

Guide to PC-Based Transactions

Oxford Health Plans

Health Services Review

Health Services New v1.0

Health Services Modify v1.0

Health Services Cancel v1.0

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Overview

About the Transaction

The Emdeon™ Oxford Health Plans Health Services Review transactions allow you to create, modify, and cancel an existing health services authorization request.

Note: If you are using Emdeon MAX shell versions prior to 2.3 or Server versions prior to 4.11, you must run this transaction using dialup.

National Provider Identifiers

In order for you to use a National Provider Identifier (NPI) as the provider ID, the following conditions must exist:

- The payer must be ready to accept NPI. Consult our payer lists at www.emdeon.com/PayerLists/payerlists.php for this payer's NPI-readiness status.
- The provider must have fulfilled all of the payer's NPI registration requirements.

Customer Support

Emdeon Customer Support

800.333.0263

customer.service@emdeon.com

Requests

Transaction Types

Health Services New

The Health Services New transaction allows you to enter a new request for authorization of health services.

Health Services Modify

The Health Services Modify transaction allows you to change a request for authorization of health services.

Health Services Cancel

The Health Services Cancel transaction allows you to cancel a request for authorization of health services.

Input Prompts

Prompts are listed in alphabetical order.

Accident Country

Used in: *All transactions.*

Requirement: *Required if an auto accident occurred.*

The country where the auto accident occurred. Choose a value from the drop-down list.

Accident Date

Used in: *All transactions.*

Requirement: *Required if an auto accident occurred.*

The date the auto accident occurred, in MMDDCCYY format.

Accident State

Used in: *All transactions.*

Requirement: *Required if an auto accident occurred.*

The state where the auto accident occurred. Choose a value from the drop-down list.

Account #

Used in: *All transactions.*

Requirement: *Optional.*

The patient's account number. For your internal use only (not sent to the payer).

Amount

Used in: *All transactions.*

Requirement: *Optional.*

The amount of the claim. For your internal use only (not sent to the payer).

Attach Con Num

Used in: *All transactions.*

Requirement: *Required if you sent an attachment with the inquiry.*

The attachment control number identifying a party or other code.

Attach Rep Code

Used in: *All transactions.*

Requirement: *Required if you sent an attachment with the inquiry.*

The Attachment Report Code that indicates the title or contents of a document, report or supporting item.

Attach Tran Code

Used in: *All transactions.*

Requirement: *Required if you sent an attachment with the inquiry.*

The Attachment Report Transmission Code that defines the timing, transmission method or format by which reports are to be sent.

Auto Accident

Used in: *All transactions.*

Requirement: *Required if an auto accident occurred.*

Whether the illness or injury is related to an auto accident. Choose a value from the drop-down list.

Cert Type

Used in: *All transactions.*

Requirement: *Required.*

The code indicating the type of certification. Choose a value from the drop-down list.

Date of Birth

Used in: *All transactions.*

Requirement: *Required.*

The patient's date of birth., in MMDDCCYY format.

Diagnosis Code 1 through Diagnosis Code 5

Used in: *All transactions.*

Requirement: *The first diagnosis code is required; diagnosis codes 2 through 5 are optional.*

The ICD-9-CM patient diagnosis code. Up to five diagnosis codes may be entered.

Employ Related

Used in: *All transactions.*

Requirement: *Optional, unless the illness or injury is related to the patient's employment.*

Whether the illness or injury is related to the patient's employment.

Facility ID

Used in: *All transactions.*

Requirement: *Optional.*

The facility ID of the servicing facility.

Member ID

Used in: *All transactions.*

Requirement: *Required.*

The patient's Oxford member identification number.

Other Party Resp

Used in: *All transactions.*

Requirement: *Optional, unless the illness or injury was caused by another party.*

Whether the illness or injury was caused by another party. Choose a value from the drop-down list.

Phy/Clin/Grou ID

Used in: *All transactions.*

Requirement: *Optional.*

The provider identification number of the additional servicing provider.

Place of Service

Used in: *All transactions.*

Requirement: *Optional.*

The place of service. Choose a value from the drop-down list.

Previous Cert

Used in: *Health Services Modify and Health Services Cancel transactions.*

Requirement: *Optional.*

The previous certification number.

Proc Code

Used in: *All transactions.*

Requirement: *Required.*

The primary procedure code relating to the service requested.

Proc Code 2 through Proc Code 5

Used in: *All transactions.*

Requirement: *Optional.*

Up to five additional procedure codes relating to the service requested.

Proc Date Begin

Used in: *All transactions.*

Requirement: *Required.*

The date of the procedure begins, in MMDDYY or MMDDCCYY format.

Proc Date End

Used in: *All transactions.*

Requirement: *Optional.*

The date of the procedure ends, in MMDDYY or MMDDCCYY format.

Rel of Info

Used in: *All transactions.*

Requirement: *Required.*

Whether or not the patient signed a release of medical data statement and the provider has it on file. Choose a value from the drop-down list.

Req Entity Type

Used in: *All transactions.*

Requirement: *Required.*

The type of requesting provider (entity) making the request. Choose a value from the drop-down list.

Requestor ID

Used in: *All transactions.*

Requirement: *Required.*

The provider ID of the requesting provider.

In order for you to use the National Provider Identifier (NPI), the payer must be ready to accept NPI. Additionally, the payer's NPI registration requirements must be fulfilled.

Service Type

Used in: *All transactions.*

Requirement: *Optional.*

The type of service rendered. Choose a value from the drop-down list. See “Service Types” on page 11 for a list of codes and their descriptions.

Svc Message

Used in: *All transactions.*

Requirement: *Optional.*

A service message relating to the admissions request.

Svc Prov Contact

Used in: *All transactions.*

Requirement: *Situational.*

The name of a contact person for the servicing provider.

Svc Prov ID

Used in: *All transactions.*

Requirement: *Required.*

The provider ID of the servicing provider.

Svc Prov Tele

Used in: *All transactions.*

Requirement: *Situational.*

The servicing provider’s telephone number.

Svc Prov Type

Used in: *All transactions.*

Requirement: *Required.*

The type of entity providing the service. Choose a value from the drop-down list.

Svc Quant Qual

Used in: *All transactions.*

Requirement: *Required when a quantity is entered.*

The service quantity qualifier code. Choose a value from the drop-down list.

Svc Quantity

Used in: *All transactions.*

Requirement: *Optional.*

The quantity of the services to be rendered.

Responses

About Your Responses

All of the items described in the following response explanation may not appear in every response. The database will return only the information that is applicable to your query.

If the database does not return a particular piece or section of information in a specific response, the headings for that information will not print. Items will shift position to fill the vacancy.

Your username appears in the upper left corner of the response. See your product **User's Guide** for information about creating usernames.

Additional Reference Documents

More information about your response can be found in the following documents:

- **PC-Standard-Health-Care-Service-Review-Dictionary.pdf** - gives a more detailed description of data fields returned in the standard Emdeon response.
- **Dictionary-of-Transaction-Error-Messages.pdf** – a complete dictionary of error messages.
- **Common Response Abbreviations.pdf** – common abbreviations used in the standard Emdeon response, along with their full description.

These documents are available on your installation CD, and on the Web at:

http://www.emdeon.com/support/document_library.php

Note: The above documents are in Portable Document Format (.pdf). You must have the Adobe® Acrobat® Reader to view this document. If you do not have the Reader, you can download it for free at www.adobe.com.

Status

Closed

Emdeon received a valid response. Read your response for clarification.

Retry

Emdeon did not receive a valid response. Read the message in the response for clarification.

Error

A communications-related error or error of greater severity occurred. Read the message in the response for clarification.

Input Information

The Input Information section (or the labeled fields in the Input/Response Information section) shows the information you entered in your inquiry.

Response or (On File) Information

No response data will appear in this section.

Preauthorization

This section returns reference information for this particular transaction, such as:

- The transaction reference number.
- The type of certification:
 - Complete
 - Term Expired
 - Certified in Total
 - Not Certified
 - Pended
 - Modified
 - Cancelled
 - Contact Payer
 - No Action Required
- The provider ID of the requesting provider.
- The requesting provider's name.
- The requesting provider's specialty.
- If the requesting provider was rejected, this information describes the error condition associated with the rejection. Up to three possible reject reasons can appear.
- A follow-up message to the preceding reject reason.
- The subscriber ID of the subscriber.
- The subscriber's name and date of birth.
- The dependent's name and date of birth.
- Up to 12 diagnosis codes associated with the certification number, and their corresponding descriptions.
- If the patient was rejected, this information describes the error condition associated with the rejection. Up to three possible reject reasons can occur.
- A follow-up action message for the preceding reject reason. Up to three follow-up action messages can appear, one for each reject reason.

Preauthorization Participants

The Preauthorization Participants section contains details about the requested services, such as the servicing provider or facility, procedure codes, certification number and action. Can include the following:

- The provider ID of the admitting provider.
- The admitting provider's name.
- The admitting provider's specialty.
- The admitting provider's telephone number.
- A free-form message about the admitting provider or specialty.
- The provider ID of the attending provider.
- The attending provider's name.
- The attending provider's specialty.
- The attending provider's telephone number.
- A free-form message about the attending provider or specialty.
- The facility ID.
- The facility's name.
- The taxonomy code and description designating the facility's specialty.
- The facility's telephone number.
- A free-form message about the facility.
- The vendor ID.
- The name of the vendor.
- The vendor provider's specialty.
- The vendor's telephone number.
- A free-form text message about the vendor.
- If the vendor was rejected, this field describes the error associated with the rejection. Up to three possible reject reasons can appear.
- A follow-up action message for the preceding reject reason. Up to three follow-up action messages can appear, one for each reject reason.

Procedure Codes

The Procedure Codes section can occur up to 12 times. Can include the following:

- The **certification number** assigned whenever the provider issues a positive response for the precertification.
- The action code (**Cert Action**) for the requested procedure.
- If the procedure was rejected, the reason for the rejection.

- Up to 12 procedure codes associated with the certification number, and their associated descriptions.
- The authorized quantity of the corresponding procedure (1 through 12).
- The begin and end dates of the corresponding procedure.
- Any additional messages relating to the corresponding procedure.
- The service type code and description identifying the classification of service requested. See “Service Types” on page 11.
- The effective and termination dates of the requested service.
- The quantity of service.
- The pattern of delivery of the service.
- The place of service, i.e., type of facility, where the services will be/were performed.
- The proposed or actual admission date.
- The type of ambulance transport; for example,
 - Initial Trip
 - Return Trip
 - Transfer Trip
 - Round Trip
- If the service was rejected, an error condition associated with the rejection. Up to three possible reject reasons can appear.
- A follow-up action message for the preceding reject reason. Up to three follow-up action messages can appear, one for each reject reason.

Error Messages

Transaction-related error messages begin with CL, HT, RH, or another alphabetic prefix, followed by a number and a line or so of text. Messages are self-explanatory.

For a comprehensive description of all error messages, see the document **Dictionary of Transaction Error Messages**.

This document is available on your installation CD, and on the Web at:

http://www.emdeon.com/support/document_library.php

Values

Service Types

Abbreviation	Description	Input Code
Abortion	Abortion	84
Acupuncture	Acupuncture	64
Adjunctive Dntl Svcs	Adjunctive Dental Services	28
AIDS	AIDS	85
Air Transportation	Air Transportation	57
Alcoholism	Alcoholism	AJ
Allergy Testing	Allergy Testing	79
Alternate Method Dial	Alternate Method Dialysis	15
Anesth	Anesthesia	7
Audiology Exam	Audiology Exam	71
Cabulance	Cabulance	58
Cardiac Rehab	Cardiac Rehabilitation	BG
CH	Chemotherapy	78
Chiropractic	Chiropractic	33
Chiropractic Office Visits	Chiropractic Office Visits	34
Cognitive Thrpy	Cognitive Therapy	BD
Consultation	Consultation	3
CRD Equipment	Chronic Renal Disease (CRD) Equipment	16
Day Care (PC)	Day Care (Psychiatric)	BC
Dial	Dialysis	76
DME Purchase	Durable Medical Equipment Purchase	12
DME Rent	Durable Medical Equipment Rental	18
Dntl Accident	Dental Accident	37
Dntl Care	Dental Care	35
Dntl Crowns	Dental Crowns	36
Donor Procedures	Donor Procedures	63
Drg Addiction	Drug Addiction	AK
Dx Dntl	Diagnostic Dental	23

Abbreviation	Description	Input Code
Dx Lab	Diagnostic Lab	5
Dx Medical	Diagnostic Medical	73
Dx X-Ray	Diagnostic X-Ray	4
Emergency Svcs	Emergency Services	86
Endodontics	Endodontics	26
Experimental Drg Thrpy	Experimental Drug Therapy	AR
FP	Family Planning	82
HH Visits	Home Health Visits	44
HHC	Home Health Care	42
Hosp – Ambulatory Surg	Hospital – Ambulatory Surgical	53
Hosp – Emergency Accident	Hospital – Emergency Accident	51
Hosp – Emergency Medical	Hospital – Emergency Medical	52
Hosp – IP	Hospital – Inpatient	48
Hosp – OP	Hospital – Outpatient	50
Hspc	Hospice	45
Immunizations	Immunizations	80
Infertility	Infertility	83
Inhalation Thrpy	Inhalation Therapy	72
Invasive Procs	Invasive Procedures	BS
IVF	In-vitro Fertilization	61
Licensed Ambulance	Licensed Ambulance	59
LTC	Long Term Care	54
Massage Thrpy	Massage Therapy	BE
Maternity	Maternity	69
Med Care	Medical Care	1
Medically Related Transportation	Medically Related Transportation	56
MFP	Maxillofacial Prosthetics	27
MRI/CAT Scan	MRI/CAT Scan	62
Newborn Care	Newborn Care	65
Oral Surg	Oral Surgery	40
Orthodontics	Orthodontics	38
OT	Occupational Therapy	AD
Otological Exam	Otological Exam	77
PC	Psychiatric	A4
PC – IP	Psychiatric – Inpatient	A7
PC – OP	Psychiatric – Outpatient	A8
PC – Room/Board	Psychiatric – Room and Board	A5
Periodontics	Periodontics	24

Abbreviation	Description	Input Code
Physical Medicine	Physical Medicine	AE
Podiatry	Podiatry	93
Podiatry – Nursing Home Visits	Podiatry – Nursing Home Visits	95
Podiatry – Office Visits	Podiatry – Office Visits	94
Pre-Admin Testing	Pre-Admission Testing	17
Private Duty Nursing	Private Duty Nursing	74
Professional (PHY) Visit – Home	Professional (Physician) Visit – Home	A3
Professional (PHY) Visit – IP	Professional (Physician) Visit – Inpatient	99
Professional (PHY) Visit – Nursing Home	Professional (Physician) Visit – Nursing Home	A1
Professional (PHY) Visit – Office	Professional (Physician) Visit – Office	98
Professional (PHY) Visit – OP	Professional (Physician) Visit – Outpatient	A0
Professional (PHY) Visit – SNF	Professional (Physician) Visit – Skilled Nursing Facility	A2
Prosthetic Device	Prosthetic Device	75
Prosthodontics	Prosthodontics	39
Prtl Hospitalization (PC)	Partial Hospitalization (Psychiatric)	BB
Psychotherapy	Psychotherapy	A6
Pulmonary Rehab	Pulmonary Rehabilitation	BF
Radiation Thrpy	Radiation Therapy	6
Rehab	Rehabilitation	A9
Rehab – IP	Rehabilitation – Inpatient	AB
Rehab – OP	Rehabilitation – Outpatient	AC
Renal Supplies in the Home	Renal Supplies in the Home	14
Respite Care	Respite Care	46
Restorative	Restorative	25
SA	Substance Abuse	AI
Second Surg Opinion	Second Surgical Opinion	20
Skilled Nursing Care	Skilled Nursing Care	AG
Smoking Cessation	Smoking Cessation	67
Spch Thrpy	Speech Therapy	AF
Surg	Surgical	2
Surg Asstnce	Surgical Assistance	8
Third Surg Opinion	Third Surgical Opinion	21
Transplants	Transplants	70
Vision (Optometry)	Vision (Optometry)	AL
Well Baby Care	Well Baby Care	68