Health Administration Product Enhancements (HAPE)

Electronic Data Interchange (EDI)

Purchased Care (PC) Enhancements

Requirements Specification Document

for

Purchased Care Authorizations Compliance Phase 3



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# Introduction

The mission of the Department of Veterans Affairs (VA), Office of Information and Technology (OI&T), Health Administration Product Enhancements (HAPE) is to provide Information Technology (IT) products and services to the Veterans Health Administration (VHA) which in turn provides benefits and services to Veterans of the United States. In meeting these goals, OI&T strives to provide high quality, effective, and efficient IT services to those responsible for providing care to the Veterans at the point of-care as well as throughout all the points of the Veterans’ health care in an effective, timely and compassionate manner. VA depends on Information Management/Information Technology (IM/IT) systems to meet mission goals.

The Chief Business Office Purchased Care (CBOPC) assesses the impact of healthcare regulatory requirements on VHA Electronic Data Interchange (EDI) health care claims processing and designs the use cases to illustrate the reengineered business process flows associated with technology changes. The office continuously monitors and participates in meetings of industry EDI standards-setting organizations. As the business process owner and Subject Matter Expert (SME) for industry health care EDI mandates, Purchased Care (PC) defines Business Needs (BNs) that necessitate VHA EDI health care claims system software development. The office designs the maintenance and iterative updates to the EDI enterprise tool used to pay healthcare providers for service connected care provided to Veterans and family members. PC develops partnerships with other Federal agencies and trading partners to support EDI processing and verify compliance; they test software, train users on the use of revised software, and provide help desk support for end users. The EDI transactions processes are utilized to pay nearly $6B in projected claims annually. The development work done under the scope of PC is inextricably linked to providing Veterans the medical care they have earned and deserve.

The PC Authorizations Compliance project will create new processes and systems to receive incoming requests for healthcare services review (278) and produce corresponding response transactions (278). Over time, this enhancement should significantly reduce manual methods (e.g., responding to telephone calls to VA Medical Centers (VAMCs) using EDI transactions for treatment authorizations and pre-certifications.

As part of the FY14 Authorizations project, the ability to create a 278 Response when a copy of the master authorization exists in the 278 repository will be introduced. This functionality will continue to be supported in FY15.

**NOTE**: The master authorization is a generic term to reference either the 10-7078 or 10-7079 authorization created and stored in the VistA Fee system. Information from this authorization will be stored in the 278 Repository and the 278 Response will be generated from the information stored in the 278 Repository.

In FY15, new functionality will be introduced that will allow the VA to process 278 Request where a copy of the master authorization does not exists in the 278 Repository at the time that the 278 Request is received and a master authorization has to be created. In this document, these requests are referenced as unsolicited 278 Request.

Additional enhancements in this project will build on the EDI 278 Request for Services Review being introduced as part of the FY14 Authorizations project. The new 278 processing functionality will allow a provider to submit an unsolicited 278 Request for Health Care Services.

First the Automated EDI Tool (AET) will route the 278 Request to the appropriate VAMC and assign the request to a queue based on the service requested. These enhancements will allow the authorization clerk to to review the request based on the service requested and allow authorization clerks to respond to those requests utilizing two new Graphical User Interfaces (GUI).

In this project, we will be modifying existing authorization processing so that the authorization clerk will be able to select a service to be provided (from a lookup table) and enter the quantity and the units for the service to be provided. This change is necessary to support the 278 Response record.

## Purpose

This Requirements Specification Document (RSD) analyzes the BNs of the VHA CBOPC and specifies the requirements for the PC Authorizations Compliance Phase 3 project.

The intended audience of this document includes the Product Development (PD), Software Quality Assurance (SQA), the Chief Business Office (CBO), staff at the OI&T at the Health Administration Center (HAC) and the staff who issue authorizations for Non-VA Care.

This RSD for PC Authorizations Compliance Phase 3 project details the enhancement that will be made to the FY14 authorization software that will allow an authorizations clerk to select the service to be provided, enter quantities and enter units as related to the selected service.

Additional enhancements will build on the EDI 278 Request for Services Review introduced in FY14. It will also introduce new 278 processing functionality that will allow a provider to submit an unsolicited 278 Request for Health Care Services Review, route the request to the appropriate VAMC, queue the request based on the service requested and allow authorization clerks to respond to those requests utilizing a new GUI. Over time, these enhancements should significantly reduce manual methods (e.g., responding to telephone calls to VAMCs by using EDI 278 transactions for treatment authorizations and pre-certifications.

The document is organized as follows:

* Section 1: Presents background information on HAPE EDI PC and PC Authorizations Compliance Phase 3
* Section 2: Presents an analysis of the current and future state of the PC Authorizations Compliance Phase 3 and the requirements
* Section 3: Presents applicable standards referenced for this RSD
* Sections 4 through 9: Contains additional sections required in RSDs, most of which are not applicable to this RSD; refer to the individual sections for details
* Appendix A: Presents Use Case Specification, which is not applicable to this RSD
* Appendix B: Contains a list of acronyms and terms applicable to this RSD

## Scope

The scope of this document is to address the business requirements identified in the Business Requirements Document (BRD) for the base period of development.

The updated AET will be implemented as part of the FY14 authorizations project and allow the VA to provide a copy of the existing master authorization (10-7078 or 10-10-7079) stored in the Computer Data Warehouse (CDW) as part of FY14 work.

This effort involves significant enhancements to the existing AAT process.

AET enhancements include:

* Allow VA to accept unsolicited 278 Authorization Request from Providers
* Verify all providers listed in the Authorization Request are allowed to perform services for the VAMC
* Route the unsolicited 278 Authorization Request to the appropriate VAMC
* Allow administration of lookup table data used to populate 278 responses
* Notify the EDI management team if AET goes offline
* Allow the EDI management team to export summary data from the 278 Repository to generate necessary management reports
* Automatically route the 278 Authorization Request to specific queues based on predefined routing criteria
* Allow local queue management of unsolicited 278 Health Care Service Reviews
* Verify patient is in local VAMC Authorizations database

Additionally, this project will add the following enhancements to the existing Veterans Health Information Systems and Technology Architecture (VistA) Fee systems:

* Generate 10-7078 authorizations services with quantified deliverables for the service (procedure) authorized
* Generate 10-7079 authorizations services with quantified deliverables for the service (procedure) authorized
* Specify quantifiable Health Care Services Delivery (HSD) schedules
* Review the 278 Request utilizing a new GUI.
* Generate the appropriate 278 Reponses to the Request either approving, rejecting or denying request for services
* Capture the Computerized Patient Record System (CPRS) order number within the master authorization file, when an Authorization is created as a result of a CPRS order
* Print the CPRS Order number on the appropriate Authorization paperwork
* Allow a user to generate and issue a master authorization prior to the services being provided to the Veteran

The BNs that will be addressed are shown in the next table.

Table 1 - Business Themes, Epics, and User Narratives

| Identifier | Description |
| --- | --- |
| Theme 001 | Addition of new data points (Aligns to Goal 2) |
| Epic 001 | As Non-VA Care Authorization team, I want to be able to input a Consult ID so I can connect the consultation to the authorization. |
| User Narrative 001 | As a Non-VA PC Authorization Clerk, I want to input a Consult ID that is associated with the VistA Fee Authorizations so that I can validate authorization entry compliance prior to Veterans being authorized to seek Non-VA Care for their medical need. |
| User Narrative 002 | As a Non-VA PC Authorization Clerk, I want to input a Consult ID that is associated with the VistA Fee Authorizations so that I can validate the length of time that elapses prior to Veterans being authorized to seek Non-VA Care for their medical need. |
| User Narrative 003 | As a Non-VA PC Authorization Clerk, I want the system to pre-populate a Consult ID when available from the Consult/Request Tracking package that is associated with the VistA Fee Authorizations so that I can validate authorization entry compliance prior to Veterans being authorized to seek Non-VA Care for their medical need. |
| Epic 002 | As Non-VA PC Authorization team, I want to be able to create appropriate authorization outputs with a Consult ID so I can connect the consultation to the authorization. |
| User Narrative 005 | As a Non-VA PC Authorization Clerk, I want the system to print a Consult ID that is associated with the Authorization on a 10-7078 so that I can match documentation to the authorization and consult. |
| User Narrative 006 | As a Non-VA PC Authorization Clerk, I want the system to print a Consult ID that is associated with the Authorization on a 10-7079 so that I can match documentation to the authorization and consult. |
|  |  |
| Theme 002 | Edit Admission Date for Authorization (Aligns to Goal 1) |
| Epic 003 | As Non-VA Care Authorization team, I want to be able to input a future date of service so I can preauthorize inpatient care. |
| User Narrative 008 | As a Non-VA PC Authorization Clerk, I want to input a date of admission on the associated VistA Fee Authorization so that I can validate authorization compliance when the Veteran is authorized to be admitted in the hospital for their medical need. |
| User Narrative 010 | As a Non-VA PC Authorization Clerk, I want the system to pre-populate a date of admission when it has been edited from the associated VistA Fee Authorization to the Hospital Notification so that I can update the date of admission to match the authorization. |
| User Narrative 012 | As a Non-VA PC Authorization Clerk, I want the system to pre-populate a date of admission when it has been edited from the associated VistA Fee Authorizations to the Patient Treatment File (PTF) so that I can update date of admission to match the authorization. |
| Theme 003 | Multiple Authorizations Created (Aligns to Goal 1) |
| Epic 004 | As Non-VA Care Authorization team, I want to be able to create multiple authorizations so I can authorize emergency care. |
| User Narrative 014 | As a Non-VA PC Authorization Clerk, I want the system to identify incomplete authorizations so that I can process an authorization for payment. |
| Epic 005 | As Non-VA PC Authorizations team, I want to be able to export a report with the number of authorizations completed per user for a selected timeframe so that I can download the data. |
| Epic 006 | As Non-VA PC Authorizations team, I want to be able to export a report by the type of service for a selected timeframe so that I can download the data. |
| Theme 004 | Electronically Transmit Accredited Standards Committee X12 (ASC X12) 278 (Aligns to Goal 2) |
| Epic 007 | As Non-VA Care Authorization team, I want to be able to electronically receive an ASC X12 278 Request so that I can initiate the authorization process. |
| User Narrative 015 | As a Non-VA PC Authorization Clerk, I want to view an ASC X12 278 Request so that I can accept an authorization of care. |
| User Narrative 016 | As a Non-VA PC Authorization Clerk, I want to view an ASC X12 278 Request so that I can deny an authorization of care. |
| Epic 008 | As Non-VA Care Authorization team, I want to be able to electronically receive an ASC X12 278 Request so that I can initiate the authorization process. |
| User Narrative 017 | As a Non-VA PC Authorization Clerk, I want to create an ASC X12 278 response so that I can deny an authorization of care. |
| Theme 005 | Electronically Process ASC X12 278 (Aligns to Goal 2) |
| Epic 009 | As Non-VA Care Authorization team, I want to be able to identify the category of an ASC X12 278 Request so that I know the type of service for an authorization. |
| User Narrative 018 | As a Non-VA PC Authorization Clerk, I want to view a UM01 so that I can identify the category of service that is needed. |
| User Narrative 019 | As a Non-VA PC Authorization Clerk, I want to view a UM02 so that I can identify the certification type that is needed. |
| User Narrative 020 | As a Non-VA PC Authorization Clerk, I want to view a UM03 so that I can identify the type of service that is needed. |
| User Narrative 021 | As a Non-VA PC Authorization Clerk, I want to view a UM04 so that I can identify the health care service location that is needed. |
| Epic 010 | As Non-VA Care Authorization team, I want to be able access an ASC X12 278 Request in an identified processing queue so that I can group authorizations based on a pre-defined criteria. |
| User Narrative 022 (A) | As a Non-VA PC Authorization Clerk, I want to view an authorization that is placed in a queue so that I can process an authorization request. |
| User Narrative 022 (B) | As a Non-VA PC Authorization Clerk, I want the system to create an automated response based on pre-defined criteria so that I can respond to an authorization request. |
| Epic 011 | As Non-VA Care Authorization team, I want to be able to identify the facility that processed an ASC X12 278 Request so that I can track what facility is responsible for the authorization. |
| Theme 6 | Report on ASC X12 278 Transactions (Aligns to Goal 2) |
| Epic 012 | As EDI Team, I want to be able to export a report with pre-defined ASC X12 278 data points so that I can download the data. |
| Theme 07 | Implement Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) Operating Rules for ASC X12N 278 (Aligns to Goal 2) |
| Epic 13 | As Non-VA Care Authorization team, I want to be able to process an ASC X12 278 according to the authorization operating rules to demonstrate compliance so that VHA can certify that CBOPC is compliant. |
| Epic 14 | As Non-VA Care Authorization team, I want to be able to process an ASC X12 278 according to the standard transactions format to demonstrate compliance so that VHA can certify that CBOPC is compliant. |
| Epic 15 | As Non-VA Care Authorization team, I want to be able to process an ASC X12 278 according to the processing connectivity rule to demonstrate compliance so that VHA can certify that CBOPC is compliant. |
| Epic 16 | As Non-VA Care Authorization team, I want to be able to process an ASC X12 278 according to the system availability rule to demonstrate compliance so that VHA can certify that CBOPC is compliant. |
| Epic 17 | As Non-VA Care Authorization team, I want to be able to process an ASC X12 278 according to the system response rule to demonstrate compliance so that VHA can certify that CBOPC is compliant. |
| Epic 19 | As Non-VA Care Authorization team, I want to be able to process an ASC X12 278 according to the real time standard acknowledgements time frame to demonstrate compliance so that VHA can certify that CBOPC is compliant. |
| User Narrative 24 | As a Non-VA PC Authorization Clerk, I want the system to respond to the request of a real time authorization within 20 seconds so that I can be in compliance with operating rules. |
| Theme 8 | Notification of 278 Status (Aligns to Goal 2) |
| Epic 20 | As EDI Team, I want to be able to receive a notification of ASC X12 278 system status to demonstrate compliance so that I can notify providers of availability. |
| User Narrative 25 | As an EDI Analyst, I want to receive a notification when the ASC X12 278 repository is unavailable within one hour of it being unavailable so that I can notify providers of availability of the system. |
| User Narrative 26 | As an EDI Analyst, I want to receive a notification when the ASC X12 278 repository is scheduled for non-routine downtime at least one week prior to being unavailable so that I can notify providers of availability of the system. |
| User Narrative 27 | As an EDI Analyst, I want to publish CBOPC holiday schedule so that I can notify providers of availability of the system. |

The following BNs are out of scope for this project. At the time of this RSD creation the Health Care Clearing House (HCCH) does not support batch mode processing for 278 transactions.

Table 2 - Out of Scope – Operating Rule

| Identifier | Description |
| --- | --- |
| User Narrative 23 | As a Non-VA PC Authorization Clerk, I want to respond to a request for authorization within three business days for the batch processing mode so that CBOPC can be in compliance with the operating rules. |
| Epic 18 | As Non-VA Care Authorization team, I want to be able to process an ASC X12 278 according to the batch acknowledgements format to demonstrate compliance so that VHA can certify that CBOPC is compliant. |

The following BNs are out of scope for this project. Changes to Fee Basis Claims System (FBCS) can only be made by the contractor who supports the FBCS software.

Table 3 - Out of Scope – FBCS Changes

| Identifier | Description |
| --- | --- |
| User Narrative 004 | As a Non-VA PC Authorization Clerk, I want the system to pre-populate a Consult ID that is associated with the consult description from CPRS to the associated FBCS Authorizations so that I can validate the length of time that elapses prior to the Veteran being authorized to seek Non-VA Care for their medical need. |
| User Narrative 009 | As a Non-VA PC Authorization Clerk, I want to input a date of admission on the associated FBCS Authorization so that I can validate authorization compliance when the Veteran is authorized to be admitted in the hospital for their medical need. |
| User Narrative 011 | As a Non-VA PC Authorization Clerk, I want the system to pre-populate a date of admission when it has been edited from the associated FBCS Authorizations to the Hospital Notification so that I can update date of admission to match the authorization. |
| User Narrative 013 | As a Non-VA PC Authorization Clerk, I want the system to pre-populate a date of admission when it has been edited from the associated FBCS Authorizations to the PTF so that I can update date of admission to match the authorization. |

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* Office of Enterprise Development (OED) ProPath Process Methodology (reference PWS References -Technical Library and ProPath Library links at <https://DNS/>). Note: In the event of a conflict, OED ProPath takes precedence over other processes or methodologies.
* Technical Reference Model (TRM) (reference at <http://DNS/TRM/TRMHomePage.asp>)
* National Institute Standards and Technology (NIST) Special Publications SP 800-60 and 800-53
* IT Asset Management (ITAM) and Enterprise Management Foundation (EMF) BR-0006, version 002.1-14052008, dated 10/30/2007 [Note informational, Context, and ITAM-EMF Conceptual link]
* HIPAA of 1996; Pub.L 104-191).
* Patient Protection and Affordable Care Act (PPACA), Pub. L. 111-148, 124 Stat. 119, H.R. 3590, enacted March 23, 2010
* 5 CFR 1315, Final Rule, Prompt Payment (<http://DNS/prompt/regulations.html>) (formerly OMB Circular A-125)
* The aim of this project is to verify that the EDI PC systems are compliant with the CORE Rules as published by CAQH, and found here <http://www.caqh.org/CORE_operat_rules.php>
* VA Section 508 policies and procedures 6221 Accessible Electronic and IT, Directive/Handbook, published by VA’s Section 508 PD Product Assessment Competency Division
* VA M Programming Standards and Conventions. Revised 04/03/2007 (<http://DNS/TRM/files/SACC_2008.pdf>).

# Overall Description

This project will enhance existing authorization by:

* Capturing and displaying the CPRS order number when a CPRS order exists for the authorization
* Allowing an authorization clerk to create a master authorization prior to the services being delivered

This project also expands the AAT EDI 278 processing being introduced as part of the Government Fiscal Year (GFY) 14 HAC EDI Authorizations project. AAT will:

* Support the generation of a 278 EDI compliant response
* Allow a user, through a new GUI, to review the 278 Request and either Accept or Deny a 278 Request.
* Automatically route an unsolicited 278 Health Care Service Request to different queues based on information in the request (Inpatient services, Outpatient services, Dental services, etc.) and allow a user to review a 278 Request in its assigned queue and determine authorization actions.
* Notify the EDI Management team if AET goes offline for an extended period of time
* Meet CAQH Core Operating Rules
* Export 278 Summary data to generate management performance reports

## Accessibility Specifications

This project will adhere to all applicable requirements of Section 508 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794d). The standards are detailed at <http://DNS/Standards_Checklist.asp>.

## Business Rules Specification

PC Authorizations has the following business rules:

* Notify the EDI Management team if AAT processing encounters unplanned downtime exceeding 60 minutes
* EDI management team will make a schedule available to the HCCH and providers of planned downtime
* Core Operating Rules
  + A HIPAA covered health plan or its agent must be able to support the Health Care Services Review – Request and Response Processing Mode Rule
  + A HIPAA covered entity or its agent must be able to support the Phase IV CAQH CORE 470 Connectivity Rule Version 4.0.0.
  + Health Care Services Review – Request and Response System Availability Rule
  + Health Care Services Review – Request and Response Real Time Processing Mode Response Time 269 Requirements
  + Health Care Services Review – Request and Response Real Time Acknowledgement Requirements

## Design Constraints Specification

PC Authorizations has the following constraints:

* The current authorization forms have a place for listing “services not authorized”. The EDI 278 standard does not support this type of information and it cannot be supported as part of the EDI 278 implementation.
* The current authorization forms have a multi-page “payment methodology” narrative text that is not supported by the 278 EDI standard. This will not be included as part of the 278 EDI response.
* Changes to FBCS are beyond the scope of this project. FBCS will need to be modified to select the authorization data from the new fields in the master authorization record. The following changes will need to be made:
  + Allow the authorization clerk to populate a service record from a look-up table added to VistA Fee (UM03).
  + Allow the authorization clerk to populate the Health Care Delivery information from look-up tables added to VistA Fee (HSD01, HSD02, HSD03).
  + Allow the authorization clerk to enter an optional single free form narrative text message not to exceed 264 characters.
* The solution will need to meet CORE EDI standards.
* The solution well need to operate within the operating constraints and requirements provided by the HCCH.
* The solution will need to meet VA Enterprise Standards for development language, security, 508 compliance, web framework, application framework, and integration with other VA systems.
* It will also be necessary to introduce several new lookup tables in order to select and order the services to be provided, and specify the quantity and frequency of the services being ordered. Developing some of the data in these lookup tables will require the assistance of Non-VA Coordinated Care (NVCC) Authorization SMEs and Policy Management Department (PMD) who has a strong working knowledge of services offered for each type of authorization.

## Disaster Recovery Specification

The existing Disaster Recovery Plan (DRP) details the basics for disaster recovery as it relates to the HAPE EDI PC portfolio.

The existing DRP will need to be modified to incorporate the 278 AAT processing into the plan. The DRP will also need to be modified to support recovery of 278 Repository data and the HCCH messaging in the event that AAT encounters unplanned interruption of services.

The disaster recovery specifications for the systems impacted by this project can also be found in the Agilliance RiskVision Governance, Risk, and Compliance (GRC) tool maintained by the Office of Cyber Security (OCS).

Please contact the assigned System Owner and/or Information Security Officer (ISO) for access to the respective RiskVision GRC entries for the following systems:

* AET
* VistA Fee

## Documentation Specifications

This document covers modifications to the identified systems and specifies related technical requirements for those modifications.

In addition to delivering software code that satisfies the specifications in this document, the following documentation is included in the contractual deliverable. The files containing these documents are separate from the software package:

* Installation Guide Update - Provides the information necessary to install the software with little or no assistance from the software developers or support staff.
  + The AET installation guide will be updated to include installation of the new AAT functionality
  + Installation of the default AAT lookup tables
* Release Notes *-* Describes changes to existing software and new features and functions created as a result of this remediation.
* Security Guide Update - Identifies and explains any unique and/or atypical features and miscellaneous information that may be of particular interest to ISOs.
* Technical Manual - Provides information that technical users require to support the system.
  + Management and maintenance of the AAT tables
  + Technical specifications of the AAT GUI
* Users Guide Update - Provides information that end-users require to operate the system.
  + AAT updates
  + New AAT queue management

## Functional Specifications

### VistA Fee Authorization Enhancements

Consult ID, from CPRS will be added to the master authorization and related source documents when the master authorization is based on a CPRS order.

#### Consult ID Requirements - Inpatient

Table 4 - Inpatient Consult ID Requirements

| Identifier | Requirement  Number | Description |
| --- | --- | --- |
| Theme 001 |  | Addition of new data points (Aligns to Goal 2) |
| Epic 001 |  | As Non-VA Care Authorization team, I want to be able to input a Consult ID so I can connect the consultation to the authorization. |
| User Narrative 001 |  | As a Non-VA PC Authorization Clerk, I want to input a Consult ID that is associated with the VistA Fee Authorizations so that I can validate authorization entry compliance prior to Veterans being authorized to seek Non-VA Care for their medical need. |
|  | FS-UN001-001 | When an inpatient authorization is being generated as a result of a consult order placed in CPRS, the system shall store the Consult ID with the authorization record. |
| User Narrative 002 |  | As a Non-VA PC Authorization Clerk, I want to input a Consult ID that is associated with the VistA Fee Authorizations so that I can validate the length of time that elapses prior to Veterans being authorized to seek Non-VA Care for their medical need. |
|  | FS-UN002-001 | When an inpatient authorization is being generated as a result of a consult order placed in CPRS, the Consult ID approval date and time shall be available as part of a requested data export. |
| Epic 002 |  | As Non-VA Care Authorization team, I want to be able to create appropriate authorization outputs with a Consult ID so I can connect the consultation to the authorization. |
| User Narrative 005 |  | As a Non-VA PC Authorization Clerk, I want the system to print a Consult ID that is associated with the Authorization on a 10-7078 so that I can match documentation to the authorization and consult. |
|  | FS-UN005-001 | When a Consult ID is present in the authorization record, the Consult ID shall be displayed on the authorization screen. |
|  | FS-UN005-002 | When a Consult ID is present in the authorization record, the Consult ID shall be printed on a 10-7078 paper authorization. |
|  |  |  |
|  |  |  |
|  |  |  |

#### Consult ID Requirements - Outpatient

Table 5 - Outpatient Consult ID Requirements

| Identifier | Requirement  Number | Description |
| --- | --- | --- |
| Theme 001 |  | Addition of new data points (Aligns to Goal 2) |
| Epic 001 |  | As Non-VA Care Authorization team, I want to be able to input a Consult ID so I can connect the consultation to the authorization. |
| User Narrative 003 |  | As a Non-VA PC Authorization Clerk, I want the system to pre-populate a Consult ID when available from the Consult/Request Tracking package that is associated with the VistA Fee Authorizations so that I can validate authorization entry compliance prior to Veterans being authorized to seek Non-VA Care for their medical need. |
|  | FS-UN003-001 | When an outpatient authorization is being generated as a result of a consult order placed in CPRS, Consult ID , system date and time shall be available as part of a requested data export. |
|  | FS-UN003-002 | When an outpatient authorization is being generated as a result of a consult order placed in CPRS, the system shall store the Consult ID approval date and time with the authorization record. |
| Epic 002 |  | As Non-VA Care Authorization team, I want to be able to create appropriate authorization outputs with a Consult ID so I can connect the consultation to the authorization. |
| User Narrative 006 |  | As a Non-VA PC Authorization Clerk, I want the system to print a Consult ID that is associated with the Authorization on a 10-7079 so that I can match documentation to the authorization and consult. |
|  | FS-UN006-001 | When a Consult ID is present in the authorization record, the Consult ID shall be displayed on the 10-7079 authorization screens. |
|  | FS-UN006-002 | When a Consult ID is present in the authorization record, the Consult ID shall be printed on a 10-7079 paper authorization. |
|  |  |  |
|  |  |  |
|  |  |  |

#### 10-7078 Authorizations - Admission Date

Table 6 - Authorization Admission Date Requirements

| Identifier | Requirement  Number | Description |
| --- | --- | --- |
| Theme 002 |  | Edit Admission Date for Authorization (Aligns to Goal 1) |
| Epic 003 |  | As Non-VA Care Authorization team, I want to be able to input a future date of service so I can preauthorize inpatient care. |
|  | FS-EP003-001 | A VistA Fee user shall be allowed to create a 10-7078 authorization with a Date of Service (FROM date) greater than the current system date. |
|  | FS-EP003-002 | A VistA Fee user shall be allowed to create a 10-7078 authorization with a Date of Service (TO date) greater than the current system date. |
| User Narrative 008 |  | As a Non-VA PC Authorization Clerk, I want to input a date of admission on the associated VistA Fee Authorization so that I can validate authorization compliance when the Veteran is authorized to be admitted in the hospital for their medical need. |
|  | FS-UN008-001 | During 10-7078 authorization creation, a VistA Fee user shall be allowed to enter a Date-of-Admission including a future date of admission. |
|  | FS-UN008-002 | During 10-7078 authorization update, a VistA Fee user shall be allowed to edit a Date-of-Admission including a future date of admission. |
| User Narrative 010 |  | As a Non-VA PC Authorization Clerk, I want the system to pre-populate a date of admission when it has been edited from the associated VistA Fee Authorization to the Hospital Notification so that I can update the date of admission to match the authorization. |
|  | FS-UN010-001 | During VistA Fee 10-7078 authorization creation, if Date-of-Admission exists in the Hospital Notification File (#162.2), the system shall automatically populate the 10-7078 authorization Date-of-Admission with the Date-of-Admission from the Hospital Notification file. |
|  | FS-UN010-002 | If during VistA Fee entry/edit of the Hospital Notification file, the Date-of-Admission does not match the Date-of-Admission of the 10-7078 authorization record the system shall display a warning to the user. |
| User Narrative 012 |  | As a Non-VA PC Authorization Clerk, I want the system to pre-populate a date of admission when it has been edited from the associated VistA Fee Authorizations to the PTF so that I can update date of admission to match the authorization. |
|  | FS-UN012-001 | During VistA Fee 10-7078 authorization creation, if Date-of-Admission exists in the PTF, the system shall automatically populate the -10-7078 authorization Date-of-Admission with the Date-of=Admission from the Hospital Notification file. |
|  | FS-UN012-002 | If during VistA Fee entry/edit of the PTF, the Date-of-Admission does not match the Date-of-Admission of the 10-7078 authorization record the system shall display a warning to the user. |

#### Active Authorizations

Table 7 - Active Authorization Requirements

| Identifier | Requirement  Number | Description |
| --- | --- | --- |
| Theme 003 |  | Multiple Authorizations Created (Aligns to Goal 1) |
| Epic 004 |  | As Non-VA Care Authorization team, I want to be able to create multiple authorizations so I can authorize emergency care. |
| User Narrative 014 |  | As a Non-VA PC Authorization Clerk, I want the system to identify incomplete authorizations so that I can process an authorization for payment. |
|  | FS-UN014-001 | When a 10-7078 is ready to be issued, a user shall be prompted to change the authorization status to “ACTIVE”. |
|  | FS-UN014-002 | When a 10-7079 is ready to be issued, a user shall be prompted to change the authorization status to “ACTIVE”. |

### Master Authorizations Requirements

Table 8 - Master Authorizations Requirements

| Identifier | Requirement  Number | Description |
| --- | --- | --- |
| Theme 004 |  | Electronically Transmit ASC X12 278 (Aligns to Goal 2) |
| Epic 008 |  | As Non-VA Care Authorization team, I want to be able to electronically receive an ASC X12 278 Request so that I can initiate the authorization process. |
|  | FS-EP008-001 | The following data shall be stored as part of the master authorization record: |
|  | FS-EP008-001-001 | * Up to two occurrences of Patient Event Tracking Number |
|  | FS-EP008-001-002 | * Authorization-type (10-7078/10-7079) |
|  | FS-EP008-001-003 | * Category Code (UM01) |
|  | FS-EP008-001-004 | * DELETED |
|  | FS-EP008-001-005 | * Certification Type Code (UM02) |
|  | FS-EP008-001-006 | * Health Services Type of Care Authorized (UM03) |
|  | FS-EP008-001-007 | * Service Location (UM04) |
|  | FS-EP008-001-008 | * Related Cause information (UM05) |
|  | FS-EP008-001-009 | * Level of Service Code (UM06) |
|  | FS-EP008-001-010 | * Current Condition Code UM07) |
|  | FS-EP008-001-011 | * Prognosis Code (UM08) |
|  | FS-EP008-001-012 | * Release of Information Code (UM09) |
|  | FS-EP008-001-013 | * Delay Reason Code (UM10) |
|  | FS-EP008-001-014 | * Up to eight occurrences of Patient Diagnosis Info (HI segment) |
|  | FS-EP008-001-015 | * HSD Request Quantity (HSD02) |
|  | FS-EP008-001-016 | * HSD Request Units Code (HSD03) |
|  | FS-EP008-001-017 | * HSD Request Quantity Qualifier (HSD01) |
|  | FS-EP008-001-018 | * HSD Request Selection (HSD04) |
|  | FS-EP008-001-019 | * HSD Request Time Period (HSD05) |
|  | FS-EP008-001-020 | * HSD Request Periods (HSD06) |
|  | FS-EP008-001-021 | * HSD Request Pattern Code (HSD07) |
|  | FS-EP008-001-022 | * HSD Request Pattern Period (HSD08) |
|  | FS-EP008-001-023 | * HSD Response Quantity (HSD02) |
|  | FS-EP008-001-024 | * HSD Response Units Code (HSD03) |
|  | FS-EP008-001-025 | * HSD Response Quantity Qualifier (HSD01) |
|  | FS-EP008-001-026 | * DELETED |
|  | FS-EP008-001-027 | * DELETED |
|  | FS-EP008-001-028 | * DELETED |
|  | FS-EP008-001-029 | * DELETED |
|  | FS-EP008-001-030 | * DELETED |
|  | FS-EP008-001-031 | * HCR Response Action Code (HCR01) |
|  | FS-EP008-001-032 | * HCR Response Reference Identification (HCR02) |
|  | FS-EP008-001-033 | * HCR Response Industry Code (HCR03) |
|  | FS-EP008-001-034 | * HCR Response Code (HCR04) |
|  | FS-EP008-001-035 | * Accident Date |
|  | FS-EP008-001-036 | * Last Menstrual Period Date |
|  | FS-EP008-001-037 | * Estimated Date of Birth |
|  | FS-EP008-001-038 | * Onset Date |
|  | FS-EP008-001-039 | * Event Dates |
|  | FS-EP008-001-040 | * Admission Date |
|  | FS-EP008-001-041 | * Discharge Date |
|  | FS-EP008-001-042 | * CRC Request Ambulance Certification Information |
|  | FS-EP008-001-043 | * CRC Request Chiropractic Certification |
|  | FS-EP008-001-044 | * CRC Request Durable Medical Equipment Information |
|  | FS-EP008-001-045 | * CRC Request Oxygen Therapy Certification Information |
|  | FS-EP008-001-046 | * CRC Request Functional Limitation Information |
|  | FS-EP008-001-047 | * CRC Request Activities Permitted Information |
|  | FS-EP008-001-048 | * CRC Request Mental Status Information |
|  | FS-EP008-001-049 | * CL1 Request Institution Claim Code |
|  | FS-EP008-001-050 | * CR1 Request Ambulance Transport Information |
|  | FS-EP008-001-051 | * CR2 Request Spinal Manipulation Information |
|  | FS-EP008-001-052 | * CR5 Request Home Oxygen Therapy Information |
|  | FS-EP008-001-053 | * CR6 Request Home Health Care Information |
|  | FS-EP008-001-054 | * DELETED |
|  | FS-EP008-001-055 | * DELETED |
|  | FS-EP008-001-056 | * DELETED |
|  | FS-EP008-001-057 | * DELETED |
|  | FS-EP008-001-058 | * DELETED |
|  | FS-EP008-001-059 | * DELETED |
|  | FS-EP008-001-060 | * DELETED |
|  | FS-EP008-001-061 | * DELETED |
|  | FS-EP008-001-062 | * DELETED |
|  | FS-EP008-001-063 | * DELETED |
|  | FS-EP008-001-064 | * DELETED |
|  | FS-EP008-001-065 | * DELETED |
|  | FS-EP008-001-066 | * Up to 10 Paperwork Request segments |
|  | FS-EP008-001-067 | * DELETED |
|  | FS-EP008-001-068 | * Message Text Request |
|  | FS-EP008-001-069 | * Message Text Response |
|  | FS-EP008-001-070 | * Up to 14 occurrences of Patient Provider Request Information (2010EA) |
|  | FS-EP008-001-071 | * DELETED |
|  | FS-EP008-001-072 | * Up to 5 occurrences of Patient Event Transport Information (2010EB) |
|  | FS-EP008-001-073 | * Up to 3 occurrences of Patient Event Other UMO Name Information (2010EC) |

#### Authorization Health Care Status Requirements

To track when an Authorization is ready to be filed in the 278 Repository, it will be necessary to introduce several new Status indicators in the master authorization record.

Table 9 - Master Authorization Status Workflow

| Status | Current/New | Workflow level | Meaning |
| --- | --- | --- | --- |
| INCOMPLETE (I) | Current | 1 | When a master authorization is first created, the Authorization Status is set to INCOMPLETE. |
| ACTIVE (A) | New | 2 | When a master authorization is ready to be issued, the authorization clerk sets the status to ACTIVE.AAT. |
| COMPLETE (C) | Current | 3 | When all services have been provided and a claim filed against the master authorization, the Authorization Status may be set to COMPLETE. |
| CLOSED (X) | New | 4 | When all claims have been filed against a master authorization and no further processing is allowed, the master authorization may be CLOSED. |
| CANCELLED (DC) | Current | 4 | A master authorization can be cancelled at either workflow level 1 or 2. |

Table 10 - Master Authorization Status Requirements

| Identifier | Requirement  Number | Description |
| --- | --- | --- |
| Theme 003 |  | Multiple Authorizations Created (Aligns to Goal 1) |
| Epic 004 |  | As Non-VA Care Authorization team, I want to be able to create multiple authorizations so I can authorize emergency care. |
| User Narrative 014 |  | As a Non-VA PC Authorization Clerk, I want the system to identify incomplete authorizations so that I can process an authorization for payment. |
|  | FS-UN014-003 | On master authorization creation, the authorization status shall be set to: “I”, INCOMPLETE. |
|  | FS-UN014-004 | When a master authorization is ready for release to the provider, the authorization status shall be set to “A”, ACTIVE by an authorization clerk. |
|  | FS-UN014-005 | An authorization clerk shall be allowed to change the Authorization status to a different equal or higher workflow level supported value as long as the workflow level is less than 4 |

### Health Care Services Requirements

As a part of the 278 implementation, it is necessary to change how the master authorization (10-7078 and 10-7079) entry of services to be provided to a Veteran are entered and stored. In the current process, the authorized services are entered as narrative text (example: 12 shoulder rehab sessions, weekly).

The goal here is to allow authorization clerks to generate new authorizations using existing applications and workflows with the only difference being that when it is time to enter authorized services, the authorization clerk will select a service to be provided from a drop-down menu, and also enter the quantity and confirm the units used to deliver the service. It will be necessary to change the master authorization forms to print the service and delivery data from new data points in the VistA Fee record. This includes the:

* The 10-7078 authorization form
* The 10-7078 Provider authorization letter
* The 10-7078 Veteran authorization letter
* The 10-7079 authorization form
* The 10-7079 Provider authorization letter
* The 10-7079 Veteran authorization letter

The tables in this section reference the ACS X12 278 standards regarding some of the content to be populated in these tables. These lookup tables will be used as part of the master authorization creation and updates. The X278 standard is referenced to ensure that the lookup table data is consistent with the 278 EDI specifications. However, this information is entered prior to the 278 Response process.

#### Authorization Health Care Services Lookup Table Requirements

In order to support the changes to how services are selected and entered for master authorizations, several new lookup tables will be required.

**NOTE**: Developing some of the data in this services lookup tables will require the assistance of NVCC Authorization SME. The service that can be ordered will be based on the values defined for field UM03 as defined in the 278 X12 TR3 standard.

Table 11 - Authorization Services (UM03) Requirements

| Identifier | Requirement  Number | Description |
| --- | --- | --- |
| Theme 004 |  | Electronically Transmit ASC X12 278 (Aligns to Goal 2) |
| Epic 008 |  | As Non-VA Care Authorization team, I want to be able to electronically receive an ASC X12 278 Request so that I can initiate the authorization process. |
|  | FS-EP008-001 | DELETED |
|  | FS-EP008-002 | There shall be one entry in the table for each service that can be selected for a master authorization (UM03). |
|  | FS-EP008-003 | DELETED |
|  | FS-EP008-004 | DELETED |
|  | FS-EP008-005 | DELETED |
|  | FS-EP008-006 | The Services table shall contain a description for use by the authorization clerk to ensure the correct service is being selected. |
|  | FS-EP008-007 | An authorization clerk shall be allowed to search service table by keyword description. |
|  | FS-EP008-008 | DELETED |
|  | FS-EP008-009 | DELETED |
|  | FS-EP008-010 | DELETED |
|  | FS-EP008-011 | DELETED |
|  | FS-EP008-012 | DELETED |
|  | FS-EP008-013 | DELETED |
|  | FS-EP008-014 | DELETED |
|  | FS-EP008-015 | DELETED |
|  | FS-EP008-016 | DELETED |
|  | FS-EP008-017 | DELETED |
|  | FS-EP008-018 | DELETED |
|  | FS-EP008-019 | DELETED |
|  | FS-EP008-020 | DELETED |
|  | FS-EP008-021 | DELETED |
|  | FS-EP008-022 | DELETED |
|  | FS-EP008-023 | DEELTED |
|  | FS-EP008-024 | DELETED |
|  | FS-EP008-025 | DELETED |
|  | FS-EP008-026 | DELETED |
|  | FS-EP008-027 | DELETED |

#### Authorization Health Care Services Delivery (HSD) Lookup Table Requirements

In order to support the changes to how HSD is selected and entered for master authorizations, new lookup tables will be required.

Table 12 - HSD Lookup Table Requirements

| Identifier | Requirement  Number | Description |
| --- | --- | --- |
| Theme 004 |  | Electronically Transmit ASC X12 278 (Aligns to Goal 2) |
| Epic 008 |  | As Non-VA Care Authorization team, I want to be able to electronically receive an ASC X12 278 Request so that I can initiate the authorization process. |
|  | FS-EP008-028 | A lookup table shall be required so an authorization clerk can select a Quantity Qualifier as defined in the ASC X12 X217 standards, (element HSD01). |
|  | FS-EP008-029 | A lookup table shall be required so an authorization clerk can select a Unit (Basis for Measurement) code as defined in the ASC X12 X217 standards, (element HSD03). |
|  | FS-EP008-030 | DELETED |
|  | FS-EP008-031 | DELETED |
|  | FS-EP008-032 | DELETED |

#### Master Outpatient 10-7079 Authorizations Services Requirements

To support the creation of a 278 Response, the services must be quantified. A user will first select a service to be provided, enter the number of units to be provided and the unit of measure to be delivered. So, instead of entering one line of narrative text, the authorization clerk enters three data elements, as per the example below:

SERVICE: Shoulder Rehab

QUANTITY: 12

UNIT of MEASURE: Weekly

The requirements below, in conjunction with the Service entry requirements will support this change.

Table 13 - Master 10-7079 Authorization Services Requirements

| Identifier | Requirement  Number | Description |
| --- | --- | --- |
| Theme 004 |  | Electronically Transmit ASC X12 278 (Aligns to Goal 2) |
| Epic 007 |  | As Non-VA Care Authorization team, I want to be able to electronically receive an ASC X12 278 Request so that I can initiate the authorization process. |
|  | FS-EP007-001 | DELETED |
|  | FS-EP007-002 | DELETED |
|  | FS-EP007-003 | DELETED |
|  | FS-EP007-004 | DELETED |
|  | FS-EP007-005 | DELETED |
|  | FS-EP007-005-001 | * DELTED |
|  | FS-EP007-005-002 | * DELETED |
|  | FS-EP007-005-003 | * DELETED |
|  | FS-EP007-006 | The 10-7079 Authorization form shall be modified to: |
|  | FS-EP007-006-001 | * display the services description (UM03) |
|  | FS-EP007-006-002 | * display the services quantity (HSD02) |
|  | FS-EP007-006-003 | * display the services units (HSD01) |
|  | FS-EP007-006-004 | * display Measurement Code (HSD03) |
|  | FS-EP007-006-005 | * DELETED |
|  | FS-EP007-006-006 | * DELETED |
|  | FS-EP007-006-007 | * DELETED |
|  | FS-EP007-006-008 | * DELETED |
|  | FS-EP007-006-009 | * DELETED |
|  | FS-EP007-007-001 | * DELETED |
|  | FS-EP007-007-002 | * DELETED |
|  | FS-EP007-007-003 | * DELETED |
|  | FS-EP007-007-004 | * DELETED |
|  | FS-EP007-007-005 | * DELETED |
|  | FS-EP007-007-006 | * DELETED |
|  | FS-EP007-007 | If the Response MSG – Message Text is present, it shall be printed in the services area of the authorization |
|  | FS-EP007-008 | The revised 10-7079 authorization form shall be printable. |
|  | FS-EP007-009 | The 10-7079 Authorization letter shall be modified to: |
|  | FS-EP007-009-001 | * display the services description (UM03) |
|  | FS-EP007-009-002 | * display the services quantity (HSD02) |
|  | FS-EP007-009-003 | * display the services units (HSD01) |
|  | FS-EP007-009-004 | * display Measurement Code (HSD03) |
|  | FS-EP007-009-005 | * DELETED |
|  | FS-EP007-009-006 | * DELETED |
|  | FS-EP007-009-007 | * DELETED |
|  | FS-EP007-009-008 | * DELETED |
|  | FS-EP007-009-009 | * DELETED |
|  | FS-EP007-010 | If the Response MSG – Message Text is present in the 278 response, it shall be printed in the services area of the authorization: |
|  | FS-EP007-010-001 | * DELETED |
|  | FS-EP007-010-002 | * DELETED |
|  | FS-EP007-010-003 | * DELETED |
|  | FS-EP007-010-004 | * DELETED |
|  | FS-EP007-010-005 | * DELETED |
|  | FS-EP007-010-006 | * DELETED |
|  | FS-EP007-010-007 | * DELETED |
|  | FS-EP007-011 | The revised 10-7079 authorization letter shall be printable. |

#### Master Inpatient 10-7078 Authorizations Services Requirements

Table 14 - Master Inpatient Services Requirements

| Identifier | Requirement  Number | Description |
| --- | --- | --- |
| Theme 004 |  | Electronically Transmit ASC X12 278 (Aligns to Goal 2) |
| Epic 007 |  | As Non-VA Care Authorization team, I want to be able to electronically receive an ASC X12 278 Request so that I can initiate the authorization process. |
|  | FS-EP007-011 | DELETED |
|  | FS-EP007-012 | DELETED |
|  | FS-EP007-013 | DELETED |
|  | FS-EP007-014 | DELETED |
|  | FS-EP007-015 | DELETED |
|  | FS-EP007-015-001 | * DELETED |
|  | FS-EP007-015-002 | * DELETED |
|  | FS-EP007-016 | The 10-7079 Authorization form shall be modified to: |
|  | FS-EP007-016-001 | * display the services description (UM03) |
|  | FS-EP007-016-002 | * display the services quantity (HSD02) |
|  | FS-EP007-016-003 | * display the services units (HSD01) |
|  | FS-EP007-016-004 | * display Measurement Code (HSD03) |
|  | FS-EP007-016-005 | * DELETED |
|  | FS-EP007-016-006 | * DELETED |
|  | FS-EP007-016-007 | * DELETED |
|  | FS-EP007-016-008 | * DELETED |
|  | FS-EP007-016-009 | * DELETED |
|  | FS-EP007-016-010 | * DELETED |
|  | FS-EP007-017 | If the Response MSG – Message Text segment is present in the 278 response, it shall be printed in the services area of the authorization: |
|  | FS-EP007-017-001 | * DELETED |
|  | FS-EP007-017-002 | * DELETED |
|  | FS-EP007-017-003 | * DELETED |
|  | FS-EP007-017-004 | * DELETED |
|  | FS-EP007-017-005 | * DELETED |
|  | FS-EP007-017-006 | * DELETED |
|  | FS-EP007-017-007 | * DELETED |
|  | FS-EP007-018 | The revised 10-7078 authorization form shall be printable. |
|  | FS-EP007-018 | DELETED |
|  | FS-EP007-019 | The 10-7078 Authorization form shall be modified to: |
|  | FS-EP007-019-001 | * display the services description (UM03) |
|  | FS-EP007-019-002 | * display the services quantity (HSD02) |
|  | FS-EP007-019-003 | * display the services units (HSD01) |
|  | FS-EP007-019-004 | * display Measurement Code (HSD03) |
|  | FS-EP007-019-005 | * DELETED |
|  | FS-EP007-019-006 | * DELETED |
|  | FS-EP007-019-007 | * DELETED |
|  | FS-EP007-019-008 | * DELETED |
|  | FS-EP007-019-009 | * DELETED |
|  | FS-EP007-019-010 | * DELETED |
|  | FS-EP007-020 | If the Response MSG – Message Text segment is present in the 278 response, it shall be printed in the services area of the authorization: |
|  | FS-EP007-020-001 | * DELETED |
|  | FS-EP007-020-002 | * DELETED |
|  | FS-EP007-020-003 | * DELETED |
|  | FS-EP007-020-004 | * DELETED |
|  | FS-EP007-020-005 | * DELETED |
|  | FS-EP007-020-006 | * DELETED |
|  | FS-EP007-020-007 | * DELETED |
|  | FS-EP007-021 | The revised 10-7078 authorization letter shall be printable. |

#### Authorizations Services Entry Requirements

To enter services as an authorization is being created or updated, new data entry functionality will be required that allows the authorization to select a service, enter a quantity and specify the units for the services. To enter the authorized service, the existing data functionality will need to be changed to allow the authorization clerk to select a service from a lookup table, enter a quantity and specify the units for the service.

Table 15 - HSD Entry Requirements

| Identifier | Requirement  Number | Requirements Description |
| --- | --- | --- |
| Theme 004 |  | Electronically Transmit ASC X12 278 (Aligns to Goal 2) |
| Epic 007 |  | As Non-VA Care Authorization team, I want to be able to electronically receive an ASC X12 278 Request so that I can initiate the authorization process. |
|  | FS-EP007-026 | The entry functionality shall allow the user to enter one set of HSD information for each master authorization. |
|  | FS-EP007-026-01 | * HSD quantity qualifier (HSD01) |
|  | FS-EP007-026-01 | * HSD quantity (HSD02) |
|  | FS-EP007-026-02 | * HSD Units (HSD03) |
|  | FS-EP007-026-03 | * DELETED |
|  | FS-EP007-026-04 | * DELETED |
|  | FS-EP007-026-05 | * DELETED |
|  | FS-EP007-026-06 | * DELETED |
|  | FS-EP007-026-07 | * DELETED |
|  | FS-EP007-027 | If HSD01 is present, HSD02 shall be required. |

### Graphical User Interface

There will be two GUI’s required to implement support for this new processing.

* Queues GUI – a GUI that will:
  + When unsolicited 278 Requests are received, they will be routed by to the VAMC that AAT determines services the Veteran. The AAT will use the same routing logic currently incorporated in the Automated Eligibility Tool (AET).
  + The AAT will then route the request to a specific queue, based on the information in the 278 Request and the routing rules provided by the PMD. Possible queues are identified in the next table.
  + Allow an authorization clerk to view all of the unsolicited 278 Requests by assigned queue and select 278 Request to view in the 278 Request GUI.
* 278 Request GUI – a GUI that will allow a local user to:
  + View a summary of the 278 Request for the selected patient
  + View each segment of the 278 Request
  + Generate a 278 Response to the request by either accepting or denying the 278 request.

Table 16 - Routing Queue Definitions

| Queue Name | Queue Processing Description |
| --- | --- |
| Awaiting Assignment queue | This is a view of the 278 Request waiting to be assigned to one of the queues below. In theory this view should always show 0 or a low number. If records show an accumulation, this may be an indicator that the AAT is unable to route the request. |
| Patient Problem queue (High Priority) | When a 278 Request has been received and validated the AAT performs a lookup on the local VistA Fee Patient file to verify that the patient is on file. In most cases, the patient should exist on the system and processing will continue. However, if for some reason the patient is not file, the 278 Request will be routed to this queue and no further action will be taken by the AAT until the record is reviewed, the reason for the problem is identified and corrected. There are two possible reasons why a record may be in this queue:   * The AAT routed the patient to the wrong VAMC (Station ID) * The patient is assigned to the local VAMC but has never received services from the VA facility |
| Provider Problem queue  (High Priority) | This queue captures 278 Request when a provider identified in the 278 Request does not exist on the local VistA Fee vendor file. Since there can be multiple providers identified in the 278 Request, each provider record will be verified. |
| Emergency Services queue (High Priority) | If a 278 Request is received that is identified as “Emergency” based on information in the 278 Request, it will be routed to this high priority queue for immediate action by an authorization clerk. |
| Mental Health queue | A 278 Request is received and identified as requiring services for mental health care. |
| Dental queue | A 278 Request is received and identified as an Outpatient based on the information in the request, the 278 is placed in this table. |
| Inpatient queue | A 278 Request is received and identified as an Inpatient based on the information in the request, the 278 is placed in this table. |
| Outpatient queue | A 278 Request is received and identified as an Outpatient based on the information in the request, the 278 is placed in this table. Also, this is the default catch-all queue, meaning that if as a result of passing through the above routing checks and not meeting the criteria, the 278 Request is placed in this queue. |
| Accepted queue | This is a reference queue only for an authorization clerk to be able to review a 278 Request that was accepted. |
| Denied queue | This is a reference queue only for an authorization clerk to be able to review a 278 Request that was denied. |

The figure below is an example of what the 278 Queues GUI might look like.

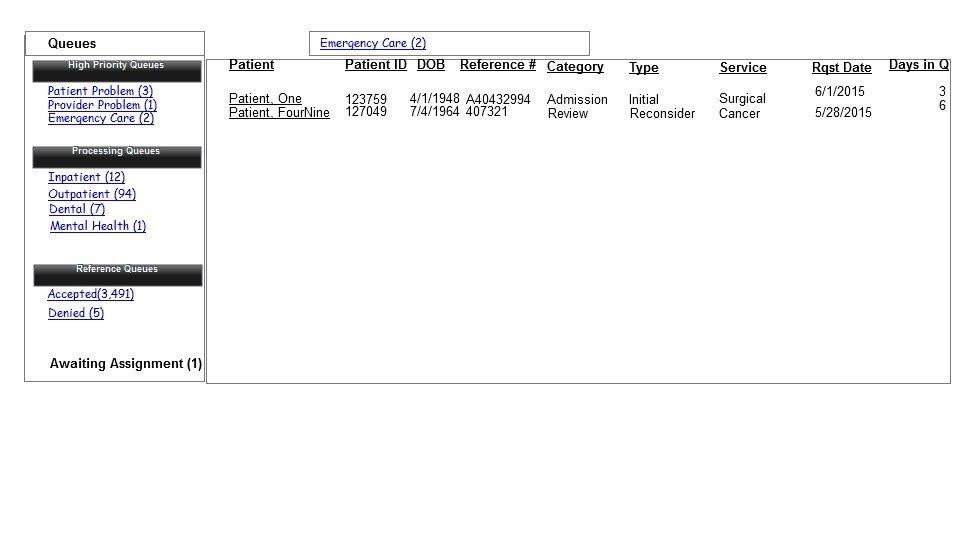


Figure 1 - Queues GUI

Table 17 - Queues GUI Requirements

| Identifier | Requirement  Number | Requirements Description |
| --- | --- | --- |
| Theme 005 |  | Electronically Process ASC X12 278 (Aligns to Goal 2) |
| Epic 010 |  | As Non-VA Care Authorization team, I want to be able access an ASC X12 278 Requests in an identified processing queue so that I can group authorizations based on a pre-defined criteria. |
| User Narrative 022(A) |  | As a Non-VA PC Authorization Clerk, I want to view an authorization that is placed in a queue so that I can process an authorization request. |
|  | FS-UN022A-001 | The Queues GUI shall display a list of all queues. |
|  | FS-UN022A-002 | The Queues GUI shall display High Priority queues separately from normal processing queues. |
|  | FS-UN022A-003 | The Queues GUI shall display for each queue, the number of request in the queue. |
|  | FS-UN022A-004 | The Queues GUI shall allow a user to select a queue and see a summary of all requests in the selected queue: |
|  | FS-UN022A-004-01 | * Patient Name |
|  | FS-UN022A-004-02 | * Patient Id |
|  | FS-UN022A-004-03 | * Patient Date of Birth |
|  | FS-UN022A-004-04 | * Date added to queue |
|  | FS-UN022A-004-05 | * Days in queue (calculated) |
|  | FS-UN022A-004-06 | * Value in UM01 |
|  | FS-UN022A-004-07 | * Value in UM02 |
|  | FS-UN022A-004-08 | * Value in UM03 |
|  | FS-UN022A-004-09 | * Date Range |
|  | FS-UN022A-005 | A user shall be able be able to sort on any field in the detailed queued list. |
|  | FS-UN022A-006 | A user shall be able to filter by any field in the lists. |
|  | FS-UN022A-007 | A user shall be able to select any record in the queue to load into the 278 Navigation GUI. |
|  | FS-UN022A-008 | The Queues GUI shall allow a user to select a Request from the queue. |
|  | FS-UN022A-009 | When a patient has been selected, the Queues GUI shall open the 278 Request/Response GUI in a separate view. |
|  | FS-UN022A-010 | Once an unsolicited master authorization has either as Accepted or Denied, it shall be assigned to the corresponding reference queue. |
|  | FS-UN022A-011 | A user shall only be allowed to view the number of incoming 278 Requests awaiting assignment. |

#### 278 Unsolicited Request/Response GUI

The figure below is a concept of what the 278 Request/Response GUI might look like. The final design may change based on feedback from the customer and the final design created by the developers.

When a user selects a Request from one of the 278 Unsolicited Request queues, the 278 Request/Response GUI will be populated. Under the current concept, there will be four views available in the GUI:

* View 1 – Patient demographics, populated from the 278 Request information.
* View 2 – 278 Request Navigation View – this provides summary information about the request. For example if a segment is present and the number of occurrences if a segment repeats.
* View 3 – 278 Request detailed view. This view allows a user to:
  + Select an available segment from the 278 Navigation View and the detailed information received in the section 278 Request will display.
  + View associated paperwork residing in the 275 repository.
* View 4 – 278 Response This view will allow a user:
  + To ACCEPT a 278 Request and designate inpatient/outpatient authorization. This will prepopulate the master authorization record with data from the 278 reqquest OR
  + To DENY an authorization and provide a reason for the denial.

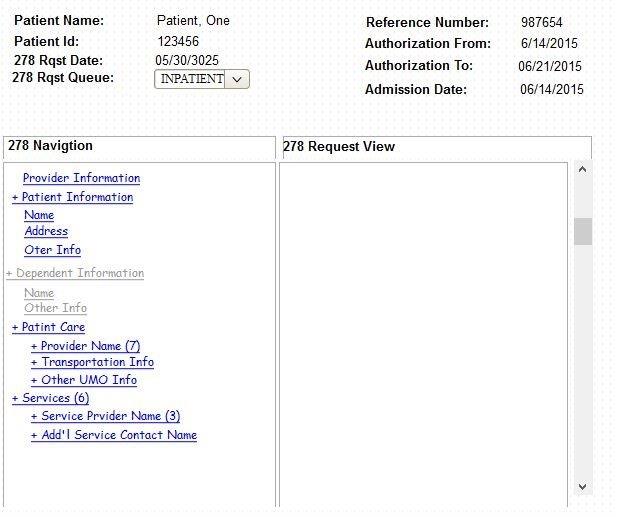


Figure 2 - Unsolicited 278 Requests GUI – Summary View

Table 18 - Unsolicited 278 Request GUI Requirements - Summary

| Identifier | Requirement  Number | Requirements Description |
| --- | --- | --- |
| Theme 004 |  | Electronically Transmit ASC X12 278 (Aligns to Goal 2) |
| Epic 007 |  | As Non-VA Care Authorization team, I want to be able to electronically receive an ASC X12 278 Request so that I can initiate the authorization process. |
| User Narrative 015 |  | As a Non-VA PC Authorization Clerk, I want to view an ASC X12 278 Request so that I can accept an authorization of care. |
| User Narrative 016 |  | As a Non-VA PC Authorization Clerk, I want to view an ASC X12 278 Request so that I can deny an authorization of care. |
|  | FS-UN015-001 | The 278 Request/Response GUI will be populated with the patient authorization information from the 278 Request. The following information shall be populated: |
|  | FS-UN015-001-001 | * Patient Name |
|  | FS-UN015-001-002 | * Patient ID |
|  | FS-UN015-001-003 | DELETED |
|  | FS-UN015-001-004 | Consult ID, if present |
|  | FS-UN015-001-003 | * Authorization Date |
|  | FS-UN015-001-004 | * Reference Number |
|  | FS-UN015-001-005 | * Authorization FROM date |
|  | FS-UN015-001-006 | * Authorization TO date |
|  | FS-UN015-001-007 | * 278 Request date |
|  | FS-UN015-001-008 | * 278 assigned queue |
|  | FS-UN015-002 | The 278 Navigation View shall: |
|  | FS-UN015-002-001 | * Display request sections Requestor Info, Patient Info, optional Dependent Info, Episode of Care Info and Service Info. |
|  | FS-UN015-002-002 | * Allow a user to select any available of the displayed sections and populate the 278 Request View with the detail information |
|  | FS-UN015-002-003 | * Allow the user to expand/collapse a section view |
|  | FS-UN015-002-004 | * If a section is not present in the 278 Request, the user shall not be able to select it |
|  | FS-UN015-002-005 | * If a section is not present in the 278 Request, the segment shall indicate that it is unavailable |
|  | FS-UN015-002-006 | * If a section has multiple occurrences of a data element, there shall be a numeric indicator on the number of occurrences |

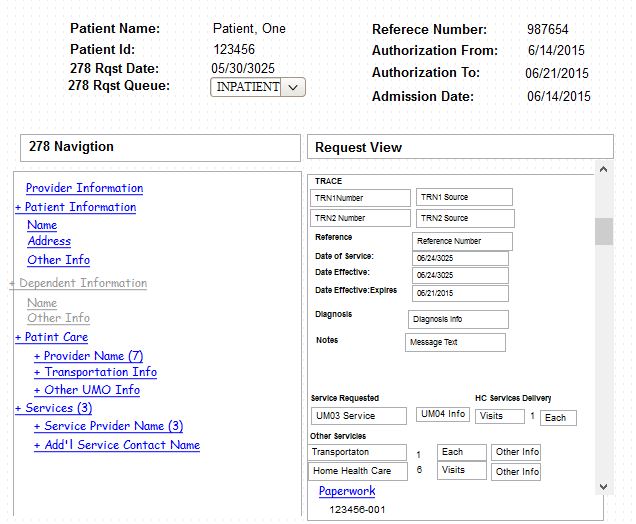


Figure 3 - Unsolicited 278 Requests GUI – Detail View

This view will allow the user to review all the information in the 278 Request.

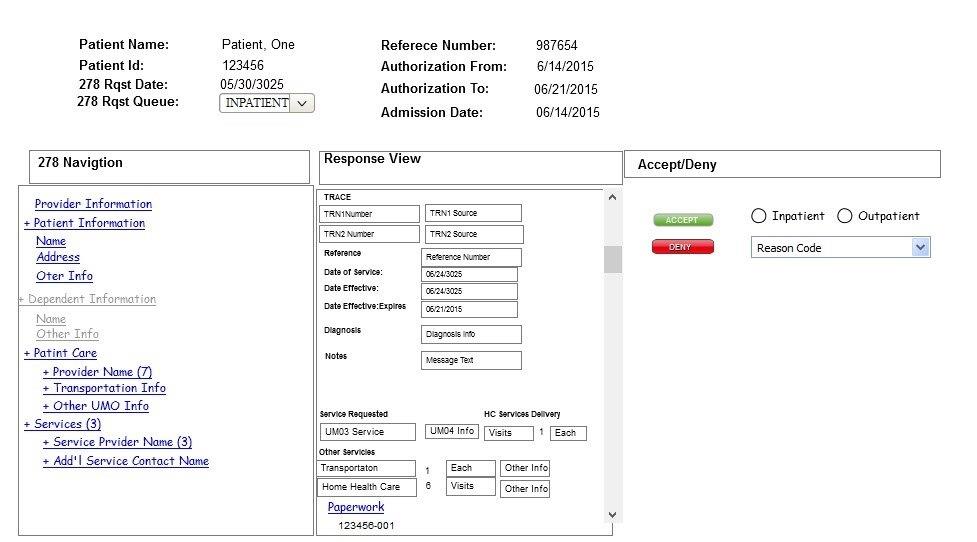


Figure 4 - Unsolicited 278 Requests GUI - Response View

Table 19 - Unsolicited 278 GUI Requirements - Detail

| Identifier | Requirement  Number | Requirements Description |
| --- | --- | --- |
| Theme 004 |  | Electronically Transmit ASC X12 278 (Aligns to Goal 2) |
| Epic 007 |  | As Non-VA Care Authorization team, I want to be able to electronically receive an ASC X12 278 Request so that I can initiate the authorization process. |
| User Narrative 015 |  | As a Non-VA PC Authorization Clerk, I want to view an ASC X12 278 Request so that I can accept an authorization of care. |
|  | FS-UN015-003 | The HL element HL segment data shall not be viewable. |
|  | FS-UN015-004 | An NVCC user shall be able to view the data in a 278 Request, translated to human viewable form: |
|  | FS-UN015-004-001 | * View the information in the required 2010B REQUESTOR request loop. |
|  | FS-UN015-004-002 | * View the information in the required 2010C SUBSCRIBER request loop. |
|  | FS-UN015-004-003 | * If present, view the information in the 2010D DEPENDENT request loop. |
|  | FS-UN015-004-004 | * View the information in the required 2000E PATIENT request loop. |
|  | FS-UN015-004-005 | * View the information in the situational 2010EA PATIENT EVENT PROVIDER NAME request loop. |
|  | FS-UN015-004-006 | * View the information in the situational 2010EB PATIENT EVENT TRANSPORT request loop. |
|  | FS-UN015-004-007 | * View the information in the situational 2010EC PATIENT EVENT OTHER UMO NAME request loop. |
|  | FS-UN015-004-008 | * If present, view the information in the 2000F SERVICE request loop. |
|  | FS-UN015-004-009 | * If present, view the information in the 2010F SERVICE PROVIDER request loop. |
|  | FS-UN015-005 | There shall be a summary screen of all 278 Request loops: |
|  | FS-UN015-005-001 | * For each loop, the loop data shall be displayed. |
|  | FS-UN015-005-002 | * If data is present in a loop, there shall be an indicator set so a user can determine what information needs to be reviewed. |
|  | FS-UN015-006 | The user shall be able to view a summary of repeating segments: |
|  | FS-UN015-006-001 | * The user shall be able to see the number of occurrences in the segment. |
|  | FS-UN015-006-002 | * The user shall be able to see summary detail of each segment. |
|  | FS-UN015-006-003 | * The user shall be able to view an in individual summary record from the repeating segment summary screen. |
|  | FS-UN015-006-004 | * Display all populated elements in the 278 Request for the selected 278 loop. |
|  | FS-UN015-006-005 | * If a segment/element has multiple occurrences, all occurrences shall be displayed. |
|  | FS-UN015-006-006 | * The user shall not be allowed to change any of the data in the 278 Request View (Read Only). |
|  | FS-UN015-006-007 | * If electronic attachments were submitted to the 275 Attachments Repository as part of the 278 Request, the user shall be able to view the list of attachment(s). |
|  | FS-UN015-006-008 | * The user shall be able to view the attachment(s) stored in the 275 Repository. |
|  | FS-UN015-011 | If the authorization clerk clicks on the ACCEPT button, the following shall occur:: |
|  | FS-UN015-011-001 | * The user shall be required to select the authorization as either an INPATIENT or OUTPATIENT authorization |
|  | FS-UN015-011-002 | * A master authorization record shall be populated with the information from the 278 request. |
|  | FS-UN015-011-003 | * The HCR01 field in the master authorization shall be populated with “A1” |
|  | FS-UN016-001 | If the authorization clerk clicks on the DENY button, the user shall be required to select reason for the denial from the GUI (HCR03) |
| Theme 005 |  | Electronically Process ASC X12 278 (Aligns to Goal 2) |
| Epic 009 |  | As Non-VA Care Authorization team, I want to be able to identify the category of an ASC X12 278 Request so that I know the type of service for an authorization. |
| User Narrative 018 |  | As a Non-VA PC Authorization Clerk, I want to view a UM01 so that I can identify the category of service that is needed. |
| User Narrative 019 |  | As a Non-VA PC Authorization Clerk, I want to view a UM02 so that I can identify the certification type that is needed. |
| User Narrative 020 |  | As a Non-VA PC Authorization Clerk, I want to view a UM03 so that I can identify the type of service that is needed. |
| User Narrative 021 |  | As a Non-VA PC Authorization Clerk, I want to view a UM04 so that I can identify the health care service location that is needed. |
|  | FS-UN018-001 | UM01 shall be viewable in the GUI |
|  | FS-UN019-001 | UM02 shall be viewable in the GUI |
|  | FS-UN020-003 | UM03 shall be viewable in the GUI |
|  | FS-UN021-001 | UM04 shall be viewable in the GUI |

### Accept/Deny Requirements

An authorization in a queue has two possible dispositions. They can be acceptedor denied. Information from 278 request will be available to the authorization clerk for review and further processing.

Authorization responses will be returned in the Patient Event loop.

Table 20 - Authorization Request Requirements

| Identifier | Requirement  Number | Requirements Description |
| --- | --- | --- |
| Theme 004 |  | Electronically Transmit ASC X12 278 (Aligns to Goal 2) |
| Epic 007 |  | As Non-VA Care Authorization team, I want to be able to electronically receive an ASC X12 278 Request so that I can initiate the authorization process. |
| User Narrative 015 |  | As a Non-VA PC Authorization Clerk, I want to view an ASC X12 278 Request so that I can accept an authorization of care. |
|  | FS-UN015-007 | DELETED |
|  | FS-UN015-008 | A user shall be able to view each segment of data stored as part of the 278 request. |
|  | FS-UN015-009 | A user shall not be able to change stored request data. |
|  | FS-UN015-010 | A user shall not be allowed to delete stored request information. |

Table 21 - 278 Request Requirements

| Identifier | Requirement  Number | Requirement Description |
| --- | --- | --- |
| Theme 004 |  | Electronically Transmit ASC X12 278 (Aligns to Goal 2) |
| Epic 007 |  | As Non-VA Care Authorization team, I want to be able to electronically receive an ASC X12 278 Request so that I can initiate the authorization process. |
|  |  | Patient Level Event Loop |
|  | FS-EP007-114 | A UM segment shall be required in a 278 Patient Event Loop Request. |
|  | FS-EP007-114-001 | * UM01 = AR shall be supported |
|  | FS-EP007-114-002 | * UM01 = HS shall be supported |
|  | FS-EP007-114-003 | * UM01 = IN shall not be supported |
|  | FS-EP007-114-004 | * UM01 = SC shall not be supported |
|  | FS-EP007-114-005 | * UM02 = 1 shall be supported |
|  | FS-EP007-114-006 | * UM02 = 2 shall be supported |
|  | FS-EP007-114-007 | * UM02 = 3 shall be supported |
|  | FS-EP007-114-008 | * UM02 = 4 shall be supported |
|  | FS-EP007-114-009 | * UM02 = I shall be supported |
|  | FS-EP007-114-010 | * UM02 = N shall be supported |
|  | FS-EP007-114-011 | * UM02 = R shall be supported |
|  | FS-EP007-114-012 | * UM02 = S shall be supported |
|  | FS-EP007-114-013 | * UM03 shall be validated against the UM03 lookup table |
|  | FS-EP007-114-014 | * If Present, UM04 shall be supported |
|  | FS-EP007-114-015 | * If present, UM06 shall be supported |
|  | FS-EP007-114-016 | * REF segments, if present, shall be supported |
|  | FS-EP007-115 | 278 Request Date segments, if present shall be stored as part of the master authorization record. This includes date type and date. |
|  | FS-EP007-115-001 | * DTP01 = 439, Accident date |
|  | FS-EP007-115-002 | * DTP01 = 484, Last Menstrual Period |
|  | FS-EP007-115-003 | * DTP01 = ABC, Estimated Date of Birth |
|  | FS-EP007-115-004 | * DTP01 = 431, Onset of Current Symptoms or Illness |
|  | FS-EP007-115-005 | * DTP01 = AAH, Event Date |
|  | FS-EP007-115-006 | * DTP01 = 435, Admission Date |
|  | FS-EP007-115-007 | * Admission date shall be required if UM01 = AR |
|  | FS-EP007-115-008 | * DTP01 = 096, Discharge date |
|  | FS-EP007-115-009 | * Discharge date shall only be provided if UM01 = “AR” |
|  | FS-EP007-115-010 | * Any DTP elements submitted as part of the 278 Request shall be returned in the 278 Response |
|  | FS-EP007-116 | Patient Diagnosis (HI) if submitted as part of the 278 Request shall be stored in the master authorization record. |
|  | FS-EP007-117 | There system shall be able to store up 12 occurrences of the HI composite data. |
|  | FS-EP007-118 | If present, HSD shall be stored in the master authorization record. |
|  | FS-EP007-119 | If present, CRC segment(s) shall be supported: |
|  | FS-EP007-119-001 | * CR03 elements shall be validated based on the value in CR01 |
|  | FS-EP007-119-002 | * CR04 elements shall be validated against CR03 lookup table values based on the value in CR01 |
|  | FS-EP007-119-003 | * CR05 elements shall be validated against CR03 lookup table values based on the value in CR01 |
|  | FS-EP007-119-004 | * CR06 elements shall be validated against CR03 lookup table values based on the value in CR01 |
|  | FS-EP007-120 | If CL1 present, CL1 shall be validated against CL1 lookup tables. |
|  | FS-EP007-121 | If CR1 present, CR1 shall be validated against CR1 lookup tables. |
|  | FS-EP007-122 | If CR2 present, CR2 shall be validated against CR2 lookup tables. |
|  | FS-EP007-123 | If CR5 present, CR5 shall be validated against CR5 lookup tables. |
|  | FS-EP007-124 | The system shall support up to 10 occurrences of the PWK segment. |
|  | FS-EP007-125 | If PWK segment is present and PWK02 = “EL”, the 275 attachment repository shall be checked for receipt of attachment based on the value in PWK06, |
|  | FS-EP007-126 | If the attachment is not available, AAT shall report a 278 Response error. |
|  | FS-EP007-127 | If MSG text segment is present, the message text shall be stored in the master authorization record. |
|  |  | Loop 2010EA |
|  | FS-EP007-128 | The system shall support up to 14 occurrences of the 2010EA loop. |
|  | FS-EP007-129 | Each provider shall be validated against the VistA Fee Provider file. |
|  | FS-EP007-130 | Each provider record shall be stored as part of the master authorization record. |
|  | FS-EP007-131 | If REF segment is present, system shall try to verify the provided identification information. |
|  | FS-EP007-132 | If PER segment present, PER information shall be stored as part of the master authorization record. |
|  | FS-EP007-133 | If PRV segment present, PRV information shall be stored as part of the master authorization record. |
|  | FS-EP007-134 | If present, PRV data shall be validated against code lookup tables. |
|  |  | Loop 2010EB |
|  | FS-EP007-135 | If present, the system shall support up to 5 occurrences of the 2010EB loop. |
|  | FS-EP007-136 | If present, there shall be at least two occurrences of the loop. |
|  | FS-EP007-137 | * 1st occurrence shall represent the pick-up location |
|  | FS-EP007-138 | * 2nd occurrence shall represent the drop-off location |
|  |  | Loop 2010EC |
|  | FS-EP007-139 | If present, the system shall support up to three occurrences of the 2010EC loop. |
|  |  | Loop 2000F |
|  | FS-EP007-140 | The system shall support up to two occurrences of the Trace Reassociation Number (TRN) segment, if present in the 2000E Request loop. |
|  | FS-EP007-141 | If present, the REF segment shall be supported in the 2000E Request loop. |
|  | FS-EP007-142 | If present, DTP segments shall be supported in the 2000E Request loop. |
|  | FS-EP007-143 | If present, SV1 segment shall be supported in the 2000F Request loop. |
|  | FS-EP007-144 | If present, SV2 segment shall be supported in the 2000F Request loop. |
|  | FS-EP007-145 | If present, SV3 segment shall be supported in the 2000F Request loop. |
|  | FS-EP007-146 | If present, TOO segment shall be supported in the 2000F Request loop. |
|  | FS-EP007-147 | If present, HSD segment shall be supported in the 2000F Request loop. |
|  | FS-EP007-148 | The system shall support up to 10 occurrences of the PWK segment. |
|  | FS-EP007-149 | If PWK segment is present and PWK02 = “EL”, the 275 attachment repository shall be checked for receipt of attachment based on the value in PWK06, |
|  | FS-EP007-150 | If the attachment is not available, AAT shall report a 278 Response error. |
|  | FS-EP007-151 | If MSG text segment is present, the message text shall be stored in the master authorization record. |

A 278 response is required for either an accepte or denied 278’s. The requirements in the next table are common to both responses.

Table 22 - Create Response Requirements

| Identifier | Requirement Number | Requirement Description |
| --- | --- | --- |
| Theme 004 |  | Electronically Transmit ASC X12 278 (Aligns to Goal 2) |
| Epic 008 |  | As Non-VA Care Authorization team, I want to be able to electronically receive an ASC X12 278 Request so that I can initiate the authorization process. |
| User Narrative 017 |  | As a Non-VA PC Authorization Clerk, I want to create an ASC X12 278 response so that I can deny an authorization of care. |
| **NOTE:** |  | **There is not a User Narrative for ACCEPT and initially this User Narrative was used. Changing requirement now will have a significant impact on the supporting SDD and RTM, so the RSD will maintain this numbering.**  **The information in this table will be used to populate both the 278 ACCEPT or DENY record.** |
|  | FS-UN017-010 | DELETED |
|  | FS-UN017-013 | Every master authorization shall have one Service (UM03) record in the response. |
|  | FS-UN017-001 | All 278 Response shall be delivered in a Patient Event Loop. |
|  | FS-UN017-002 | Service Level 278 Response shall not be supported. |
|  |  | Loop 2010A |
|  | FS-UN017-003 | Loop 2010A shall be required in a 278 Response. |
|  | FS-UN017-004 | Loop 2010A segment NM1 shall be populated as follows: |
|  | FS-UN017-004-001 | * Loop 2010A NM101 shall be populated with “PR”. |
|  | FS-UN017-004-002 | * Loop 2010A NM102 shall be populated with “2”. |
|  | FS-UN017-004-003 | * Loop 2010A NM103 shall be populated with the Station of Jurisdiction VAMC Name |
|  | FS-UN017-004-004 | * Loop 2010A NM108 shall be populated with the “PI”. |
|  | FS-UN017-004-005 | * Loop 2010A NM109 shall be populated with “12115”. |
|  | FS-UN017-005 | Loop 2010A PER segment shall be populated as follows: |
|  | FS-UN017-005-001 | * Loop 2010A element PER01 “IC” |
|  | FS-UN017-005-002 | * Loop 2010A element PER02, Name of VAMC contact will be populated with a generic VAMC provided staff name as defined by the local VAMC. |
|  | FS-UN017-005-003 | * Loop 2010A element PER03, “EM” |
|  | FS-UN017-005-004 | * Loop 2010A element PER04, Email address of VAMC staff approving the authorization will be populated with the local VAMC defined general email address. |
|  | FS-UN017-005-005 | * Loop 2010A element PER05, “TE” |
|  | FS-UN017-005-006 | * Loop 2010A element PER06, Phone Number of VAMC staff will be populated with the local VAMC defined general phone number of the VAMC approving the authorization |
|  | FS-UN017-005-007 | * Loop 2010A element PER07, “FX” |
|  | FS-UN017-005-008 | * Loop 2010A element PER08 will be populated with the local VAMC defined general, Fax Number of VAMC approving the authorization |
|  |  | Loop 2010B |
|  | FS-UN017-006 | Loop 2010B shall be required in a 278 Response. |
|  | FS-UN017-007 | Loop 2010B segment shall be populated with the information from the 2010B Request loop. |
|  |  | Loop 2010C/2010D |
|  | FS-UN017-011 | Loop 2010C shall be required in a 278 Response. |
|  | FS-UN017-012 | If the 2010D loop exists in the 278 Request, the 2010C Response loop shall be populated with the values from the 278 2010D Request loop and information from the veteran patient record. |
|  | FS-UN017-013 | DELETED |
|  | FS-UN017-014 | If the 2010D loop does NOT exist in the 278 Request, the 2010C Response loop shall be populated according to the requirements in the PATIENT RESPONSE INFORMATION. |
|  | FS-UN017-015 | PATIENT RESPONSE INFORMATION |
|  | FS-UN017-016 | NM1 shall be required: |
|  | FS-UN017-016-001 | * NM101 = “IL” |
|  | FS-UN017-016-002 | * NM102 = “1” |
|  | FS-UN017-016-003 | * NM103 = Last Name of the Patient from the Patient file |
|  | FS-UN017-016-004 | * NM104 = First Name of the Patient from the Patient file |
|  | FS-UN017-016-005 | * NM105 = Middle Name of the Patient from the Patient file |
|  | FS-UN017-016-006 | * If exist, NM106 shall be populated with the value from the 278 2010B Request loop, element NM106 |
|  | FS-UN017-016=007 | * If exist, NM107 shall be populated with the value from the 278 2010B Request loop, element NM107 |
|  | FS-UN017-016-008 | * NM108 = “MI” |
|  | FS-UN017-016-009 | * NM109 = Patient SSN |
|  | FS-UN017-017 | The REF element shall be returned in the Patient Loop Response: |
|  | FS-UN017-017-001 | * The REF element shall not exceed 9 occurrences |
|  | FS-UN017-017-002 | * If REF elements are present in the 278 Request, they shall be returned in the 2010B Response. |
|  | FS-UN017-017-003 | * The authorization clerk shall not be allowed to change existing REF elements |
|  | FS-UN017-018 | NM3 shall be required: |
|  | FS-UN017-018-001 | * N301 shall be populated with the patient street address |
|  | FS-UN017-018-002 | * If patient has an additional address line, N302 shall be populated. |
|  | FS-UN017-019 | NM4 shall be required: |
|  | FS-UN017-019-001 | * N401 shall be populated with City from patient file |
|  | FS-UN017-019-002 | * N402 shall be populated with State patient file |
|  | FS-UN017-019-003 | * N403 shall be populated with Zip from the patient file |
|  | FS-UN017-019-004 | * N404 shall be populated with Country code |
|  | FS-UN017-020 | DMG shall be populated as follows: |
|  | FS-UN017-020-001 | * DMG01 = “D8” |
|  | FS-UN017-020-002 | * DMG02 = Patients Date of Birth |
|  | FS-UN017-020-003 | * DMG03 = Patient gender (F, U, M) |
|  | FS-UN017-021 | The INS segment shall not be required in the response. |
|  |  | Loop 2000E |
|  | FS-UN017-022 | Loop 2000E, element TRN shall be populated with the value from the 278 2010B Request loop, if present in the 278 2000E Request loop. |
|  | FS-UN017-023 | DELETED |
|  | FS-UN017-023-001 | * DELETED |
|  | FS-UN017-023-002 | * DELETED |
|  | FS-UN017-023-003 | * DELETED |
|  | FS-UN017-023-004 | * DELETED |
|  | FS-UN017-023-005 | * DELETED |
|  | FS-UN017-024 | DELETED |
|  | FS-UN017-024-001 | * DELETED |
|  | FS-UN017-024-002 | * DELETED |
|  | FS-UN017-024-003 | * DELETED |
|  | FS-UN017-024-004 | * DELETED |
|  | FS-UN017-025 | If present, the REF shall be populated in the 278 2000E Response based on the value in the 278 request REF segments. |
|  | FS-UN017-026 | 2000E – DTP segments shall be optional. |
|  | FS-UN017-026-001 | * 2000E – DTP segments if present, shall not exceed 9 occurrences. |
|  | FS-UN017-026-002 | * 2000E – DTP segments if present in the 278 2000E Request loop shall have the same values populated in the 278 Response loop. |
|  | FS-UN017-027 | HI shall be populated in the 278 2000E Response based on the values in the master authorization record. |
|  | FS-UN017-028 | DELETED |
|  | FS-UN017-029 | DELETED |
|  | FS-UN017-030 | DELETED |
|  | FS-UN017-031 | DELETED |
|  | FS-UN017-032 | DELETED |
|  | FS-UN017-033 | DELETED |
|  | FS-UN017-034 | DELETED |
|  | FS-UN017-035 | DELETED |
|  | FS-UN017-036 | For FY15,If present in the 278 request, the Loop 2010EA shall not be populated in the 278 2000E Response. |
|  | FS-UN017-037 | For FY15, If present in the 278 request, the Loop 2010EB shall not be populated in the 278 2000E Response. |
|  | FS-UN018-001 | DELETED |
|  | FS-UN018-002 | * DELETED |
|  | FS-UN019-001 | * DELETED |
|  | FS-UN019-002 | * DELETED |
|  | FS-UN020-001 | * DELETED |
|  | FS-UN020-021 | * DELETED |
|  | FS-UN017-039 | DELETED |
|  | FS-UN017-040 | DELETED |
|  | FS-UN017-041 | DELETED |
|  | FS-UN017-042 | DELETED |
|  | FS-UN017-043 | DELETED |
|  | FS-UN017-044 | DELETED |
|  | FS-UN017-045 | DELETED |
|  | FS-UN017-046 | DELETED |
|  | FS-UN017-047 | DELETED |
|  | FS-UN017-048 | For FY15, the PWK segment shall not be supported in 2000E loop |
|  | FS-UN017-048-001 | * DELETED |
|  | FS-UN017-049 | A user shall be allowed to enter up to 264 characters of free text in the 2000E service loop response. |
|  |  | Loop 2010EA |
|  | FS-UN017-050 | The 2010EA response loop shall not be supported in FY15. |
|  | FS-UN017-051 | * DELETED |
|  | FS-UN017-052 | * DELETED |
|  | FS-UN017-053 | * DELETED |
|  | FS-UN017-054 | * DELETED |
|  | FS-UN017-055 | * DELETED |
|  | FS-UN017-056 | * DELETED |
|  | FS-UN017-057 | PRV segment shall not be required in the 2010EB Response. |
|  |  | Loop 2000F |
|  | FS-UN017-038 | If F loop data is present as part of the 278 Request, it shall not be returned as part of the 278 Response. |

Table 23 - 278 ACCEPT Response Requirements

| Identifier | Requirement  Number | Requirement Description |
| --- | --- | --- |
| Theme 005 |  | Electronically Process ASC X12 278 (Aligns to Goal 2) |
| Epic 010 |  | As Non-VA Care Authorization team, I want to be able access an ASC X12 278 Requests in an identified processing queue so that I can group authorizations based on a pre-defined criteria. |
| User Narrative 022 (B) |  | As a Non-VA PC Authorization Clerk, I want the system to create an automated response based on pre-defined criteria so that I can respond to an authorization request. |
|  | FS-UN022B-001 | The HCR segment shall be required in the 2000E Response loop: |
|  | FS-UN022B-001-001 | * DELETED |
|  | FS-UN022B-001-002 | * DELETED |
|  | FS-UN022B-001-003 | * DELETED |
|  | FS-UN022B-001-004 | * DELETED |
|  | FS-UN022B-001-005 | * DELETED |
|  | FS-UN022B-001-006 | * DELETED |
|  | FS-UN022B-001-007 | * DELETED |
|  | FS-UN022B-001-008 | * DELETED |
|  | FS-UN022B-001-009 | * DELETED |
|  | FS-UN022B-001-010 | * DELETED |
|  | FS-UN022B-002 | HCR01 shall be populated with the value from the master authorization record. |
|  | FS-UN022B-002-001 | * DELETED |
|  | FS-UN022B-003 | HCR02 shall be populated with the master authorization Unique-Authorization-Key. |
|  | FS-UN022B-003-001 | * DELETED |
|  | FS-UN022B-003-002 | * DELETED |
|  | FS-UN022B-003-003 | * DELETED |
|  | FS-UN022B-004 | * MSG response segment if populated as part of the master authorization, shall be populated in the 278 response. |
|  | FS-UN022B-004-001 | * DELETED |
|  | FS-UN022B-004-002 | * DELETED |
|  | FS-UN022B-004-003 | * DELETED |
|  | FS-UN022B-005 | UM03 278 response shall be populated with the UM03 response value from the master authorization record. |
|  | FS-UN022B-005-001 | * DELETED |
|  | FS-UN022B-005-002 | * DELETED |
|  | FS-UN022B-005-003 | * DELETED |
|  | FS-UN022B-005-004 | * DELETED |
|  | FS-UN022B-006 | The HSD segment shall be populated from the data in the master authorization HSD response data elements. |
|  | FS-UN022B-006-001 | * DELETED |
|  | FS-UN022B-006-002 | * DELETED |
|  | FS-UN022B-006-003 | * DELETED |
|  | FS-UN022B-006-004 | * DELETED |
|  | FS-UN022B-007 | The 278 Request record shall be moved to the 278 ACCEPTED reference queue |
|  | FS-UN022B-007-001 | * DELETED |
|  | FS-UN022B-007-002 | * DELETED |
|  | FS-UN022B-007-003 | * DELETED |
|  | FS-UN016-001 | * DELETED |
|  | FS-UN016-001-001 | * DELETED |
|  | FS-UN016-001-002 | * DELETED |
|  | FS-UN016-001-003 | * DELETED |
|  | FS-UN016-001-004 | * DELETED |
|  | FS-UN016-001-005 | * DELETED |
|  | FS-UN016-001-006 | * DELETED |
|  | FS-UN016-001-007 | * DELETED |
|  | FS-UN016-002 | * DELETED |
|  | FS-UN016-003 | * DELETED |
|  | FS-UN016-004 | * DELETED |
|  | FS-UN016-005 | * DELETED |

A denied response will be used when the NVCC staff determines that the services are not covered by the VA.

In both cases, the 278 Request is moved to the appropriate reference queue so NVCC staff have access to the original 278 Request and Response information in the event the provider or patient follow up with a phone call or email to resolve the problem.

Table 24 - Authorization DENIED Requirements

| Identifier | Requirement  Number | Requirements Description |
| --- | --- | --- |
| Theme 004 |  | Electronically Transmit ASC X12 278 (Aligns to Goal 2) |
| Epic 007 |  | As Non-VA Care Authorization team, I want to be able to electronically receive an ASC X12 278 Request so that I can initiate the authorization process. |
| User Narrative 017 |  | As a Non-VA PC Authorization Clerk, I want to create an ASC X12 278 response so that I can deny an authorization of care. |
|  | FS-UN017-008 | The AAT shall write a 278 response record to the 278 Repository: |
|  | FS-UN017-008-001 | * Existing 278 Patient episode request segment data shall be used to populate corresponding 278 response segments in the master authorization. |
|  | FS-UN017-008-002 | * HCR01 shall be set to “A2”. |
|  | FS-UN017-008-003 | * HCR02 shall not be set. |
|  | FS-UN017-008-004 | * HCR03 shall be set based on the reason code entered via the 278 GUI. |
|  | FS-UN017-008-005 | * DELETED |
|  | FS-UN017-008-006 | * DELETED |
|  | FS-UN017-008-007 | * DELETED |
|  | FS-UN017-009 | If a 278 Request is received and a DENIED 278 Response record exist in the 278 Repository, AAT shall return a DENIED 278 response based on the data in the 278 Response record |
|  | FS-UN017-009-001 | * DELETED |
|  | FS-UN017-009-002 | * DELETED |
|  | FS-UN017-009-003 | * DELETED |
|  | FS-UN017-010 | The 278 record shall be assigned to the 278 Denied reference queue. |

### AAT Requirements

To enforce 278 response data, new lookup tables will be required. The data required to populate these tables is defined in the ASC X12 278 X215 and X217 standards.

(For the purposes of this document, the assumption is the AAA code tables were created in FY14).

#### AAT Code Lookup Table Requirements

Table 25 - AAT – Lookup Table Requirements

| Identifier | Requirement Number | Requirements Description |
| --- | --- | --- |
| Theme 004 |  | Electronically Transmit ASC X12 278 (Aligns to Goal 2) |
| Epic 007 |  | As Non-VA Care Authorization team, I want to be able to electronically receive an ASC X12 278 Request so that I can initiate the authorization process. |
|  | FS-EP007-033 | Element NM101 shall require a lookup table. |
|  | FS-EP007-034 | Element NM102 shall require a lookup table. |
|  | FS-EP007-035 | Element NM108 shall require a lookup table. |
|  | FS-EP007-036 | Element PER03 shall require a lookup table. |
|  | FS-EP007-037 | Element PER07 shall require a lookup table. |
|  | FS-EP007-038 | Element REF01 shall require a lookup table. |
|  | FS-EP007-039 | Element PRV01 shall require a lookup table. |
|  | FS-EP007-040 | Element N403 shall require a lookup table. |
|  | FS-EP007-041 | Element N402 shall require a lookup table. |
|  | FS-EP007-042 | Element N407 shall require a lookup table. |
|  | FS-EP007-043 | Element DMG01 shall require a lookup table. |
|  | FS-EP007-044 | Element DMG03 shall require a lookup table. |
|  | FS-EP007-045 | DELETED |
|  | FS-EP007-046 | DELETED |
|  | FS-EP007-047 | DELETED |
|  | FS-EP007-048 | Element TRN01 shall require a lookup table. |
|  | FS-EP007-049 | Element UM01 shall require a lookup table. |
|  | FS-EP007-050 | Element UM02 shall require a lookup table. |
|  | FS-EP007-051 | Element UM03 shall require a lookup table. |
|  | FS-EP007-052 | Element UM03 shall indicate if the service is supported for each record in the UM03 lookup table. |
|  | FS-EP007-053 | DELETED |
|  | FS-EP007-054 | DELETED |
|  | FS-EP007-055 | Element HCR01 shall require a lookup table. |
|  | FS-EP007-056 | Element HCR03 shall require a lookup table. |
|  | FS-EP007-057 | Element DTP01 shall require a lookup table. |
|  | FS-EP007-058 | Element DTP02 shall require a lookup table. |
|  | FS-EP007-059 | Element HI0**X**-1 shall require a lookup table. |
|  | FS-EP007-060 | Element HI0**X** -2 shall require a lookup table. |
|  | FS-EP007-061 | Element HI0**X** -3 shall require a lookup table. |
|  |  | **Note**: The HI0X has entries labeled 1 through 12 and within the 12 occurrences there are 3 lookup tables shared by the same elements. |
|  | FS-EP007-062 | Element CL101 shall require a lookup table. |
|  | FS-EP007-063 | Element CL102 shall require a lookup table. |
|  | FS-EP007-064 | Element CL103 shall require a lookup table. |
|  | FS-EP007-065 | Element CR103 shall require a lookup table. |
|  | FS-EP007-066 | Element CR105 shall require a lookup table. |
|  | FS-EP007-067 | Element CR203 shall require a lookup table. |
|  | FS-EP007-068 | Element CR503 shall require a lookup table. |
|  | FS-EP007-069 | Element CR504 shall require a lookup table. |
|  | FS-EP007-070 | Element CR517 shall require a lookup table. |
|  | FS-EP007-071 | Element CR518 shall require a lookup table. |
|  | FS-EP007-072 | Element CR601 shall require a lookup table. |
|  | FS-EP007-073 | Element CR603 shall require a lookup table. |
|  | FS-EP007-074 | Element CR607 shall require a lookup table. |
|  | FS-EP007-075 | Element CR608 shall require a lookup table. |
|  | FS-EP007-076 | Element PWK01 shall require a lookup table. |
|  | FS-EP007-077 | Element PWK02 shall require a lookup table. |

#### AAT Event logging Requirements

Table 26 - AAT Event Logging Requirements

| Identifier | Requirement  Number | Requirement Description |
| --- | --- | --- |
|  | FS-EP007-090 | For each action that AAT performs, the following information shall be written to the AAT event log: |
|  | FS-EP007-090-001 | * Actor initiating the event |
|  | FS-EP007-090-002 | * Date/time of the event |
|  | FS-EP007-090-003 | * Action being executed |
|  | FS-EP007-090-004 | * Result of executed action |
|  | FS-EP007-090-005 | * 278 Request-ID |
|  | FS-EP007-091 | An authorized user shall be able to search the AAT log by: |
|  | FS-EP007-091-001 | * 278 Provider Request identifier |
|  | FS-EP007-091-002 | * Patient ID |
|  | FS-EP007-091-003 | * Patient Name |
|  | FS-EP007-091-004 | * 278 Request date |
|  | FS-EP007-091-005 | * Actor initiating the event |
|  | FS-EP007-092 | An authorized user shall be able to view only the records event logging records based on the search performed. |

#### AAT Queuing Requirements

All incoming unsolicited 278 Requests shall be routed to queues based on criteria in the UM data segment.

Table 27 - Queue Creation Requirements

| Identifier | Requirement Number | Requirement Description |
| --- | --- | --- |
| Theme 005 |  | Electronically Process ASC X12 278 (Aligns to Goal 2) |
| Epic 010 |  | As Non-VA Care Authorization team, I want to be able access an ASC X12 278 Requests in an identified processing queue so that I can group authorizations based on a pre-defined criteria. |
|  | FS-EP010-001 | There shall be an “Incoming Request” queue. |
|  | FS-EP010-002 | There shall be a “Patient Problem” queue. |
|  | FS-EP010-003 | There shall be a “Provider Problem” queue. |
|  | FS-EP010-004 | There shall be an “Emergency Request” queue. |
|  | FS-EP010-005 | There shall be a Mental Health queue. |
|  | FS-EP010-006 | There shall be an “Inpatient Request” queue. |
|  | FS-EP010-007 | There shall be an “Outpatient Request queue. |
|  | FS-EP010-008 | There shall be a “Dental Request queue. |
|  | FS-EP010-009 | There shall be a Mental Health Request queue. |
|  | FS-EP010-010 | There shall be a Rejected Request queue. |
|  | FS-EP010-011 | There shall be a Deleted Request queue. |
|  | FS-EP010-012 | An authorization shall only be assigned to a single queue. |
|  | FS-EP010-013 | An authorized user shall be able to assign a 278 Request to a different queue. |
|  | FS-EP010-019 | A user shall be able to see a summary of each queue and the total number of records in each queue. |

#### 278 Category of Authorization and UM Queuing Requirements

Table 28 - Category/Queuing Requirements

| Identifier | Requirement Number | Requirement Description |
| --- | --- | --- |
| Theme 005 |  | Electronically Process ASC X12 278 (Aligns to Goal 2) |
| Epic 009 |  | As Non-VA Care Authorization team, I want to be able to identify the category of an ASC X12 278 Request so that I know the type of service for an authorization. |
| User Narrative 018 |  | As a Non-VA PC Authorization Clerk, I want to view a UM01 so that I can identify the category of service that is needed. |
| User Narrative 019 |  | As a Non-VA PC Authorization Clerk, I want to view a UM02 so that I can identify the certification type that is needed. |
| User Narrative 020 |  | As a Non-VA PC Authorization Clerk, I want to view a UM03 so that I can identify the type of service that is needed. |
| User Narrative 021 |  | As a Non-VA PC Authorization Clerk, I want to view a UM04 so that I can identify the health care service location that is needed. |
|  |  | EMERGENCY ROUTING RULES |
|  | FS-UN020-001 | If 278 Request loop element UM03 = “86” AAT shall route the 278 Request to the High Priority “Emergency Request” queue. |
|  | FS-UN021-001 | The AAT shall route 278 Request based on routing rules developed by the VA PMD. |
|  | FS-EP009-0097 | By default, all other 278 Request shall be routed to the “Outpatient Request” queue. |

#### AAT Receive Authorization Request

Table 29 - AAT Receive Authorization Requirements

| Identifier | Requirement Number | Requirement Description |
| --- | --- | --- |
| Theme 005 |  | Electronically Process ASC X12 278 (Aligns to Goal 2) |
| Epic 010 |  | As Non-VA Care Authorization team, I want to be able access an ASC X12 278 Requests in an identified processing queue so that I can group authorizations based on a pre-defined criteria. |
|  | FS-EP010-026 | AAT shall validate the providers: |
|  | FS-EP010-026-001 | * Verify that the provider submitting the 278 Request is allowed to conduct business with the VMA. |
|  | FS-EP010-026-002 | * If the requestor is identified that is not allowed to conduct business with VA, AAT shall write an entry to the AAT event log identifying the 278 Request, vendor and message indicating vendor is unauthorized. |
|  | FS-EP010-026-003 | * Send a 278 AAA Denied Error Response |
|  | FS-EP010-027 | If loop 2010EA is present, AAT shall: |
|  | FS-EP010-027-001 | * Verify that each provider in the 2010EA loop is allowed to conduct business with VA. |
|  | FS-EP010-027-002 | * If a provider is identified that is not allowed to conduct business with VA, AAT shall write an entry to the AAT event log identifying the 278 Request, vendor and message indicating vendor is unauthorized. |
|  | FS-EP010-027-003 | * Send a 278 AAA Denied Error Response |
|  | FS-EP010-028 | If loop 2010FA is present, AAT shall: |
|  | FS-EP010-028-001 | * Verify that each provider in the 2010FA loop is allowed to conduct business with VA. |
|  | FS-EP010-028-002 | * If a provider is identified that is not allowed to conduct business with VA, AAT shall write an entry to the AAT event log identifying the 278 Request, vendor and message indicating vendor is unauthorized. |
|  | FS-EP010-028-003 | * Send a 278 AAA Denied Error Response |
|  | FS-EP010-029 | AAT shall route the 278 Request to the local VMA “Incoming Request” queue for processing. |
|  | FS-EP010-025 | AAT shall process a request from the “Incoming Request” queue: |
|  | FS-EP010-025-001 | * Verify that the patient identified in the 278 is a patient on the VMA VistA Fee Patient file. |
|  | FS-EP010-025-002 | * If the patient is not found on the VMA patient file, AAT shall write an event to the AAT event file. |
|  | FS-EP010-025-003 | * If the patient is not found on the VMA patient file, AAT shall route the 278 Request to the “Patient Not Found” queue after validating providers. |
|  | FS-EP010-024 | If a provider does not exists on the provider file, the 278 Request shall be routed to the VMA local “Provider Problem” queue. |
|  | NOTE: | FS-EP010-014 through EP-010-022 assigned new UN numbering |

### Other Requirements

#### 278 PHI Sensitive Patient Requirements

Table 30 - 278 PHI Requirements

| Identifier | Requirement  Number | Requirement Description |
| --- | --- | --- |
| Theme 004 |  | Electronically Transmit ASC X12 278 (Aligns to Goal 2) |
| Epic 007 |  | As Non-VA Care Authorization team, I want to be able to electronically receive an ASC X12 278 Request so that I can initiate the authorization process. |
|  | FS-EP007-096 | The system shall be able to identify which 278 segments contain PHI based on table driven criteria developed by the VA PMD. |
|  | FS-EP007-097 | The system shall be able to identify a provider who has restricted access to PHI information. |
|  | FS-EP007-098 | The system shall be able to identify a 278 Request as PHI-sensitive. |
|  | FS-EP007-099 | The default setting for PHI-Sensitive shall be “NO” for the 278 Request. |
|  | FS-EP007-100 | DELETED |
|  | FS-EP007-101 | DELETED |
|  | FS-EP007-102 | DELETED |
|  | FS-EP007-103 | DELETED |
|  | FS-EP007-104 | DELETED |
|  | FS-EP007-105 | DELETED |
|  | FS-EP007-106 | DELETED |
|  | FS-EP007-107 | DELETED |
|  | FS-EP007-108 | DELETED |
|  | FS-EP007-108-001 | * DELETED |
|  | FS-EP007-108-002 | * DELETED |
|  | FS-EP007-108-003 | * DELETED |
|  | FS-EP007-108-004 | * DELETED |
|  | FS-EP007-108-005 | * DELETED |
|  | FS-EP007-108-006 | * DELETED |
|  | FS-EP007-108-007 | * DELETED |

#### 278 Authorization tracking

Table 31 - Authorization Tracking Requirements

| Identifier | Requirement  Number | Requirement Description |
| --- | --- | --- |
| Theme 004 |  | Electronically Transmit ASC X12 278 (Aligns to Goal 2) |
| Epic 007 |  | As Non-VA Care Authorization team, I want to be able to electronically receive an ASC X12 278 Request so that I can initiate the authorization process. |
|  | FS-EP007-109 | A provider may submit or resubmit a 278 Request for a single authorization. |
|  | FS-EP007-110 | Each request and corresponding response shall be uniquely identified by a single identifier. |
|  | FS-EP007-111 | Each request and corresponding response shall be stored in persistent storage. |
|  | FS-EP007-112 | Date/time of each request shall be stored. |
|  | FS-EP007-113 | A user shall be able to view authorization request/response history |

#### General Requirements

Table 32 - General Requirements

| Identifier | Requirement Number | Requirement Description |
| --- | --- | --- |
| Theme 004 |  | Electronically Transmit ASC X12 278 (Aligns to Goal 2) |
| Epic 007 |  | As Non-VA Care Authorization team, I want to be able to electronically receive an ASC X12 278 Request so that I can initiate the authorization process. |
|  | FS-EP007-152 | The local VAMC provider (vendor) file shall be able to identify a record as an organization or an individual. |
|  | FS-EP007-153 | The local VAMC provider (vendor) file shall be able to identify a provider as PHI-restricted. |
|  | FS-EP007-154 | A provider identified as PHI-restricted shall not have access to patient medical information where the PHI-sensitive flag is set to “Y”. |

### EDI Requirements

#### Station of Jurisdiction Requirement

Table 33 - Station of Jurisdiction Requirements

| Identifier | Requirement  Number | Description |
| --- | --- | --- |
| Theme 005 |  | Electronically Process ASC X12 278 (Aligns to Goal 2) |
| Epic 011 |  | As Non-VA Care Authorization team, I want to be able to identify the facility that processed an ASC X12 278 Request so that I can track what facility is responsible for the authorization. |
|  | FS-EP011-001 | Station-of-Jurisdiction shall be available as part of the data export when requested as part of the export parameters. |

#### EDI Reporting Requirements

Table 34 - EDI Reporting Requirements

| Identifier | Requirement  Number | Requirement Description |
| --- | --- | --- |
| Theme 003 |  | Multiple Authorizations Created (Aligns to Goal 1) |
| Epic 005 |  | As Non-VA PC Authorizations team, I want to be able to export a report with the number of authorizations completed per user for a selected timeframe so that I can download the data. |
|  | FS-EP005-001 | An authorized requestor shall be able to export the following data points for COMPLETE authorizations: |
|  | FS-EP005-001-001 | * User Id of user who completed the authorization |
|  | FS-EP005-001-002 | * Total number of authorizations in a COMPLETE state by user-id |
|  | FS-EP005-001-003 | * Start-date entered by requestor |
|  | FS-EP005-001-004 | * End-date entered by requestor |
|  | FS-EP005-002 | The requestor shall be required to enter a request start-date. |
|  | FS-EP005-003 | The system shall default the request end-date to the current system date. |
|  | FS-EP005-004 | The requestor shall be allowed to enter a different request end-date. |
|  | FS-EP006-001 | The requestor shall be required to select either 10-7078 or 10-7079 authorizations for the export. |
|  | FS-EP005-005 | By default, the system shall export all users and total number of authorizations completed. |
|  | FS-EP005-006 | The system shall sort the data by user-id, ascending. |
| Epic 006 |  | As Non-VA PC Authorizations team, I want to be able to export a report by the type of service for a selected timeframe so that I can download the data. |
|  | FS-EP006-002 | The requestor shall be required to select either 10-7078 or 10-7079 authorizations for the export. |
| Theme 06 |  | Report on ASC X12 278 Transactions (Aligns to Goal 2) |
| Epic 012 |  | As EDI Team, I want to be able to export a report with pre-defined ASC X12 278 data points so that I can download the data. |
|  | FS-EP012-001 | The requestor shall be able to select the file format for the exported report. |
|  | FS-EP012-002 | The requestor shall be able to select the storage location for the exported file. |

#### 278 EDI Compliance

Table 35 - EDI Compliance Requirements

| Identifier | Requirement  Number | Requirement Description |
| --- | --- | --- |
| Theme 07 |  | Implement CAQH CORE Operating Rules for ASC X12N 278 (Aligns to Goal 2) |
| Epic 13 |  | As Non-VA Care Authorization team, I want to be able to process an ASC X12 278 according to the authorization operating rules to demonstrate compliance so that VHA can certify that CBOPC is compliant. |
| Epic 14 |  | As Non-VA Care Authorization team, I want to be able to process an ASC X12 278 according to the standard transactions format to demonstrate compliance so that VHA can certify that CBOPC is compliant. |
|  | FS-EP013-001 | EDI compliance introduced in FY14 shall be continued: |
|  | FS-EP013-001-001 | * A 278 Request shall be validated for EDI compliance |
|  | FS-EP014-001 | * A 278 Response shall be EDI compliant |
|  | FS-EP014-002 | AAA Error reporting as introduced in FY14 shall be expanded. |

## Graphical User Interface (GUI) Specifications

GUI Requirements are listed in the following Functional Requirements:

Figure 2 - Unsolicited 278 Requests GUI – Summary View

Table 17 - Queues GUI Requirements

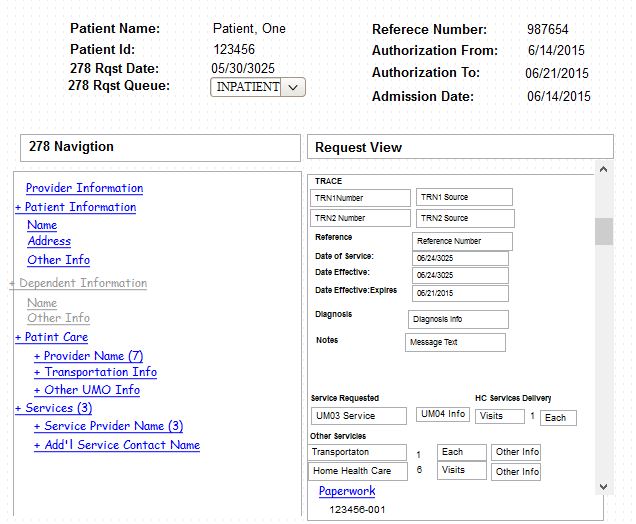


Figure 3 - Unsolicited 278 Requests GUI – Detail View

Table 18 - Unsolicited 278 Request GUI Requirements - Summary

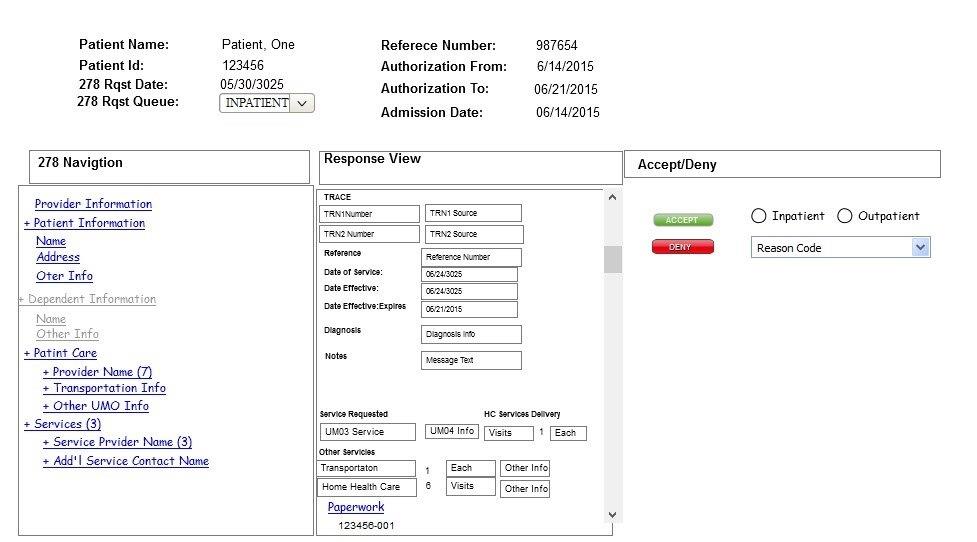


Figure 4 - Unsolicited 278 Requests GUI - Response View

Table 19 - Unsolicited 278 GUI Requirements - Detail

## Multi-divisional Specifications

There will not be any changes required to handle Multi-Divisional Specifications for the 278 Response processing since the master authorization system already handles any specific Multi-Divisional Specification requirements.

## Performance Specifications

Table 36 - Performance Specifications

| Identifier | Requirement  Number | Requirement Description |
| --- | --- | --- |
| Theme 07 |  | Implement CAQH CORE Operating Rules for ASC X12N 278 (Aligns to Goal 2) |
| Epic 15 |  | As Non-VA Care Authorization team, I want to be able to process an ASC X12 278 according to the processing connectivity rule to demonstrate compliance so that VHA can certify that CBOPC is compliant. |
| Epic 17 |  | As Non-VA Care Authorization team, I want to be able to process an ASC X12 278 according to the system response rule to demonstrate compliance so that VHA can certify that CBOPC is compliant. |
| Epic 19 |  | As Non-VA Care Authorization team, I want to be able to process an ASC X12 278 according to the real time standard acknowledgements time frame to demonstrate compliance so that VHA can certify that CBOPC is compliant. |
| User Narrative 24 |  | As a Non-VA PC Authorization Clerk, I want the system to respond to the request of a real time authorization within 20 seconds so that I can be in compliance with operating rules. |
|  | PS-EP017-001 | AAT shall complete the entire 278 transaction (request/response) within the Centers for Medicare & Medicaid Services (CMS) specified maximum 20 second response time during system uptime. |
|  | PS- EP017-002 | AAT shall not need to provide a response during scheduled system down time. |
|  | PS- EP017-003 | AAT shall be able to support multiple users without degradation in response time. |
|  | PS- EP017-004 | AAT Services GUI shall be able to support multiple users without degradation in response time. |
|  | PS- EP017-005 | AAT Queues GUI shall be able to support multiple users without degradation in response time. |
|  | PS- EP017-006 | AAT 278 Review/Request GUI shall be able to support multiple users without degradation in response time. |
|  | PS-UN024-001 | 278 Request/Response transactions shall only be supported in Real-time mode. |
|  | PS-EP015-001 | All transactions between AAT and HCCH will be over a secure communications channel. |

## Quality Attributes Specification

The AAT generated 278 Response will conform to the EDI standards.

The Massachusetts General Hospital Utility Multi-Programming System (MUMPS) code developed for this project will be compliant with all VA MUMPS Coding Standards and Conventions.

Table 37 - Quality Specifications

| Identifier | Requirement  Number | Requirement Description |
| --- | --- | --- |
| Theme 07 |  | Implement CAQH CORE Operating Rules for ASC X12N 278 (Aligns to Goal 2) |
| Epic 16 |  | As Non-VA Care Authorization team, I want to be able to process an ASC X12 278 according to the system availability rule to demonstrate compliance so that VHA can certify that CBOPC is compliant. |
|  | QAS-EP016-001 | AAT will be available at least 86% of the time during a normal work week, |

## Reliability Specifications

Table 38 - Reliability Specifications

| Identifier | Requirement  Number | Requirement Description |
| --- | --- | --- |
| Theme 8 |  | Notification of 278 Status (Aligns to Goal 2) |
| Epic 20 |  | As EDI Team, I want to be able to receive a notification of ASC X12 278 system status to demonstrate compliance so that I can notify providers of availability. |
| User Narrative 25 |  | As an EDI Analyst, I want to receive a notification when the ASC X12 278 repository is unavailable within one hour of it being unavailable so that I can notify providers of availability of the system. |
| User Narrative 26 |  | As an EDI Analyst, I want to receive a notification when the ASC X12 278 repository is scheduled for non-routine downtime at least one week prior to being unavailable so that I can notify providers of availability of the system. |
| User Narrative 27 |  | As an EDI Analyst, I want to publish CBOPC holiday schedule so that I can notify providers of availability of the system. |
|  | RS-UN025-001 | AAT shall maintain a Heartbeat between AAT and the HCCH: |
|  | RS-UN025-001-001 | * The Heartbeat WARNING value shall be configurable by the EDI Response Team |
|  | RS-UN025-001-002 | * The Heartbeat CRITICAL value shall be configurable by the EDI Response Team |
|  | RS-UN025-001-003 | * The Critical Heartbeat repeat frequent shall be configurable by the EDI Response team. |
|  | RS-UN025-001-004 | * If the Heartbeat fails for more than the configured WARNING minutes, a warning email shall be sent to the EDI Response team |
|  | RS-UN025-001-005 | * If the Heartbeat fails for more than the configured WARNING minutes, a warning email shall be sent to the EDI Response team |
|  | RS-UN025-001-006 | * The Heartbeat CRITICAL email message shall be sent at a frequency specified in the Heartbeat frequency value until the Heartbeat is restored. |
|  | RS-UN026-001 | The EDI Management Team will be responsible for managing scheduled and unscheduled downtime. |
|  | RS-UN027-001 | The EDI Management Team will be responsible for maintaining a calendar of scheduled down time. |

## Scope Integration

The integration between the master authorization systems (10-7078/10-7079) should already exist.

The other new functionality being introduced will be within the existing VistA Fee systems and no new Integration should be required to other systems.

## Security Specifications

Table 39 - Security Specifications

| Identifier | Requirement  Number | Requirement Description |
| --- | --- | --- |
| Theme 004 |  | Electronically Transmit ASC X12 278 (Aligns to Goal 2) |
| Epic 007 |  | As Non-VA Care Authorization team, I want to be able to electronically receive an ASC X12 278 Request so that I can initiate the authorization process. |
|  | SS-EP007-001 | Users holding the VistA Fee Authorization key shall be able to: |
|  | SS-EP007-001-001 | * Add Services records to a master authorization record |
|  | SS-EP007-001-002 | * View the 278 Request queues |
|  | SS-EP007-001-003 | * Select a 278 Request from the 278 unsolicited request queues |
|  | SS-EP007-001-004 | * View the 278 Request |
|  | SS-EP007-001-005 | * View 275 Repository records |
|  | SS-EP007-001-006 | * Create 278 Response segments for a 278 Request |
|  | SS-EP007-001-007 | * Assign a 278 Response HSD response |
|  | SS-EP007-001-008 | * Release a completed 278 to the AAT process |
|  | SS-EP007-002 | Users holding the VistA Fee Supervisor key shall: |
|  | SS-EP007-002-001 | * Have all the capacities listed above |
|  | SS-EP007-003 | AAT Administrator shall: |
|  | SS-EP007-003-001 | * Be able to monitor the connection between AAT and the HCCH |
|  | SS-EP007-003-002 | * Be able to monitor the connection between AAT and each instance of AAT |
|  | SS-EP007-003-003 | Be able to update supporting 278 lookup tables |
|  | SS-EP007-004 | EDI Management Team shall: |
|  | SS-EP007-004-001 | * Have all the capabilities of the AAT Administrator |
|  | SS-EP007-004-002 | * Access the master authorization interface as needed to monitor performance. |
|  | SS-EP007-004-003 | * Run data extracts for report generation. |

All VA and VHA security requirements will be adhered to. Cross-cutting security requirements are contained in the VA Enterprise Requirements Repository (ERR). Efforts that involve the collection and maintenance of individually identifiable information must be covered by a Privacy Act system of records notice. A Privacy Impact Assessment (PIA) will be performed if required.

## System Features

The following system features are introduced:

* The ability to link the CPRS order with the master authorization record.
* The ability to create and issue a 10-7078 prior to the Veteran receiving the services.
* The ability to add quantitative services for a Veteran (improves support of 278 processing)
* The ability to receive unsolicited 278 Request from a provider, routed to the appropriate VAMC and verify that the provider is authorized to conduct business with VA
* The ability to view the 278 Unsolicited Request queues and select a 278 Request to process
* The ability to see the details of the 278 Request
* The ability to generate a 278 Response

## Usability Specifications

The NVCC staff that coordinate care between providers and patients will need to be trained on the revised authorization workflow so that they allow providers to elect to initiate a 278 REQUEST transaction and are given all the necessary information.

The VistA Fee Basis clerks and supervisors will need training to use the enhancements developed through this project.

VistA Fee Basis uses a Roll-and-scroll interface. This project will use the existing Roll-and-scroll interface and will not modify the user interface features of the Fee Basis Application.

# Applicable Standards

Configuration Management (CM) processes provide the release and control of the system, hardware, and software to which this document applies, including identification number(s), title(s), abbreviation(s), version number(s), and release number(s).

Listed below are VA reference and guidance documentation and standards applicable to or tailored for the EDI PC Project. This guidance is used to fulfill the performance requirements of this contract.

* 44 U.S.C. § 3541, “FISMA of 2002”
* FIPS Publication 140-2, “Security Requirements For Cryptographic Modules”
* SEI, SA-CMMI Level 3 procedures and processes
* VA Directive 6102, “Internet/Intranet Services,” July 15, 2008
* 36 C.F.R. Part 1194 “Electronic and IT Accessibility Standards,” July 1, 2003
* OMB Circular A-130, “Management of Federal Information Resources,” November 28, 2000
* 32 C.F.R. Part 199, “Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)”
* An Introductory Resource Guide for Implementing the HIPAA Security Rule, March 2005
* Sections 504 and 508 of the Rehabilitation Act (29 U.S.C. § 794d), as amended by the Workforce Investment Act of 1998 (P.L. 105-220), August 7, 1998
* HSPD-12
* VA Directive 6500, “Information Security Program,” August 4, 2006
* VA Handbook 6500, “Information Security Program,” September 18, 2007
* VA Handbook, 6500.5, Incorporating Security and Privacy in System Development Lifecycle.
* VA Handbook 6500.6, “Contract Security,” March 12, 2010
* PMAS portal (reference PWS References - Technical Library at <https://DNS/>)
* OED ProPath Process Methodology (reference PWS References -Technical Library and ProPath Library links at <https://DNS/>). Note: In the event of a conflict, OED ProPath takes precedence over other processes or methodologies.
* TRM (reference at <http://DNS/TRM/TRMHomePage.asp>)
* NIST Special Publications SP 800-60 and 800-53
* ITAM and EMF BR-0006, version 002.1-14052008, dated 10/30/2007 [Note informational, Context, and ITAM-EMF Conceptual link]
* HIPAA of 1996; Pub.L 104-191).
* PPACA, Pub. L. 111-148, 124 Stat. 119, H.R. 3590, enacted March 23, 2010
* OMB Circular A-125, "Prompt Payment." Prompt Payment Act Prompt Payment final rule (5 CFR Part 1315, September 29, 1999) requires Executive departments and agencies to pay commercial obligations within certain time periods and to pay interest penalties when payments are late (<http://DNS/prompt/regulations.html> and <http://www.ucop.edu/raohome/cgmemos/82-36.html>)
* CFR 1315, Final Rule, Prompt Payment (<http://DNS/prompt/regulations.html>) (formerly OMB Circular A-125)
* The aim of this project is to ensure that the EDI PC systems are compliant with the CORE Rules as published by CAQH, and found here <http://www.caqh.org/CORE_operat_rules.php>
* VA Section 508 policies and procedures 6221 Accessible Electronic and IT, Directive/Handbook, published by VA’s Section 508 PD Product Assessment Competency Division
* VA M Programming Standards and Conventions. Revised 04/03/2007 <http://DNS/VAStandardPage.asp?tid=7404>
* ASC X12N/5010X217 Health Care Services Review – Request for Review and Response (278)
* ASC X12N/5010X215 Health Care Services Review – Inquiry and Response (278)

# Interfaces

## Communications Interfaces

The interface between AAT and the HCCH will continue to be used. New functionality will be added to the interface in the form of a Heartbeat monitor so the EDI Response team can be notified in the event that AAT and the HCCH lose connectivity for an extended period of time.

## Hardware Interfaces

No new hardware interfaces are required.

## Software Interfaces

Existing VistA Fee interfaces will be modified to allow users to enter services to be provided to the Veteran via the new Services GUI.

## User Interfaces

Existing VistA Fee interfaces will be maintained and modified as needed to support the new GUI’s and functionality being introduced with this software release. These include:

* A new Queues Management GUI that will allow a user to view unsolicited 278 Request received. Also allow the user to select a 278 Request from the assigned queue.
* A new 278 Request/Response GUI that allows a user to view a selected 278 Request and Respond to it after a master authorization record has been created.

# Legal, Copyright, and Other Notices

This effort is sponsored by an agency of the United States Government. Neither the United States Government nor any agency thereof, nor the contractor nor any of its subcontractors, nor any of their employees, makes any warranty, express or implied, or assumes any legal liability or responsibility for the accuracy, completeness, or usefulness of any information, apparatus, product, or process disclosed, or represents that its use would not infringe on privately owned rights. Reference herein to any specific commercial product, process, or service by trade name, trademark, manufacturer, or otherwise does not necessarily constitute or imply its endorsement, recommendation, or favoring by the United States Government or any agency thereof, or the contractor or any of its subcontractors. The views and opinions of authors expressed herein do not necessarily state or reflect those of the United States Government or any agency thereof.

# Purchased Components

Not Applicable as the contractor is not purchasing any new components or software.

## Defect Source (TOP 5)

Not Applicable as the contractor is not purchasing any new components or software.

# User Class Characteristics

There are three existing user classes and one new user class in the implementation of the new functionality.

Table 40 - User Class Characteristics

| User Class | Characteristics |
| --- | --- |
| Authorization Clerk (user) | This is the existing user who is already trained in the creation/updating of master authorization. They are already proficient in the use of the existing authorization interfaces and will be trained on the new interfaces. |
| AAT Administrator | This is a new role and the user will have the expertise of the master authorization system and will be responsible for day to day management of the 278 Queues interface to ensure that 278 Request do not remain in the queue for excessive periods.  This person will also be responsible for maintaining the local Code (lookup) tables used by the new interfaces. |
| AAT EDI Management Team | This is an existing group that will be responsible for supporting and responding to AAT connectivity, AAT connectivity issues and EDI compliance issues.  They will monitor both the AAT/HCCH connection and the AAT/AAT connectivity. |

# Estimation

Estimation points will be requested upon approval of this RSD.

Project Software Functional Size and Size-Based Effort and Duration Estimate

Application

Table 41 - EDI Estimation Points

| Item | A | B | C | D | E | Total |
| --- | --- | --- | --- | --- | --- | --- |
| Counted Function Points | TBD | TBD | TBD | TBD | TBD | TBD |
| Estimated Scope Growth | TBD | TBD | TBD | TBD | TBD | TBD |
| Estimated Size at Release | TBD | TBD | TBD | TBD | TBD | TBD |

Table 42 - EDI PC Size Based Effort Estimation

| Size-Based Effort Estimates | Labor Hours | Probability |
| --- | --- | --- |
| Low-Effort Estimate – With indicated probability, project will consume no more than: | TBD | TBD |
| High-Effort Estimate – With indicated probability, project will consume no more than: | TBD | TBD |

Table 43 - EDI PC Sized Based Duration Estimates

| Size-Based Duration Estimates | Work Days | Probability |
| --- | --- | --- |
| Low-Duration Estimate – With indicated probability, project will consume no more than: | TBD | TBD |
| High-Duration Estimate -- With indicated probability, project will consume no more than: | TBD | TBD |

# Approval Signatures

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: Date:  
Robert Huffman   
VA Business Sponsor and Integrated Project Team (IPT) Co-Chair  
Electronic Data Interchange

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signed: Date:  
Christan Govich   
VA IT Program Manager (PM) and Integrated Project Team (IPT) Co-Chair  
Electronic Data Interchange

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signed: Date:  
William Krimmel   
VA Project Manager (PjM)  
Electronic Data Interchange

1. Appendix A – Use Case Specification

The project has chosen not to employ use cases to express the project's requirements.

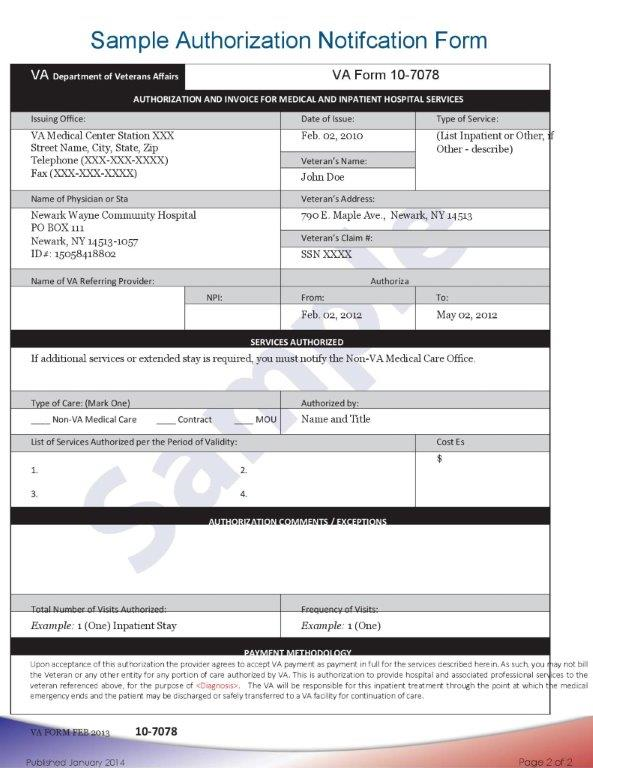
1. Appendix B – Acronym List and Glossary

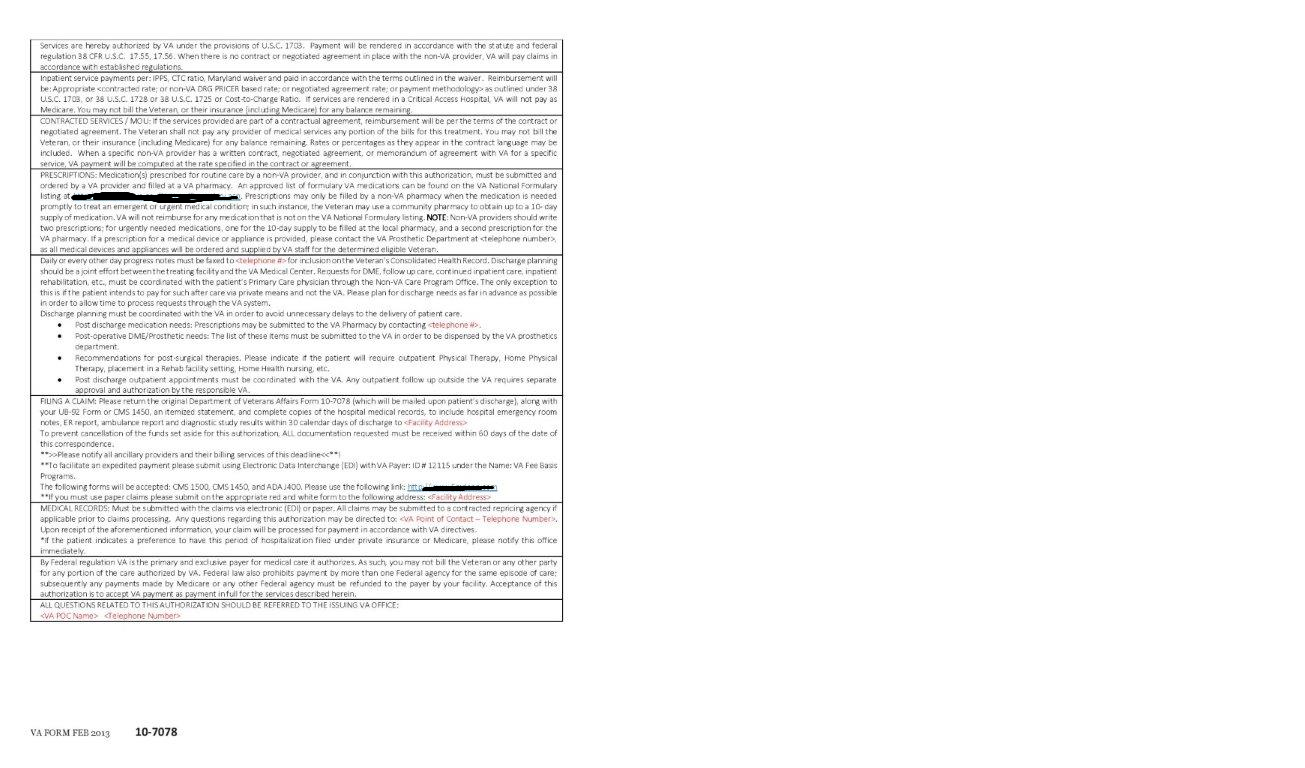
In addition to the acronyms defined below in Table 44, the OI&T Master Glossary can be found at  
<http://DNS/process/OIT%20Master%20Glossary/Home.aspx>

Table 44 - Glossary

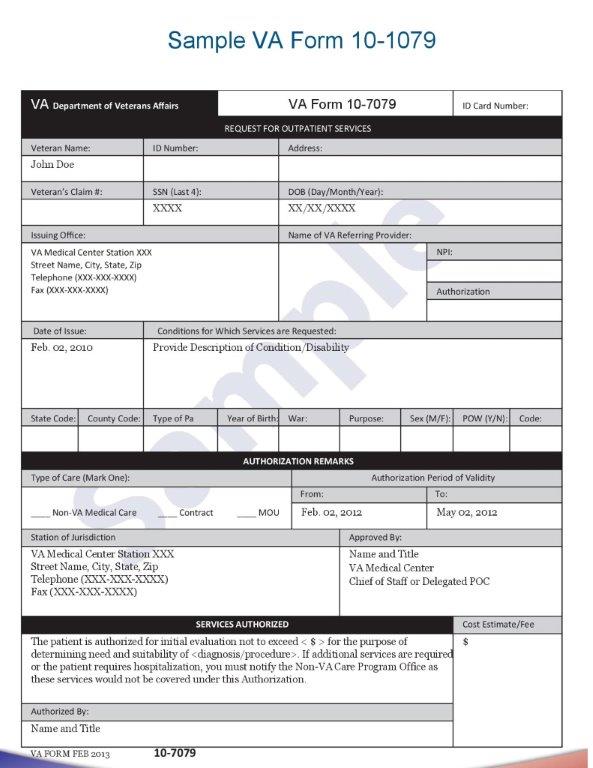
| Term | Meaning |
| --- | --- |
| 10-7078 authorization | VA issued inpatient authorization for medical services |
| 10-7079 authorization | VA issued outpatient authorization for medical services |
| 275 Attachment | ASC X12 275 Additional Information to Support a Health Care Services Review - Provider uses the 275 EDI transactions to send requested information about a health care claim or services review. |
| 276/277 Health Care Claim Status Request and Response | A transaction set for health care claims, used to inquire about and receive information about the processing status of a claim |
| 278 Health Care Services Review | An EDI transaction that allows an authorized trading partner to request and receive a response on services being provided for a patient.  (Note: For GFY14, this involves receiving an EDI compliant copy of the existing master authorization.) |
| 835 Health Care Claim Payment/Remittance | A transaction set for health care claim payment advice (or remittance advice) - referred to as a Remittance advice |
| 837 Health Care Claim Payment/Advice | A transaction set for health care claim payment advice (or remittance advice) - referred to as a Remittance advice |
| AAA | EDI error segments for reporting errors encountered during processing |
| AAT | Automated Authorization Tool = The component of the AAT that resides in AITC and processes incoming 278 Health Care Service Request, stores authorizations in the 278 repository and delivers 278 Responses to the HCCH. |
| AAT GUI | The interface that allows a user to view queued 278 EDI Request transactions, enter/update services to be provided and deliver the completed authorization to AAT. |
| AET | Automated Eligibility Tool |
| ANSI | American National Standards Institute |
| ASC X12 | The Accredited Standards Committee X12 – is an American National Standards Institute (ANSI)-accredited standards development organization and the entity responsible for the HIPAA transaction standards for electronic health care, eligibility, claims processing, claims status, authorizations and remittance transactions named by the Health Insurance Accountability and Portability Act of 1996. The VA is currently operating to version 5010 standards. |
| Authorization | A approval to perform medical services for a patient |
| Authorization-Id | Identifier assigned by the VistA System generating the Authorization. |
| BN | Business Need |
| BRD | Business Requirements Document |
| CAQH | Council for Affordable Quality Healthcare |
| CBO | Chief Business Office |
| CBOPC | Chief Business Office Purchased Care |
| CHAMPUS | Civilian Health and Medical Program of the Uniformed Services |
| CM | Configuration Management |
| CMS | Centers for Medicare & Medicaid Services |
| CORE® | The Committee on Operating Rules for Information Exchange (CORE®), is an multi-stakeholder initiative created, organized and facilitated by CAQH that is working to make it easier for physicians and hospitals to access eligibility, benefits and claim information for their patients at the point of care. |
| CPRS | Computerized Patient Record System |
| CRD | Chronic Renal Disease |
| Data element | An EDI term that defines the individual components of an EDI segment |
| DRP | Disaster Recovery Plan |
| EDI | Electronic Data Interchange |
| Emdeon | Current VA Health Care Clearing House |
| EMF | Enterprise Management Foundation |
| ERR | Enterprise Requirements Repository |
| FBCS | Fee Basis Claims System |
| FIPS | Federal Information Processing Standards |
| FISMA | Federal Information Security Management Act |
| GFY | Government Fiscal Year |
| GRC | Governance, Risk, and Compliance |
| GUI | Graphical User Interface |
| HAC | Health Administration Center |
| HAPE | Health Administration Product Enhancements |
| HCCH | Health Care Clearing House |
| HIC | Health Insurance Claim |
| HIN | Health Industry Number |
| HIPAA | Health Insurance Portability and Accountability Act |
| HIPAA v. 5010 | HIPAA version 5010 is the newest set of standards related to the electronic transmission of specific health care transactions such as Health Care Claims, Eligibility Inquiry/Response, and Health Care Claim Remittance Advice. |
| HSD | Health Care Services Delivery |
| HSPD-12 | Homeland Security Presidential Directive (12) |
| IM | Information Management |
| IPT | Integrated Project Team |
| ISO | Information Security Officer |
| IT | Information Technology |
| ITAM | IT Asset Management |
| Master Authorization | The current VistA Fee authorization (10-7078 or 10-7079), |
| MUMPS | Massachusetts General Hospital Utility Multi-Programming System |
| NAIC | National Association of Insurance Commissioners Company Code |
| NIST | National Institute Standards and Technology |
| NNPO | National Non-VA Medical Care Program Office |
| NSR | New Service Request |
| NVCC | Non-VA Coordinated Care |
| OCS | Office of Cyber Security |
| OED | Office of Enterprise Development |
| OI&T | Office of Information and Technology |
| OMB | Office of Management and Budget |
| Patient | An individual receiving medical services |
| Patient-Id | Unique patient identifier |
| Payer | An insurance company, fiscal intermediary, Government agency, other agency, or individual responsible for the payment of health care claims. |
| PC | Purchased Care |
| PD | Product Development |
| PHI | Protected Health Information |
| PIA | Privacy Impact Assessment |
| PjM | Project Manager |
| PM | Program Manager |
| PMAS | Program Management Accountability System |
| PPACA | Patient Protection and Affordable Care Act |
| Provider | A physician or medical services organization who provided services to a patient |
| PTF | Patient Treatment File |
| PWS | Performance Work Statement |
| RSD | Requirements Specification Document |
| SA-CMMI | Software Acquisition-Capability Maturity Modeling Integration |
| Segment | A EDI term used to define a set of data elements that make up a syntactically correct message string |
| SEI | Software Engineering Institute |
| Separation character | An EDI term that defines how data elements will be separated in an EDI data segment |
| SME | Subject Matter Expert |
| SQA | Software Quality Assurance |
| Station-ID | Unique identifier assigned to each VistA system |
| Subscriber | An infidel who maintains the insurance coverage |
| T4 | Transformation Twenty-One Total Technology |
| Termination Character | An EDI term that denotes the end of an EDI data segment |
| TO | Task Order |
| TRM | Technical Reference Model |
| TRN | Trace Reassociation Number |
| UAK | Unique-Authorization-Key – Unique Authorization Identifier consisting of the  Station-ID+Patient-ID+Autorization-ID |
| UMO | An organization that approves services to be provided to a subscriber |
| VA | Department of Veterans Affairs |
| VAMC | VA Medical Center |
| VHA | Veterans Health Administration |
| VistA | Veterans Health Information Systems and Technology Architecture |
| VistA Fee | A sub-system within VistA used to generate and manage authorizations for Veterans seeking care at a Non-VA facility. |

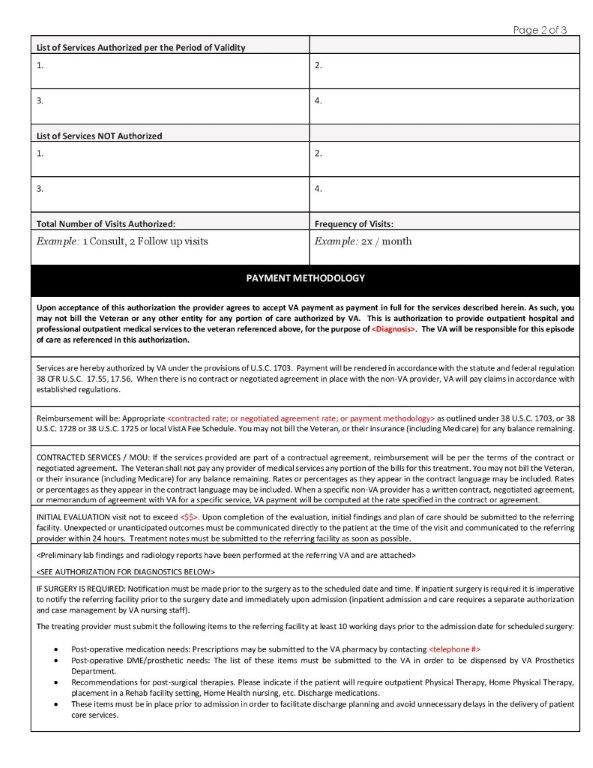
1. Appendix C – Sample 10-7078 Authorization





1. Appendix D – Sample 10-7079 Authorization







1. Appendix E – Sample Code Tables

These are sample code tables only. Much of the content was taken from the 278 TR3 documents, but they are not complete. Complete and actual code tables will be created and populated as needed during design and development.

**KEY:**

ACTION = “A” = Accept value

ACTION = F – Fatal error – generate error message

ACTION = NOT – Not Used

ACTION = Blank – To be determined during development

Table 45 - Sample Code Tables

| Loop | Seg ID | CODE | Description | RQST  Action | RSPN Action | Exception/Notes |
| --- | --- | --- | --- | --- | --- | --- |
| 2000A | HL03 | 20 | Information Source | A | A |  |
| 2000A | HL04 | 0 | No Subordinate HL Segments in this Hierarchical Structure | W | NOT |  |
| 2000A | HL04 | 1 | Additional Subordinate HL Data Segment in this Hierarchical Structure | A | A |  |
| 2000A | NM101 | PR | Payer | A | A |  |
| 2000A | NM101 | X3 | Utilization Management Organization | W | W |  |
| 2000A | NM101 | 2B | Third Party Administrator | F | F |  |
| 2000A | NM101 | 36 | Employer | F | F |  |
| 2000A | NM102 | 1 | Person | F | F |  |
| 2000A | NM102 | 2 | Non-Person Entity | A | A |  |
| 2000A | NM108 | PI | Payer Identification | A | A |  |
| 2000A | NM108 | 24 | Employer Identification Number | F | F |  |
| 2000A | NM108 | 34 | Social Security Number | F | F |  |
| 2000A | NM108 | 46 | Electronic Transmitter Identification Number | A | A |  |
| 2000B | HL04 | 1 | Additional Subordinate HL data segment | A | A |  |
| 2000C | HL04 | 0 | No Subordinate HL Segment in This Hierarchical Structure | F | F |  |
| 2000C | HL04 | 1 | Additional Subordinate HL Data Segment in This Hierarchical Structure | A | A |  |
| 2000C | INS08 | AO | Active Military – Overseas | A |  |  |
| 2000C | INS08 | AU | Active Military – USA | A |  |  |
| 2000C | INS08 | DI | Deceased | A |  |  |
| 2000C | INS08 | PV | Previous | A |  |  |
| 2000C | INS08 | RU | Retired Military – USA | A |  |  |
| 2000D | HL04 | 0 | No Subordinate HL Segment in This Hierarchical Structure | F | F |  |
| 2000D | HL04 | 1 | Additional Subordinate HL Data Segment in This Hierarchical Structure | A | A |  |
| 2000D | INS02 | G8 | Other Relationship | A |  |  |
| 2000D | INS02 | 01 | Spouse | A |  |  |
| 2000D | INS02 | 19 | Child | A |  |  |
| 2000E | DTP01 | ABC | Estimated Date of Birth | X217 |  | D8 – Certification related to estimated delivery date |
| 2000E | DTP01 | AAH | Event Date | A  BOTH | A | D8, RD8; f UM01=AR, Admit Date |
| 2000E | DTP01 | 007 | Certification Effective Date | W  X215 | W |  |
| 2000E | DTP01 | 036 | Certification Expiration Date | W  X215 | W |  |
| 2000E | DTP01 | 096 | Discharge Date | W  BOTH | W | D8 |
| 2000E | DTP01 | 102 | Certification Date | W  X215 | W |  |
| 2000E | DTP01 | 431 | Onset of Current Symptoms or Illness Date | X217 |  | D8 – Onset of patients condition is different from diagnosis data (not accident or pregnancy related) |
| 2000E | DTP01 | 435 | Admission Date | W  BOTH | W | D8, RD8 |
| 2000E | DTP01 | 439 | Accident Date | W  BOTH | W | D8 |
| 2000E | DTP01 | 484 | Last Menstrual Period Date | X217 |  | D8 -Required when the Certification is pregnancy related |
| 2000E | DTP01 | 881 | Request Date | W  X215 | W |  |
| 2000E | DTP02 | D8 | Single Date | A | A | CCYYMMDD |
| 2000E | DTP02 | RD8 | Data Range | A | A | CCYYMMDD-CCYYMMDD |
| 2000E | HAD07 | 2 | 2nd Week of the Month | NOT | A |  |
| 2000E | HAD07 | 3 | 3rd Week of Month | NOT | A |  |
| 2000E | HAD07 | 5 | 5th Week of Month | NOT | A |  |
| 2000E | HCR01 | A1 | Certified in Total | A | A |  |
| 2000E | HCR01 | A2 | Certified – partial | A | A |  |
| 2000E | HCR01 | A3 | Not Certified | A | A |  |
| 2000E | HCR01 | A4 | Pended | A | A |  |
| 2000E | HCR01 | A6 | Modified | A | A |  |
| 2000E | HCR01 | C | Cancelled | A | A |  |
| 2000E | HCR01 | CT | Contact Payer | A | A |  |
| 2000E | HCR01 | NA | No Action Required | NOT | A |  |
| 2000E | HCR01 | 51 | Complete | Default | A |  |
| 2000E | HCR01 | 71 | Term Expired | A | A |  |
| 2000E | HL04 | 0 | No Subordinate HL Segment in This Hierarchical Structure | A | A |  |
| 2000E | HL04 | 1 | Additional Subordinate HL Data Segment in This Hierarchical Structure | W | W |  |
| 2000E | HSD01 | DY | Days | NOT | A |  |
| 2000E | HSD01 | FL | Units | NOT | A |  |
| 2000E | HSD01 | HS | Hours | NOT | A |  |
| 2000E | HSD01 | MN | Month | NOT | A |  |
| 2000E | HSD01 | VS | Visits | NOT | A |  |
| 2000E | HSD02 | DA | Days | NOT | A |  |
| 2000E | HSD02 | MO | Months | NOT | A |  |
| 2000E | HSD02 | WK | Week | NOT | A |  |
| 2000E | HSD05 | 6 | Hour | NOT | A |  |
| 2000E | HSD05 | 6 | Hour | NOT | A |  |
| 2000E | HSD05 | 7 | Day | NOT | A |  |
| 2000E | HSD05 | 21 | Years | NOT | A |  |
| 2000E | HSD05 | 26 | Episode | NOT | A |  |
| 2000E | HSD05 | 27 | Visit | NOT | A |  |
| 2000E | HSD05 | 29 | Remaining | NOT | A |  |
| 2000E | HSD05 | 34 | Month | NOT | A |  |
| 2000E | HSD05 | 35 | Week | NOT | A |  |
| 2000E | HSD07 | A | Monday through Friday | NOT | A |  |
| 2000E | HSD07 | B | Monday through Saturday | NOT | A |  |
| 2000E | HSD07 | C | Monday through Sunday | NOT | A |  |
| 2000E | HSD07 | D | Monday | NOT | A |  |
| 2000E | HSD07 | E | Tuesday | NOT | A |  |
| 2000E | HSD07 | F | Wednesday | NOT | A |  |
| 2000E | HSD07 | G | Thursday | NOT | A |  |
| 2000E | HSD07 | H | Friday | NOT | A |  |
| 2000E | HSD07 | J | Saturday | NOT | A |  |
| 2000E | HSD07 | K | Sunday | NOT | A |  |
| 2000E | HSD07 | L | Monday through Thursday | NOT | A |  |
| 2000E | HSD07 | M | Immediately | NOT | A |  |
| 2000E | HSD07 | N | As directed | NOT | A |  |
| 2000E | HSD07 | O | Daily – Monday through Friday | NOT | A |  |
| 2000E | HSD07 | P | ½ Monday, ½ Thursday | NOT | A |  |
| 2000E | HSD07 | Q | ½ Tuesday, ½ Thursday | NOT | A |  |
| 2000E | HSD07 | R | ½ Wednesday, ½ Friday | NOT | A |  |
| 2000E | HSD07 | SA | Sunday, Monday, Thursday, Friday, Saturday | NOT | A |  |
| 2000E | HSD07 | SB | Tuesday through Saturday | NOT | A |  |
| 2000E | HSD07 | SC | Sunday, Wednesday, Thursday, Friday, Saturday | NOT | A |  |
| 2000E | HSD07 | SD | Monday, Wednesday, Thursday, Friday, Saturday | NOT | A |  |
| 2000E | HSD07 | SG | Tuesday through Friday | NOT | A |  |
| 2000E | HSD07 | SL | Monday, Tuesday, Thursday | NOT | A |  |
| 2000E | HSD07 | SP | Monday, Tuesday, Friday | NOT | A |  |
| 2000E | HSD07 | SX | Wednesday and Thursday | NOT | A |  |
| 2000E | HSD07 | SY | Monday, Wednesday, Thursday | NOT | A |  |
| 2000E | HSD07 | T | ½ Tuesday, ½ Friday | NOT | A |  |
| 2000E | HSD07 | U | ½ Monday, ½ Wednesday | NOT | A |  |
| 2000E | HSD07 | V | 1/3 Monday, 1/3 Wednesday, 1/3 Friday | NOT | A |  |
| 2000E | HSD07 | W | Whenever Necessary | NOT | A |  |
| 2000E | HSD07 | WE | Weekend | NOT | A |  |
| 2000E | HSD07 | X | ½ by Wednesday, Balance by Friday | NOT | A |  |
| 2000E | HSD07 | Y | None | NOT | A | Also used to Cancel or Override previous instructions |
| 2000E | HSD07 | 1 | 1st Week of the Month | NOT | A |  |
| 2000E | HSD07 | 4 | 4th Week of Month | NOT | A |  |
| 2000E | HSD07 | 6 | 1st and 3rd Week of the Month | NOT | A |  |
| 2000E | HSD07 | 7 | 2nd and 4th Week of the Month | NOT | A |  |
| 2000E | HSD07 | 8 | 1st Working Day of Period | NOT | A |  |
| 2000E | HSD07 | 9 | Last Working Day of the Month | NOT | A |  |
| 2000E | HSD08 | A | 1st Shift (Normal Working Hours) | NOT | A |  |
| 2000E | HSD08 | B | 2nd Shift | NOT | A |  |
| 2000E | HSD08 | C | 3rd Shift | NOT | A |  |
| 2000E | HSD08 | D | A.M. | NOT | A |  |
| 2000E | HSD08 | E | P.M. | NOT | A |  |
| 2000E | HSD08 | F | As Directed | NOT | A |  |
| 2000E | HSD08 | G | Any Shift | NOT | A |  |
| 2000E | HSD08 | Y | None | NOT | A | Also used to Cancel or Override previous instructions |
| 2000E | REF01 | BB | Authorization Number | A | A |  |
| 2000E | REF01 | NT | Administrator’s Reference Number | A | A |  |
| 2000E | UM01 | AR | Admission Review | F | F |  |
| 2000E | UM01 | HS | Health Services Review | A | A |  |
| 2000E | UM01 | IN | Individual | F | F |  |
| 2000E | UM01 | SC | Specialty Care Review | F | F |  |
| 2000E | UM02 | I | Initial | A | A |  |
| 2000E | UM02 | N | Reconsider | F | F |  |
| 2000E | UM02 | R | Renewal | R | R |  |
| 2000E | UM02 | S | Revised | W | W |  |
| 2000E | UM02 | 1 | Appeal – Immediate | F | F |  |
| 2000E | UM02 | 2 | Appeal – Standard | F | F |  |
| 2000E | UM02 | 3 | Cancel | F | F |  |
| 2000E | UM02 | 4 | Extension | F | F |  |
| 2000E | UM03 | A4 | Psychiatric |  |  |  |
| 2000E | UM03 | A6 | Psychotherapy |  |  |  |
| 2000E | UM03 | A9 | Rehabilitation |  |  |  |
| 2000E | UM03 | AD | Occupational Therapy |  |  |  |
| 2000E | UM03 | AE | Physical Medicine |  |  |  |
| 2000E | UM03 | AF | Speech Therapy |  |  |  |
| 2000E | UM03 | AG | Skilled Nursing Care |  |  |  |
| 2000E | UM03 | AI | Substance Abuse |  |  |  |
| 2000E | UM03 | AJ | Alcoholism |  |  |  |
| 2000E | UM03 | AK | Drug Addiction |  |  |  |
| 2000E | UM03 | AL | Vision (Optometry) |  |  |  |
| 2000E | UM03 | AR | Experimental Drug Therapy |  |  |  |
| 2000E | UM03 | B1 | Burn Care |  |  |  |
| 2000E | UM03 | BB | Partial Hospitalization (Psychiatric) |  |  |  |
| 2000E | UM03 | BC | Day Care (Psychiatric) |  |  |  |
| 2000E | UM03 | BD | Cognitive Therapy |  |  |  |
| 2000E | UM03 | BE | Massage Therapy |  |  |  |
| 2000E | UM03 | BG | Cardiac Rehabilitation |  |  |  |
| 2000E | UM03 | BL | Cardiac |  |  |  |
| 2000E | UM03 | BN | Gastrointestinal |  |  |  |
| 2000E | UM03 | BP | Endocrine |  |  |  |
| 2000E | UM03 | BQ | Neurology |  |  |  |
| 2000E | UM03 | BS | Invasive Procedures |  |  |  |
| 2000E | UM03 | BY | Physician Visit – Office: Sick |  |  |  |
| 2000E | UM03 | BZ | Physician Visit – Office: Well |  |  |  |
| 2000E | UM03 | C1 | Coronary Care |  |  |  |
| 2000E | UM03 | CQ | Case Management |  |  |  |
| 2000E | UM03 | GY | Allergy |  |  |  |
| 2000E | UM03 | IC | Intensive Care |  |  |  |
| 2000E | UM03 | MH | Mental Health |  |  |  |
| 2000E | UM03 | NI | Neonatal Intensive Care |  |  |  |
| 2000E | UM03 | ON | Oncology |  |  |  |
| 2000E | UM03 | PT | Physical Therapy |  |  |  |
| 2000E | UM03 | PU | Pulmonary |  |  |  |
| 2000E | UM03 | RN | Renal |  |  |  |
| 2000E | UM03 | RT | Residential Psychiatric Treatment |  |  |  |
| 2000E | UM03 | TC | Transitional Care |  |  |  |
| 2000E | UM03 | TN | Transitional Nursery Care |  |  |  |
| 2000E | UM03 | 1 | Medical Care | A | A |  |
| 2000E | UM03 | 2 | Surgical |  |  |  |
| 2000E | UM03 | 3 | Consultation |  |  |  |
| 2000E | UM03 | 4 | Diagnostic X-Ray |  |  |  |
| 2000E | UM03 | 5 | Diagnostic Lab |  |  |  |
| 2000E | UM03 | 6 | Radiation Therapy |  |  |  |
| 2000E | UM03 | 7 | Anesthesia |  |  |  |
| 2000E | UM03 | 8 | Surgical Assistance |  |  |  |
| 2000E | UM03 | 11 | Used Durable Medical Equipment |  |  |  |
| 2000E | UM03 | 12 | Durable Medical Equipment Purchase |  |  |  |
| 2000E | UM03 | 14 | Rental Supplies in Home |  |  |  |
| 2000E | UM03 | 15 | Alternate Method Dialysis |  |  |  |
| 2000E | UM03 | 16 | Chronic Renal Disease (CRD) Equipment |  |  |  |
| 2000E | UM03 | 17 | Pre-Admission Testing |  |  |  |
| 2000E | UM03 | 18 | Durable Medical Equipment Rental |  |  |  |
| 2000E | UM03 | 20 | Second Surgical Opinion |  |  |  |
| 2000E | UM03 | 21 | Third Surgical Opinion |  |  |  |
| 2000E | UM03 | 23 | Diagnostic Dental |  |  |  |
| 2000E | UM03 | 24 | Periodontics |  |  |  |
| 2000E | UM03 | 25 | Restorative (Dental) |  |  |  |
| 2000E | UM03 | 26 | Endodontics |  |  |  |
| 2000E | UM03 | 27 | Maxillofacial Prosthetics |  |  |  |
| 2000E | UM03 | 28 | Adjunctive Dental |  |  |  |
| 2000E | UM03 | 33 | Chiropractic |  |  |  |
| 2000E | UM03 | 35 | Dental Care |  |  |  |
| 2000E | UM03 | 36 | Dental Crowns |  |  |  |
| 2000E | UM03 | 37 | Dental Accident |  |  |  |
| 2000E | UM03 | 38 | Orthodontics |  |  |  |
| 2000E | UM03 | 39 | Prosthodontics |  |  |  |
| 2000E | UM03 | 40 | Oral Surgery |  |  |  |
| 2000E | UM03 | 42 | Home Health Care |  |  |  |
| 2000E | UM03 | 44 | Home Health Visits |  |  |  |
| 2000E | UM03 | 45 | Hospice |  |  |  |
| 2000E | UM03 | 46 | Respite Care |  |  |  |
| 2000E | UM03 | 54 | Long Term Care |  |  |  |
| 2000E | UM03 | 56 | Medically Related Transportation |  |  |  |
| 2000E | UM03 | 61 | In-vitro Fertilization |  |  |  |
| 2000E | UM03 | 62 | MRI/CAT Scan |  |  |  |
| 2000E | UM03 | 63 | Donor Procedure |  |  |  |
| 2000E | UM03 | 64 | Acupuncture |  |  |  |
| 2000E | UM03 | 65 | Newborn Care |  |  |  |
| 2000E | UM03 | 66 | Pathology |  |  |  |
| 2000E | UM03 | 67 | Smoking Cessation |  |  |  |
| 2000E | UM03 | 68 | Well Baby Care |  |  |  |
| 2000E | UM03 | 69 | Maternity |  |  |  |
| 2000E | UM03 | 70 | Transplants |  |  |  |
| 2000E | UM03 | 71 | Audiology Exams |  |  |  |
| 2000E | UM03 | 72 | Inhalation Therapy |  |  |  |
| 2000E | UM03 | 73 | Diagnostic Medical |  |  |  |
| 2000E | UM03 | 74 | Private Duty Nursing |  |  |  |
| 2000E | UM03 | 75 | Prosthetic Device |  |  |  |
| 2000E | UM03 | 76 | Dialysis |  |  |  |
| 2000E | UM03 | 77 | Ontological Exam |  |  |  |
| 2000E | UM03 | 78 | Chemotherapy |  |  |  |
| 2000E | UM03 | 79 | Allergy Testing |  |  |  |
| 2000E | UM03 | 80 | Immunization |  |  |  |
| 2000E | UM03 | 82 | Family Planning |  |  |  |
| 2000E | UM03 | 83 | Infertility |  |  |  |
| 2000E | UM03 | 84 | Abortion |  |  |  |
| 2000E | UM03 | 85 | AIDS |  |  |  |
| 2000E | UM03 | 86 | Emergency Services |  |  |  |
| 2000E | UM03 | 87 | Cancer |  |  |  |
| 2000E | UM03 | 88 | Pharmacy |  |  |  |
| 2000E | UM03 | 93 | Podiatry |  |  |  |
| 2000E | UM06 | E | Elective |  |  |  |
| 2000E | UM06 | U | Urgent |  |  |  |
| 2000E | UM06 | 03 | Emergency |  |  |  |
| 2000E | UM07 | E | Excellent |  |  |  |
| 2000E | UM07 | F | Fair |  |  |  |
| 2000E | UM07 | G | Good |  |  |  |
| 2000E | UM07 | P | Poor |  |  |  |
| 2000E | UM07 | 1 | Acute |  |  |  |
| 2000E | UM07 | 2 | Stable |  |  |  |
| 2000E | UM07 | 3 | Chronic |  |  |  |
| 2000E | UM07 | 4 | Systemic |  |  |  |
| 2000E | UM07 | 5 | Localized |  |  |  |
| 2000E | UM07 | 6 | Mild Disease |  |  |  |
| 2000E | UM07 | 7 | Normal, Healthy |  |  |  |
| 2000E | UM07 | 8 | Severe Systemic Disease |  |  |  |
| 2000E | UM07 | 9 | Severe Systemic Disease that is a Constant Threat to Life |  |  |  |
| 2000E | UM08 | 1 | Poor |  |  |  |
| 2000E | UM08 | 2 | Guarded |  |  |  |
| 2000E | UM08 | 3 | Fair |  |  |  |
| 2000E | UM08 | 4 | Good |  |  |  |
| 2000E | UM08 | 5 | Very Good |  |  |  |
| 2000E | UM08 | 6 | Excellent |  |  |  |
| 2000E | UM08 | 7 | Less than 6 months to Live |  |  |  |
| 2000E | UM08 | 8 | Terminal |  |  |  |
| 2000E | UM09 | M | The Provider has Limited or Restricted Ability to Release Data Related to a Claim |  |  |  |
| 2000E | UM09 | Y | Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim |  |  |  |
| 2000E | UM10 | 1 | Proof of Eligibility Unknown or Unavailable |  |  |  |
| 2000E | UM10 | 2 | Litigation |  |  |  |
| 2000E | UM10 | 3 | Authorization Delays |  |  |  |
| 2000E | UM10 | 4 | Delay in Certifying Provider |  |  |  |
| 2000E | UM10 | 7 | Third Party Processing Delay |  |  |  |
| 2000E | UM10 | 8 | Delay in Eligibility Determination |  |  |  |
| 2000E | UM10 | 10 | Administration Delay in the Prior Approval Process |  |  |  |
| 2000E | UM10 | 11 | Other |  |  |  |
| 2000E | UM10 | 15 | Natural Disaster |  |  |  |
| 2000E | UM10 | 16 | Lack of Information |  |  |  |
| 2000E | UM10 | 17 | No Response to Initial Request |  |  |  |
| 2010A | NM101 | 1P | Provider | F | F |  |
| 2010A | NM108 | XV | CMS Plan ID | F | F |  |
| 2010A | NM108 | XX | CMS National Provider ID | A | A |  |
| 2010B | NM101 | FA | Facility | A | A |  |
| 2010B | NM101 | PR | Payer | F | F |  |
| 2010B | NM101 | X3 | Utilization Management Organization | F | F |  |
| 2010B | NM101 | 1P | Provider | A | A |  |
| 2010B | NM101 | 2A | Federal, State, County or City Facility | A | A |  |
| 2010B | NM101 | 2B | Third Party Administrator | F | F |  |
| 2010B | NM101 | 36 | Employer | F | F |  |
| 2010B | NM102 | 1 | Person | A | A |  |
| 2010B | NM102 | 2 | Non-Person Entity | A | A |  |
| 2010B | NM108 | PI | Payer Identification | A | A |  |
| 2010B | NM108 | XV | CMS Plan ID | A | A |  |
| 2010B | NM108 | XX | CMS National Provider ID | A | A |  |
| 2010B | NM108 | 24 | Employer Identification Number | A | A |  |
| 2010B | NM108 | 34 | Social Security Number | A | A |  |
| 2010B | NM108 | 46 | Electronic Transmitter Identification Number | A | A |  |
| 2010B | REF01 | EI | Employer Identification Number | A | A | Not used if NM108=24 |
| 2010B | REF01 | G5 | Provider Site Number | A | A |  |
| 2010B | REF01 | N5 | Provider Plan Network Identification Number | A | A |  |
| 2010B | REF01 | N7 | Facility Network Identification Number | A | A |  |
| 2010B | REF01 | SY | Social Security Number | A | A | If 2000B/NM108 = 34 Action = W |
| 2010B | REF01 | TJ | Federal Taxpayer Identification Number | A | A |  |
| 2010B | REF01 | ZH | Carrier Assigned Reference Number (Use for provider ID assigned by VA [UMO] | A | A |  |
| 2010B | REF01 | 1G | Provider UPIN Number | A | A |  |
| 2010B | REF01 | 1J | Facility ID Number | A | A |  |
| 2010C | NM108 | II | Standard Unique Health Identifier for each individual in the United States | W | W |  |
| 2010C | NM108 | MI | Member Identification Number | A | A |  |
| 2010C | REF01 | DP | Department Number | A | A |  |
| 2010C | REF01 | EJ | Patient Account Number | A | A | W if 2000D loop exists |
| 2010C | REF01 | F6 | Health Insurance Claim (HIC) Number | A | A |  |
| 2010C | REF01 | HJ | Identity Card Number | A | A |  |
| 2010C | REF01 | IG | Insurance Policy Number | A | A |  |
| 2010C | REF01 | N6 | Plan Network Identification Number | A | A |  |
| 2010C | REF01 | NQ | Medicaid Recipient Identification Number | A | A |  |
| 2010C | REF01 | SY | Social Security Number | A | A |  |
| 2010C | REF01 | 1L | Group or Policy Number | A | A |  |
| 2010C | REF01 | 3L | Branch Identifier | A | A |  |
| 2010C | REF01 | 6P | Group Number | A | A |  |
| 2010D | REF01 | EJ | Patient Account Number | A | A |  |
| 2010D | REF01 | SY | Social Security Number | A | A |  |
| 2010D | REF01 | 28 | Employee Identification Number | A | A |  |
| ANY | PER03 | EM | Electronic Mail | NOT | A |  |
| ANY | PER03 | FX | Facsimile | NOT | A |  |
| ANY | PER03 | TE | Telephone | NOT | A |  |
| ANY | PER03 | UR | Uniform Resource Locator | NOT | A | Cannot contain any EDI defined characters separators |
| ANY | PER05 | EM | Electronic Mail | NOT | A |  |
| ANY | PER05 | EX | Telephone Extension | NOT | A |  |
| ANY | PER05 | FX | Facsimile | NOT | A |  |
| ANY | PER05 | TE | Telephone | NOT | A |  |
| ANY | PER05 | UR | Uniform Resource Locator | NOT | A | Cannot contain any EDI defined characters separators |
| ANY | PER07 | EM | Electronic Mail | NOT | A |  |
| ANY | PER07 | EX | Telephone Extension | NOT | A |  |
| ANY | PER07 | FX | Facsimile | NOT | A |  |
| ANY | PER07 | TE | Telephone | NOT | A |  |
| ANY | PER07 | UR | Uniform Resource Locator | NOT | A | Cannot contain any EDI defined characters separators |
| ANY | PRV01 | AD | Admitting | A | A |  |
| ANY | PRV01 | AS | Assistant Surgeon | A | A |  |
| ANY | PRV01 | AT | Attending | A | A |  |
| ANY | PRV01 | CO | Consulting | A | Default |  |
| ANY | PRV01 | CV | Covering | A | A |  |
| ANY | PRV01 | OP | Operating | A | A |  |
| ANY | PRV01 | OR | Ordering | A | A |  |
| ANY | PRV01 | OT | Other Physician | A | A |  |
| ANY | PRV01 | PC | Primary Care Physician | A | A |  |
| ANY | PRV01 | PE | Performing | A | A |  |
| ANY | PRV01 | RF | Referring | A | A |  |
| ANY | PRV02 | PXC | Health Care Provider Taxonomy Code | A | Default |  |
| BHT | BHT01 | 0007 | Information Source, Information Receiver, Subscriber, Dependent, Event, Services | A | A |  |
| BHT | BHT02 | 28 | Query | A | A |  |
| BHT | BHT02 | 49 | Original – No Response Necessary | E | A |  |
| BHT | BHT02 | 51 | Historical Inquiry | W | W |  |
| BHT | BHT02 | 52 | Response to Historical Query | E | NOT |  |
| BHT | BHT06 | RD | Return Detail | A | NOT |  |
| BHT | BHT06 | ZW | Sort and Segregate Detail | W | NOT |  |
| BHT | BHT06 | RD | Returns Detail | NOT | NOT |  |
| BHT | BHT06 | RS | Response – Additional Response Available | NOT | NOT |  |
| BHT | BHT06 | 18 | Response – No Further Updates to Follow | W | A |  |
| GS | GS08 | 005010X215 | Standards Identifier | A | A |  |
| GS | GS08 | 005010X217 | Standards Identifier | A | A |  |
| ISA | ISA01 | 00 | No Authorization Information is ISA02 | A | A |  |
| ISA | ISA01 | 03 | Additional Data Information | A | A | ISA02 contains data |
| ISA | ISA03 | 00 | No Security Information is ISA04 | A | A |  |
| ISA | ISA03 | 01 | Password | A | A |  |
| ISA | ISA05 | ZZ | Mutually defined | A | A |  |
| ISA | ISA05 | 01 | Duns (Dun & Bradstreet) | A | A |  |
| ISA | ISA05 | 14 | DUNS Plus Suffix | A | A |  |
| ISA | ISA05 | 20 | Health Industry Number (HIN) | A | A |  |
| ISA | ISA05 | 27 | Carrier Identification Number (HCFA) | A | A |  |
| ISA | ISA05 | 28 | Fiscal Intermediary Identification Number (HCFA) | A | A |  |
| ISA | ISA05 | 30 | U. S. Federal Tax Identification Number | A | A |  |
| ISA | ISA05 | 33 | National Association of Insurance Commissioners Company Code (NAIC) | A | A |  |
| ISA | ISA07 | ZZ | Mutually defined | A | A |  |
| ISA | ISA07 | 01 | Duns (Dun & Bradstreet) | A | A |  |
| ISA | ISA07 | 14 | DUNS Plus Suffix | A | A |  |
| ISA | ISA07 | 20 | HIN | A | A |  |
| ISA | ISA07 | 27 | Carrier Identification Number (HCFA) | A | A |  |
| ISA | ISA07 | 28 | Fiscal Intermediary Identification Number (HCFA) | A | A |  |
| ISA | ISA07 | 30 | U. S. Federal Tax Identification Number | A | A |  |
| ISA | ISA07 | 33 | NAIC | A | A |  |
| ISA | ISA12 | 00501 | Standards Approved for Publication by ASC X12 | A | A |  |
| ISA | ISA14 | 0 | No Interchange Acknowledgement Requested | A | A |  |
| ISA | ISA14 | 1 | Interchange Acknowledgement Requested (TA1) | A | A |  |
| ISA | ISA15 | P | Production Data | A | A |  |
| ISA | ISA15 | T | Test Data | A | A |  |
| ST | ST01 | 278 | Health Care Services EDI ID | A | A |  |
| ST | ST03 | 005010X215 | Health Care Services EDI Standard ID for 215 Inquiry | A | A |  |
| ST | ST03 | 005010X217 | Health Care Services EDI Standard ID for 217 Request | A | A |  |