



COMPANION DOCUMENTATION

**278 Health Care Services Request
for Review and Response**

WebMD Office

**Administered by:
Unison Administrative Services
300 Oxford Drive
Monroeville, PA 15146**

INTRODUCTION

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that Unison Administrative Services (UAS) comply with the mandated EDI standards for health care as established by the Secretary of Health and Human Services. UAS recognizes the administrative efficiencies that can be gained from the HIPAA transactions and contracted with ENVOY, a subsidiary of WebMD, to make these transactions accessible to the provider community. Please utilize the HIPAA implementation guides for the corresponding transactions. The implementation guides can be found at the Washington Publishing Company's website and downloaded free of charge (http://www.wpc-edi.com/hipaa/HIPAA_40.asp). Additional information regarding the standards for electronic transaction are available at the Department of Health and Human Services website (<http://aspe.hhs.gov/admsimp/final/txfin00.htm>).

PURPOSE

The companion guides produced by UAS are designed to be used in conjunction with the implementation guides that are posted on the Washington Publishing Company website. Due to the evolving nature of the HIPAA regulations these documents are subject to change as updates occur to UAS's adjudication procedures or as legislation is updated or revised. The sole purpose of the documentation is for clarification and to outline specific requirements for the transactions.

SPECIAL NOTES

- Unison's trading partner ID: **251756858**
- Provider must use the health plan's provider identifier. *
- Please use the patient identifier found on the health plan's member identification card. *
- **Please reference the Health Care Services Review - Request for Review and Response implementation guide (004010X094A1).**

**Indicates additional information provided within the data element description section.*

REQUESTED DATA

- Member ID Number – 9 or 10 character number as seen on the Member ID card
- Ins DOB – Members date of birth in the format MMDDYYYY
- Requesting Provider Network/Facility ID – 12 character number
- Requesting Provider ID – 9 character Federal Tax ID number
- Service Network/Facility ID – 12 character number
- Service Provider ID – 9 character Federal Tax ID number
- Service Type requested
- Place of Service requested
- Admission Date – defaulted to today's date, can be changed if necessary
- Requested Diagnosis Code
- Requested Procedure Code
- Start Date of the requested procedure

Sample Inquiry Screen

WebMDOffice John Klesius Thursday, May 26, 2005
 · [Logout](#)

Turn On Batching | [Office Home](#) | [Check Eligibility](#) | [Check Claims](#) | [HCS Review Inquiry](#) | **HCS Review Request** | [Batch Manager](#) | [Find Providers](#) | [Claim Entry](#) | [Send Claims](#) | [Help](#)

Step 1 - Select payer

Three Rivers Administrative Services/UNISON **Provider Search**

Step 2 - Select referral or precertification type

Admission Review

Step 3 - Enter referral or precertification data * indicates required fields

* Subscriber ID * DOB

Requesting Provider Information

* Provider Type * Network ID * Provider ID

Service Provider Information

* Provider Type * Network ID * Provider ID

* Service Type

* Place Of Service

Start Date End Date * Admission Date:


* Diagnosis Code

Procedure Information

* Qualifier * Procedure Code * Procedure Start Date Procedure End Date

Step 4 - Submit referral or precertification (Make sure you check the patient's Eligibility first)

Sample Response Screen

 Jeremiah Schwartzburger Monday, July 26, 2004 Log Out										
Turn On Batching	Home	Check Eligibility	Check Claims	HCS Review Inquiry	HCS Review Request	Batch Manager	Find Providers	Send Claims	Claim Entry	Help

Specialty Care Review **Three Rivers Administrative Services**

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Request: Member ID=86747099 Referral#=152058250 ProviderID=718291489
WebMD Trace Number :189999999

Patient : James F Wadsworth Member ID : 86747099 DOB : 2/15/1953	Service Providers Provider Type : Service Provider Employer's ID : 718291489 Provider Plan Network ID : 000718291489
Diagnosis Codes Principal Diagnosis : 362.16 (RETINAL NEOVASCULARIZATION NOS)	Services Specialty Care Review Certification Type : Initial Service Type : Surgical Place of Service : 22 Certification Action : Contact Payer Certification Number : 38R463 00002
Submitter : Carolyn McCollum Submitter Type : Provider Employer's ID : 718291489 Provider Plan Network ID : 000718291489	Procedure Information CPT-4 : 67220 (TREATMENT OF CHOROID LESION) Date : 02/25/2004-02/25/2004

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EDI INQUIRES & TROUBLE SHOOTING

If you are interested in submitting electronic transactions or have EDI issues please contact UAS's Provider Services Department at 1-800-600-9007.

To assist the Provider Services Representative with EDI issues please have the following:

- 12 Character health plan provider identification number
- 9 Character transaction number
- Provider Identifier Number

If you are having any problems, contact ENVOY Customer Support at 1-877-469-3263, officesupport@emdeon.com, or your clearinghouse.