

## PROVIDER BULLETIN

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# ASC X12 HEALTH CARE SERVICES REVIEW – REQUEST FOR REVIEW AND RESPONSE (278) IMPLEMENTATION

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## HIPAA IMPLEMENTATION OF THE ASC X12 HEALTH CARE SERVICES REVIEW – REQUEST FOR REVIEW AND RESPONSE (278)

In order to comply with the Health Insurance Portability and Accountability Act (HIPAA) mandatory standards and the Council for Affordable Quality Healthcare's (CAQH) Committee on Operating Rules for Information Exchange (CORE) Phase I, II, and III Certification requirements, MO HealthNet will implement the use of Accredited Standards Committee (ASC) X12 Health Care Services Review – Request for Review and Response, version 5010, May 2006 (278). The Health Care Services Review-Request for Review and Response (278) is an electronic version of MO HealthNet's paper Prior Authorization Request form.

Providers wishing to exchange the 278 transactions with MO HealthNet need to review the ASC X12 Health Care Services Review – Request for Review and Response (278) v5010 Implementation Guide adopted under HIPAA located at <http://store.x12.org>. Providers should also view Missouri specific guidelines pertaining to the 278 transaction in the MO HealthNet companion guide located at: <http://manuals.momed.com/manuals/edb.jsp>.

If interested in submitting a 278 transaction, please contact the Technical Help Desk at (573) 635-3559 to begin the process of establishing the required connection. Testing will be required before production files may be transmitted. Implementation of the 278 transaction is intended to reduce administrative burden on providers by offering an electronic transmission method for automated prior authorization submission; and reduce the dependency on manual paper forms for the following specific professional services:

- a. Dental
- b. Orthodontics
- c. Durable Medical Equipment
- d. Physician
- e. Audiology
- f. Augmentative Communication Device Training

MO HealthNet does not process each 278 request immediately upon receipt and will, therefore, return a 278 response to indicate that the Health Care services Review – Request for Review and Response has been pended. Once received requests will follow the current review process in place for paper and faxed (DME only) prior authorization requests.

Use of the 278 transaction is not mandatory. Providers may continue to use the current processes for submission of paper and fax (DME) prior authorization requests.

### **ADDITIONAL DOCUMENTATION**

Additional documentation (attachments) for the 278 transaction must be sent via one of the following methods based on the type of request:

- By fax (DME only)
  - (573) 635-0207
- By mail (non-DME only)
  - Infocrossing Healthcare Services, Inc.  
PO Box 5700  
Jefferson City, MO 65102

A ‘Prior Authorization Supporting Documents Cover Sheet’ must accompany additional documentation sent via either of the above listed methods. The form is available for download on the MO HealthNet website at <http://dss.mo.gov/mhd/providers/>. Choose the “MO HealthNet forms” link in the right column. As noted on the form, the prior authorization number is required. This number is received in the 278 Response Loop 2000E, Data Element REF02. Attachments received without the cover sheet, or without the required prior authorization number, cannot be matched to the 278 Health Care Services Review – Request for Review and Response which will result in the 278 transaction processing without the attachment.

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient’s MO HealthNet Managed Care health plan. Before delivering a service, please check the patient’s eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline**  
**573-751-2896**