The updated requirements to the CAQH CORE Prior Authorization & Referrals (278) Infrastructure Rule passed in January 2020.

**CAQH CORE Prior Authorization & Referrals (278) Infrastructure Rule vPA.2.0**

The CAQH CORE Prior Authorization & Referrals (278) Infrastructure Rule establishes maximum timeframes at various steps in the prior authorization process using the 5010X217 278 Request and Response transaction, building upon existing infrastructure and connectivity requirements.

**Prior Authorization & Referrals CAQH CORE Certification Test Suite Version PA.1.0**

The CAQH CORE Certification Test Suite – Infrastructure Rule Test Scenario contains updated requirements that must be met by an entity seeking CORE Certification for Prior Authorization & Referrals to be awarded a CORE Certification Seal.

### CAQH CORE Prior Authorization & Referrals (278) Infrastructure Rule: Updates at a Glance

*Each HIPAA-covered entity or its agent must support the maximum response time requirements for at least 90 percent of all X12 278 Responses returned within a calendar month.*

<table>
<thead>
<tr>
<th><strong>Updated Requirement:</strong></th>
<th><strong>Batch Processing Mode</strong></th>
<th><strong>Real Time Processing Mode</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>278 Initial Response Time Requirement</strong></td>
<td>Applies when any HIPAA covered entity, conducts or processes a 5010X217 278 Request/Response transaction.</td>
<td>Maximum response time for the receipt of a 5010X217 278 Response is two business days following submission of the 5010X217 278 Request. (Note: The previous requirement was 3 business days).</td>
</tr>
</tbody>
</table>

**New Requirement #1:**

**Time Requirement for Requesting Additional Information/Documentation**

- Health plans must make a 5010X217 278 Response available specifying the additional information needed to make a final determination within two business days following submission of a 5010X217 278 Request.

**New Requirement #2:**

**Time Requirement for Final Determination: Approval or Denial**

- Health plan or its agent must return a solicited or unsolicited 5010X217 278 containing a final determination within two business days following receipt of a complete 5010X217 278 Request with all information/documentation necessary to reach a final determination.

**New Requirement #3:**

**Close Out Time Requirement**

- A health plan or its agent may choose to close out a pended 5010X217 278 Request if a provider or its agent does not respond to a request for additional information/documentation from the health plan or its agent after a minimum of 15 business days following the return of a pended 5010X217 278 Response requesting additional information/documentation necessary to adjudicate the pended 5010X217 278 Request.

---

1 The ACA prohibits requirements for prior authorization to access emergency services under section 29 CFR 2590.715-2719A, patient protections. In line with federal law, a growing number of state laws set additional limits around prior authorizations for emergency and urgent care.

2 In the context of this CAQH CORE rule “prospective review” is defined as a utilization review conducted before an admission or a course of treatment including any required preauthorization or precertification, including extensions of outpatient treatment.

3 In the context of this CAQH CORE rule “concurrent review” is defined as a utilization review conducted during a patient’s hospital stay or course of inpatient treatment.
Table 1. CAQH CORE Prior Authorization & Referrals (278) Infrastructure Rule – Response Time Requirements Workflow Diagram

Table 2. CAQH CORE Prior Authorization & Referrals (278) Infrastructure Rule – Close Out Requirement Workflow Diagram