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Overview

About the Transaction
The Emdeon™ Oxford Health Plans Specialty Care Review transactions allow you to create, modify, and cancel a referral for specialty care.

**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.

Customer Support

*Emdeon Customer Support*
800.333.0263

customer.service@emdeon.com
Requests

Transaction Types

**Specialty Care Review New**
The Specialty Care New transaction allows you to enter a new referral for specialty care.

**Specialty Care Review Modify**
The Specialty Care Modify transaction allows you to change a referral for specialty care.

**Specialty Care Review Cancel**
The Specialty Care Cancel transaction allows you to cancel a referral for Specialty Care.

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.

**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.

**Level of Service**

**Used in:** All transactions.
**Requirement:** Situational when modifying a transaction.

The code specifying the level of service rendered. Choose a value from the drop-down list.

**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.

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:** Specialty Care Modify and Specialty Care Cancel transactions.

**Requirement:** Optional.

The previous certification number.

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.

Service Type

**Used in:** All transactions.

**Requirement:** Optional.

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

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 Quantity**

**Used in:** Specialty Care New transactions.
**Requirement:** Optional.

The quantity of the services to be rendered.

**Visits**

**Used in:** All transactions.
**Requirement:** Required.

The number of days requested for this inpatient stay.
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:

- 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:

www.emdeon.com/resourcelibrary/#84

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 (status) 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.
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: www.emdeon.com/resourcelibrary/#84
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Emdeon is a leading provider of revenue and payment cycle management and clinical information exchange solutions, connecting payers, providers, and patients in the U.S. healthcare system.

For more information, visit www.emdeon.com.