Florida Blue Medicare Health Plan

HIPAA Transaction Standard Companion Guide

For Availity®1 Health Information Network Users

Refers to the Technical Report Type Three (TR3) on ASC X12 Version 005010 X217 and X215

278 – Health Care Services Review — Request for Review and Response / Inquiry and Response

Companion Guide Version Number: 2.0

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Disclosure Statement

The Florida Blue Medicare HIPAA Transaction Standard Companion Guide for EDI Transactions Technical Reports, Type three (3) (TR3) provides guidelines for submitting electronic batch transactions. Because the HIPAA ASC X12-TR3s require transmitters and receivers to make certain determinations /elections (e.g., whether, or to what extent, situational data elements apply) this Companion Guide documents those determinations, elections, assumptions or data issues that are permitted to be specific to Florida Blue Medicare business processes when implementing the HIPAA ASC X12 5010 TR3s.

This Companion Guide does not replace or cover all segments specified in the HIPAA ASC X12 TR3s. It does not attempt to amend any of the requirements of the TR3s or impose any additional obligations on trading partners of Florida Blue Medicare that are not permitted to be imposed by the HIPAA Standards for Electronic Transactions. This Companion Guide provides information on Florida Blue Medicare specific codes relevant to Florida Blue Medicare business processes, rules and situations that are within the parameters of HIPAA. Readers of this Companion Guide should be acquainted with the HIPAA ASC X12 TR3s, their structure and content.

This Companion Guide provides supplemental information that exists between Florida Blue Medicare and its trading partners. Trading partners should refer to their Trading Partner Agreement for guidelines pertaining to Availity LLC, legal conditions surrounding the implementation of the EDI transactions and code sets. However, trading partners should refer to this Companion Guide for information on Florida Blue Medicare business rules or technical requirements regarding the implementation of HIPAA-compliant EDI transactions and code sets.

Nothing contained in this Companion Guide is intended to amend, revoke, contradict or otherwise alter the terms and conditions of your applicable Trading Partner Agreement. If there is an inconsistency between the terms of this Companion Guide and the terms of your applicable Trading Partner Agreement, the terms of the Trading Partner Agreement will govern. If there is an inconsistency between the terms of this Companion Guide and any terms of the TR3, the relevant TR3 will govern with respect to HIPAA edits and this Companion Guide will govern with respect to business edits.

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Version Change Log

Date	Description	Page
10-30-19	Initial document creation of version 1.0.	NA
02-16-2021	Format Changes	Multiple
01/23/2023	Added section 1.4 Additional information as a result of CMS audit feedback	6-7
06/16/2023	Section 1.4 verbiage modification - (version 1.2)	6-7
06/16/2023	Section 7 verbiage modification to Req #s B10, B22, B32 - (version 1.2)	18, 20 & 21
11/2/2023	Various verbiage modification for the sake of clarification	Multiple
12/15/2023	Update to section 4	8
12/15/2023	Update to section 1.4 Florida Blue Scheduled Downtown	6
12/15/2023	Update to Table of Contents	5

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Contents

1 INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) require that the health care industry in the United States comply with the Electronic Data Interchange (EDI) standards as established by the secretary of Health and Human Services. The ASC X12 278 guides

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005010X217 (Request for Review and Response and 005010X215 (Inquiry and Response) are the established standards. The Technical Reports Type three (3) Guides (TR3s) for the 278 Request for Review and Response transaction specifies in detail the required formats. It contains requirements for the use of specific segments and specific data elements within segments, and was written for all health care providers and other submitters. It is critical that your software vendor or IT staff review this document carefully and follow its requirements to send HIPAA-compliant files to Florida Blue Medicare via your vendor.

1.1 Scope

This 278 Companion Guide was created for Florida Blue Medicare trading partners to supplement the 278 TR3.It describes the data content, Florida Blue business rules, and characteristics of the 278 transaction.

1.2 Overview

The Technical Report Type three (3) Guide (TR3) for the 278 Health Care Services Review transaction specifies in detail the required formats. It contains requirements for the use of specific segments and specific data elements within segments, and was written for all health care providers and other submitters. It is critical that your software vendor or IT staff review this document carefully and follow its requirements to send HIPAA-compliant files to Florida Blue Medicare via your vendor.

1.3 References

TR3 Guides for the ASC X12 278 005010X217 (Request for Review and Response and 005010X215 (Inquiry and Response) and all other HIPAA standard transactions are available electronically at wpc-edi.com

For more information, including an online demonstration, please visit availity.com or call 800-282-4548.

CAQH CORE Operating Rules Phase II caqh.org/CORE_operat_rules.php.

1.4 Additional Information

Florida Blue Scheduled Downtime

2024 UNIX patching schedule and Release schedule

AIX-LUNIX MONTHLY PATCHING OVERVIEW	2024 JAN	2024 FEB	2024 MAR	2024 APR	2024 MAY	2024 JUN	2024 JULY	2024 AUG	2024 SEPT	2024 OCT	2024 NOV	2024 DEC
Production Environment Patching *(1 day, Sunday Maintenance* window)	01/21	02/25	03/24	04/28	05/19	06/23	07/28	08/25	09/22	10/13	11/10	12/15

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Enterprise Release Schedule:

Release Month	Feb 10	Apr 12	May 18 FEP	Jun 22	July 27 FEP ONLY	Aug 24	Sep 21	Oct 12 FEP ONLY	Oct 18	Nov 16	Dec 14	Jan 1,2025 FEP ONLY
Production Milestone	Sat-Sun Imp	Fri-Sat Imp	Sat-Sun Imp	Sat-Sun Imp	Sat-Sun Imp	Sat-Sun Imp	Sat-Sun Imp	Sat-Sun Imp	Fri-Sat Imp	Sat-Sun Imp	Sat-Sun Imp	Mon - Tues Imp
Implemen-tation	02/10-02/11	04/12-04/13	05/18-05/19	06/22-06/23	07/27-07/28	08/24-08/25	09/21-09/22	10/12-10/13	10/18-10/19	11/16-11/17	12/14-12/15	01/01-01/02

Any additional planned maintenance or unscheduled outages will be posted on the Status page as well as on News and Announcements at www.Availity.com.

Holiday Schedule
Our company observes the following holidays for 2024:
1. New Year's Day - Monday, January 1
2. Martin Luther King Jr. Day - Monday, January 15
3. Memorial Day - Monday, May 27
4. Juneteenth - Wednesday, June 19
5. Independence Day - Thursday, July 4
6. Labor Day - Monday, September 2
7. Thanksgiving Holiday - Thursday, November 28 & Friday, November 29
8. Christmas Holiday -Tuesday, December 24 & Wednesday, December 25

If a holiday falls on a day when our company doesn't operate, we will observe that holiday on the closest business day. For example, if a holiday falls on a Sunday, the following Monday will be observed as a holiday.

2   GETTING STARTED
2.1 Working with Florida Blue Medicare

Availity optimizes information exchange between multiple health care stakeholders through a single, secure network. The Availity Health Information Network encompasses administrative, financial, and clinical services, supporting both real-time and batch EDI via the web and through business to business (B2B) integration. For more information, including an online demonstration, please visit availity.com or call 800-282-4548.

2.2 Trading Partner Registration

In order to register, you will need:

- Basic information about your practice, including your Federal Tax ID and National Provider Identifier.
- Someone with the legal authority (typically an owner or senior partner) to sign agreements for your organization.

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- An office manager or other employee who can oversee the Availity implementation and maintain User IDs and access.

2.3 Certification and Testing Overview

All trading partners and clearing houses should be certified via Availity. It is recommended that the trading partner obtain HIPAA Certification from an approved testing and certification third party vendor prior to testing.

3 TESTING WITH FLORIDA BLUE MEDICARE AND AVAILITY

Florida Blue Medicare recommends that Trading Partners contact Florida Blue Medicare to obtain a testing schedule and or notify Florida Blue Medicare of potential testing opportunities prior to implementing any foreseen transaction impacts to the business flow of both Florida Blue Medicare and/or the Trading Partner.

4 CONNECTIVITY/COMMUNICATIONS WITH FLORIDA BLUE MEDICARE AND AVAILITY

4.1 For support of connectivity/communications, please visit availity.com or call 800-282-4548.

4.2 Passwords

If a password change is necessary, please contact Availity at 800-282-4548 or availity.com.

5 CONTACT INFORMATION

5.1 EDI Customer Service

For EDI customer service related to Florida Blue Medicare, please visit availity.com or call 800-282-4548.

5.2 EDI Technical Assistance

For support of EDI transactions through Availity, please visit availity.com or call 800-282-4548.

5.3 Provider Service Number

For provider services, please contact Florida Blue at 800-727-2227. For faster service, please have your Availity transaction ID available.

5.4 Applicable websites/email

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- availity.com
- floridablue.com

6 CONTROL SEGMENTS/ENVELOPES

ANSI 278 – Health Care Services Review – Request for Review and Response:

The purpose of this section is to delineate specific data requirements where multiple valid values are presented within the ASC X12 278 guides, 005010X217 and 005010X215.

Common Definitions:

- **Interchange control header (ISA06) Interchange Sender ID (Mailbox ID)** – is individually assigned to each trading partner.
- **Interchange control header (ISA08) Interchange Receiver ID** – is the Florida Blue Medicare Tax ID, 592015694.
- **Interchange control header (ISA15) Usage Indicator** – defines whether the transaction is a test (T) or production (P).
- **Functional Group Header (GS02) Application Sender's code** – is individually assigned to each trading partner.
- **ANSI 278 – Health Care Services Review** – Request for Review and Response

Global Information

Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3 Page (s)	Plan Requirement
G1	All Transactions			Florida Blue Medicare requires a Trading Partner Agreement to be on file with Availity indicating all electronic transactions the Trading Partner intends to send or receive.
G2	All Segments			Only loops, segments, and data elements valid for the ASC X12 278 guides, 005010X217 and 005010X215 will be used for processing.

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Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3 Page (s)	Plan Requirement
G3	**Acknowledgments – Florida Blue Medicare acknowledgements are created to communicate the status of transactions. It is imperative that they be retrieved on a daily basis. One file could result in multiple acknowledgements.** **ANSI X12:** **-TA1 – Interchange Acknowledgement** **-999 – Functional Acknowledgement**			TA1 is available immediately after depositing file 999 is available immediately after "depositing file"
G4	**Negative Values**			Submission of any negative values in the 278 transaction will not be processed or forwarded.
G5	**Date fields**			All dates submitted on an incoming 278 must be a valid calendar date in the appropriate format found in ASC X12 278 guides, 005010X217 and 005010X215. Failure to do so may cause processing delays or rejection.
G6	**Batch Transaction Processing**			Generally, Availity and Florida Blue Medicare Gateway accept transmissions 24 hours a day, seven (7) days a week.
G7	**Multiple Transmissions**	All Segments		Any errors detected in a transaction set will result in the entire transaction set being rejected.
G8	**All Transactions**			Florida Blue Medicare requests to remove - (dashes) from all tax IDs, SSNs and zip codes.

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Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3 Page (s)	Plan Requirement
G9	All Transactions			Health Care Services Review – Request for Review (278) submitted with multiple patient events will be split into separate transactions and returned one at a time.
G10	All Transactions			Florida Blue Medicare requires that you do not submit any special characters in any text fields.
G11	All Transactions 2000C 2000D 2000F Additional Patient Information Paperwork	PWK		Although 278 allows for the submission of additional data in this segment, Florida Blue Medicare will not utilize the information in processing at this time.
G12	All Transactions	HI		Do not transmit the decimal point for ICD codes. The decimal point is implied.

Enveloping Information – Request for Review and Responses

Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
E1	Interchange Control Header	ISA	*Appendix B (B.4)*	All transactions utilize delimiters from the following list: >,*,~,^,|,{ and : . Submitting delimiters not supported within this list may cause an interchange (transmission) to be rejected
E2	Interchange Control Structure	ISA	*Appendix B (B.2)*	Must submit Request for Review data using the basic character set as defined in Appendix B of the ASC X12 278 guides, 005010X217 and 005010X215. In addition to the basic character set, you may choose to submit lower case characters and the special character (@) from the extended character set. Any other characters submitted from the

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Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
				extended character set may cause the interchange (transmission) to be rejected by the Plan.
E3	Interchange Control Header Authorization Information Qualifier	ISA01	*Appendix C (C.4)*	Florida Blue Medicare requires 00 in this field.
E4	Interchange Control Header Authorization Information	ISA02	*Appendix C (C.4)*	Florida Blue Medicare requires 10 spaces in this field.
E5	Interchange Control Header Security Information Qualifier	ISA03	*Appendix C (C.4)*	Florida Blue Medicare requires 00 in this field.
E6	Interchange Control Header Security Information	ISA04	*Appendix C (C.4)*	Florida Blue Medicare requires 10 spaces in this field.
E7	Interchange Control Header Interchange ID Qualifier	ISA05	*Appendix C (C.4)*	Request: Florida Blue Medicare requires 01 in this field. Response: Florida Blue Medicare requires ZZ in this field.
E8	Interchange Control Header Interchange Sender ID	ISA06	*Appendix C (C.4)*	Request: Florida Blue requires the submission of the Florida Blue assigned Sender Code in this field. Response: Florida Blue requires the submission of 592015694.
E9	Interchange Control Header Interchange ID Qualifier	ISA07	*Appendix C (C.5)*	Request: Florida Blue Medicare requires ZZ in this field. Response: Florida Blue Medicare requires 01 in this field.
E10	Interchange Control Header Interchange Receiver ID	ISA08	*Appendix C (C.5)*	Request: Florida Blue Medicare requires the submission of ~~the~~ 592015694. Response: Florida Blue Medicare requires the submission of the Florida

Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
				Blue assigned Sender Code in this field.
E11	**Interchange Control Header Repetition Separator**	ISA11	*Appendix C (C.5)*	All transactions utilize { as repetition separator. Submitting delimiters other than this may cause an interchange (transmission) to be rejected.
E12	**Interchange Control Header Acknowledgement Requested**	ISA14	*Appendix C (C.6)*	The TA1 will not be provided without a code value of 1 in this field.
E13	**Interchange Control Header Interchange Usage Indicator**	ISA15	*Appendix C (C.6)*	Florida Blue Medicare requires P in this field to indicate the data enclosed in this transaction is a production file.
E14	**Interchange Control Header Component Element Separator**	ISA16	*Appendix C (C.6)*	: Delimiter Florida Blue Medicare requires the use of the above delimiter to separate component data elements within a composite data structure.
E15	**Interchange Control Header Functional Group Header/Functional Group Trailer**	GS - GE ISA - IEA	*Appendix C (C.7)*	Florida Blue Medicare will only process one transaction type per GS-GE (functional group). However, we will process multiple ST's within one (1) GS segment as long as they are all the same transaction type.
E16	**Functional Group Header Functional Identifier Code**	GS01	*Appendix C (C.7)*	HI – Request for Review FB requires submission of the above value in this field.
E17	**Functional Group Header Application Sender's Code**	GS02	*Appendix C (C.7)*	Florida Blue Medicare requires the submission of the Florida Blue Medicare assigned Sender Code in this field.

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Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
E18	**Functional Group Header Application Receiver's Code**	GS03	*Appendix C (C.7)*	Request: Florida Blue requires the submission of ~~the~~ 592015694. Response: Florida Blue requires the submission of the Florida Blue assigned Sender Code in this field.
E19	**Implementation Convention Reference**	ST03	*66*	Must contain 005010X217 (request) or 005010X215 (response)
E20	**999 Functional Acknowledgement**	AK103		For Request only: Florida Blue Medicare will return the value submitted in GS08 from the functional group to which this 999 transaction set is responding

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Business Requirements

Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
B1	**2100A – Information Source Name** **Entity Identifier Code**	NM101	67	Florida Blue Medicare will only support 13 (Request). -- Florida Blue Medicare will not support 01 (Cancellation) 36 (Authority to Deduct – Reply). These values will be eliminated on the web portal and rejected (as not supported by B2B.)

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Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
B2	2010A - Utilization Management Organization (UMO) Name Entity Identification Code	NM101	71	X3 (Utilization Management Organization) --- Florida Blue Medicare requests submission of above value in this field.
B3	2010A - Utilization Management Organization (UMO) Name Organization Name	NM103	72	Florida Blue Medicare --- Florida Blue Medicare requests submission of above value in this field.
B4	2010A - Utilization Management Organization (UMO) Name Identification Code Qualifier	NM108	73	PI (Payer Identification)
B5	2010A - Utilization Management Organization (UMO) Name Identification Code	NM109	73	Florida Blue Medicare requests submission of FBM01 in NM109.
B6	2010B - Requester Name Identification Code Qualifier	NM108	77	XX (National Provider Identifier)
B7	2010B - Requester Name Requester Identifier	NM109	78	Florida Blue Medicare requires the NPI Number in NM109
B8	2010B - Requester Supplemental Identification Reference Identification Qualifier	REF01	79	Florida Blue Medicare requires the ZH qualifier in REF01
B9	2010B - Requester Supplemental Identification Requester Supplemental Identifier	REF02	80	Florida Blue Medicare requires the Availity Sender Code in REF02
B10	2010B - Requester Name Zip Code	N403	83	Required- 5 digit zip code (first 5 digits) Optional- 4 digit zip Entire Contents of N403 Postal Code must be a valid zip code per code

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Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
				source 51: Zip Code
B11	2010B - Requester Provider Information Provider Code	PRV01	87	Florida Blue Medicare requires RF in PRV01
B12	2010B - Requester Provider Information Reference Identification Qualifier	PRV02	88	Florida Blue Medicare requires PXC in PRV02
B13	2010B - Requester Provider Information Provider Taxonomy Code	PRV03	88	Florida Blue Medicare requires a valid provider taxonomy code in PRV03. Standard taxonomy codes are published on the National Uniform Claim Committee website at nucc.org.
B14	2010C - Subscriber Name Identification Code Qualifier	NM108	93	MI (Member Identification Number)
B15	2010C – Subscriber Name Subscriber Member Number	NM109	93	Florida Blue Medicare requires the submission of ID number exactly as it appears on the ID card without embedded spaces (this includes any out-of-state Blue Card IDs) including any applicable prefix or suffix
B16	2010C - Subscriber Demographic Information Gender Code	DMG03	100	F – Female M – Male Florida Blue Medicare requires that only the gender codes listed above be submitted. When submitting a request on an FEP (Federal Employee Program®) member, Florida Blue Medicare requires the submission of the DMG03.

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Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
B17	2000E - Patient Event Level Request Category Code	UM01	120	Florida Blue Medicare will support the following codes: AR (Admission Review/Outpatient) HS (Health Services Review/Inpatient) SC (Specialty Care Review/Referral) -- Florida Blue Medicare will not support IN (individual).
B18	2000E - Patient Event Level Certification Type Code	UM02	121	Florida Blue Medicare will only support the following codes: I – Initial 3 – Cancel 4 – Extension S – Revised -- Florida Blue Medicare will not support 1, 2, N, R
B19	2000E – Patient Event Level Patient Diagnosis	HI	137-153	Florida Blue Medicare requires the submission of the diagnosis code.
B20	2010EA - Patient Event Provider Name Entity Identifier Code	NM101	210	If the Entity is a Non-Person, Florida Blue Medicare requires an SJ in the NM101.
B21	2010EA - Patient Event Provider Name - Entity Type Qualifier	NM102	210	If the value of SJ is submitted in NM101. Florida Blue Medicare requires a value of 2 in NM102.
B22	2010EA - Patient Event Provider Name - Zip Code	N403	217	Required- 5 digit zip code (first 5 digits) Optional- 4 digit zip Entire Contents of N403 Postal Code must be a valid zip code per code source 51: Zip Code
B23	2010EA - Patient Event Provider Name	PRV01	221	Florida Blue Medicare requires the

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Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
	Provider Code			PRV segment
B24	2010EA - Patient Event Provider Name Reference Identification Qualifier	PRV02	222	Florida Blue Medicare requires PXC in PRV02
B25	2010EA - Patient Event Provider Name Provider Taxonomy Code	PRV03	222	Florida Blue Medicare requires a valid provider taxonomy code in PRV03. Standard taxonomy codes are published on the National Uniform Claim Committee website at nucc.org.
B26	2000F - Health Care Services Review - Service Type Code	UM03	239	The following Service Types require procedure codes: 2, 4, 6, 8, 12, 18, 20, 21, 40, 62, 63, 70, 73, 75, 88, AR, BS
B27	2000F - Professional Service Product or Service ID Qualifier	SV101-1	247	Florida Blue Medicare supports HC or N4 in this field. Florida Blue Medicare requires associated procedure code.
B28	2000F - Institutional Service Line Product or Service ID Qualifier	SV102-1	253	Florida Blue Medicare supports HC or N4 in this field. Florida Blue Medicare requires associated procedure code.
B29	2000F - Health Care Services Delivery Quantity Qualifier	HSD01	267	Florida Blue Medicare will accept only the following code values: DY -- Days VS-- Visits Submission of any other value will result in a pended status.
B30	2010F - Service Provider Entity Identifier Code	NM101	278	If the Entity is a Non-Person, Florida Blue Medicare requires an SJ in the NM101.
B31	2010F - Service Provider Entity Type Qualifier	NM102	278	If the value of SJ is submitted in NM101, Florida Blue Medicare requires a value of 2 in NM102.
B32	2010F - Service Provider Zip Code	N403	285	Required- 5 digit zip code (first 5 digits) Optional- 4 digit zip Entire Contents of N403 Postal Code must be a valid zip code per code source 51: Zip Code

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Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
B33	2010F - Service Provider Provider Code	PRV01	289	Florida Blue Medicare requires the PRV segment.
B34	2010F - Service Provider Reference Identification Qualifier	PRV02	290	Florida Blue Medicare requires PXC in PRV02
B35	2010F - Service Provider Provider Taxonomy Code	PRV03	290	Florida Blue Medicare requires a valid provider taxonomy code in PRV03. Standard taxonomy codes are published on the National Uniform Claim Committee website at nucc.org.

8 ACKNOWLEDGEMENTS AND/OR REPORTS

The purpose of this section is to outline the Florida Blue Medicare processes for handling the initial processing of incoming files and electronic acknowledgment generation.

TA1 Interchange Acknowledgement Transaction

All X12 file submissions are pre-screened upon receipt to determine if the interchange control header (ISA) or interchange control trailer (IEA) segments are readable. If errors are found, a TA1 response transaction will be sent to notify the trading partner that the file could not be processed provided the file contains a code value of one (1) in the ISA14. No TA1 response transaction will be sent for error-free files.

Once Florida Blue Medicare determines that the file is readable, validation is performed on the ISA and IEA loop information. If these segments have a non-standard structure, the file will receive a full file reject and the TA1 response transaction will be sent to the trading partner, provided the file contains a code value of one (1) in the ISA14.

999 Functional Acknowledgement Transactions

If the file submission passes the ISA/IEA pre-screening above, it is then checked for ASC X12 syntax and HIPAA compliance errors. When the compliance check is complete, a 999 will be sent to the trading partner informing them if the file has been accepted or rejected. If multiple transaction sets (ST-SE) are sent within a functional group (GS-GE), the entire functional group (GS-GE) will be rejected when an ASC X12 or HIPAA compliance error is found.

9 TRADING PARTNER AGREEMENTS

Please contact Availity for your Trading Partner Agreement at 800-282-4548 or availity.com.

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10 TRANSACTION SPECIFIC INFORMATION

10.1 ASC X12 Transactions Supported

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Florida Blue Medicare has something additional, over and above, the information in the IGs. That information can:

• Limit the repeat of loops, or segments
• Limit the length of a simple data element
• Specify a sub-set of the IGs internal code listings
• Clarify the use of loops, segments, composite and simple data elements
• Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with Florida Blue Medicare.

In addition to the row for each segment, one or more additional rows are used to describe Florida Blue Medicare's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail.

For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment. Florida Blue Medicare processes the following

ASCX12 HIPAA transactions for Request for Review and Response.

ASC X12 278 X12 005010X217	Request for Review and Response
ASC X12 278 X12 005010X215	Inquiry and Response
ASC X12 TA1 v005010X231A1 (HIPAA)	Response to the X12 transactions where errors are encountered in the outer envelopes (ISA/IEA and GS/GE segments)
ASC X12 999 V005010X231A1 (HIPAA)	Functional Acknowledgement

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