



End-to-End Prior Authorization Implementation Guide

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Table of Contents

Solution Overview	2
Key Features	3
High-Level Process	4
Implementation Key Considerations	4
Solution Design Decisions	4
Technical Readiness Checklist	6
Implementation Deliverables	7
Project Management Life Cycle	8
Roles and Responsibilities	8
Scoping for Impact	9
Integration Methodology	10
Data Requirements	12
Business Logic	13
Olive Testing and User Validation	13
Success Criteria	15
Implementation Timeline	16
Recommended Customer Go-Live Readiness Checklist	17
Omega Handoff Checklist	17
Appendix	18
Olive Interface Specification Definitions	18



Solution Overview

The prior authorization process is critical to serving the patient experience and preventing avoidable denials that can result in lost revenue. Automating authorization functions can avoid delays in care for patients, mitigate lost revenue, and offset the labor expense associated with managing the process. By optimizing the process and enabling an exception-based workflow, Olive can drive scalability of the human workforce by augmenting the manual intervention required to determine if a service requires an authorization for the patient's insurance coverage.

Today's prior authorization processes are the root of revenue leakages and treatment delays

#1

source of



dissatisfaction
among providers



patient care **delay**



administrative burden

30%

of write-offs
across all healthcare
organizations



It's not just a prior authorization problem —
it's a **patient revenue problem**



10-15 days
order to approval



93% care delays
due to prior auth



30% of write-offs
are due to errors in
prior auth submissions

Leveraging powerful artificial intelligence, Olive provides visibility across the entire prior authorization process, reducing the administrative burden and accelerating patient access.

Key Features

- Olive refers to real-time sources for payer authorization requirements so that determination decisions are made on the most updated policies and not on potentially outdated rules libraries.
- Olive extracts relevant clinical records from source systems and performs an analysis recommending which ones best meet the medical necessity requirements.
- Olive performs multiple status checks on accounts each day to ensure adjudicated statuses are relayed to the human workforce, supportive of timely communication to patients when authorizations are not approved.
- Olive notes when errors are encountered in automated transactions and sends clear causes of failures to exception workflows to be resolved.
- For defensibility, Olive captures a screenshot of what the electronic source renders. The screenshot can be included in the appeal sent to the payer for denied claims due to no authorization obtained showing the discrepancy occurred due to information provided by the payer (or payer-designated) source in addition to the authorization approval, authorization number adjudicated, and the effective/expiration dates of the approved request.



High-Level Process

Olive's **End-to-End Prior Authorization (Pathway)** solution allows better management of workflows.

Olive's **authorization determination** solution is the first step of the process in obtaining prior authorization. This is initiated once she receives information for an upcoming appointment that falls within her scope of work. Olive first examines the data she is provided for completeness, then accesses electronic resources to compare against the payer's authorization requirements. Once the payer requirement is identified, she sends the correct status back to your system of record to be filed without requiring human intervention.

Olive's **authorization submission** solution engages once the determination process is complete. Olive identifies the medical necessity requirements based on the patient's payer and requested procedure. She then reads the clinical documentation, checking against the payer requirements and recommends the right encounters to meet those specific requirements.

Olive's **authorization status** solution begins once Olive receives referral information for a submitted prior authorization. Olive examines patient, referral and appointment information, where she then enters this information into the payor portal to process updates in prior authorization status.

Olive's Implementation Success Team will collaborate with you to craft a detailed process flow pictorializing the overall system workflow. This comprehensive workflow will be configured to your environment and will represent the future state of how authorization statuses will be reflected in your system(s).

Implementation Key Considerations

This section of the guide will cover the technical and operational design decisions and support an evaluation of technical readiness to implement authorization determination and status.

Solution Design Decisions

Below is a baseline set of the minimum decisions that must be made prior to having Olive perform prior authorization tasks. The Implementation Success Team will work with your organization to configure these as needed and will help facilitate design decision discussions.

Topic	Decision Point
Integration	What integration method will be selected for the workflow?
Integration	Do you already have X12 or 278R integrations within your host system?
Integration	If not, are you open to purchasing a license for the X12 278 transaction type?



Integration	Do you have X12 278 knowledge and skill sets within your internal team or will you anticipate needing technical support?
Integration	Does your technical team have capacity to commit resources to an integration project?
Readiness	Is your staffing model centralized, decentralized, or a hybrid? If decentralized or hybrid, what is the breakdown of scope/responsibility?
Readiness	Which services are within the scope of the centralized team?
Readiness	Does your centralized team also verify insurance eligibility?
Readiness	How are outside clinical documents typically handled? Are they scanned and stored within the patient's chart?
Readiness	For EHRs that use separate referral (or "auth/cert") records to track authorization, do these records auto generate when an order or encounter is created?
Readiness	If auth/cert records are being used, is it for inpatient accounts, as well as surgical services?
Readiness	How are your workqueues/worklists structured?
Readiness	Are your schedulers scheduling from orders?
Readiness	Are your orderables linked to chargeables and displayed within the referral and auth/cert records?
Readiness	If CPT codes are not displayed in the referral or auth/cert records, are users manually entering the codes into discrete fields so that they qualify for the interface or extract?
Readiness	Which payers and services will be considered in-scope?
Readiness	Do you have service level authorizations enabled in your EHR?
Readiness	Are you storing tracking numbers from the authorization submission in a location that can be passed to Olive for use during status checks? Are there portals in scope that strictly require a tracking number?
Readiness	How do you handle documenting authorization for secondary payers? Is your EHR configured to document authorization at the payer/plan level (e.g. for some EHRs, do you use Service Level Authorization)?
Determination	Does your EHR automatically assign a status of "no PA required" using business logic such as Auto Status Assignment (ASA) actions? If so, what is the associated logic?
Determination	When performing authorization determination, do users also perform the authorization submission?
Determination	Describe how statuses are being used today.
Determination	Beyond statuses and status reasons, do users complete other fields for this workflow?
Determination	When Olive is unable to make a determination on the payer required rule, how should she route the account for review by a human?



Determination	Is there value in Olive returning screenshots and account notes upon completion of her work?
Status	What authorization statuses or reasons will be used in this workflow? What additional status will Olive need to create? (e.g. Auth Submitted, Auth Approved, Auth Denied, etc.)
Status	At what point should a staff member intervene, if no status has been received by Olive?
Status	What fields beyond referral status and referral reason do you complete when completing the statusing workflow?
Status	How will we handle examples where only some CPTs are approved and others are denied (i.e., partial approval)?
Status	Do you want Olive to return account notes with the update in addition to the authorization information, updates to status, screenshots, etc?
Status	Will you be moving forward with Olive's Authorization Status solution?

Technical Readiness Checklist

Key considerations must be made by technical teams before the level of effort can be assessed for establishing the integration model. If there are any questions that arise as a result of this section, the Implementation Success Team will be able to assist you in clarifying those points or connecting with the appropriate Olive resource.

	Checklist Item	Note / Description
<input type="checkbox"/>	Workflow observation to forecast system requirements	Current and future state workflow mapping with operations serves as a gap analysis for what will be preserved in the current EHR workflow and what will become a new build for the IS team.
<input type="checkbox"/>	Centralized vs decentralized workflow review	Need to account for instances where outside/provider offices are responsible for initiating their own authorizations. If this is the case, this needs to be noted as a decentralized workflow. Ultimately the goal is for all PA users to be responsible for the entire auth process.
<input type="checkbox"/>	Referral record auto-generation	The 278 interface requires auto generation of a referral and/or auth/cert record for an account to qualify for the interface.
<input type="checkbox"/>	Olive to Customer infrastructure	Olive will work with the customer to build the required infrastructure, based on finalized scope. This could include a B2B VPN, SFTP, and/or a VM. Olive will assign a Technical Architect to work with the customer's networking team to establish the requirements and complete the set up.
<input type="checkbox"/>	License for X12 278R interface	If a license is not available from a purchased interface bundle, the customer will need to purchase a new 278R license, if required by the EHR.



<input type="checkbox"/>	EDI guide for X12 278R configuration	Customers should have this industry guide on hand for all X12 configurations. It is used during build and support.
<input type="checkbox"/>	Ability to pass CPT codes within 278 interface	CPT codes are required for Olive to determine if a payer requires authorization for the service.
<input type="checkbox"/>	EDM Integration	The ability to extract clinical records from document management systems.
<input type="checkbox"/>	Workqueue/worklist structuring to support exception-based workflow	Olive will leverage existing structures, when possible
<input type="checkbox"/>	Customer hosted emails	Customer hosted emails will be required to be set up by the customer to utilize for creating and managing payer portal credentials
<input type="checkbox"/>	Payer portal credentials	Payer portal credentials will be required to perform status checks post authorization submission
<input type="checkbox"/>	Readiness of a testing environment	Strategy for building and testing in a patient-rich environment that has recent PRD data (ideally a copy of production) and does not refresh on a daily cadence

Implementation Deliverables

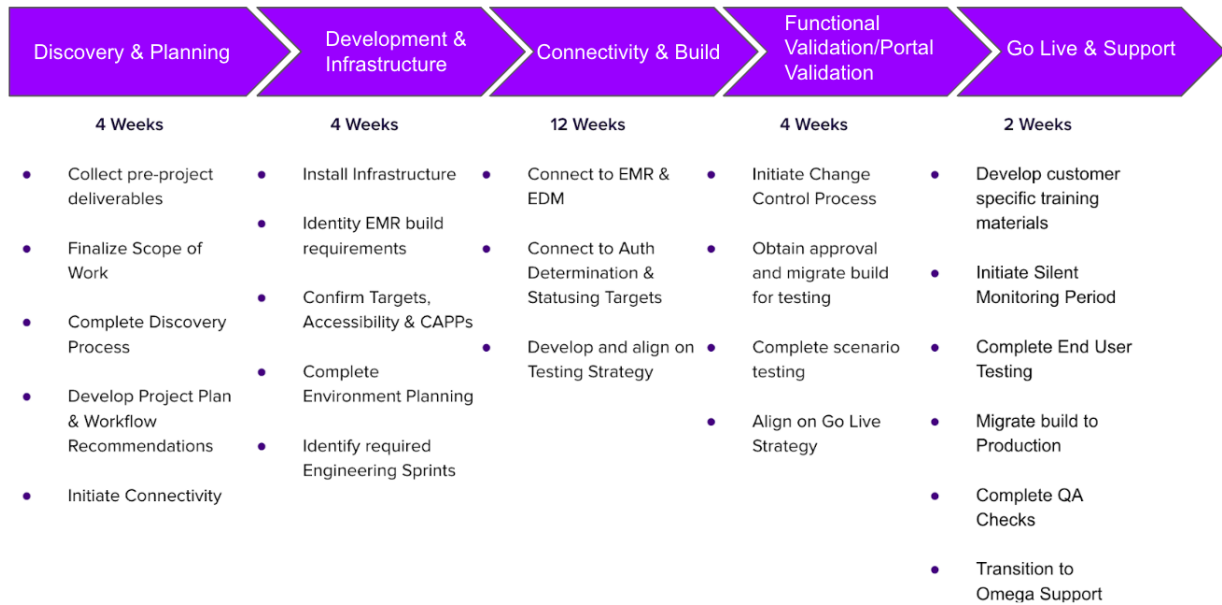
This guide is designed to provide a framework for what to expect during the implementation process, including information on standard resource allocation, technical requirements for the integration, and insight to the project timeline.

Your assigned Implementation Success Owner will provide and maintain a project plan for the implementation, a workbook with templates to document and track each deliverable, and a scenario-based test script.

It is important to note that a final project plan, a testing acknowledgement form, Key Decision Document, and recommended future state workflow will be presented to you for input and evaluation within 2 weeks after the Operational and Technical Discovery sessions have been completed.



Project Management Life Cycle



Note: This represents the standard implementation process. These phases, which can run concurrently, are updated and customer specific milestones are adopted once Discovery is completed and there is alignment between Olive and the customer on the project plan deliverables and timelines.

Roles and Responsibilities

Role	Description	Typical Owner
Customer's Project Team		
Executive Sponsor	Responsible for the success of the project and championing across the organization.	Senior Revenue Cycle Leader
Project Leader	Responsible for ensuring the project tasks stay on track through completion, on schedule, and within budget.	Project Manager
Technical Leader	Responsible for ensuring appropriate access is granted and resources are allocated to the project.	IS Leader



Technical Owner	Responsible for configuration of access points, building interfaces/extracts, mapping data, applying system settings supportive of operational workflow, testing, and go-live support.	IS Analyst
Operational Leader	Responsible for ensuring technology complies with policy and procedure, and for resourcing project with SMEs.	Revenue Cycle Leader
Operational Owner	Responsible for articulating current and future state processes, understanding payer requirements, developing optimal workflow, performing testing, and coordinating training.	Revenue Cycle Leader
Olive's Project Team		
Executive Oversight	Responsible for ensuring stakeholder alignment and smooth transition from sales phase to project kickoff.	Executive Director
Program Management	Responsible for overall management of the Olive program, customer relationship, and identification of perpetual impact.	Customer Program Executive
Implementation Oversight	Responsible for the overall success of each implementation effort across all candidates for process automation.	Implementation Success Owner
Implementation Owner	Responsible for planning and executing the implementation work plan, serving as your point of contact for all needs.	Implementation Success Owner
Technical Oversight	Responsible for driving Olive's technical capacity and prioritization of her work.	Technical Project Manager
Technical Owner	Responsible for delivering Olive's automation capability for all scoped workflows and supporting the customer's technical team through the full implementation process.	Technical Project Manager

Scoping for Impact

Olive can perform authorization rule determination and status where an electronic data source exists. She has experience working with national and regional payers across high-volume service lines: cardiology, gastroenterology, laboratory, musculoskeletal, radiology, sleep, and surgery. Olive stands ready to increase her skill set by working with your operational team to explore new capabilities that help to unlock additional capacity through automation.

Your Implementation Success Owner will obtain a copy of your payer mix and work to map your payer plans and services to Olive's matrix of supported automation for payer rule determination and payer status checks. Through a gap analysis, uncovered payers and services will be evaluated through process demonstrations so that Olive can evaluate if she can make an impact. Olive engineers will prioritize the



new opportunity and execute rapid development in short iterations so that Olive learns a new skill quickly and can take on additional workload.

Integration Methodology

Olive can support multiple types of integration methods to perform authorization tasks. Her preferred method of exchanging authorization-related data is to establish an X12 278 transaction for messaging, which aligns with industry standards and positions the workflow for greater automation opportunity. Authorization submission requires the 278R transaction type and can also be used for the authorization determination and status functions, which enables your organization to maintain one type of 278 licensing and setup.

Olive can support additional integration methods such as FHIR API and Proprietary API, SMART on FHIR, and SFTP. Olive can handle HL7 interfaces, but this is not the preferred approach. Your Technical Project Manager will engage with your IS teams to ensure the right approach is identified at the start of your project.

Olive Data Connection Types

Olive requires various data connections to perform her work:

1. Olive's B2B VPN

Olive requires a B2B VPN to send and receive X12 278 messages in a secure manner.

a. Bi-directional EDI X12 278R (preferred integration method)

This transaction type is governed by the American National Standards Institute and establishes standards for exchanging electronic information. Electronic Medical Record systems have adopted this interface as a way to move data to and from the system in real-time with options to configure an exception-based workflow based on the incoming data from third party vendors.

2. Olive Hosted SFTP

Olive will host an SFTP, sharing access credentials with the customers to support various potential data exchanges.

a. Document Imaging - Screenshot

In support of the appeals process, Olive can supply screenshots of payer-designated portals capturing important aspects of her work.

b. Extract and User Interface (alternative integration method for EHRs that can't support X12 278)

For this implementation method, Olive reads from a .csv file that contains her work and navigates into the EHR to document her findings.

3. FHIR API

Olive can leverage FHIR APIs to request additional supporting data elements and/or documents for the end-to-end prior authorization process.



a. **Clinical Documentation**

Olive will request supporting clinical documentation that is stored in the EHR for auth submissions.

4. **Other APIs**

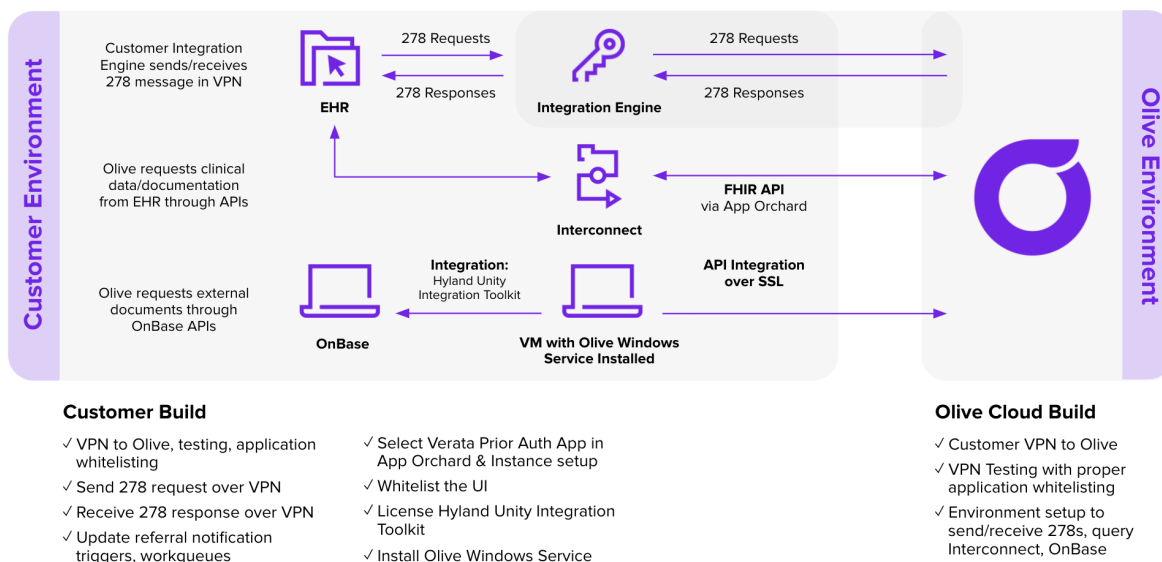
Olive can leverage API integrations with EDM systems if external clinical documentation is not stored within the EHR.

a. **Virtual Machine with Olive Windows Service Installed**

Depending on the EDM, Olive may need to work with the customer to set up a VM to allow for the API integration to request additional supporting documentation.

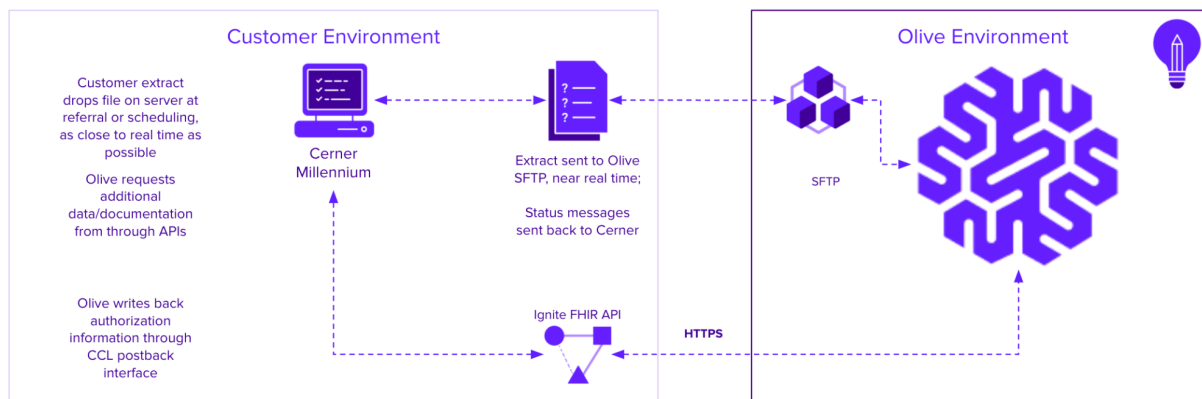
Olive's data connection types are detailed below to include descriptions of functionality, specifications, and data requirements.

End-2-End Authorization - Technical Overview





- Work with Olive Engineers to customize CCL queries to effectively identify in-scope appointments
- Identify and remedy gaps in Millennium scheduled appointment / order data for in-scope service lines
- Assist Olive Engineers in mapping orders / visit types to chargemaster
- Set up inbound / outbound CCL extracts
- Enable Ignite FHIR APIs
- Support testing workflows and validating automations against payor portals



Data Requirements

We will need to collect several data items to help guide the implementation. Please note, this list is not comprehensive. Your Implementation Success Owner will work directly with you to provide a request for additional data items during implementation.

- **Payors, Plans, and Portals** - Provide a list of payers that you would like to include in the authorization project, including the related portal used for each one for authorization determination. If only certain plans can be looked up on the given portal, please indicate which plans should be included. It is helpful to provide an association of payer to plan and to identify the type of product (HMO, PPO, EPO, MCARE, MCARE MA, MCAID). The list must include the full address, phone number, fax number, and naming convention crosswalk to the EMR. Each time the host system enables a new payer and plan, it must be configured to the 278 interface, or extract.
- **CPT Availability** - Provide a listing of services where CPT data is readily available on the order or referral record.
- **Service Type Listing** - Provide a list of service types for your organization. Olive's Implementation Success Owner will filter down to her scope of work. The 278 configuration, or extract, should only include Olive's scope of work.
- **Facility List** - Provide a list of all location names, NPIs, tax IDs, and any alternate naming conventions used by any of the electronic sources.
- **Document Types** - Provide a list of the document types/categories/classifications as specified in the EHR so Olive knows **which** documents to request via API.



Business Logic

Olive's Implementation Success Owner and Technical Project Manager will partner with you to develop the business logic for handling incoming authorization-related data from Olive. She offers a recommended approach that has proven successful, but can adapt to customer-driven configuration..

Recommended action code table for authorization determination:

Auth Function	Response by Scenario	HCR01 Value	HCR01 Description	HCR03 Value	HCR03 Description
Determination	Auth Not Required	NA	No Action Required	N/A	
Determination	Auth Required	CT	Contact Payer (to submit auth)	N/A	
Determination	Error Handling	ERROR	N/A	X12 AAA03 Error Reason	

Recommended action code table for authorization status:

Auth Function	Response by Scenario	HCR01 Value	HCR01 Description	HCR02 Value	HCR03 Value	HCR03 Description
Status	Approved	A1	Certified in Total	Auth Number(s)	Segment Not Returned	
Status	Partial Approval	A2	Certification - Partial	Auth Number(s)	X12 Denial/Pending Reasons	
Status	Pending	A4	Pended	N/A	X12 Denial/Pending Reasons	
Status	Denied	A3	Not Certified	N/A	X12 Denial/Pending Reasons	
Status	Canceled	C	N/A	N/A	X12 Denial/Pending Reasons	

Olive Testing and User Validation

Olive uses multiple methodologies to approach testing so that she can detect defects and take corrective action before engaging in user acceptance testing. Comprehensive testing to evaluate functionality and design specifications is required to ensure quality and reliability and to guarantee high-performance. Olive's Implementation Success Owner will provide a scenario-based test script to facilitate testing for regression and new build. Success criteria is mutually defined by establishing thresholds of pass/failure rates (while conservatively routing errors to human eyes) that measure the state of go-live readiness.



Method	Description of Test Method	Ownership
Connectivity Testing	<p>Ensures that there is proper connectivity and integration between Olive and your EHR for the 278 messages and the API connections.</p> <p>Approach: Customer will trigger 3-5 278 messages to confirm VPN connectivity. Olive will trigger requests to the APIs based on the data in the 278 messages.</p>	<p>Technical Project Manager</p> <p>Technical Architect</p> <p>Customer Network Resource and Integration Analyst</p>
Input and Spec Validation	<p>Includes a review of the 278 messages to ensure required segments are included and data is mapped appropriately.</p> <p>Approach: Customer will trigger 3-5 278 messages for each portal that is in-scope to allow for a final internal portal testing before the external testing provided below.</p>	<p>Technical Project Manager</p> <p>Customer Technical Analyst</p>
Functional Validation	<p>End users, subject matter experts, and operational leaders will validate the workflow outcomes.</p> <p>Approach: Customer will trigger 100+ referrals following various test scenarios across in-scope portals in a patient-rich environment.</p>	<p>Implementation Success Owner</p> <p>Technical Project Manager</p> <p>Customer Technical Analyst</p> <p>Customer SMEs</p>
Determination / Statusing Validation	<p>Ensure that Olive is routing to the appropriate payer portals and is returning results, as expected. Ultimately, this testing plan will determine whether Olive's determination and statusing logic and the integration/mapping between Pathway and the EHR are working as expected. Olive will provide an excel spreadsheet containing a list of patients that she has worked that day.</p> <p>Approach: Customers will need to locate patients within their EHR environment for each of the appropriate payers and scenarios provided and trigger them to Olive. The end users will need to compare the results between what Olive returns and what they see going through the portal manually.</p>	<p>Implementation Success Owner</p> <p>Technical Project Manager</p> <p>Customer SMEs</p>



	Note: there is no proper UAT testing environment for customers. UAT testing in this regard refers to validation of Olive's determination and status results, via the PDS report.	
Silent Monitoring	<p>The week before Go Live Olive will monitor production data and volume to ensure everything is processing and integrating as it should without manual intervention. Olive will not write back data to the EHR during this time.</p> <p>Approach: Customer and Olive will move the builds to production and “turn on” the workflows to allow for 278 messages to trigger to Olive. Olive will monitor all data flows without making changes to data in production systems.</p>	Implementation Success Owner Technical Project Manager Customer Technical Analyst

Success Criteria

Success criteria is not only measured quantitatively. We also measure our wins against the Olive Promise.

The Olive Promise

Olive figures out where she can have an impact, onboards quickly, shows up for work every day, does her job extremely well, and gets smarter over time

We aim to perform work on high labor activities where Olive can “bear the heaviest load.” Therefore, part of what drives success is how many labor hours her logic at go-live is saving.

... onboards quickly

Our team dedicates resources and planning into assisting the customer on providing Olive all the information she needs to be effective at her job. With a team dedicated to development, response, and troubleshooting, Olive is able to get ready for work in a reasonably timely manner.

... shows up for work everyday

In development and go-live, our delivery team is equipped to respond to Olive's failures and communicate stability issues. Additionally, stability is tested during the load testing phase so we know that by go-live, Olive has dependable transportation to go to work.



... does her job extremely well

By the time we have validated results and are preparing to go live, Olive should be more accurate and quicker than a human with the work she is performing and ready for her first day of work.

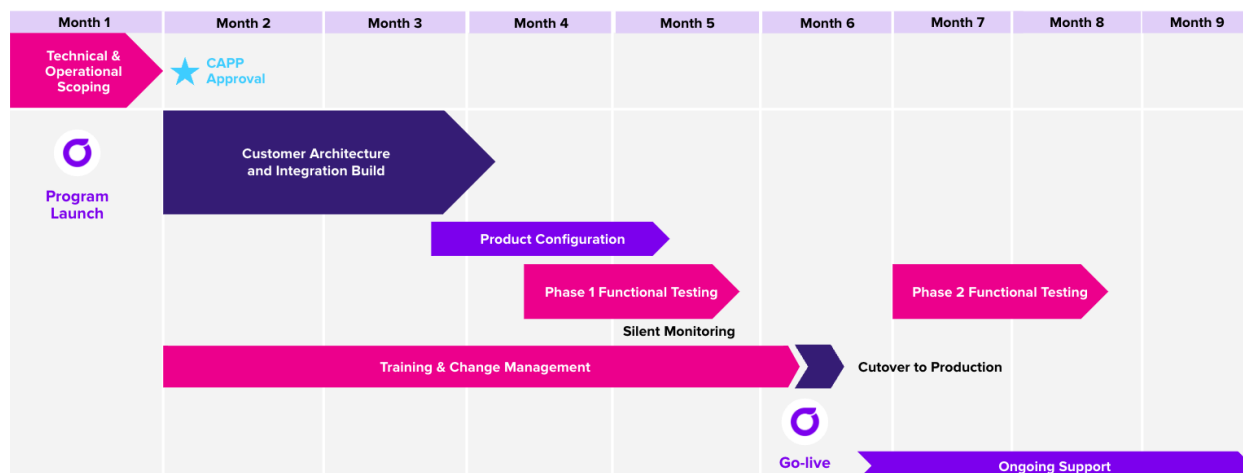
... and gets smarter over time

Insight and improvement does not stop at go-live. Olive has the ability to remember and draw conclusions from her previous work. Our Omega team is equipped to support the plan post go live and offer recommendations based on her historical performance. She can also target additional areas of impact.

Implementation Timeline

Implementation timelines vary by host system, resource availability and allocation, and the ability for the host system vendor to allocate resources to the project, when required. Olive prescribes a timeline to be adapted from during the discovery phase once efforts are complete and the scope of work is clearly defined.

Experience shows that six months is the average implementation timeline for all technical and operational deliverables. Technical and operational deliverables are managed concurrently and user acceptance testing can be accelerated for a shorter project lifecycle.



Note: Timeline will be adjusted to include [customer] required processes and procedures



Recommended Customer Go-Live Readiness Checklist

Customers should plan for a disciplined cadence leading up to go-live readiness. Olive offers a checklist for consideration:

- ☐ Olive's test plan is executed with defect-free results
- ☐ Testing is complete and documented within the Olive test script
 - Connectivity Testing
 - Input and Spec Validation
 - Functional Validation
 - Determination / Statusing Validation
 - Silent Monitoring
- ☐ System training to completed
- ☐ Change control process for Olive automation is confirmed, to include data and configuration migration
- ☐ Required cutover activities are approved by a governing body
- ☐ Organization announcement is sent to stakeholders indicating go-live intentions
- ☐ Go-live dates are clearly communicated across operations and technical groups impacted by the change
- ☐ Support plan is in place to respond to any perceived issues after production cutover

Omega Handoff Checklist

Omega Watch is Olive's intelligence center that serves to achieve uninterrupted service, anticipate issues, and harness the power of collective learning. Olive matches tireless commitment to 24/7 service, enabling uninterrupted operations across your organization so you can focus on delivering exceptional results.

Once the automation is live within your production environment, Olive provides performance management against this handoff checklist:

- ☐ All internal and external testing completed and successful
- ☐ Internal and external validation completed
- ☐ Tracked Data and metrics confirmed and data flow validated by Omega Analysis
- ☐ Assess KPIs/metrics meet the effectiveness criteria outlined in the project plan
- ☐ Internal peer and quality engineering reviews
- ☐ Written customer acceptance of go-live date
- ☐ Code is frozen for five consecutive days
- ☐ Omega Communications approval of Olive's daily report emails, as well as any other scheduled communication between your team and Olive



Appendix

Olive Interface Specification Definitions

This table represents the inbound and outbound data requirements for 278 messaging when exchanging transactions between your EHR host system and Olive. Outbound 278 transactions will be triggered by the EHR and transmitted to Olive. Inbound 278 transactions will be triggered by Olive and transmitted to the customer for consumption into the EHR.

The specifications will be reviewed in detail with the customer's operations and technical teams, and any nuances related to workflow will be called out.

If using an extract to integrate, Olive's Implementation Success Owner will provide an Excel template reflective of the data elements within the table.

Outbound Data to Olive = O

Inbound Data to Customer = I

Description	Loop	Segment	Value(s)	Inbound/Outbound
Interchange Sender ID		ISA06		I / O
Interchange Receiver ID		ISA08		I / O
Interchange Usage Indicator - T/P Flags for the TEST / PROD		ISA15	P, T	I / O
Application Sender's Code		GS02		I / O
Application Receiver's Code		GS03	OLIVE	
278 Type - 278_005010X217		GS08	005010X217	I / O
Epic Transaction Id		BHT03		I / O
Transaction Set Purpose Code		BHT02	13	I / O
Primary Insurance Company	2010A	NM103		I / O
Primary Insurance Company Plan	2010A	NM109		I / O
Primary Insurance Company Error	2010A	AAA03		O
Ordering Provider Entity Identifier	2010B	NM101	1P	I / O
Ordering Provider Last Name	2010B	NM103		I / O
Ordering Provider First Name	2010B	NM104		I / O
Ordering Provider Identification Code Qualifier	2010B	NM108	XX	I / O
Ordering Provider NPI	2010B	NM109		I / O
Ordering Provider Identification Code Qualifier	2010B	REF01	EI	I / O
Ordering Provider Tax ID	2010B	REF02		I / O



Ordering Provider Carrier Assigned Reference Number Identification Code Qualifier	2010B	REF01	ZH	I / O
Ordering Provider Carrier Assigned Reference Number	2010B	REF02		I / O
Ordering Provider Address	2010B	N3		I / O
Ordering Provider Address (CSZ)	2010B	N4		I / O
Ordering Provider Error	2010B	AAA03		O
Ordering Provider Contact Name Identification Code Qualifier	2010B	PER01	IC	I
Ordering Provider Contact Name	2010B	PER02		I
Ordering Provider Communication Number Qualifier Identification Code Qualifier	2010B	PER03	TE	I
Ordering Provider Communication Number	2010B	PER04		I
Subscriber First Name	2010C	NM103		I / O
Subscriber Last Name	2010C	NM104		I / O
Primary Insurance Company Identification Code Qualifier	2010C	NM108	MI	I / O
Primary Insurance Company Member Id	2010C	NM109		I / O
Patient Account Number Identification Code Qualifier	2010C	REF01	EJ	I / O
Patient Account Number	2010C	REF02		I / O
Subscriber Address	2010C	N3		I / O
Subscriber Address (CSZ)	2010C	N4		I / O
Subscriber Error	2010C	AAA03		O
Subscriber DOB	2010C	DMG02		I / O
Subscriber Gender Code	2010C	DMG03		I / O
Primary Insurance Reference Identification Qualifier	2010C	REF01	6P	I / O
Primary Insurance Company Group	2010C	REF02		I / O
Dependent First Name	2010D	NM104		I / O
Dependent Last Name	2010D	NM103		I / O
Dependent DOB	2010D	DMG02		I / O
Dependent Gender Code	2010D	DMG03		I / O
Dependent Address	2010D	N3		I / O
Dependent Address (CSZ)	2010D	N4		I / O
Dependent Error	2010D	AAA03		O
Relationship to Subscriber	2010D	INS02		I / O
ReferralId	2000E	TRN02		I / O
Event Error	2000E	AAA03		O
Request Category Code (Inpatient & Outpatients)	2000E	UM01		I / O
Certification Type Code	2000E	UM02	I or S	I / O



Service Type Code	2000E	UM03		I / O
Facility Type Code	2000E	UM04		I / O
Level of Service	2000E	UM06	03, E, U	I
Action Code (Status)	2000E	HCR01		O
Reference Identification	2000E	HCR02		O
Industry Code (Reason)	2000E	HCR03		O
Tracking Number Identification Qualifier	2000E	REF01	NT	I / O
Tracking Number	2000E	REF02		I / O
Date of Service Date Qualifier	2000E	DTP01	AAH	I / O
Date of Service	2000E	DTP03		I / O
Admission Date Qualifier	2000E	DTP01	425	I / O
Admission Date	2000E	DTP03		I / O
Discharge Date Qualifier	2000E	DTP01	096	I / O
Discharge Date	2000E	DTP03		I / O
Certification Expiration Date Identification Qualifier	2000E	DTP01	036	I / O
Certification Expiration Date	2000E	DTP03		I / O
Certification Effective Date Identification Qualifier	2000E	DTP01	007	I / O
Certification Effective Date	2000E	DTP03		I / O
MRN / Note	2000E	MSG01		I / O
Servicing Provider Entity Identifier Code	2010EA	NM101	SJ	I / O
Servicing Provider Last Name	2010EA	NM103		I / O
Servicing Provider First Name	2010EA	NM104		I / O
Servicing Provider Identification Code Qualifier	2010EA	NM108	XX	I / O
Servicing Provider NPI	2010EA	NM109		I / O
Servicing Provider Identification Code Qualifier	2010EA	REF01	EI	I / O
Servicing Provider Tax ID	2010EA	REF02		I / O
Serving Provider Carrier Assigned Reference Number Identification Code Qualifier	2010EA	REF01	ZH	I / O
Servicing Provider Carrier Assigned Reference Number	2010EA	REF02		I / O
Servicing Provider Address	2010EA	N3		I / O
Servicing Provider Address (CSZ)	2010EA	N4		I / O
Servicing Provider Error	2000E	AAA03		O
Facility Entity Identifier Code	2010EA	NM101	77, FA, G3, AAJ, QV	I / O
Facility Name	2010EA	NM103		I / O
Facility Identification Code Qualifier	2010EA	NM108	XX	I / O
Facility NPI	2010EA	NM109		I / O
Facility Identification Code Qualifier	2010EA	REF01	EI	I / O



Facility Tax ID	2010EA	REF02		I / O
Facility Carrier Assigned Reference Number Identification Code Qualifier	2010EA	REF01	ZH	I / O
Facility Carrier Assigned Reference Number	2010EA	REF02		I / O
Facility Address	2010EA	N3		I / O
Facility Address (CSZ)	2010EA	N4		I / O
Facility Error	2000E	AAA03		O
Diagnosis Type	2000E	HI101-1	ABF for ICD-10 codes	I / O
Diagnosis Codes requested	2000E	HI101-2		I / O
Procedure Code Error	2000F	AAA03		O
Procedure Code Action Code (Status)	2000F	HCR01		O
Procedure Code Reference Identification	2000F	HCR02		O
Procedure Code Industry Code (Reason)	2000F	HCR03		O
Procedure Code Type - Professional	2000F	SV101-1	HC for HCPCS codes CPT should be encoded as HCPCS NDC must be in N4 in 5-4-2 format	I / O
Procedure Codes requested - Professional	2000F	SV101-2		I / O
Quantity Type	2000F	SV101-4		I / O
Quantity	2000F	SV101-5		I / O
Procedure Code Action Code (Status)	2000F	HCR01		O
Procedure Code Reference Identification	2000F	HCR02		O
Procedure Code Industry Code (Reason)	2000F	HCR03		O
Procedure Code Type - Institutional	2000F	SV202-1	HC for HCPCS codes CPT should be encoded as HCPCS NDC must be in N4 in 5-4-2 format	I / O
Procedure Codes requested - Institutional	2000F	SV202-2		I / O



Quantity Type	2000F	SV204		I / O
Quantity	2000F	SV205		I / O