Oscar

278/275 EDI COMPANION GUIDE

(Refers to the Implementation Guides based on ASC X12 278 Version 005010X217) Health Care Authorization Request for Review and Response (278) and (Implementation Guides based on ASC X12 275 Version 006020) Medical Attachments (275: Medical Attachments).

Disclosure Statement:

This Companion Guide has been prepared for Oscar Health partners who are ready to participate in 278 Request for Authorization Review and Response and 275: Medical Attachments transactions. It is in conjunction with the ASC X12 5010 version of HIPAA Technical Report Type 3 for 278x217 and the ASC X12 6020 version of HIPAA Technical Report Type 3.

Oscar currently uses Availity as its exclusive clearinghouse for managing 278 and 275 EDI transactions. This guide provides the instructions you need to get connected and begin sending and receiving standard 278 Request and Response transactions and 275: Medical Attachments through Availity. Please review the entire guide to ensure you can take full advantage of the system's capabilities.

Changes to this document will be incorporated and published as a newer version at
https://www.hioscar.com/en/asset/EDI

Preface:

Oscar Health offers EDI 278 Request for Authorization Review and Response and 275: Medical Attachments as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that supplements Technical Report Type 3 (TR3) of 5010 (278x217) and 6020 (275: Medical Attachment).

This Companion Guide to the 278x217 v5010 ASC X12N and 275: Medical Attachment v6020 Implementation Guides clarifies and specifies the data content when exchanging electronically with Oscar Health. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N and v6020 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides.

This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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1. INTRODUCTION

<u>Scope</u>

This Companion Guide has been prepared for Oscar Health trading partners who are submitting the Request for Authorization review 278 ASC X12 and 275: Medical Attachments electronically. It provides all necessary information regarding inquiry submission to Oscar Health. It can be used to clarify and get relevant information about transactions and operating rules.

<u>Overview</u>

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that all health insurance payers in the United States comply with the EDI standards as established by the Secretary of Health and Human Services (HHS). This guide is meant to be used in conjunction with the Health Care Services Review request for

Review and Response (278) and 275: Medical Attachments instructions established by the ASC X12 Standards for EDI.

This Companion Guide covers the following topics.

- Connection and Exchange of Data
- 278x217 Configuration Details
- 275: Medical Attachments Configuration Details
- File Testing and Validation
- Production 278 Requests and Updates
- Example 278x217 Requests and Responses
- Support

Please refer to the full ASC X12 005010X217 guide for the full collection of industry standard details for a 278 file. http://www.x12.org

2. GETTING STARTED

Working with Oscar Health

Oscar Health currently uses Availity as its exclusive clearinghouse for managing 278 EDI transactions.

This guide includes the instructions you will need to get connected and start sending/receiving standard 278 request transactions with Availity. Please read the entire guide so you may take advantage of the full functionality of the system.

Clearinghouse connection

Physicians and health care professionals should contact their current clearinghouse vendor to discuss their ability to support 278 transactions, as well as associated time frames for implementation, costs, etc.

Trading partner registration

Before submitting or receiving a 278 transaction, you must register as a trading partner with Availity. For registration instructions, see:

Availity® Health Information Network Batch Electronic Data Interchange (EDI) Standard Companion Guide: www.availity.com/documents/edi_guide.pdf

Availity.com Specification & Design Document: Vendor Business-to-Business Specifications — Basic: support.availity.com/servlet/fileField?id=0BE60000000PKre

If you have questions not answered in the guides, please visit www.Availity.com or call 1-800-282-4548.

Certification and testing overview

Availity requires that all vendors and high-volume senders pass HIPAA compliance and integration testing before submitting transactions to Availity. This testing ensures that your translated HIPAA ASC X12 transactions can pass HIPAA standards validation and any applicable payer-specific edits that Availity performs on the payer's behalf. This testing is coordinated through the Availity Client Services Department (1-800-282-4548).

3. TESTING WITH OSCAR HEALTH

All testing with Oscar Health is completed via our clearinghouse, Availity.

<u>File submission methods</u>

Availity offers three methods for you to send and receive transactions: secure file transfer protocol (SFTP), FTP + PGP and web upload. If you want to use SFTP, you will need to obtain a user ID and password from the Availity implementation analyst who is assisting with testing.

- SFTP – This method involves logging in to the appropriate Availity file transfer protocol (FTP) site using an SFTP client. SFTP allows you to send and receive files securely using port 9922. You do not need to log in to Availity to use SFTP. For more details on sending and receiving files using this method, please review this document:

  Availity® Health Information Network Batch Electronic Data Interchange (EDI) Standard Companion Guide: www.availity.com/documents/edi_guide.pdf

- FTP + PGP – For FTP, you must use the PGP encryption method to ensure security, provide a PGP key to Availity for decryption purposes and send the encrypted file to the appropriate Availity FTP site using an FTP application. For more details, please review this document:

  Availity® Health Information Network Batch Electronic Data Interchange (EDI) Standard Companion Guide: www.availity.com/documents/edi_guide.pdf

- Web upload – This method allows you to send files and receive reports, acknowledgments and transactions from Availity without installing additional software. You must have Internet access and an Availity user ID and password to use Web upload.

It is strongly recommended that you check your transactions for compliance to 005010 standards using a compliance checker.

4. CONNECTIVITY/COMMUNICATIONS WITH OSCAR HEALTH

<u>Process Flow</u>

The process flow for the 278x217 transaction exchange will involve three separate entities:

Oscar Health, the healthcare provider or clearinghouse sending the benefit request, and Availity. Availity will serve as an intermediary between the request source and Oscar Health, exchanging the benefit request and Oscar Health's benefit response through its secure connections with both entities.
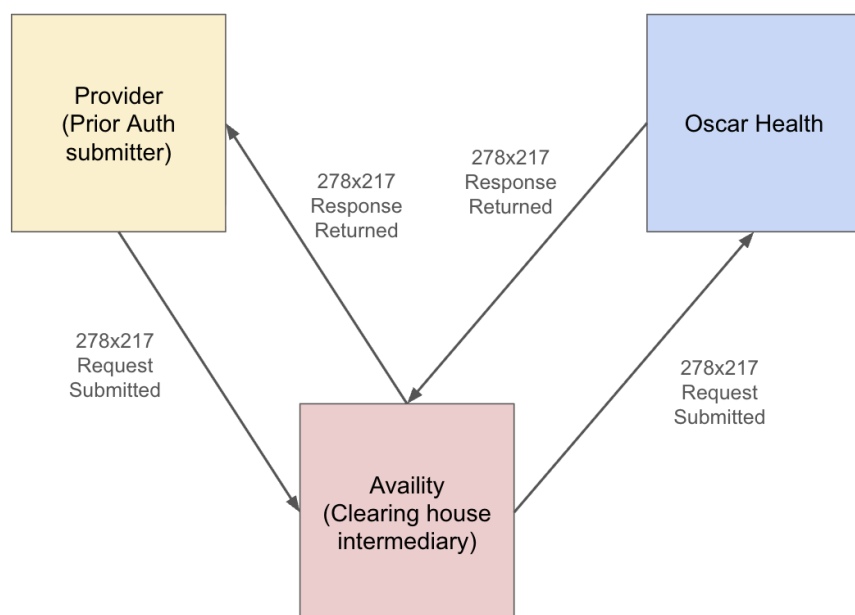
Retransmission Procedure

Retransmissions should be made on the following occasions:

• Connectivity failure
• A 999 response is not received.
• If partner needs to submit inquiry again

System Maintenance

In the case that Maintenance is required, the Oscar Health Maintenance Window schedule begins on Saturdays at 6 PM and ends on Sundays by 10 PM. SFTP will be unavailable periodically during this time.

Availity Trading Partner transaction issues and scheduled maintenance are communicated via the Payer Notifications Status.

https://payernetworkstatus.availity.com/

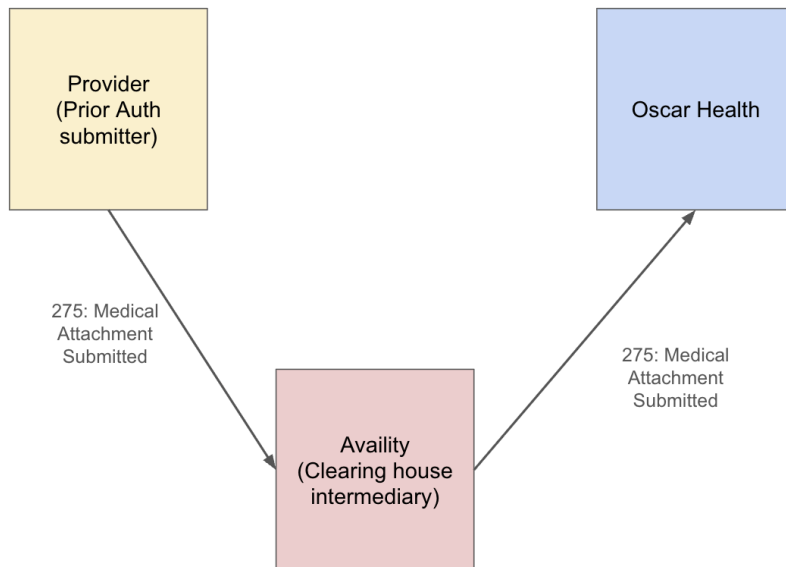5. 275: MEDICAL ATTACHMENTS

Overview

Oscar Health will accept 275: Medical Attachments associated with 278x217 EDI files submitted through the Availity Gateway.

275: Medical Attachments contain both Base64 encoded attachments and metadata that includes an ACN (Attachment Control Number) which connects the 275 and the 278.

Required Values

The required values for the Attachment Control Number (ACN) must be included in the PWK06 element for the 278 transaction and the TRN02 element in the 275 transaction.

Process Flow

File Naming Conventions

The Availity naming standard for a 275: Medical Attachment file is:

MMDDYYYYHHMMSSsssSequenceNumber.275
Example: 112920231427504601748989966.275

Authorization Rules

1. Oscar Health has implemented the following: TR3 Version 006020X316
2. Response files generated will be: 999 (6020X290) Implementation Acknowledgement Response
3. Maximum file size of 64MB
4. File Types Supported: PDF
5. Maximum number of 255 characters in the attachment file name
6. No limitation on special characters

6. CONTROL SEGMENTS (X12 278x217)

Control segments can be referenced here:

https://www.availity.com/documents/edi%20guide/edi_guide.pdf

6. OSCAR HEALTH SPECIFIC BUSINESS RULES AND LIMITATIONS (X12 278x217)

Authorization Rules

1. It is preferred that you send Provider NPI and TIN (or address) for Authorizations to process the transaction correctly.
2. Oscar Health does not currently accept Dental Services.
3. Oscar Health does not currently accept Behavioral Health Services.
4. Once an Episode Type of IP or OP has been loaded to our Authorization system, it cannot be updated. The vendor will need to send a Cancellation and a new Authorization for the correct Episode Type.
5. Multiple Service Lines are accepted within each authorization.
6. Only ICD10 diagnosis codes will be accepted.
7. For emergency/direct hospital admissions (concurrent review), only send the actual admission date.
    a. Do not submit a requested quantity of days.
    b. Do not include days in observation.
8. Home Healthcare requests can only be submitted in number of visits per procedure code.
    a. All other services/codes must be submitted in number of units per procedure code.

Supported Service Type Codes (UM03)

Service Type Code	Service Type
1	Medical Care
2	Surgical
5	Diagnostic Lab
6	Radiation Therapy
11	Durable Medical Equipment Used
12	Durable Medical Equipment Purchased
18	Durable Medical Equipment Rental
33	Chiropractic*
42	Home Health Care
45	Hospice
54	Long Term Care

56	Medically Related Transportation
62	MRI Scan
64	Acupuncture
65	Newborn Care*
66	Pathology
69	Maternity
70	Transplants
71	Audiology
73	Diagnostic Medical
75	Prosthetics
76	Dialysis
78	Chemotherapy
86	Emergency Services
A9	Rehabilitation
AD	Occupational Therapy*
AF	Speech Therapy*
AG	Skilled Nursing Care
AR	Experimental Drug Therapy
CL	Screening Lab
DM	Durable Medical Equipment
E4 - E8	SNF Head/Ventilator, 1, 2, 3 LOC
E10	Radiographs
E11	Diagnostic Imaging
EC	Durable Medical Equipment New
ED	CAT Scan
IC	Intensive Care

NI	Neonatal Intensive Care*
PE	PET Scan
PT	Physical Therapy*

indicates supported service type that may be delegated to a Utilization Management vendor. Oscar will respond with any requirements to submit to a vendor (e.g. Progeny, ASH).

Supported Places of Service (UM04)

Oscar Health supports the following Place of Service codes:

POS Code	Place of Service
1	Pharmacy
11	Office
12	Home
19	Off Campus-Outpatient Hospital
21	Inpatient Hospital
22	On Campus-Outpatient Hospital
24	Ambulatory Surgical Center
25	Birthing Center
31	Skilled Nursing Facility
34	Hospice
41	Ambulance - Land
42	Ambulance – Air or Water
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
65	End-Stage Renal Disease Treatment Facility
81	Independent Laboratory

99	Other Place of Service

Inpatient Authorization Specifications

Type of Authorization Request	Requirements
Inpatient Admission - Emergency via ER *Inpatient admissions through the emergency department/room.*	**Admit Type:** 1 **Service Type:** 86 Emergency Services **Admission Source:** 7 Emergency Room **Supported Date Fields:** ● Admission Date **Unsupported Date Fields: (Do not send)** ● Requested days ● Request start of service ● Request end of service
Inpatient Admission - Direct Hospital Admission *Immediate inpatient hospitalization ordered by a physician without an ER visit.*	**Admit Type:** 1, 2 **Service Type:** 86 Emergency Services **Admission Source:** 1, 2, 3, 4, 5, 6, 8, 9, A, B, C, D, E, F **Supported Date Fields:** ● Admission Date **Unsupported Date Fields: (Do not send)** ● Requested days ● Request start of service ● Request end of service
Inpatient Admission - Elective Surgery or Procedure *Planned medical procedures/surgeries that are not emergencies (e.g. bariatric surgery, inpatient surgery, chemotherapy, etc.)*	**Admit Type:** 3 Elective **Service Type:** Surgical and Non-Surgical Procedures **Admission Source:** - **Supported Date Fields:** **Supported Date Fields:** ● Admission Date *(interpreted as planned admission)* ● Requested days **Unsupported Date Fields: (Do not send)** ● Request start of service ● Request end of service
Post-Acute Admission - Skilled Nursing Facility (SNF/SAR) *Planned admission to a Skilled Nursing Facility that provides rehabilitative and skilled medical care to help them recover from a recent illness, injury, or surgery.*	**Admit Type:** 2 Urgent 3 Elective **Service Type:** AG Skilled Nursing Care E4 Skilled Nursing Facility Head Level of Care

	E5 Skilled Nursing Facility Ventilator Level of Care
	E6 Level of Care 1
	E7 Level of Care 2
	E8 Level of Care 3
	Admission Source: 1, 2, 3, 4, 5, 6, 8, 9, A, B, C, D, E, F
	Supported Date Fields:
	    ● Admission Date
	Unsupported Date Fields: (Do not send)
	    ● Requested days
	    ● Request start of service
	    ● Request end of service

Post-Acute Admission - Acute Rehabilitation Unit (ARU)
 	
Planned admission of a medically stable patient from an acute hospital to an intensive, hospital-level inpatient acute rehabilitation unit.
	Admit Type:
	2 Urgent
	3 Elective
	Service Type: AB Rehabilitation - Inpatient
	Admission Source: 1, 2, 3, 4, 5, 6, 8, 9, A, B, C, D, E, F
	Supported Date Fields:
	    ● Admission Date
	Unsupported Date Fields: (Do not send)
	    ● Requested days
	    ● Request start of service
	    ● Request end of service

Post-Acute Admission - Long Term Acute Care Hospital (LTACH)
 	
Planned admission of a critically ill, medically complex patient from an acute care hospital who requires an extended stay (typically 25 days or more) for specialized, hospital-level at a long term acute care hospital.
	Admit Type:
	2 Urgent
	3 Elective
	Service Type: 54 Long Term Care
	Admission Source: 1, 2, 3, 4, 5, 6, 8, 9, A, B, C, D, E, F
	Supported Date Fields:
	    ● Admission Date
	Unsupported Date Fields: (Do not send)
	    ● Requested days
	    ● Request start of service
	    ● Request end of service

Post-Acute Admission - Inpatient Hospice
 	
Planned admission to Hospice is the transition of a terminally ill patient, typically from an acute care hospital, to a program of palliative care.
	Admit Type:
	2 Urgent
	3 Elective
	Service Type: 45 Hospice
	Admission Source: 1, 2, 3, 4, 5, 6, 8, 9, A, B, C, D, E, F
	Supported Date Fields:
	    ● Admission Date
	Unsupported Date Fields: (Do not send)
	    ● Requested days

	● Request start of service
	● Request end of service

File Names

Oscar Health will establish file naming conventions directly with the trading partners.

E.g. <TRADINGPARTNER>_<YYYYMMDD>_<HHMMSS>__<SEQ#>_278_i_p

7. TRANSACTION SPECIFIC INFORMATION

The table below contains a row for each segment that is specific to Oscar Health. Due to this specificity, this information is not included in the implementation guides.

Unique ID	Name
005010X217	Health Care 278 Request/Response

Instruction tables

ISA 005010X278: Healthcare Services Review - Request for Review and Response

See Availity's companion guide for ISA requirements.

GS segment 005010X279A1: Healthcare Services Review - Request for Review and Response

See Availity's companion guide for GS requirements.

Loop ID	Field	Description/ specifications	HIPPA segment ID	Requirements
2010B	**Requestor Name**		**NM1**	
2010B	Provider Type	NM101 • 1P (Provider) • FA (Facility) NM102 • 1 (Person) if 1P is chosen • 2 (NonPerson Entity) if FA is chosen	NM101 through NM102	Required NM101 1P (Provider) NM102 1 (Person)
2010B	Provider Last Name or Facility	Field Length: 35	NM103	Required
2010B	Provider First	Required when NM102=1 and	NM104	Situational

	Name	NM103 is present (i.e., for a provider) Field length: 35		
2010B	NPI	Field length: 1/30	NM108 through NM109	NPI is required
2010B	**Requester Address**		**NM3**	
2010B	Address 1	Field length: 55	NM301	Required
2010B	Address 2	Field length: 55 Edit: Alphanumeric	NM302	Optional
2010B	**Requester Address**		**NM3**	
2010B	City	Field length: 02/30 Edit: Alpha and "-" only	NM401	Required
2010B	State		NM402	Required
2010B	Zip	Field length: 09	NM403	Required
2010B	**Patient Event Provider Contact Information**		**PER**	
2010B IC	Contact Name	Field length: 60	PER02	Required (prepopulated if possible)
2010B TE	Contact Phone	Field length: 256	PER03 through PER04	Required (prepopulated if possible)
2010B FX	Contact Fax	Field length: 256	PER05 through PER06	**Required** (prepopulated if possible)
2010C	**Subscriber Detail**		**NM1**	
2010C	Member ID	Subscriber Field length: 80	NM109	Required
2010C/ D	Patient Relationship to Subscriber	• 18: Self • 01: Spouse • 19: Child • G8: Other relationship	INS02	Required
2010C/ D	Patient First Name	Field length: 25	NM104	Required

2010C/D	Patient Last Name	Field length: 35	NM103	Required
2010C		**Subscriber Demographic Information**	**DMG**	
2010C	Date of Birth	Field length: 08	DMG02	Required
2010C	Gender Code	Female, Male	DMG03	Optional
2000E		**Request information**	**UM**	
2000 E AR	Type of Request	• Inpatient authorization • Outpatient authorization	UM01	Required (only inpatient and outpatient authorizations are currently supported)
2000E	Certification Type Code	I - Initial	UM02	Required (only initial authorizations are currently supported)
2000E	Service Type	Refer to X12 Service Type Code List	UM03	Required (see *OSCAR HEALTH SPECIFIC BUSINESS RULES AND LIMITATIONS* section above for limitations)
2000FB	Place of Service/ Facility Type	Refer to X12 Place of Service Code List	UM04-1 through UM04-2	Required (see *OSCAR HEALTH SPECIFIC BUSINESS RULES AND LIMITATIONS* section above for limitations)
2000E	Service Quantity/ Type	• Day(s) DY • Unit(s) FL • Visit(s) VS	Quantity: HSD02 Type: HSD01	- Days are only accepted for planned/elective surgeries and/or procedures - Oscar will set the requested number of inpatient days for emergency, direct, or post-acute admissions - Home Healthcare requests can only be submitted in number of visits/days per procedure code in **2010F**. - All other services/codes must be submitted in number of units per procedure code in **2010F**.
2000E	From—To Date (outpatient authorization only)	Format: CCYYMMDD Specify your allowable service date range, including whether and how the range may change based on service type.	DTP*AA H RD8— date range	Required when Type of Request = outpatient authorization
2000E	Admission Date (inpatient authorization only)	Format: CCYYMMDD Specify your allowable service date range, including whether and how the range may change based on service type.	DTP*43 5 D8— single date	Required when Type of Request = inpatient authorization - For Initial Elective requests, the admission date is the planned/expected admission date - For Emergency requests (concurrent review), the admission date is the actual admission date
2000E	Discharge Date (inpatient	Format: CCYYMMDD	DTP*09 6 D8— single	Optional (enter only when Type of Request = inpatient authorization and discharge has occurred). <u>Do not use this field for a planned or expected</u>

	authorization only)	Specify your allowable discharge date range, including whether and how the range may change based on service type.	date	discharge date.
2000E	Admission Type (inpatient authorization only)	Refer to X12 Admission Type Code Set	CL101	Required when Type of Request = inpatient authorization
2000E	Admission Source (inpatient authorization only)	Refer to X12 Admission Source Code Set	CL102	Optional, but encouraged for Type of Request = inpatient authorization
2000E		**Patient Diagnosis**	**HI**	
2000E	Type	Diagnosis Code required on requests for certification of home healthcare information	HI01-1 through HI12-1	Required (at least one; up to 12 allowed)
2000E	Code	Field length: 06 Type Code: Use ABK if Diagnosis Code for ICD-10 Primary Diagnosis (first listed); use ABF for ICD-10 Secondary Diagnosis	HI01-2 through HI12-2	Required
2000E	Date	Format: CCYYMMDD Date cannot be prior to 01/01/2002 nor more than 18 months in advance.	HI01-4 through HI12-4	"Optional (required only if date is different from date in 2000E)"
2010EA		**Patient Event Provider Name**	**NM1**	
2010EA	Provider Role	Refer to the X12 TR3 for options.	NM101	Required
2010EA	Entity Type	Default: Physician, or Group Practice	NM102	Required if NM102 = 1 (not seen by user)
2010EA	Provider Last Name	Field length: 35	NM103	Required
2010EA	Provider Last Name	Field length: 35	NM104	Required if NM102 = 1 and NM103 is present— i.e., Entity Type = Physician)
2010EAXX	NPI	Field length: 1/30	NM108 through NM109	Required

2010EA	Specialty/ Taxonomy	PRV02 – PXC Taxonomy in PRV03 Field length: 50	PRV01 through PRV03	Optional
2010F		**Procedure codes**	**REF**	
2010F	Type	CPT/HCPCs/Rev Codes only	Inpatient: SV202-1 Outpatient: SV101-1	Codes are required for: - All outpatient requests - All elective surgeries and procedures at both inpatient and outpatient level of care
2010F	Code	Field length: 48	Inpatient: SV202-2 Outpatient: SV101-2	Required
2010F	From/To Date	Range of dates for the procedure. Format: CCYYMMDD	Inpatient: DTP*472 Outpatient: DTP*472— RD8 (range)	Optional
2010F	Quantity Type	Options: Days (DA) Units (UN)	Inpatient: RD8 (range) Outpatient: SV103 through SV104	Required for each procedure code. All codes on a request must use the same unit of measurement. - Home Healthcare requests can only be submitted in number of visits/days per procedure code in **2010F**. - All other services/codes must be submitted in number of units per procedure code in **2010F**.
2010F	Quantity	Field length: 15	Inpatient: SV203 Outpatient: SV105	Required for each procedure code.
2010F		**Healthcare Services Review Information**		
2000E AAH	MSG	Messages from provider to payer, or later from provider to provider. Field length: 264	MSG01	Optional

EXAMPLE TRANSACTIONS (X12 278x217)

X217 Outpatient Request

```
ISA*00* *00* *01*030240928 *ZZ*G00123
*200117*1104*{*00501*041440454*0*T*:~ GS*HI*R123124253*G00123*20200117*110436*1*X*005010X217~
ST*278*1001*005010X217~
BHT*0007*13*12954549*20200117*1104~
HL*1**20*1~
NM1*X3*2*PAYERNAME*****PI*G00123~
HL*2*1*21*1~
```

NM1*1P*1*LASTNAME*FIRSTNAME****XX*1234567890~
N3*123 MAIN ST~
N4*FOREST PARK*IL*60130~
PRV*RF*PXC*2084P0800X~
HL*3*2*22*1~
NM1*IL*1*LASTNAME*FIRSTNAME****MI*ABC123456789~
DMG*D8*19990101*F~
HL*4*3*EV*1~
TRN*1*12954549*123456789~
UM*HS*I*MH*22:B**E~
DTP*AAH*RD8*20200117-20200123~
HI*ABK:F4310:D8:20200117~
HSD*VS*6~
CRC*77*Y*MC~
NM1*71*1*LASTNAME*FIRSTNAME****XX*1234567890~
N3*123 MAIN ST~
N4*CHICAGO*IL*60130~
PRV*AT*PXC*2084P0800X~
NM1*SJ*1*LASTNAME*FIRSTNAME****XX*1234567890~
N3*123 MAIN ST~
N4*CHICAGO*IL*60130~
PRV*PE*PXC*2084P0800X~
HL*5*4*SS*0~
SV1*HC:S9480**UN*6~
SE*30*1001~
GE*1*1~
IEA*1*041440454~

X217 Outpatient Response

ISA*00* *00* *ZZ*G00123 *ZZ*123456789
*200117*0000*{*00501*000000028*0*T*:~
GS*HI*G00123*R123456789*20200117*10044256*1*X*005010X217~
ST*278*0001*005010X217~
BHT*0007*11*12954549*20200117*1104*18~
HL*1**20*1~
NM1*X3*2*PAYERNAME*****PI*G00123~
HL*2*1*21*1~
NM1*1P*1*LASTNAME*FIRSTNAME****XX*1234567890~
PRV*RF*PXC*2084P0800X~
HL*3*2*22*1~
NM1*IL*1*LASTNAME*FIRSTNAME****MI*ABC123456789~
REF*EJ*47622770~
DMG*D8*1990101*F~
HL*4*3*EV*1~
TRN*1*37303*9G00123 ~
TRN*2*12954549*123456789~
UM*HS*I*MH*22:B**E~
HCR*A4**0V~
REF*NT*U11111AAAA~
DTP*AAH*RD8*20200117-20200123~

HI*ABK:F4310:D8:20200117~
HSD*VS*6~
MSG*If you have not already attached Clinical documentation, please edit and attach supporting documentation for review to complete. Exception - Referrals.~ NM1*71*1*LASTNAME*FIRSTNAME****XX*1234567890~
N3*123 MAIN ST~
N4*CHICAGO*IL*60130~
PRV*AT*PXC*2084P0800X~
NM1*SJ*1*LASTNAME*FIRSTNAME****XX*1234567890~
N3*123 MAIN ST~
N4*CHICAGO*IL*60130~
PRV*PE*PXC*2084P0800X~
HL*5*4*SS*0~
HCR*A4**0V~
SV1*HC:S9480**UN*6~
SE*33*0001~
GE*1*1~
IEA*1*000000028~

X217 Inpatient Request

ISA*00* *00* *01*TEST PAYER*14*TEST*240229*1104*^*00501*071627600*0*T*:~
GS*HI*R030240928*0499441430000*20240229*110419*1*X*005010X217~
ST*278*1001*005010X217~
BHT*0007*13*28592692*20240229*1104~
HL*1**20*1~
NM1*X3*2*EXAMPLE PAYER*****PI*123456~
HL*2*1*21*1~
NM1*1P*1*TEST*PROVIDER****XX*174123456~
REF*EI*650253859~
N3*123ABC ST*STE 115~
N4*LAKE WORTH*FL*33462~
PER*IC*TEST CONTACT*TE*12345678914*FX*1234567894~
PRV*RF*PXC*282NC2000X~
HL*3*2*22*1~
NM1*IL*1*TEST*PATIENT****MI*H123456789~
REF*6P*Y6222001~
DMG*D8*19700101*M~
HL*4*3*EV*1~
TRN*1*28592692*3030240928~
UM*AR*I*MH*21:B~
DTP*435*D8*20240229~
HI*ABK:G912:D8:20240229~
CRC*77*Y*DP~
CL1*3*9~
NM1*AAJ*2*TEST*****XX*123456789~
REF*EI*650253859~
N3*123 ABC ST*STE 115~
N4*ANYWHERE*FL*33462~
PER*IC**TE*5619689003*FX*5619683334~
PRV*AD*PXC*282NC2000X~
NM1*FA*2*TEST HOSPITAL*****XX*1234567894~

```
REF*EI*1234567891~
N3*TEST ADDRESS~
N4*BOCA RATON*FL*33486~
PER*IC**TE*1234567894*FX*123456789~
HL*5*4*SS*0~
DTP*472*D8*20240229~
SV2**HC:G9773**UN*4~
SE*37*1001~
GE*1*1~
```

X217 Inpatient Response

```
ISA*00* *00* *14*TEST *01*TEST *12345*1104*^*00501*071627600*0*T*:~
GS*HI*0499441430000*R030240928*20240229*1104*1*X*005010X217~
ST*278*1001*005010X217~
BHT*0007*11*28592692*20240229*1104*19~
HL*1**20*1~
NM1*X3*2*TEST PAYER*****PI*12345~
HL*2*1*21*1~
NM1*1P*1*TEST*TEST****XX*12345679~
PRV*RF*PXC*282NC2000X~
HL*3*2*22*1~
NM1*IL*1*TEST*PATIENT*X***MI*H123456789~
REF*6P*Y6222001~
DMG*D8*19700101*M~
HL*4*3*EV*1~
TRN*2*28592692*3030240928~
UM*AR*I*MH*21:B~
HCR*A4**0W~
REF*NT*100667747~
DTP*435*D8*20240229~
HI*ABK:G912:D8:20240229~
CL1*3*9~
MSG*This case requires further review. You will be contacted if additional information is needed.~
NM1*AAJ*2*TEST*****XX*123456789~
N3*123 ABC ST*STE 115~
N4*LAKE WORTH*FL*33462~
PER*IC**TE*123456789*FX*123456789~
PRV*AD*PXC*282NC2000X~
NM1*FA*2*TEST HOSPITAL*****XX*123456789~
N3*800 MEADOWS RD~
N4*BOCA RATON*FL*33486~
PER*IC**TE*123456789*FX*123456789~
HL*5*4*SS*0~
DTP*472*D8*20240229~
SV2**HC:G9773**UN*4~
SE*33*1001~
GE*1*1~
IEA*1*071627600~
```

X217 Error Response

```
ISA*00* *00* *ZZ*PAYER TST *ZZ*EPIC PAYER PROX*231207*1401*^*00501*000000001*0*T*:~
GS*FA*PAYERTEST TST* PAYER PROX*20231207*1401*1*X*005010X231~ ST*999*1001*005010X231~
AK1*HI*23896*005010X217~
AK2*278*23896*005010X217~
IK5*A~
AK9*A*1*1*1~
SE*6*1001~
GE*1*1~
IEA*1*000000001~
```

DOCUMENT VERSION CONTROL

Date	Owner	Description
12/18/2025	Oscar Health	Initial publication