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Instructions Related to 278 Health Care Services Review—Request for Review and Response (278) Transactions Based on ASC X12 Implementation Guide

Companion Guide Version Number: 1.1 September 5, 2025

Preface

Companion guides may contain two types of data: instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 Implementation Guide (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every companion guide. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the companion guide when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the companion guide when the publishing entity wants to clarify the Implementation Guide instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASC X12's copyrights and Fair Use statement.

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1 Transaction Instructions Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) carries provisions for administrative simplification. This requires the Secretary of the federal Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance.
- Limit fraud and abuse.
- Reduce administrative costs.

1.1.2 Compliance According to HIPAA

The HIPAA regulations at 45 C.F.R. § 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked "not used" in the standard's implementation specifications or are not in the standard's implementation specification(s).
- Change the meaning or intent of the standard's implementation specification(s).

1.1.3 Compliance According to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from modifying any:

- Defining, explanatory, or clarifying content contained in the implementation guide.
- Requirement contained in the implementation guide.

1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirement documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with the ASC X12 Implementation Guides' Fair Use and Copyright statements.

1.3 Companion Guide Audience

Companion guides are intended for information technology and/or systems staff who will be coding billing systems or software for compliance with the federal HIPAA regulations.

1.4 Purpose of Companion Guides

The information contained in this companion guide applies to ForwardHealth, which includes the following programs: BadgerCare Plus, Wisconsin Medicaid, SeniorCare, Wisconsin Chronic Disease Program (WCDP), the Wisconsin Well Woman Program, and Medicaid managed care programs. All of these programs use ForwardHealth interChange for processing.

The companion guides are to be used with HIPAA Implementation Guides and to supplement the requirements in the HIPAA ASC X12 Implementation Guides, without contradicting those requirements. Implementation guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the companion guides is to provide trading partners with a guide to communicate ForwardHealth-specific information required to successfully exchange transactions electronically with ForwardHealth.

ForwardHealth will accept and process any HIPAA-compliant transaction; however, a compliant transaction that does not contain ForwardHealth-specific information, though processed, may be denied for payment. For example, a compliant 837 Health Care Claim (837) created without a ForwardHealth member ID will be processed by ForwardHealth but will be denied payment. For questions regarding appropriate billing procedures, as well as for policy and billing information, providers should refer to their policy-specific area of the ForwardHealth Online Handbook.

Companion guides highlight the data elements significant for ForwardHealth. For transactions created by ForwardHealth, companion guides explain how certain data elements are processed. Refer to the companion guide first if there is a question about how ForwardHealth processes a HIPAA transaction. For further information, contact the ForwardHealth Electronic Data Interchange (EDI) Department at 866-416-4979.

1.5 National Provider Identifier

As a result of HIPAA, HHS adopted a standard identifier for health care providers. The Final Rule published by HHS adopted the National Provider Identifier (NPI) as the standard identifier.

The NPI replaces all payer-specific identification numbers (for example, Medicaid provider numbers) on nationally recognized electronic transactions (also known as standard transactions); therefore, all health care providers are required to obtain an NPI to identify themselves on these transactions. The NPI is the only identification number that will be allowed on these transactions.

ForwardHealth has determined that all providers, except for personal care only providers, specialized medical vehicle providers, and blood banks, are health care providers (per the definitions within the NPI Final Rule) and, therefore, are required to obtain and use an NPI. ForwardHealth requires all health care providers to submit their NPI on electronic transactions.

1.6   Acceptable Characters

All alpha characters used in HIPAA transactions must be in an uppercase format. The HIPAA transactions must not contain any carriage returns nor line feeds; the data must be received in one, continuous stream.

1.7   Acknowledgements

An accepted 999 Implementation Acknowledgement, rejected 999 Implementation Acknowledgement, or rejected TA1 InterChange Acknowledgement will be generated in response to all submitted files. Trading partners are responsible for retrieving acknowledgments from the ForwardHealth Portal (the Portal) to determine the status of their files.

1.8   Examples

Refer to Section 4.1 of this guide for examples.

2 Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction instructions apply and are included in Section 3 of this guide.

Unique ID	Name
005010X217	278 Health Care Services Review—Review for Request and Response

3 Instruction Tables Services Review 278

These tables contain one or more rows for each segment for which supplemental instruction is needed.

Legend
SHADED rows represent "segments" in the X12N implementation guide.
NON-SHADED rows represent "data elements" in the X12N implementation guide.

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Loop ID	Reference	Name	Codes	Notes/Comments
	ISA	Interchange Control Header		The ISA is a fixed-length record with fixed-length elements. Note: Deviating from the standard ISA element sizes will cause the interchange to be rejected.
	ISA03	Security Information Qualifier	00	Use "00" to indicate no Security Information Present.
	ISA05	Interchange ID (Sender) Qualifier	ZZ	Enter the value "ZZ", which is mutually defined.
	ISA06	Interchange Sender ID		Enter the nine-digit numeric Trading Partner identification number assigned by ForwardHealth interChange.
	ISA07	Interchange ID (Receiver) Qualifier	ZZ	Enter the value "ZZ", which is mutually defined.
	ISA08	Interchange Receiver ID	WISC_DHFS	Enter "WISC_DHFS".
	ISA11	Repetition Separator	^	ForwardHealth recommends the use of a caret "^" in this field.
	ISA13	Interchange Control Number		The interchange control number assigned in ISA13 must be identical to the value in IEA02. If these numbers do not match, the transaction will not be processed.
	ISA16	Component Element Separator	:	ForwardHealth recommends the use of a colon ":" in this field.
	GS	Functional Group Header		
	GS03	Application Receiver's Code	WISC_TXIX WISC_WCDP	Enter value "WISC_TXIX" for Wisconsin Medicaid, SeniorCare, and BadgerCare Plus, or "WISC_WCDP" for the WCDP.
	ST	Transaction Set Header		
	ST01	Transaction Set Identifier Code	278	

Loop ID	Reference	Name	Codes	Notes/Comments
	ST03	Implementation Guide Version Name	005010X217	
	BHT	Beginning of Hierarchical Transaction		
	BHT02	Transaction Set Purpose Code	13	Enter the value "13"—Request.
2000A	HL	Utilization Management Organization		
2010A	NM1	Utilization Management Organization (UMO) Name		
2010A	NM101	Entity Identifier Code	X3	Enter the value "X3"—Utilization Management Organization.
2010A	NM102	Entity Type Qualifier	2	Enter the value "2"—Non-Person Entity.
2010A	NM103	Utilization Management Organization (UMO) Last or Organization Name	ForwardHealth	Enter "ForwardHealth".
2010A	NM104	Utilization Management Organization (UMO) First Name		This element will not be used by ForwardHealth.
2010A	NM105	Utilization Management Organization (UMO) Middle Name		This element will not be used by ForwardHealth.
2010A	NM107	Utilization Management Organization (UMO) Name Suffix		This element will not be used by ForwardHealth.
2010A	NM108	Identification Code Qualifier	PI	Enter the value "PI"—Payor Identification.
2010A	NM109	Utilization Management Organization (UMO) Identifier	WISC_TXIX WISC_WCDP	Enter "WISC_TXIX" or "WISC_WCDP" based on the financial payer (same values as GS03).
2000B	HL	Requester Level		
2010B	NM1	Requester Name		Note: ForwardHealth recognizes Requester as the billing provider.
2010B	NM101	Entity Identifier Code		
2010B	NM102	Entity Type Qualifier	1 or 2	
2010B	NM103	Requester Last or Organization Name		Enter the billing provider's last name if the provider is an individual; otherwise, enter the organization name.
2010B	NM104	Requester Provider First Name		Enter the billing provider's first name if the provider is an individual.
2010B	NM105	Requester Provider Middle Name		This element will not be used by ForwardHealth.
2010B	NM107	Requester Provider Name Suffix		This element will not be used by ForwardHealth.

Loop ID	Reference	Name	Codes	Notes/Comments
2010B	NM108	Identification Code Qualifier	XX	All health care providers are required to submit their NPI using value "XX". Non-healthcare providers are required to submit the most appropriate qualifier. Note: This information will not be used by ForwardHealth.
2010B	NM109	Request er Identifier		Enter the NPI.
2010B	REF	Requester Supplemental Identification		ForwardHealth requires non-healthcare providers to submit their Medicaid provider identification number. Not required if NPI was submitted for NM109.
2010B	REF01	Reference Identification Qualifier	ZH	Enter a value of "ZH" to indicate a non-healthcare provider.
2010B	REF02	Reference Identification Qualifier		Enter an eight- or nine-digit Medicaid provider ID.
2010B	N3	Requester Address		This segment will not be used by ForwardHealth.
2010B	N4	Requester City, State, ZIP Code		
2010B	N401	Requester City Name		
2010B	N402	Requester State or Province Code		
2010B	N403	Requester Postal Zone or ZIP Code		
2010B	N404	Country Subdivision Code		This element will not be used by ForwardHealth.
2010B	PER	Requester Contact Information		This segment will not be used by ForwardHealth.
2010B	PRV	Requester Provider Information		
2010B	PRV01	Provider Code		
2010B	PRV02	Reference Identification Qualifier	PXC	
2010B	PRV03	Provider Taxonomy Code		Enter billing provider's taxonomy code.
2000C	HL	Subscriber Level		
2010C	NM1	Subscriber Name		Enter information about the member in this loop.
2010C	NM101	Entity Identifier Code	IL	
2010C	NM102	Entity Type Qualifier	1	
2010C	NM103	Subscriber Last Name		Enter the member's last name.
2010C	NM104	Subscriber First Name		Enter the member's first name.
2010C	NM105	Requester Middle Name		This element will not be used by ForwardHealth.
2010C	NM106	Name Prefix		This element will not be used by ForwardHealth.

Loop ID	Reference	Name	Codes	Notes/Comments
2010C	NM108	Identification Code Qualifier	MI	
2010C	NM109	Subscriber Primary Identifier		Enter the member's 10-digit ForwardHealth ID number.
2010C	REF	Subscriber Supplemental Identification		
2010C	REF01	Reference Identification Qualifier	SY or HJ	ForwardHealth will only accept "SY" or "HJ" as valid values. Note: When submitting "SY" in REF01, submit the member's Social Security number (SSN) in REF02. When submitting "HJ" in REF01, submit the member's patient account number.
2010C	REF02	Reference Identification		ForwardHealth will only accept the member's SSN or patient account number based on the qualifier submitted in REF01. Note: When submitting "SY" in REF01, submit the member's SSN in REF02. When submitting "HJ" in REF01, submit the member's patient account number.
2010C	N3	Subscriber Address		This segment will not be used by ForwardHealth.
2010C	N4	Subscriber City, State, ZIP Code		This segment will not be used by ForwardHealth.
2010C	DMG	Subscriber Demographic Information		This segment will not be used by ForwardHealth.
2010C	INS	Subscriber Relationship		This segment will not be used by ForwardHealth.
2000D	HL	Dependent Level		This Loop will not be used by ForwardHealth.
2000E	HL	Patient Event Level		
2000E	TRN	Patient Event Tracking Number		
2000E	UM	Health Care Services Review Information		
2000E	UM01	Request Category Code	HS	Enter the value "HS"—Health Services Review. This is the only value accepted by ForwardHealth.
2000E	UM02	Certification Type Code	I	Enter the value "I"—Initial. This is the only value accepted by ForwardHealth.
2000E	UM03	Service Type Code		See Appendix A of this guide for valid values.
2000E	UM04	Health Care Service Location		Note: This segment is required by ForwardHealth.
2000E	UM04-1	Facility Type Code		Enter a place of service (POS) code.

Loop ID	Reference	Name	Codes	Notes/Comments
2000E	UM04-2	Facility Code Qualifier	B	Enter the value "B"—Place of Service Codes for Professional or Dental services. This is the only value accepted by ForwardHealth and is used for Institutional services also.
2000E	UM05	Related Causes Information		This segment will not be used by ForwardHealth.
2000E	REF	Previous Review Authorization Number		This segment will not be used by ForwardHealth. Note: ForwardHealth is only accepting Initial request.
2000E	REF	Previous Review Administrative Reference Number		This segment will not be used by ForwardHealth. Note: ForwardHealth is only accepting Initial request.
2000E	DTP	Accident Date		This segment will not be used by ForwardHealth.
2000E	DTP	Last Menstrual Period Date		This segment will not be used by ForwardHealth.
2000E	DTP	Estimated Date of Birth		This segment will not be used by ForwardHealth.
2000E	DTP	Onset of Current Symptoms or Illness Date		Note: Enter the start date—spell of illness (SOI). Required when submitting an SOI prior authorization (PA).
2000E	DTP01	Date Time Qualifier	431—Onset of Current Symptoms or Illness	
2000E	DTP02	Date Time Period Format Date	D8	
2000E	DTP03	Onset Date		Date Format: YYYYMMDD
2000E	DTP	Event Date		Note: Enter the requested PA start date. If a date is not entered, ForwardHealth will use the date of receipt.
2000E	DTP01	Date Time Qualifier	AAH	
2000E	DTP02	Date Time Period Format Date	D8	
2000E	DTP03	Date Time Period		Date Format: YYYYMMDD
2000E	DTP	Admission Date		Not required.
2000E	DTP	Discharge Date		Not required.
2000E	HI	Patient Diagnosis		Note: ForwardHealth will only process the first two occurrences.

Loop ID	Reference	Name	Codes	Notes/Comments
2000E	HI01-1	Diagnosis Type Code	ABK	Enter the value "ABK"—Principal Diagnosis for International Classification of Diseases, 10th Revision (ICD-10). Note: ForwardHealth will process one occurrence of each qualifier listed above.
2000E	HI02-1	Diagnosis Type Code	ABF	Enter the value "ABF"—Secondary Diagnosis for ICD-10. Note: ForwardHealth will process one occurrence of each qualifier listed above.
2000E	HSD	Health Care Services Delivery		This segment will not be used by ForwardHealth.
2000E	CRC	Ambulance Certification Information		This segment will not be used by ForwardHealth.
2000E	CRC	Chiropractic Certification Information		This segment will not be used by ForwardHealth.
2000E	CRC	Durable Medical Equipment Information		This segment will not be used by ForwardHealth.
2000E	CRC	Oxygen Therapy Certification Information		This segment will not be used by ForwardHealth.
2000E	CRC	Functional Limitations Information		This segment will not be used by ForwardHealth.
2000E	CRC	Activities Permitted Information		This segment will not be used by ForwardHealth.
2000E	CRC	Mental Status Information		This segment will not be used by ForwardHealth.
2000E	CL1	Institutional Claim Code		This segment will not be used by ForwardHealth.
2000E	CR1	Ambulance Transport Information		This segment will not be used by ForwardHealth.
2000E	CR2	Spinal Manipulation Service Information		This segment will not be used by ForwardHealth.
2000E	CR5	Home Oxygen Therapy Information		This segment will not be used by ForwardHealth.
2000E	CR6	Home Health Care Information		This segment will not be used by ForwardHealth.
2000E	PWK	Additional Patient Information		This segment will not be used by ForwardHealth.
2000E	MSG	Message Text		This segment will not be used by ForwardHealth.
2010EA	NM1	Patient Event Provider Name		Note: ForwardHealth only accepts information about the referring provider in this loop.
2010EA	NM101	Entity Identifier Code	DN	Enter the value "DN"—Referring Provider. This is the only value accepted and only required by ForwardHealth for hearing aid PAs.
2010EA	NM102	Entity Type Qualifier	1	

Loop ID	Reference	Name	Codes	Notes/Comments
2010EA	NM103	Patient Event Provider Last or Organization Name		Enter the billing provider's last name if the provider is an individual; otherwise, enter the organization's name.
2010EA	NM104	Patient Event Provider First Name		Enter the billing provider's first name if the provider is an individual.
2010EA	NM105	Patient Event Provider Middle Name		This element will not be used by ForwardHealth.
2010EA	NM106	Patient Event Provider Name Prefix		This element will not be used by ForwardHealth.
2010EA	NM107	Patient Event Provider Name Suffix		This element will not be used by ForwardHealth.
2010EA	NM108	Identification Code Qualifier	XX	A referring provider is required to submit using his or her NPI using value "XX".
2010EA	NM109	Patient Event Provider Identifier		Enter the NPI of the referring provider.
2010EA	REF	Patient Event Provider Supplemental		This segment will not be used by ForwardHealth.
2010EA	N3	Patient Event Provider Address		This segment will not be used by ForwardHealth.
2010EA	N4	Patient Event Provider City, State, ZIP Code		This segment will not be used by ForwardHealth.
2010EA	PER	Patient Event Provider Contact Information		This segment will not be used by ForwardHealth.
2010EA	PRV	Patient Event Provider Information		This segment will not be used by ForwardHealth.
2010EB		Patient Event Transportation Information		This segment Loop will not be used by ForwardHealth.
2010EC		Patient Event Other UMO Name		This segment Loop will not be used by ForwardHealth.
2000F	HL	Service Level		ForwardHealth requires one service line and will allow up to 26 service line items.
2000F	TRN	Service Trace Number		
2000F	UM	Health Care Services Review Information		Note: This segment is **only** required by ForwardHealth if different than UM04 in Loop 2000E. Enter information about the POS.
2000F	UM01	Request Category Code	HS	
2000F	UM02	Certification Type Code	I	
2000F	UM03	Service Type Code		See Appendix A for valid values.
2000F	UM04-1	Facility Type Code		Enter a POS code.
2000F	UM04-2	Facility Code Qualifier	B	Enter the value "B"—Place of Service Codes for Professional or Dental Services. This is the only value accepted by ForwardHealth and is used for Institutional (SV2) services also.

Loop ID	Reference	Name	Codes	Notes/Comments
2000F	REF	Previous Review Authorization Number		This segment will not be used by ForwardHealth. Note: ForwardHealth is only accepting the initial request.
2000F	REF	Previous Review Administrative Reference Number		This segment will not be used by ForwardHealth. Note: ForwardHealth is only accepting the initial request.
2000F	DTP	Service Date		Note: Enter the First Date of Treatment—SOI. Required when submitting an SOI PA.
2000F	DTP01	Date Time Qualifier	472	
2000F	DTP02	Date Time Period Format Qualifier	D8	Enter the value "D8"—a single date. This is the only value accepted by ForwardHealth.
2000F	DTP03	Proposed or Actual Service Date		Date Format: YYYYMMDD
2000F	SV1	Professional Service		
2000F	SV101-1	Product or Service ID Qualifier	HC	Enter "HC"—accepted qualifier. Note: Any additional qualifier submitted will result in a 33 input AAA error.
2000F	SV101-2	Procedure Code		ForwardHealth requires one valid procedure code.
2000F	SV101-3	Procedure Modifier		
2000F	SV101-4	Procedure Modifier		
2000F	SV101-5	Procedure Modifier		
2000F	SV101-6	Procedure Modifier		
2000F	SV101-7	Procedure Code Description		
2000F	SV101-8	Procedure Code		This element will not be used by ForwardHealth.
2000F	SV102	Service Line Amount		Enter the dollars requested. Note: ForwardHealth allows the format to include two digits to the right of the decimal place.
2000F	SV103	Unit or Basis for Measurement Code	UN	Enter the value "UN"—Units. This is the only value accepted by ForwardHealth.
2000F	SV104	Service Unit Count		Enter the units requested. Note: ForwardHealth allows the format to include three digits to the right of the decimal place.
2000F	SV107-1	Diagnosis Code Pointer		This element will not be used by ForwardHealth.
2000F	SV107-2	Diagnosis Code Pointer		This element will not be used by ForwardHealth.

Loop ID	Reference	Name	Codes	Notes/Comments
2000F	SV107-3	Diagnosis Code Pointer		This element will not be used by ForwardHealth.
2000F	SV107-4	Diagnosis Code Pointer		This element will not be used by ForwardHealth.
2000F	SV111	EPSDT Indicator		This service level element is not used by ForwardHealth.
2000F	SV120	Level of Care Code		This element will not be used by ForwardHealth.
2000F	SV2	Institutional Service		Note: ForwardHealth requires revenue and procedure codes to be submitted on two separate service lines. If revenue and procedure codes are submitted on the same service line, it will result in a 33 input AAA error.
2000F	SV201	Service Line Revenue Code		Enter Inpatient, Outpatient, or Long Term Care Revenue Codes.
2000F	SV202-1	Product or Service ID Qualifier	HC ID ZZ	Enter "HC", "ID", or "ZZ"—accepted qualifiers. Note: Any additional qualifier submitted will result in a 33 input AAA error.
2000F	SV202-2	Procedure Code		ForwardHealth requires one valid procedure code, unless a revenue code is submitted for service.
2000F	SV202-3	Procedure Modifier		
2000F	SV202-4	Procedure Modifier		
2000F	SV202-5	Procedure Modifier		
2000F	SV202-6	Procedure Modifier		
2000F	SV202-7	Procedure Code Description		
2000F	SV202-8	Procedure Code		This element will not be used by ForwardHealth.
2000F	SV203	Service Line Amount		Enter the dollars requested. Note: ForwardHealth allows the format to include two digits to the right of the decimal place.
2000F	SV204	Unit or Basis for Measurement Code	UN	Enter the value "UN"—Units. This is the only value accepted by ForwardHealth.
2000F	SV205	Service Unit Count		Enter the units requested. Note: ForwardHealth allows the format to include three digits to the right of the decimal place.
2000F	SV206	Unit Rate		This element will not be used by ForwardHealth.
2000F	SV209	Nursing Home Residential Status Code		This element will not be used by ForwardHealth.
2000F	SV210	Level of Care Code		This element will not be used by ForwardHealth.
2000F	SV3	Dental Service		

Loop ID	Reference	Name	Codes	Notes/Comments
2000F	SV301-1	Product or Service ID Qualifier	AD	
2000F	SV301-2	Procedure Code		ForwardHealth requires one valid procedure code.
2000F	SV301-3	Procedure Modifier		
2000F	SV301-4	Procedure Modifier		
2000F	SV301-5	Procedure Modifier		
2000F	SV301-6	Procedure Modifier		
2000F	SV301-7	Description		
2000F	SV301-8	Procedure Code		This element will not be used by ForwardHealth.
2000F	SV302	Service Line Amount		Enter the dollars requested. Note: ForwardHealth allows the format to include 2 digits to the right of the decimal place.
2000F	SV304-1	Oral Cavity Designation Code		Required when necessary to report areas of the mouth that are being treated.
2000F	SV304-2	Oral Cavity Designation Code		This element will not be used by ForwardHealth.
2000F	SV304-3	Oral Cavity Designation Code		This element will not be used by ForwardHealth.
2000F	SV304-4	Oral Cavity Designation Code		This element will not be used by ForwardHealth.
2000F	SV304-5	Oral Cavity Designation Code		This element will not be used by ForwardHealth.
2000F	SV305	Prosthesis, Crown, or Inlay Code		This element will not be used by ForwardHealth.
2000F	SV306	Service Unit Count Number of Procedures		Enter the units requested. Note: ForwardHealth allows the format to include three digits to the right of the decimal place.
2000F	SV307	Description		
2000F	TOO	Tooth Information		
2000F	TOO01	Code List Qualifier Code	JP	
2000F	TOO02	Tooth Code		Enter Tooth Code.
2000F	TOO3-1	Tooth Surface Code		This element will not be used by ForwardHealth.
2000F	TOO3-2	Tooth Surface Code		This element will not be used by ForwardHealth.
2000F	TOO3-3	Tooth Surface Code		This element will not be used by ForwardHealth.
2000F	TOO3-4	Tooth Surface Code		This element will not be used by ForwardHealth.
2000F	TOO3-5	Tooth Surface Code		This element will not be used by ForwardHealth.

Loop ID	Reference	Name	Codes	Notes/Comments
2000F	HSD	Health Care Services Delivery		This segment will not be used by ForwardHealth.
2000F	PWK	Additional Service Information		This segment will not be used by ForwardHealth.
2000F	MSG	Message Text		This segment will not be used by ForwardHealth.
2010F	NM1	Service Provider Name		Note: ForwardHealth only accepts information about the rendering provider in this segment.
2010F	NM101	Entity Identifier Code	SJ	Enter the value "SJ"—Rendering Provider. This is the only value accepted by ForwardHealth.
2010F	NM102	Entity Type Qualifier	1 or 2	
2010F	NM103	Service Provider Last or Organization Name		Enter the rendering provider's last name if the provider is an individual; otherwise, enter the organization's name.
2010F	NM104	Service Provider First Name		Enter the rendering provider's first name if the provider is an individual.
2010F	NM105	Service Provider Middle Name		This element will not be used by ForwardHealth.
2010F	NM106	Service Provider Name Prefix		This element will not be used by ForwardHealth.
2010F	NM107	Service Provider Name Suffix		This element will not be used by ForwardHealth.
2010F	NM108	Identification Code Qualifier	XX	All health care providers **are required to** submit their NPI using value "XX". Non-healthcare providers are required to submit the most appropriate qualifier. Note: This information will not be used by ForwardHealth.
2010F	NM109	Service Provider Identifier		Enter the NPI of the rendering provider.
2010F	REF	Service Provider Supplemental Identification		ForwardHealth requires non-healthcare providers to submit a Medicaid ID. Not required if NPI was submitted for NM109.
2010F	REF01	Reference Identification Qualifier	ZH	Enter a value of "ZH" to enter a non-healthcare provider.
2010F	REF02	Service Provider Supplemental Identifier		Enter an eight- or nine-digit Medicaid provider ID.
2010F	REF03	License Number State Code		This element will not be used by ForwardHealth.
2010F	N3	Service Provider Address		This segment will not be used by ForwardHealth.
2010F	N4	Service Provider City, State, ZIP Code		This segment will not be used by ForwardHealth.
2010F	PER	Service Provider Contact Information		This segment will not be used by ForwardHealth.

Loop ID	Reference	Name	Codes	Notes/Comments
2010F	PRV	Service Provider Information		
2010F	PRV01	Provider Code	PE	
2010F	PRV02	Reference Identification Qualifier	PXC	
2010F	PRV03	Provider Taxonomy Code		Enter the rendering provider's taxonomy code.
	SE	Transaction Set Trailer		
	GE	Functional Group Trailer		
	IEA	Interchange Control Trailer		
	IEA01	Number of Functional Groups Included in an Interchange	2	The number in this field is a count of the "GS" records created. This must always be a value of "2".
	IEA02	Interchange Control Number		The number in this field must be identical to the number entered in ISA13.

4.1   278 Health Care Services Review Response (005010X217)

Loop ID	Reference	Name	Codes	Notes/Comments
	ISA	Interchange Control Header		The ISA is a fixed-length record with fixed-length fields.
	ISA05	Interchange ID (Sender) Qualifier	ZZ	This field will contain a value of "ZZ" to indicate mutually defined.
	ISA06	Interchange Sender ID	WISC_DHFS	This field will contain "WISC_DHFS".
	ISA07	Interchange ID (Receiver) Qualifier	ZZ	This field will contain a value of "ZZ" to indicate mutually defined.
	ISA08	Interchange Receiver ID		This field will contain the nine-digit numeric Trading Partner identification number assigned by ForwardHealth interChange.
	GS	Functional Group Header		
	ST	Transaction Set Header		
	BHT	Beginning of Hierarchical Transaction		
	HL	Utilization Management Organization (UMO) Level		
2000A	AAA	Request Validation		This segment is not used by ForwardHealth.
2010A	NM2	Utilization Management Organization (UMO) Name		
2010A	NM101	Entity Identifier Code	X3	
2010A	NM102	Entity Type Qualifier	2	

Loop ID	Reference	Name	Codes	Notes/Comments
2010A	NM103	Utilization Management Organization (UMO) Last or Organization Name	ForwardHealth	
2010A	NM108	Identification Code Qualifier	PI	
2010A	NM109	Utilization Management Organization (UMO) Identifier	WISC_TXIX WISC_WCDP	ForwardHealth will send back the payer identifier sent in on the inbound transaction.
2010A	PER	Utilization Management Organization (UMO) Contact Information		This segment is not used by ForwardHealth.
2010A	AAA	Utilization Management Organization (UMO) Request Validation		This AAA segment will allow ForwardHealth to report if a system error occurs.
2010A	AAA01	Valid Request Indicator	N	A value of "N" indicates the request is invalid
2010A	AAA03	Reject Reason Code	42	42—Unable to Respond at Current Time.
2010A	AAA04	Follow-up Action Code	P	P—Please Resubmit Original Transaction.
2010B	AAA	Requester Request Validation		This AAA segment will allow ForwardHealth to report if the data submitted for the requester is invalid.
2010B	AAA01	Valid Request Indicator	N	A value of "N" indicates the request is invalid.
2010B	AAA03	Reject Reason Code	15, 43, 44, or 51	15—Required application data missing. 43—Invalid/Missing Provider Identification. 44—Invalid/Missing Provider Name? 51—Provider Not on File.
2010B	AAA04	Follow-up Action Code	C	C—Please Correct and Resubmit.
2010B	PRV	Requester Provider Information		ForwardHealth will send back information sent on the inbound transaction.
2010C	AAA	Subscriber Request Validation		This AAA segment will allow ForwardHealth to report if subscriber/member information is invalid.
2010C	AAA01	Valid Request Indicator	N	A value of "N" indicates the request is invalid.
2010C	AAA03	Reject Reason Code	64,65, or 67	64—Invalid/Missing Patient ID. 65—Invalid/Missing Patient Name. 67—Patient Not Found.
2010C	AAA04	Follow-up Action Code	C	C—Please Correct and Resubmit.
2010C	DMG	Subscriber Demographic Information		This segment is not used by ForwardHealth.
2010C	INS	Subscriber Relationship		This segment will not be used by ForwardHealth.
2000D	HL	Dependent Level		This Loop will not be used by ForwardHealth.

Loop ID	Reference	Name	Codes	Notes/Comments
2000E	HL	Patient Event Level		
2000E	TRN	Patient Event Tracking Number		ForwardHealth will send back if sent on an inbound transaction.
2000E	AAA	Patient Event Request Validation		This AAA segment will allow ForwardHealth to report if the Patient Event information is invalid.
2010E	AAA01	Valid Request Indicator	N	A value of "N" indicates the request is invalid.
2010E	AAA03	Reject Reason Code	15 or 33	15—Required application data missing. 33—Input Errors.
2010E	AAA04	Follow-up Action Code	C	C—Please Correct and Resubmit.
2000E	HCR	Health Care Services Review		
2000E	HCR01	Action Code	A4 or A3	ForwardHealth will send "A4—Pended" for satisfactory transaction. ForwardHealth will send "A3—Not Certified" when an AAA error is reported in another Loop.
2000E	HCR03	Review Decision Reason Code	OV or 25	ForwardHealth will indicate "OV" (Requires Medical Review) when HCR01 = A4. ForwardHealth will indicate "25" (Services were not considered due to other errors in the request) when HCR01 = A3.
2000E	REF	Administrative Reference Number		ForwardHealth will return a PA number on all satisfactory transactions.
2000E	REF01	Reference Identification Qualifier	NT	
2000E	REF02	Administrative Reference Number		This will be the PA number assigned by ForwardHealth.
2000E	REF	Previous Review Authorization Number		This segment is not used by ForwardHealth.
2000E	DTP	Onset of Current Symptoms or Illness Date		ForwardHealth will return the data sent in on the inbound transaction.
2000E	HI	Patient Diagnosis		ForwardHealth will return the requested PA date submitted on the inbound request.
2010EA	NM1	Patient Event Provider Name		Note: ForwardHealth recognizes Patient Event Provider Name as the referring provider and will return the data sent in the Inbound Request.
2010EA	AAA	Patient Event Provider Request Validation		This AAA segment will allow ForwardHealth to report if the Patient Event Provider supplemental information is invalid.
2010EA	AAA01	Valid Request Indicator	N	A value of "N" indicates the request is invalid.

Loop ID	Reference	Name	Codes	Notes/Comments
2010EA	AAA03	Reject Reason Code	15 or 33	15—Required application data missing. 33—Input Errors.
2010EA	AAA04	Follow-up Action Code	C	C—Please Correct and Resubmit.
2000F	HL	Service Level		ForwardHealth will return the requested PA date submitted on the inbound request.
2000F	TRN	Service Trace Number		
2000F	AAA	Service Request Validation		This AAA segment will allow ForwardHealth to report if the service level information is invalid.
2010F	AAA01	Valid Request Indicator	N	A value of "N" indicates the request is invalid.
2010F	AAA03	Reject Reason Code	15 or 33	15—Required application data missing. 33—Input Errors.
2010F	AAA04	Follow-up Action Code	C	C— Please Correct and Resubmit.
2000F	UM	Health Care Services Review Information		Note: This segment is **only** required by ForwardHealth if different than UM04 in Loop 2000E. Information submitted on an inbound request will be returned.
2000F	HCR	Health Care Services Review		
2000F	HCR01	Action Code	A4 or A3	ForwardHealth will send "A4—Pended", for satisfactory transaction. ForwardHealth will send "A3—Not Certified" when an AAA error is reported in another Loop.
2000F	HCR03	Review Decision Reason Code	OV or 25	ForwardHealth will indicate "OV" (Requires Medical Review) when HCR01 = A4. ForwardHealth will indicate "25" (Services were not considered due to other errors in the request) when HCR01 =A3.
2000F	REF	Administrative Reference Number		This segment is not used by ForwardHealth.
2000F	REF	Previous Review Authorization Number		This segment is not used by ForwardHealth.
2000F	DTP	Service Date		ForwardHealth will return the First Date of Treatment—SOI if submitted on the Inbound request.
2000F	SV1	Professional Service		ForwardHealth will return the data sent on the inbound transaction.
2000F	SV2	Institutional Service		ForwardHealth requires revenue and procedure codes to be submitted on two separate service lines. If revenue and procedure codes are submitted on the same service line, it will result in a 33 input AAA error. ForwardHealth will return the data sent on the inbound transaction.

Loop ID	Reference	Name	Codes	Notes/Comments
2000F	SV3	Dental Service		ForwardHealth will return the data sent on the inbound request.
2000F	TOO	Tooth Information		ForwardHealth will return the data sent on the inbound request.
2010FA	NM1	Service Provider Name		ForwardHealth recognizes service provider as the rendering provider and will return the data sent in the inbound transaction.
2010FA	REF	Service Provider Supplemental Identification		ForwardHealth will return non-healthcare provider data if submitted on the inbound request.
2000FA	AAA	Service Provider Request Validation		This AAA segment will allow ForwardHealth to report if the service provider information is invalid.
2010FA	AAA01	Valid Request Indicator	N	A value of "N" indicates the request is invalid.
2010FA	AAA03	Reject Reason Code	15	15—Required application data missing.
2010FA	AAA04	Follow-up Action Code	C	C—Please Correct and Resubmit.
2010FA	PRV	Service Provider Information		ForwardHealth will return the data sent on the inbound request.
	SE	Transaction Set Trailer		
	GE	Functional Group Trailer		
	IEA	Interchange Control Trailer		
	IEA01	Number of Functional Groups Included in an Interchange		This field will contain the number of functional groups included in the interChange.
	IEA02	Interchange Control Number		The number in this field will be identical to the number entered in ISA13.

5 Transaction Instructions Additional Information

5.1 Business Scenarios

5.1.1 Terminology

The term "subscriber" will be used as a generic term throughout the companion guide. This term could refer to any one of the following programs for which the 278 Health Care Services Review—Request and Response transaction is being processed:

- BadgerCare Plus.
- SeniorCare.
- Wisconsin Chronic Disease Program.
- Wisconsin Medicaid.

5.1.2 Limits

5.1.3 278 Interpretation Guidelines

5.1.4 Notes on 278

6 278 Notes

The following is general information for the three PA scenarios listed below:

- ForwardHealth is responsible for Wisconsin Medicaid.
- ForwardHealth payer identification for Wisconsin Medicaid is "WISC_TXIX".
- Billing provider NPI = 1000000999 with a Taxonomy Code of 9999G0000X.
- Rendering provider NPI = 1000000998 with a Taxonomy of 9999H0000X.
- Referring provider NPI = 1000000997.
- Member ID = 9999999999.

6.1 Professional PA Example: (SV1)

In this example, the Trading Partner is submitting a Professional PA for process type 123—Hearing Aid (Service Type Code 71—Audiology Exam). Referring provider is required to be sent.

```
00000001 ST*278*444444441*005010X217~
00000002     BHT*0007*13*555555551*CCYYMMDD*12595999~
00000003    HL*1**20*1~
00000004         NM1*X3*2*FORWARDHEALTH*****PI*WISC_TXIX~
00000005    HL*2*1*21*1~
00000006         NM1*1P*1*BILLING *PROVIDER****XX*1000000999~
00000007         N4*CITY*STATE*54848~
00000008         PRV*OT**9999G0000X~
00000009    HL*3*2*22*1~
00000010         NM1*IL*1*LASTNAME*FIRSTNAME****MI*9999999999~
00000011    HL*4*3*EV*1~
00000012         UM*HS*I*71*11:B~
00000013         DTP*AAH*D8*CCYYMMDD~
```

```
00000014            HI* ABK: H905~
00000015            NM1*DN*1*REFERRING* PROVIDER****XX*100000097~
00000016    HL*5*4*SS*0~
00000017            TRN*1*777777771*9000000002~
00000018            SV1*HC:L8690*135.00*UN*1~
00000019            NM1*SJ*1*RENDERING *PROVIDER****XX*100000998~
00000020            PRV*PE*PXC*9999H0000X~
00000021 SE*21*444444441~
```

6.2   Institutional PA Example: (SV2)

In this example, the trading partner is submitting an Institutional PA for process type 133—Transplant (Service Type Code 70—Transplant). Both a revenue and a procedure code are required, and ForwardHealth requires these to be indicated as two separate service line entries in Loop 2000F.

```
00000001 ST*278*444444441*005010X217~
00000002     BHT*0007*13*555555551*CCYYMMDD*12595999~
00000003    HL*1**20*1~
00000004            NM1*X3*2*FORWARDHEALTH*****PI*WISC_TXIX~
00000005    HL*2*1*21*1~
00000006            NM1*1P*1*BILLING* PROVIDER****XX*1000000999~
00000007            N4*CITY*STATE*532272222~
00000008            PRV*OT**9999G0000X ~
00000009    HL*3*2*22*1~
00000010            NM1*IL*1*LASTNAME*FIRSTNAME****MI*9999999999~
00000011    HL*4*3*EV*1~
00000012            TRN*1*666666661*9000000001~
00000013            UM*HS*I*70*21:B~
00000014            DTP*AAH*D8*CCYYMMDD~
00000015            HI* ABK: C9100~
00000016    HL*5*4*SS*0~
00000017            TRN*1*777777771*9000000002~ Revenue Service Line
00000018            SV2*0810**500.00*UN*1~
00000019            NM1*SJ*1* RENDERING*PROVIDER****XX*1000000998~
00000020            PRV*PE*PXC*9999H0000X~
00000021    HL*6*4*SS*0~
00000022            TRN*1*777777772*9000000003~ ICD-10 Service Line
00000023            SV2**ID:30253G0*500.00*UN*1~
00000024            NM1*SJ*1*RENDERING PROVIDER****XX*1000000998~
00000025            PRV*PE*PXC*9999H0000X~
00000026 SE*25*444444441~
```

6.3   Dental PA Example: (SV3)

In this example, the trading partner is submitting a Dental PA for process type 124—Dental (Service Type Code 24—Periodontics). This scenario displays multiple service lines and includes information on how to relay information regarding the Oral Cavity Designation Codes. Also, a primary or secondary diagnosis is not required on Dental or Orthodontic PAs; therefore, in this scenario it is omitted.

```
00000001 ST*278*444444441*005010X217~
00000002    BHT*0007*13*555555551*CCYY1MMDD*12595999~
00000003     HL*1**20*1~
00000004             NM1*X3*2*FORWARDHEALTH*****PI*WISC_TXIX~
00000005     HL*2*1*21*1~
00000006             NM1*IP*1*BILLING*PROVIDER****XX*1000000999~
```

```
00000007              N4*CITY*STATE*532272222~
00000008              PRV*OT*9999G0000X*~
00000009      HL*3*2*22*1~
00000010              NM1*IL*1*LASTNAME*FIRSTNAME****MI*9999999999~
00000011      HL*4*3*EV*1~
00000012              TRN*1*666666661*9000000001~
00000013              UM*HS*I*24*11:B~
00000014              DTP*AAH*D8*CCYYMMDD~
00000015      HL*5*4*SS*0~
00000016              TRN*1*777777771*9000000002~
00000017              SV3*AD:D4342*500.00****1~
00000018              NM1*SJ*1*RENDERING*PROVIDER****XX*1000000998~
00000019              PRV*PE*PXC*9999H0000X ~
00000020       HL*6*4*SS*0~
00000021              TRN*1*777777772*9000000003~
00000022              SV3*AD:D4341*500.00****1~
00000023              NM1*SJ*1*RENDERING*PROVIDER****XX*1000000998~
00000034              PRV*PE*PXC*9999H0000X ~
00000025      HL*7*4*SS*0~
00000026              TRN*1*777777773*9000000004~
00000027              SV3*AD:D4341*500.00****1~
00000028              NM1*SJ*1*RENDERING*PROVIDER****XX*1000000998~
00000029              PRV*PE*PXC*9999H0000X ~
00000030       HL*8*4*SS*0~
00000031              TRN*1*777777774*9000000005~
00000032              SV3*AD:D4341*500.00****1~
00000033              NM1*SJ*1*RENDERING*PROVIDER****XX*1000000998~
00000034              PRV*PE*PXC*9999H0000X ~
00000035 SE*35*444444441~
```

6.4 Payer Specific Business Rules and Limitations

6.4.1 Business Rules

HealthCheck "Other Services" Indicator

The 278 transaction does not provide a segment to indicate that the PA requested is for HealthCheck "Other Services." Providers will need to indicate on the PA Return Letter if the PA is for HealthCheck "Other Services" and will be reviewed during the adjudication process.

Post-submission Status

After submitting a PA request via a 278 transaction, providers will receive a real-time response indicating whether the transaction is valid or invalid. If the transaction is invalid, the response will indicate the reject reason(s), and providers can correct and submit a new PA request using the 278 transaction.

Once providers receive a PA number, they may upload additional documentation (for example, the PA attachment, supporting clinical information) for the pending PA through the Portal. For information regarding uploading documentation via the Portal, refer to the Prior Authorization section of the Online Handbook at www.forwardhealth.wi.gov/.

After receiving the additional documentation, ForwardHealth will process the PA request and send the provider either a decision notice or a returned provider review letter.

6.4.2 Scheduled Maintenance

ForwardHealth recycles the real-time servers every night between 00:00 a.m. to 01:00 a.m. Central Time (CT). Real-time processing is not available during this period.

ForwardHealth schedules regular maintenance every Sunday from 00:00 a.m. to 04:00 a.m. CT. Real-time processing is not available during this period.

6.5 Frequently Asked Questions

6.6 Other Resources

Washington Publishing Company (WPC) at www.wpc-edi.com/.
ASC X12 at www.x12.org/.

For further information about how ForwardHealth interChange processes a HIPAA transaction, contact the ForwardHealth EDI Department at 866-416-4979.

7 Appendix A: Prior Authorization Process Type Code to X12 Service Type Code Cross-Walk

WI Process Types	Process Type Codes	X12 Service Type Code
Physical Therapy (PT)	111	A9—Rehabilitation BE—Massage Therapy PT—Physical Therapy BG—Cardiac Rehabilitation BA—Independent Medical Evaluation
Occupational Therapy (OT)	112	A9—Rehabilitation AD—Occupational Therapy BD—Cognitive Therapy BG—Cardiac Rehabilitation
Speech Therapy (SP)	113	A9—Rehabilitation AF—Speech Therapy
PT Spell of Illness	114	PT—Physical Therapy BE—Massage Therapy
OT Spell of Illness	115	AD—Occupational Therapy BD—Cognitive Therapy
SP Spell of Illness	116	AF—Speech Therapy
Physicians	117	1—Medical Care 2—Surgical 3—Consultation 4—Diagnostic X-ray 5—Diagnostic Lab 6—Radiation Therapy 7—Anesthesia 8—Surgical Assistance 10—Blood 17—Pre-Admission Testing 19—Pneumonia Vaccine 20—Second Surgical Opinion 21—Third Surgical Opinion 61—In-vitro Fertilization 62—MRI Scan 63—Donor Procedures 64—Acupuncture 65—Newborn Care 66—Pathology 67—Smoking Cessation 68—Well Baby Care 69—Maternity 73—Diagnostic Medical 76—Dialysis 78—Chemotherapy 79—Allergy Testing 80—Immunizations 81—Routine Physical 82—Family Planning 83—Infertility 84—Abortion 86—Emergency Services 87—Cancer 93—Podiatry AE—Physical Medicine AQ—Nonmedically Necessary Physical

WI Process Types	Process Type Codes	X12 Service Type Code
		AR—Experimental Drug Therapy BA—Independent Medical Evaluation BF—Pulmonary Rehab BH—Pediatric BI—Nursery Room and Board BK—Orthopedic BL—Cardiac BM—Lymphatic BN—Gastrointestinal BP—Endocrine BQ—Neurology BT—Gynecological BU—Obstetrical C1—Coronary Care CK—Screening X-ray CL—Screening laboratory CM—Mammogram, High Risk Patient CN—Mammogram, Low Risk Patient CO—Flu Vaccination CQ—Case Management DG—Dermatology E3—Step Down Unit 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 E10—Radiographs E11—Diagnostic Imaging E28—Dietary/ Nutritional Services E38—Pharmacist Services E39—Diabetic Education E40—Early Intervention EA—Preventive Services ED—CAT Scan GY—Allergy IC—Intensive Care NI—Neonatal Intensive Care ON—Oncology PE—Positron Emission Tomography (PET) Scan PU—Pulmonary RN—Renal TC—Transitional Care TN—Transitional Nursery Care UC—Urgent Care
Chiropractic	118	33—Chiropractic BA—Independent Medical Evaluation
Home Health	120	B1—Burn Care BC—Day Care 42—Home Health Care 44—Home Health Visits 45—Hospice 46—Respite Care 74—Private Duty Nursing AG—Skilled Nursing Care E1—Non-Medical Equipment (non DME) E4—Skilled Nursing Facility Head Level of Care E5—Skilled Nursing Facility Ventilator Level of Care

WI Process Types	Process Type Codes	X12 Service Type Code
Vision	122	AL—Optometry AM—Frames AO—Lenses AP—Routine Eye Exam CP—Eyewear Accessories EE—Ophthalmology EF—Contact Lenses
Hearing Aid	123	71—Audiology Exam 77—Otological Exam
Dental	124	23—Diagnostic Dental 24—Periodontics 25—Restorative (Dental) 26—Endodontic 27—Maxillofacial Prosthetics 28—Adjunctive Dental Services 35—Dental Care 36—Dental Crowns 37—Dental Accident 39—Prosthodontics 40—Oral Surgery E12—Basic Restorative—Dental E13—Major Restorative—Dental E14—Fixed Prosthodontics E15—Removable Prosthodontics E16—Intraoral Images—Complete Series E17—Oral Evaluation E18—Dental Prophylaxis E19—Panoramic Images E20—Sealants E21—Fluoride treatments E22—Dental Implants E23—Temporomandibular Joint Dysfunction
Orthodontics	125	38—Orthodontics
Psychotherapy—Clinic	126	MH—Mental Health A4—Psychiatric A6—Psychotherapy RT—Residential Psychiatric Treatment 3—Consultation BA—Independent Medical Evaluation E2—Psychiatric Emergency SMH—Serious Mental Health
Psychotherapy—Hospital	127	A4—Psychiatric A6—Psychotherapy RT—Residential Psychiatric Treatment MH—Mental Health BB—Partial Hospitalization (Psychiatric) BA—Independent Medical Evaluation E2—Psychiatric Emergency SMH—Serious Mental Health
Substance Abuse	128	AJ—Alcoholism Treatment AK—Drug Addiction AI—Substance Abuse
Day Treatment	129	A4—Psychiatric AJ—Alcoholism Treatment

WI Process Types	Process Type Codes	X12 Service Type Code
DME (Wheelchair, Accessories)	130	11—Used Durable Medical Equipment 12—Durable Medical Equipment Purchase 18—Durable Medical Equipment Rental EC—Durable Medical Equipment New DM—Durable Medical Equipment
Drugs and 24-hr Drugs	131	88—Pharmacy 91—Brand Name Prescription Drug 92—Generic Prescription Drug E24—Retail Pharmacy Prescription Drug E25—Long Term Care Pharmacy E26—Comprehensive Medication Therapy Management Review E27—Targeted Medication Therapy Management Review EB—Specialty Pharmacy
Disposable Medical Supplies	132	14—Renal Supplies DS—Diabetic Supplies
Transplant	133	70—Transplants
AIDS Services	134	85—AIDS
Substance Abuse Day Treatment	136	AJ—Alcoholism Treatment AK—Drug Addiction AI—Substance Abuse
DME (Respiratory Equipment)	139	72—Inhalation Therapy 12—Durable Medical Equipment Purchase 18—Durable Medical Equipment Rental EC—Durable Medical Equipment New DM—Durable Medical Equipment
DME (Orthotics, Footwear, Prosthetics)	140	75—Prosthetic Devices DM—Durable Medical Equipment
Behavioral Treatment	142	E0—Applied Behavioral Analysis Therapy
RSUD (Residential Substance Use Disorder)	145	AJ—Alcoholism Treatment AK—Drug Addiction AI—Substance Abuse E0—Applied Behavioral Analysis Therapy CQ—Case Management RT—Residential Psychiatric Treatment
Supportive Housing Agency	146	22—Social Work CQ—Case Management
Intensive Outpatient Program	148	E0—Applied Behavioral Analysis Therapy AJ—Alcoholism Treatment AK—Drug Addiction AI—Substance Abuse A4—Psychiatric BC—Day Care (Psychiatric)
Birth to 3—Physical Therapy	160	PT—Physical Therapy
Birth to 3—Occupational Therapy	161	AD—Occupational Therapy
Birth to 3—Speech Therapy	162	AF—Speech Therapy
OTHER—Head Injury	999	54—Long Term Care
OTHER—Lead Inspection	999	54—Long Term Care
OTHER—Transportation	999	56—Medically Related Transportation

8 Change Summary

Version 1.1 Revision Log

Companion Document: 278 Health Care Services Review—Request for Review and Response (278)
Approved: 05/2015
Modified by: WJ2

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
N/A	3	Table of Contents			Added Change Summary.
2000E	13	HI01-1	Diagnosis Type Codes	ABK	Added ICD-10 qualifier for Principal Diagnosis Code.
2000E	13	HI02-1	Diagnosis Type Codes	ABF	Added ICD-10 qualifier for Secondary Diagnosis Code.
2000F	16	SV202-1	Product or Service ID Qualifier	ZZ	Added "ZZ" as a valid qualifier.
N/A	24	Professional PA Example: (SV1)		ZZ	Changed ICD-9 qualifier (BK) to ICD-10 qualifier (ABK).
N/A	25	Institutional PA Example: (SV2)		ZZ	Changed ICD-9 qualifier (BK) to ICD-10 qualifier (ABK) and added * for SV201.

Version 1.2 Revision Log

Companion Document: 278 Health Care Services Review—Request for Review and Response (278)
Approved: 09/2025
Modified by: AS

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
2000E	14	HI01-1	Diagnosis Type Code	BK	Removed value for principal diagnosis for ICD-9.
2000E	14	HI02-1	Diagnosis Type Code	BF	Removed value for secondary diagnosis for ICD-9.
	28–33	Appendix A: Prior Authorization Process Type Code to X12 Service Type Code Cross-Walk			Revised the table to reflect the latest version of the process type to X12 service type code crosswalk.