S	Health Care Code Information			

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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
		HI11-1	R	Code List Qualifier Code	IG	Diagnosis Type Code “BF” - Diagnosis “BJ” - Admitting Diagnosis “BK” - Principal Diagnosis “L01” - Logical Observation Identifier Names Codes (LOINC)	
		HI11-2	R	Industry Code	IG	Diagnosis Code	
		HI11-3	S	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI11-4	S	Date Time Period	IG	Diagnosis Date	
		HI12	S	Health Care Code Information			
		HI12-1	R	Code List Qualifier Code	IG	Diagnosis Type Code “BF” - Diagnosis “BJ” - Admitting Diagnosis “BK” - Principal Diagnosis “L01” - Logical Observation Identifier Names Codes (LOINC)	
		HI12-2	R	Industry Code	IG	Diagnosis Code	
		HI12-3	S	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI12-4	S	Date Time Period	IG	Diagnosis Date	
124A	PWK		S	Additional Patient Information			
		PWK01	R	Report Type Code	IG	Attachment Report Type Code <See IG List>	
		PWK02	R	Report Transmission Code	*	Attachment Transmission Code “FX” - By Fax	Please fax information to FHSC PA Unit at (907) 563-9543
		PWK05	S	Identifier Code Qualifier	IG	“AC” - Attachment Control Number	
		PWK06	S	Identification Code	IG	Attachment Control Number	
		PWK07	S	Description	IG	Attachment Description	
LOOP 2010CA - SUBSCRIBER NAME							
129A	NM1		R	Subscriber Name			
		NM101	R	Entity Identifier Code	IG	“IL” - Subscriber	
		NM102	R	Entity Type Qualifier	IG	“1” - Person	

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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
		NM103	S	Name Last or Organization Name	IG	Subscriber Last Name	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		NM104	S	Name First	IG	Subscriber First Name	See above.
		NM105	S	Name Middle	IG	Subscriber Middle Name	See above.
		NM107	S	Name Suffix	IG	Subscriber Name Suffix	See above.
		NM108	R	Identification Code Qualifier	*	“MI” - Member Identification Number	
		NM109	R	Identification Code	*	Recipient Identification Number	Returned Recipient ID from Alaska MMIS
132A	REF		S	Subscriber Supplemental Identification			
		REF01	R	Reference Identification Qualifier	IG	Code qualifying the Reference Identification <See IG List>	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		REF02	R	Reference Identification	IG	Subscriber Supplemental Identifier	See above.
134A	AAA		S	Subscriber Request Validation			
		AAA01	R	Yes/No Condition or Response Code	IG	Valid Request Indicator “N” - No “Y” - Yes	
		AAA03	R	Reject Reason Code	IG	<See IG List>	
		AAA04	R	Follow-up Action	IG	“C” - Please correct and submit	
136A	DMG		S	Subscriber Demographic Information			
		DMG01	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		DMG02	R	Date Time Period	IG	Subscriber Birth Date	See above.

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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
		DMG03	S	Gender Code	IG	Subscriber Gender Code “F” - Female “M” - Male “U” - Unknown	See above.
LOOP 2010CB - ADDITIONAL PATIENT INFORMATION CONTACT NAME							This Loop is not applicable for Alaska Medical Assistance.
LOOP 2000D - DEPENDENT LEVEL							For Alaska Medical Assistance each recipient is assigned a unique ID number, therefore the patient is considered as subscriber for all HIPAA transactions. Refer to the Subscriber Level (Loop 2000C) to identify the patient.
LOOP 2010DA - DEPENDENT NAME							For Alaska Medical Assistance each recipient is assigned a unique ID number, therefore the patient is considered as subscriber for all HIPAA transactions. Refer to Subscriber Name (Loop 2010CA) to identify the patient.
LOOP 2010DB - ADDITIONAL PATIENT INFORMATION CONTACT NAME							This loop is not applicable for Alaska Medical Assistance.
LOOP 2000E - SERVICE PROVIDER LEVEL							
300	HL		R	Service Provider Level			
		HL01	R	Hierarchical Identification Number	IG	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.	HL01 will begin with ‘1’ and will be incremented by one each time an HL is used in the transaction.
		HL02	R	Hierarchical Parent Identification 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	

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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
		HL04	R	Hierarchical Child Code	IG	“1” - Additional Subordinate HL Data Segment in This Hierarchical Structure.	
302	MSG		S	Message Text			
		MSG01	R	Free-Form Message Text	IG	Free Form Message Text	
LOOP 2010E - SERVICE PROVIDER NAME							
303	NM1		R	Service Provider Name			
		NM101	R	Entity Identifier Code	IG	“1T” - Physician, Clinic or Group Practice “FA” - Facility “SJ” - Service Provider	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		NM102	R	Entity Type Qualifier	IG	“1” - Person “2” - Non-Person	See above.
		NM103	S	Name Last or Organization Name	IG	Service Provider Last or Organization Name	See above.
		NM104	S	Name First	IG	Service Provider First Name	See above.
		NM105	S	Name Middle	IG	Service Provider Middle Name	See above.
		NM107	S	Name Suffix	IG	Service Provider Name Suffix	See above.
		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	See above. None of these primary identifiers are recognized in the current Alaska Medical Assistance System; therefore the secondary identification segment below (REF01/REF02) will be completed to supply the Medicaid Provider Identification Number.
		NM109	S	Identification Code	IG	Service Provider Identifier	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
306	REF		S	Service Provider Supplemental Identification			
		REF01	R	Reference Identification Qualifier	*	“ZH” - Carrier Assigned Reference Number Use for the provider ID as assigned by the UMO identified in Loop 2000A.	

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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	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned. Servicing Provider's Medicaid Provider Number will be reported here.
308	N3		S	Service Provider Address			
		N301	R	Address Information	IG	Service Provider Address Line	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		N302	S	Address Information	IG	Service Provider Address Line	See above.
309	N4		S	Service Provider City/State/Zip Code			
		N401	S	City Name	IG	Service Provider City Name	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		N402	S	State or Province Code	IG	Service Provider State or Province Code	See above.
		N403	S	Postal Code	IG	Service Provider Postal Zone or ZIP Code	See above.
		N404	S	Country Code	IG	Service Provider Country Code Use only if the address is out of the U.S.	See above.
311	PER		S	Service Provider Contact Information			
		PER01	R	Contact Function Code	IG	"IC" - Contact Information	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		PER02	S	Name	IG	Service Provider Contact Name	See above.
		PER03	S	Communication Number Qualifier	IG	"EM" - Electronic mail "FX" - Facsimile "TE" - Telephone	See above.

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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
		PER04	S	Communication Number	IG	Service Provider Contact Communication Number	See above.
		PER05	S	Communication Number Qualifier	IG	“EM” - Electronic mail “FX” - Facsimile “TE” - Telephone “EX” - Telephone Extension	See above.
		PER06	S	Communication Number	IG	Service Provider Contact Communication Number	See above.
		PER07	S	Communication Number Qualifier	IG	“EM” - Electronic mail “FX” - Facsimile “TE” - Telephone “EX” - Telephone Extension	See above.
		PER08	S	Communication Number	IG	Service Provider Contact Communication Number	See above.
314	AAA		S	Service Provider Request Validation			
		AAA01	R	Yes/No Condition or Response Code	IG	Valid Request Indicator “N” – No “Y” - Yes	
		AAA03	R	Reject Reason Code	IG	<See IG List>	
		AAA04	R	Follow-up Action	*	“C” - Please Correct and Submit	
316	PRV		S	Service Provider Information			
		PRV01	R	Provider Code	X	Code identifying the type of provider <See IG List>	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		PRV02	R	Reference Identification Qualifier	X	“ZZ” - Mutually Defined Health Care Provider Taxonomy Code list.	See above.
		PRV03	R	Reference Identification	X	Provider Taxonomy Code	See above.
LOOP 2000F - SERVICE LEVEL							
318	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 will begin with ‘1’ and will be incremented by one each time an HL 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 that the data segment being described is subordinate to	
		HL03	R	Hierarchical Level Code	IG	“SS” - Services	
		HL04	R	Hierarchical Child Code	IG	“0” - No Subordinate HL Segment in This Hierarchical Structure.	
320	TRN		S	Service Trace Number			
		TRN01	R	Trace Type Code	*	“2” - Referenced Transaction Trace Numbers	
		TRN02	R	Reference Identification	IG	Service Trace Number	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		TRN03	R	Originating Company Identifier	IG	Trace Assigning Entity Identifier	See above.
		TRN04	S	Reference Identification	IG	Trace Assigning Entity Additional Identifier	See above.
323	AAA		S	Service Request Validation			
		AAA01	R	Yes/No Condition or Response Code	IG	Valid Request Indicator “N” - No “Y” - Yes	
		AAA03	R	Reject Reason Code	IG	<See IG List>	
		AAA04	R	Follow-up Action	*	“C” - Please Correct and Submit	
325	UM		R	Health Care Services Review Information			
		UM01	R	Request Category Code	*	“HS” - Health Services Review	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		UM02	R	Certification Type Code	IG	“1” – Appeal Immediate “2” – Appeal Standard “3” – Cancel “4” – Extension “I” – Initial “R” – Renewal “S” – Revised	See above.

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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
		UM03	S	Service Type Code	IG	Code identifying the classification of service <See IG List>	See above.
		UM04	S	Health Care Service Location Information			See above.
		UM04-1	R	Facility Code Value	IG	Facility Type Code	See above.
		UM04-2	R	Facility Code Qualifier	IG	“A” - Uniform Billing Claim Form Bill Type “B” - Place of service code from the FAO record of the Electronic Media Claims National Standard Format	See above.
		UM06	S	Level of Service Code	IG	“03” - Emergency “U” - Urgent	See above.
191A	HCR		S	Health Care Services Review			Required if UMO has reviewed the request. This segment provides review outcome information and an associated reference number.
		HCR01	R	Action Code	IG	Certification Action Code <See IG List>	
		HCR02	S	Reference Identification	IG	Certification Number	
		HCR03	S	Reject Reason Code	IG	<See IG List>	
		HCR04	S	Yes/No Condition or Response	IG	Second Surgical Opinion Indicator “N” - No “Y” - Yes	
334	REF		S	Previous Certification Identification			
		REF01	R	Reference Identification Qualifier	IG	“BB” - Authorization Number	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		REF02	R	Reference Identification	IG	Previous Certification Identifier	See above.
335	DTP		S	Service Date			Use this segment for the valid date(s) during which the service can be performed.
		DTP01	R	Date/Time Qualifier	IG	“472” - Service	
		DTP02	R	Date Time Period Format Qualifier	IG	“RD8” - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
		DTP03	R	Date time period	IG	Service Date	
337	DTP		S	Admission 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
		DTP01	R	Date/Time Qualifier	IG	“435” - Admission	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Proposed or Actual Admission Date	
339	DTP		S	Discharge Date			
		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	
341	DTP		S	Surgery Date			
		DTP01	R	Date/Time Qualifier	IG	“456” - Surgery	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Proposed or Actual Surgery Date	
343	DTP		S	Certificate Issue Date			
		DTP01	R	Date/Time Qualifier	IG	“102” - Issue	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	*	Certification Issue Date	Prior Authorization Approval Date by Alaska Medical Assistance.
344	DTP		S	Certificate Expiration Date			
		DTP01	R	Date/Time Qualifier	IG	“036” - Expiration	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	*	Certification Expiration Date	Prior Authorization Expiration Date.
345	DTP		S	Certificate Effective Date			
		DTP01	R	Date/Time Qualifier	IG	“007” - Effective	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	*	Certification Effective Date	Prior Authorization Effective Date
346 & 194A	HI		S	Procedures			
		HI01	R	Health Care Code Information		<PROCEDURE CODE 1>	

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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
		HI01-1	R	Code List Qualifier Code	IG	<See IG List>	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		HI01-2	R	Industry Code	*	Procedure Code	
		HI01-3	S	Date Time Period Format Qualifier	IG	“RD8” - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
		HI01-4	S	Date Time Period	IG	Procedure Date	
		HI01-5	S	Monetary Amount	IG	Procedure Monetary Amount	
		HI01-6	S	Quantity	IG	Procedure Quantity or Units	
		HI01-7	S	Version Identifier	IG	Version, Release, or Industry Identifier	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		HI02	R	Health Care Code Information		<PROCEDURE CODE 2>	
		HI02-1	R	Code List Qualifier Code	IG	<See IG List>	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		HI02-2	R	Industry Code	IG	Procedure Code	
		HI02-3	S	Date Time Period Format Qualifier	IG	“RD8” - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
		HI02-4	S	Date Time Period	IG	Procedure Date	
		HI02-5	S	Monetary amount	IG	Procedure Monetary Amount	
		HI02-6	S	Quantity	IG	Procedure Quantity or Units	
		HI02-7	S	Version Identifier	IG	Version, Release, or Industry Identifier	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		HI03	R	Health Care Code Information		<PROCEDURE CODE 3>	

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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
		HI03-1	R	Code List Qualifier Code	IG	<See IG List>	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		HI03-2	R	Industry Code	IG	Procedure Code	
		HI03-3	S	Date Time Period Format Qualifier	IG	“ RD8 ” - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
		HI03-4	S	Date Time Period	IG	Procedure Date	
		HI03-5	S	Monetary Amount	IG	Procedure Monetary Amount	
		HI03-6	S	Quantity	IG	Procedure Quantity or Units	
		HI03-7	S	Version Identifier	IG	Version, Release, or Industry Identifier	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		HI04	R	Health Care Code Information		< PROCEDURE CODE 4 >	
		HI04-1	R	Code List Qualifier Code	IG	<See IG List>	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		HI04-2	R	Industry Code	IG	Procedure Code	
		HI04-3	S	Date Time Period Format Qualifier	IG	“ RD8 ” - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
		HI04-4	S	Date Time Period	IG	Procedure Date	
		HI04-5	S	Monetary Amount	IG	Procedure Monetary Amount	
		HI04-6	S	Quantity	IG	Procedure Quantity or Units	
		HI04-7	S	Version Identifier	IG	Version, Release, or Industry Identifier	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		HI05	R	Health Care Code Information		< PROCEDURE CODE 5 >	

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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
		HI05-1	R	Code List Qualifier Code	IG	<See IG List>	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		HI05-2	R	Industry Code	IG	Procedure Code	
		HI05-3	S	Date Time Period Format Qualifier	IG	“RD8” - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
		HI05-4	S	Date Time Period	IG	Procedure Date	
		HI05-5	S	Monetary Amount	IG	Procedure Monetary Amount	
		HI05-6	S	Quantity	IG	Procedure Quantity or Units	
		HI05-7	S	Version Identifier	IG	Version, Release, or Industry Identifier	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		HI06	R	Health Care Code Information		<PROCEDURE CODE 6>	
		HI06-1	R	Code List Qualifier Code	IG	<See IG List>	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		HI06-2	R	Industry Code	IG	Procedure Code	
		HI06-3	S	Date Time Period Format Qualifier	IG	“RD8” - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
		HI06-4	S	Date Time Period	IG	Procedure Date	
		HI06-5	S	Monetary Amount	IG	Procedure Monetary Amount	
		HI06-6	S	Quantity	IG	Procedure Quantity or Units	
		HI06-7	S	Version Identifier	IG	Version, Release, or Industry Identifier	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		HI07	R	Health Care Code Information		<PROCEDURE CODE 7>	

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		HI07-1	R	Code List Qualifier Code	IG	<See IG List>	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		HI07-2	R	Industry Code	IG	Procedure Code	
		HI07-3	S	Date Time Period Format Qualifier	IG	“RD8” - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
		HI07-4	S	Date Time Period	IG	Procedure Date	
		HI07-5	S	Monetary Amount	IG	Procedure Monetary Amount	
		HI07-6	S	Quantity	IG	Procedure Quantity or Units	
		HI07-7	S	Version Identifier	IG	Version, Release, or Industry Identifier	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		HI08	R	Health Care Code Information		<PROCEDURE CODE 8>	
		HI08-1	R	Code List Qualifier Code	IG	<See IG List>	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		HI08-2	R	Industry Code	IG	Procedure Code	
		HI08-3	S	Date Time Period Format Qualifier	IG	“RD8” - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
		HI08-4	S	Date Time Period	IG	Procedure Date	
		HI08-5	S	Monetary Amount	IG	Procedure Monetary Amount	
		HI08-6	S	Quantity	IG	Procedure Quantity or Units	
		HI08-7	S	Version Identifier	IG	Version, Release, or Industry Identifier	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		HI09	R	Health Care Code Information		<PROCEDURE CODE 9>	

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		HI09-1	R	Code List Qualifier Code	IG	<See IG List>	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		HI09-2	R	Industry Code	IG	Procedure Code	
		HI09-3	S	Date Time Period Format Qualifier	IG	“ RD8 ” - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
		HI09-4	S	Date Time Period	IG	Procedure Date	
		HI09-5	S	Monetary Amount	IG	Procedure Monetary Amount	
		HI09-6	S	Quantity	IG	Procedure Quantity or Units	
		HI09-7	S	Version Identifier	IG	Version, Release, or Industry Identifier	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		HI10	R	Health Care Code Information		< PROCEDURE CODE 10 >	
		HI10-1	R	Code List Qualifier Code	IG	<See IG List>	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		HI10-2	R	Industry Code	IG	Procedure Code	
		HI10-3	S	Date Time Period Format Qualifier	IG	“ RD8 ” - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
		HI10-4	S	Date Time Period	IG	Procedure Date	
		HI10-5	S	Monetary Amount	IG	Procedure Monetary Amount	
		HI10-6	S	Quantity	IG	Procedure Quantity or Units	
		HI10-7	S	Version Identifier	IG	Version, Release, or Industry Identifier	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		HI11	R	Health Care Code Information		< PROCEDURE CODE 11 >	

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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
		HI11-1	R	Code List Qualifier Code	IG	<See IG List>	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		HI11-2	R	Industry Code	IG	Procedure Code	
		HI11-3	S	Date Time Period Format Qualifier	IG	“RD8” - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
		HI11-4	S	Date Time Period	IG	Procedure Date	
		HI011-5	S	Monetary Amount	IG	Procedure Monetary Amount	
		HI11-6	S	Quantity	IG	Procedure Quantity or Units	
		HI11-7	S	Version Identifier	IG	Version, Release, or Industry Identifier	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		HI12	R	Health Care Code Information		<PROCEDURE CODE 12>	
		HI12-1	R	Code List Qualifier Code	IG	<See IG List>	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
		HI12-2	R	Industry Code	IG	Procedure Code	
		HI12-3	S	Date Time Period Format Qualifier	IG	“RD8” - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
		HI12-4	S	Date Time Period	IG	Procedure Date	
		HI012-5	S	Monetary Amount	IG	Procedure Monetary Amount	
		HI12-6	S	Quantity	IG	Procedure Quantity or Units	
		HI12-7	S	Version Identifier	IG	Version, Release, or Industry Identifier	The value reported here will be the same value that was received by Alaska Medical Assistance in the 278 Request transaction. If no value was received in the 278 Request transaction, nothing will be returned.
362	HSD		S	Health Care Services Delivery			

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		HSD01	S	Quantity Qualifier	IG	“DY” - Days “FL” - Units “HS” - Hours “MN” - Month “VS” - Visits	
		HSD02	S	Quantity	IG	Service Unit Count	
		HSD03	S	Unit or Basis for Measurement Code	IG	“DA” - Days “MO” - Months “WK” - Week	
		HSD04	S	Sample Selection Modulus	IG	Sampling Frequency in terms of a modulus of the Unit of Measure	
		HSD05	S	Time Period Qualifier	IG	<See IG List>	
		HSD06	S	Number of Periods	IG	Period Count	
		HSD07	S	Ship/Delivery or Calendar Pattern Code	IG	Ship, Delivery or Calendar Pattern Code <See IG List>	
		HSD08	S	Ship/Delivery Pattern Time Code	IG	Refer I. Delivery Pattern Time Code <See IG List>G. Pages 366 for valid values	
367	CL1		S	Institutional Claim Code			
		CL101	S	Admission Type Code	IG	Refer to Code Source 231 : Admission Type Code	
		CL102	S	Admission Source Code	IG	Refer to Code Source 230 : Admission Source Code	
		CL103	S	Patient Status Code	IG	Refer to Code Source 239 : Patient Status Code	
		CL104	S	Nursing Home Residential Status Code	IG	<See IG List>	
369	CR1		S	Ambulance Transport Information			
		CR103	R	Ambulance Transport Code	IG	“I” - Initial Trip “R” - Return Trip “T” - Transfer Trip “X” - Round Trip	
		CR105	S	Unit or Basis for Measurement Code	IG	“DH” - Miles “DK” - Kilometers	
		CR106	S	Quantity	IG	Transport Distance	
		CR107	S	Address Information	IG	Ambulance Trip Origin Address	

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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
		CR108	S	Address Information	IG	Ambulance Trip Destination Address	
371	CR2		S	Spinal Manipulation Service Information			
		CR201	S	Count	IG	Treatment Series Number	
		CR202	S	Quantity	IG	Treatment Count	
		CR203	S	Subluxation Level Code	IG	<See IG List>	
		CR204	S	Subluxation Level Code	IG	<See IG List>	
		CR205	S	Unit or Basis for Measurement Code	IG	“DA” - Days “MO” - Months “WK” - Week “YR” - Years	
		CR206	S	Quantity	IG	Treatment Period Count	
		CR207	S	Quantity	IG	Monthly Treatment Count	
376	CR5		S	Home Oxygen Therapy Information			
		CR503	S	Oxygen Equipment Type Code	IG	<See IG List>	
		CR504	S	Oxygen Equipment Type Code	IG	<See IG List>	
		CR505	S	Description	IG	Equipment Reason Description	
		CR506	R	Quantity	IG	Oxygen Flow Rate	
		CR507	S	Quantity	IG	Daily Oxygen Use Count	
		CR508	S	Quantity	IG	Oxygen Use Period Hour Count	
		CR509	S	Description	IG	Respiratory Therapist Order Text	
		CR516	S	Quantity	IG	Portable Oxygen System Flow Rate	
		CR517	R	Oxygen Delivery System Code	IG	“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	IG	<See IG List>	
380	CR6		S	Home Health Care Information			
		CR601	R	Prognosis Code	IG	<See IG List>	

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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
		CR602	R	Date	IG	Service From Date CCYYMMDDDD	
		CR603	S	Date Time Period Format Qualifier	IG	“RD8” - Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD	
		CR604	S	Date Time Period	IG	Home Health Certification Period	
		CR607	R	Yes/No Condition or Response Code	IG	Medicare Coverage Indicator “N” - No “U” - Unknown “Y” - Yes	
		CR608	R	Certification Type Code	IG	<See IG List>	
217A	PWK		S	Additional Service Information			
		PWK01	R	Report Type Code	IG	Attachment Report Type Code <See IG List>	
		PWK02	R	Report Transmission Code	IG	Attachment Transmission Code “FX” - By Fax	
		PWK05	S	Identifier Code Qualifier	IG	“AC” - Attachment Control Number	
		PWK06	S	Identification Code	IG	Attachment Control Number	
		PWK07	S	Description	IG	Attachment Description	
383	MSG		S	Message Text			
		MSG01	R	Free-Form Message Text	IG	Free Form Message Text	
				LOOP 2010F - ADDITIONAL SERVICE INFORMATION CONTACT NAME			This Loop is not applicable for Alaska Medical Assistance
384	SE		R	Transaction Set Trailer			
		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.10	GE		R	Functional Group Trailer			
		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)	

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B.7	IEA		R	Interchange Control Trailer			
		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)	