

271 Eligibility, Coverage or Benefit Information

Version: 1.0 Draft

| | |
|---------------------|-----------------------|
| Company: | Network Health |
| Publication: | 8/29/2012 |

Table of Contents

| | |
|---|----------|
| 271 - Eligibility, Coverage or Benefit Information | 2 |
| Interchange Control Header | 4 |
| Functional Group Header | 8 |
| Transaction Set Header | 2 |
| Beginning of Hierarchical Transaction | 3 |
| Information Source Level | 4 |
| Request Validation | 5 |
| Information Source Name | 6 |
| Information Source Contact Information | 8 |
| Request Validation | 10 |
| Information Receiver Level | 11 |
| Information Receiver Name | 12 |
| Information Receiver Additional Identification | 14 |
| Information Receiver Address | 15 |
| Information Receiver City, State, ZIP Code | 16 |
| Information Receiver Request Validation | 17 |
| Information Receiver Provider Information | 18 |
| Subscriber Level | 20 |
| Subscriber Trace Number | 21 |
| Subscriber Name | 23 |
| Subscriber Additional Identification | 24 |
| Subscriber Address | 26 |
| Subscriber City, State, ZIP Code | 27 |
| Subscriber Request Validation | 28 |
| Provider Information | 30 |
| Subscriber Demographic Information | 32 |
| Subscriber Relationship | 33 |
| Subscriber Date | 34 |
| Subscriber Eligibility or Benefit Information | 36 |
| Subscriber Eligibility/Benefit Date | 47 |
| Subscriber Request Validation | 49 |
| Message Text | 51 |
| Loop Header | 52 |
| Subscriber Benefit Related Entity Name | 53 |
| Subscriber Benefit Related Entity Address | 55 |
| Subscriber Benefit Related Entity City, State, ZIP Code | 56 |
| Subscriber Benefit Related Entity Contact Information | 58 |
| Loop Trailer | 60 |
| Message Text | 65 |
| Loop Header | 67 |
| Loop Trailer | 72 |
| Transaction Set Trailer | 73 |

271

Eligibility, Coverage or Benefit Information

Functional Group=HB

Purpose: This X12 Transaction Set contains the format and establishes the data contents of the Eligibility, Coverage or Benefit Information Transaction Set (271) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to communicate information about or changes to eligibility, coverage or benefits from information sources (such as - insurers, sponsors, payors) to information receivers (such as - physicians, hospitals, repair facilities, third party administrators, governmental agencies). This information includes but is not limited to: benefit status, explanation of benefits, coverages, dependent coverage level, effective dates, amounts for co-insurance, co-pays, deductibles, exclusions and limitations.

Heading:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u> | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Notes</u> | <u>Usage</u> |
|------------|-----------|---------------------------------------|------------|----------------|---------------|--------------|--------------|
| 0100 | ST | Transaction Set Header | M | 1 | | | Required |
| 0200 | BHT | Beginning of Hierarchical Transaction | M | 1 | | | Required |

Detail:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u> | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Notes</u> | <u>Usage</u> |
|------------------------|-----------|--|------------|----------------|---------------|--------------|--------------|
| LOOP ID - 2000A | | | | | ≥1 | | |
| 0100 | HL | Information Source Level | M | 1 | | | Required |
| 0250 | AAA | Request Validation | O | 9 | | | Situational |
| LOOP ID - 2100A | | | | | 1 | | |
| 0300 | NM1 | Information Source Name | O | 1 | | | Required |
| 0800 | PER | Information Source Contact Information | O | 3 | | | Situational |
| 0850 | AAA | Request Validation | O | 9 | | | Situational |
| LOOP ID - 2000B | | | | | ≥1 | | |
| 0100 | HL | Information Receiver Level | O | 1 | | | Situational |
| LOOP ID - 2100B | | | | | 1 | | |
| 0300 | NM1 | Information Receiver Name | O | 1 | | | Required |
| 0400 | REF | Information Receiver Additional Identification | O | 9 | | | Situational |
| 0600 | N3 | Information Receiver Address | O | 1 | | | Situational |
| 0700 | N4 | Information Receiver City, State, ZIP Code | O | 1 | | | Situational |
| 0850 | AAA | Information Receiver Request Validation | O | 9 | | | Situational |
| 0900 | PRV | Information Receiver Provider Information | O | 1 | | | Situational |
| LOOP ID - 2000C | | | | | ≥1 | | |
| 0100 | HL | Subscriber Level | O | 1 | | | Situational |
| 0200 | TRN | Subscriber Trace Number | O | 3 | | N2/0200 | Situational |
| LOOP ID - 2100C | | | | | 1 | | |
| 0300 | NM1 | Subscriber Name | O | 1 | | | Required |
| 0400 | REF | Subscriber Additional Identification | O | 9 | | | Situational |
| 0600 | N3 | Subscriber Address | O | 1 | | | Situational |
| 0700 | N4 | Subscriber City, State, ZIP Code | O | 1 | | | Situational |

| | | | | | | |
|------------------------|-----|--|---|-----------|---------|-------------|
| 0850 | AAA | Subscriber Request Validation | O | 9 | | Situational |
| 0900 | PRV | Provider Information | O | 1 | | Situational |
| 1000 | DMG | Subscriber Demographic Information | O | 1 | | Situational |
| 1100 | INS | Subscriber Relationship | O | 1 | | Situational |
| 1150 | HI | Subscriber Health Care Diagnosis Code | O | 1 | | Situational |
| 1200 | DTP | Subscriber Date | O | 9 | | Situational |
| 1275 | MPI | Subscriber Military Personnel Information | O | 1 | | Situational |
| LOOP ID - 2110C | | | | ≥1 | | |
| 1300 | EB | Subscriber Eligibility or Benefit Information | O | 1 | | Situational |
| 1350 | HSD | Health Care Services Delivery | O | 9 | | Situational |
| 1400 | REF | Subscriber Additional Identification | O | 9 | | Situational |
| 1500 | DTP | Subscriber Eligibility/Benefit Date | O | 20 | | Situational |
| 1600 | AAA | Subscriber Request Validation | O | 9 | | Situational |
| 2500 | MSG | Message Text | O | 10 | | Situational |
| LOOP ID - 2115C | | | | 10 | | |
| 2600 | III | Subscriber Eligibility or Benefit Additional Information | O | 1 | | Situational |
| LOOP ID - LS | | | | 1 | | |
| 3300 | LS | Loop Header | O | 1 | | Situational |
| LOOP ID - 2120C | | | | 23 | | |
| 3400 | NM1 | Subscriber Benefit Related Entity Name | O | 1 | | Situational |
| 3600 | N3 | Subscriber Benefit Related Entity Address | O | 1 | | Situational |
| 3700 | N4 | Subscriber Benefit Related Entity City, State, ZIP Code | O | 1 | | Situational |
| 3800 | PER | Subscriber Benefit Related Entity Contact Information | O | 3 | | Situational |
| 3900 | PRV | Subscriber Benefit Related Provider Information | O | 1 | | Situational |
| 4000 | LE | Loop Trailer | M | 1 | | Situational |
| LOOP ID - 2000D | | | | ≥1 | | |
| 0100 | HL | Dependent Level | O | 1 | | Situational |
| 0200 | TRN | Dependent Trace Number | O | 3 | N2/0200 | Situational |
| LOOP ID - 2100D | | | | 1 | | |
| 0300 | NM1 | Dependent Name | O | 1 | | Required |
| 0400 | REF | Dependent Additional Identification | O | 9 | | Situational |
| 0600 | N3 | Dependent Address | O | 1 | | Situational |
| 0700 | N4 | Dependent City, State, ZIP Code | O | 1 | | Situational |
| 0850 | AAA | Dependent Request Validation | O | 9 | | Situational |
| 0900 | PRV | Provider Information | O | 1 | | Situational |
| 1000 | DMG | Dependent Demographic | O | 1 | | Situational |

| | | | | | | |
|------------------------|-----|---|---|-----------|--|-------------|
| | | Information | | | | |
| 1100 | INS | Dependent Relationship | O | 1 | | Situational |
| 1150 | HI | Dependent Health Care Diagnosis Code | O | 1 | | Situational |
| 1200 | DTP | Dependent Date | O | 9 | | Situational |
| 1275 | MPI | Dependent Military Personnel Information | O | 1 | | Situational |
| LOOP ID - 2110D | | | | ≥1 | | |
| 1300 | EB | Dependent Eligibility or Benefit Information | O | 1 | | Situational |
| 1350 | HSD | Health Care Services Delivery | O | 9 | | Situational |
| 1400 | REF | Dependent Additional Identification | O | 9 | | Situational |
| 1500 | DTP | Dependent Eligibility/Benefit Date | O | 20 | | Situational |
| 1600 | AAA | Dependent Request Validation | O | 9 | | Situational |
| 2500 | MSG | Message Text | O | 10 | | Situational |
| LOOP ID - 2115D | | | | 10 | | |
| 2600 | III | Dependent Eligibility or Benefit Additional Information | O | 1 | | Situational |
| LOOP ID - LS | | | | 1 | | |
| 3300 | LS | Loop Header | O | 1 | | Situational |
| LOOP ID - 2120D | | | | 23 | | |
| 3400 | NM1 | Dependent Benefit Related Entity Name | O | 1 | | Situational |
| 3600 | N3 | Dependent Benefit Related Entity Address | O | 1 | | Situational |
| 3700 | N4 | Dependent Benefit Related Entity City, State, ZIP Code | O | 1 | | Situational |
| 3800 | PER | Dependent Benefit Related Entity Contact Information | O | 3 | | Situational |
| 3900 | PRV | Dependent Benefit Related Provider Information | O | 1 | | Situational |
| 4000 | LE | Loop Trailer | M | 1 | | Situational |
| 4100 | SE | Transaction Set Trailer | M | 1 | | Required |

ISA**Interchange Control Header**

| | |
|-------------------------|--------------|
| Pos: | Max: 1 |
| Not Defined - Mandatory | |
| Loop: N/A | Elements: 16 |

User Option (Usage): Required**Purpose:** To start and identify an interchange of zero or more functional groups and interchange-related control

segments

Comments:

1. All positions within each of the data elements must be filled.
2. For compliant implementations under this implementation guide, ISA13, the interchange Control Number, must be a positive unsigned number. Therefore, the ISA segment can be considered a fixed record length segment.
3. The first element separator defines the element separator to be used through the entire interchange.
4. The ISA segment terminator defines the segment terminator used throughout the entire interchange.
5. Spaces in the example interchanges are represented by "." for clarity.

Sample:

ISA*00*.....*01*SECRET....*ZZ*SUBMITTERS.ID..*ZZ*RECEIVERS.ID...*030101*1253*^*00501*000000905*1*T*~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> | | | | | | | | | | | | |
|-------------|--|--|-------------|-------------|----------------|---|----|--------------------------------|----|------------------------------|-----|--|----|--|---|----|-----|----------|
| ISA01 | I01 | Authorization Information Qualifier Description: Code identifying the type of information in the Authorization Information <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>00</td><td>No Authorization Information Present (No Meaningful Information in I02)</td></tr><tr><td>03</td><td>Additional Data Identification</td></tr></table> | <u>Code</u> | <u>Name</u> | 00 | No Authorization Information Present (No Meaningful Information in I02) | 03 | Additional Data Identification | M | ID | 2/2 | Required | | | | | | |
| <u>Code</u> | <u>Name</u> | | | | | | | | | | | | | | | | | |
| 00 | No Authorization Information Present (No Meaningful Information in I02) | | | | | | | | | | | | | | | | | |
| 03 | Additional Data Identification | | | | | | | | | | | | | | | | | |
| ISA02 | I02 | Authorization Information Description: Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01) | M | AN | 10/10 | Required | | | | | | | | | | | | |
| ISA03 | I03 | Security Information Qualifier Description: Code identifying the type of information in the Security Information All valid standard codes are used. | M | ID | 2/2 | Required | | | | | | | | | | | | |
| ISA04 | I04 | Security Information Description: This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03) | M | AN | 10/10 | Required | | | | | | | | | | | | |
| ISA05 | I05 | Interchange ID Qualifier Description: Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>01</td><td>Duns (Dun & Bradstreet)</td></tr><tr><td>14</td><td>Duns Plus Suffix</td></tr><tr><td>20</td><td>Health Industry Number (HIN)</td></tr><tr><td>27</td><td>Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)</td></tr><tr><td>28</td><td>Fiscal Intermediary Identification Number as assigned by Health Care</td></tr></table> | <u>Code</u> | <u>Name</u> | 01 | Duns (Dun & Bradstreet) | 14 | Duns Plus Suffix | 20 | Health Industry Number (HIN) | 27 | Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) | 28 | Fiscal Intermediary Identification Number as assigned by Health Care | M | ID | 2/2 | Required |
| <u>Code</u> | <u>Name</u> | | | | | | | | | | | | | | | | | |
| 01 | Duns (Dun & Bradstreet) | | | | | | | | | | | | | | | | | |
| 14 | Duns Plus Suffix | | | | | | | | | | | | | | | | | |
| 20 | Health Industry Number (HIN) | | | | | | | | | | | | | | | | | |
| 27 | Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) | | | | | | | | | | | | | | | | | |
| 28 | Fiscal Intermediary Identification Number as assigned by Health Care | | | | | | | | | | | | | | | | | |

| | | | | | | | |
|-------|-----|---|---|---|----|-------|----------|
| | | | Financing Administration (HCFA) | | | | |
| | | 29 | Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) | | | | |
| | | 30 | U.S. Federal Tax Identification Number | | | | |
| | | 33 | National Association of Insurance Commissioners Company Code (NAIC) | | | | |
| | | ZZ | Mutually Defined | | | | |
| ISA06 | I06 | Interchange Sender ID | | M | AN | 15/15 | Required |
| | | Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element | | | | | |
| ISA07 | I05 | Interchange ID Qualifier | | M | ID | 2/2 | Required |
| | | Description: Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified | | | | | |
| | | <u>Code</u> | <u>Name</u> | | | | |
| | | 01 | Duns (Dun & Bradstreet) | | | | |
| | | 14 | Duns Plus Suffix | | | | |
| | | 20 | Health Industry Number (HIN) | | | | |
| | | 27 | Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) | | | | |
| | | 28 | Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA) | | | | |
| | | 29 | Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) | | | | |
| | | 30 | U.S. Federal Tax Identification Number | | | | |
| | | 33 | National Association of Insurance Commissioners Company Code (NAIC) | | | | |
| | | ZZ | Mutually Defined | | | | |
| ISA08 | I07 | Interchange Receiver ID | | M | AN | 15/15 | Required |
| | | Description: Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them | | | | | |
| ISA09 | I08 | Interchange Date | | M | DT | 6/6 | Required |
| | | Description: Date of the interchange | | | | | |
| ISA10 | I09 | Interchange Time | | M | TM | 4/4 | Required |
| | | Description: Time of the interchange | | | | | |
| ISA11 | I65 | Repetition Separator | | M | | 1/1 | Required |
| | | Description: Type is not applicable; the repetition separator is a delimiter and not a data element; this field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator, and the segment terminator | | | | | |
| ISA12 | I11 | Interchange Control Version Number | | M | ID | 5/5 | Required |
| | | Description: Code specifying the version | | | | | |

number of the interchange control
segments

| <u>Code</u> | <u>Name</u> |
|-------------|--|
| 00501 | Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003 |

| | | | | | | | | | | | | |
|-------------|-----------------|--|-------------|-------------|-----|-----------------|---|-----------|---|----|-----|----------|
| ISA13 | I12 | Interchange Control Number Description: A control number assigned by the interchange sender | M | N0 | 9/9 | Required | | | | | | |
| ISA14 | I13 | Acknowledgment Requested Description: Code indicating sender's request for an interchange acknowledgment All valid standard codes are used. | M | ID | 1/1 | Required | | | | | | |
| ISA15 | I14 | Interchange Usage Indicator Description: Code indicating whether data enclosed by this interchange envelope is test, production or information <table><tr><td><u>Code</u></td><td><u>Name</u></td></tr><tr><td>P</td><td>Production Data</td></tr><tr><td>T</td><td>Test Data</td></tr></table> | <u>Code</u> | <u>Name</u> | P | Production Data | T | Test Data | M | ID | 1/1 | Required |
| <u>Code</u> | <u>Name</u> | | | | | | | | | | | |
| P | Production Data | | | | | | | | | | | |
| T | Test Data | | | | | | | | | | | |
| ISA16 | I15 | Component Element Separator Description: Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator | M | | 1/1 | Required | | | | | | |

GS**Functional Group Header**

| | |
|--------------------------------|--------------------|
| Pos: | Max: 1 |
| Not Defined - Mandatory | |
| Loop: N/A | Elements: 8 |

User Option (Usage): Required**Purpose:** To indicate the beginning of a functional group and to provide control information**Sample:**

GS*XX*SENDER CODE*RECEIVERCODE*19991231*0802*1*X*005010X212~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| GS01 | 479 | Functional Identifier Code Description: Code identifying a group of application related transaction sets | M | ID | 2/2 | Required |
| | | Code Name HS Eligibility, Coverage or Benefit Inquiry (270) | | | | |
| GS02 | 142 | Application Sender's Code Description: Code identifying party sending transmission; codes agreed to by trading partners | M | AN | 2/15 | Required |
| GS03 | 124 | Application Receiver's Code Description: Code identifying party receiving transmission; codes agreed to by trading partners | M | AN | 2/15 | Required |
| GS04 | 373 | Date Description: Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year | M | DT | 8/8 | Required |
| GS05 | 337 | Time Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) | M | TM | 4/8 | Required |
| GS06 | 28 | Group Control Number Description: Assigned number originated and maintained by the sender | M | N0 | 1/9 | Required |
| GS07 | 455 | Responsible Agency Code Description: Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480 | M | ID | 1/2 | Required |
| | | Code Name X Accredited Standards Committee X12 | | | | |
| GS08 | 480 | Version / Release / Industry Identifier Code Description: Code indicating the version, release, subrelease, and industry identifier | M | AN | 1/12 | Required |

of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed

| <u>Code</u> | <u>Name</u> |
|--------------------|---|
| 005010X279 A1 | Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003 |

ST Transaction Set Header

| | |
|---------------------|-------------|
| Pos: 0100 | Max: 1 |
| Heading - Mandatory | |
| Loop: N/A | Elements: 3 |

User Option (Usage): Required

Purpose: To indicate the start of a transaction set and to assign a control number

Comments:

1. Use this control segment to mark the start of a transaction set. One ST segment exists for every transaction set that occurs within a functional group.

Sample:

ST*271*0001*005010X279A1~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> | | | | |
|-------------|--|--|-------------|-------------|----------------|--|--|--|--|--|
| ST01 | 143 | Transaction Set Identifier Code Description: Code uniquely identifying a Transaction Set | M | ID | 3/3 | Required | | | | |
| | | <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>271</td><td>Eligibility, Coverage or Benefit Information</td></tr></table> | <u>Code</u> | <u>Name</u> | 271 | Eligibility, Coverage or Benefit Information | | | | |
| <u>Code</u> | <u>Name</u> | | | | | | | | | |
| 271 | Eligibility, Coverage or Benefit Information | | | | | | | | | |
| ST02 | 329 | Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set | M | AN | 4/9 | Required | | | | |
| ST03 | 1705 | Implementation Convention Reference Description: Reference assigned to identify Implementation Convention | O | AN | 1/35 | Required | | | | |

BHT Beginning of Hierarchical Transaction

| | |
|---------------------|-------------|
| Pos: 0200 | Max: 1 |
| Heading - Mandatory | |
| Loop: N/A | Elements: 5 |

User Option (Usage): Required

Purpose: To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

Comments:

1. Use this required segment to start the transaction set and indicate the sequence of the hierarchical levels of information that will follow in Table 2.

Sample:

BHT*0022*11*199800114000001*19980101*1401~

Element Summary:

| Ref | Id | Element Name | Req | Type | Min/Max | Usage |
|-------|------|---|-----|---|---------|-------------|
| BHT01 | 1005 | Hierarchical Structure Code | M | ID | 4/4 | Required |
| | | Description: Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | 0022 | | Information Source, Information Receiver, Subscriber, Dependent | | |
| BHT02 | 353 | Transaction Set Purpose Code | M | ID | 2/2 | Required |
| | | Description: Code identifying purpose of transaction set | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | 06 | | Confirmation | | |
| | | 11 | | Response | | |
| BHT03 | 127 | Reference Identification | O | AN | 1/50 | Situational |
| | | Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier | | | | |
| BHT04 | 373 | Date | O | DT | 8/8 | Required |
| | | Description: Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year | | | | |
| BHT05 | 337 | Time | O | TM | 4/8 | Required |
| | | Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) | | | | |

HL Information Source Level

| | |
|--------------------|-------------|
| Pos: 0100 | Max: 1 |
| Detail - Mandatory | |
| Loop: 2000A | Elements: 3 |

User Option (Usage): Required

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

Comments:

1. Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider.

Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source. See Section 1.3.2 for limitations on the number of occurrences of patients.

2. An example of the overall structure of the transaction set when used in batch mode is:

```

Information Source Loop 2000A
  Information Receiver Loop 2000B
    Subscriber Loop 2000C
      Dependent Loop 2000D
        Eligibility or Benefit Information
      Subscriber Loop 2000C
        Eligibility or Benefit Information
      Dependent Loop 2000D
        Eligibility or Benefit Information
  
```

Sample:

HL*1**20*1~

Element Summary:

| Ref | Id | Element Name | Req | Type | Min/Max | Usage |
|------|-----|--|-----|--------------------|---------|----------|
| HL01 | 628 | Hierarchical ID Number | M | AN | 1/12 | Required |
| | | Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure | | | | |
| HL03 | 735 | Hierarchical Level Code | M | ID | 1/2 | Required |
| | | Description: Code defining the characteristic of a level in a hierarchical structure | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | 20 | | Information Source | | |
| HL04 | 736 | Hierarchical Child Code | O | ID | 1/1 | Required |
| | | Description: Code indicating if there are hierarchical child data segments subordinate to the level being described | | | | |
| | | All valid standard codes are used. | | | | |

AAA Request Validation

| | |
|-------------------|-------------|
| Pos: 0250 | Max: 9 |
| Detail - Optional | |
| Loop: 2000A | Elements: 3 |

User Option (Usage): Situational

Purpose: To specify the validity of the request and indicate follow-up action authorized

Comments:

1. Use of this segment at this location in the HL is to identify reasons why a request cannot be processed based on the entities identified in ISA06, ISA08, GS02 or GS03.

Sample:

AAA*Y**42*Y~

Element Summary:

| Ref | Id | Element Name | Req | Type | Min/Max | Usage |
|-------|------|--|-----|--|---------|----------|
| AAA01 | 1073 | Yes/No Condition or Response Code | M | ID | 1/1 | Required |
| | | Description: Code indicating a Yes or No condition or response | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | N | | No | | |
| | | Y | | Yes | | |
| AAA03 | 901 | Reject Reason Code | O | ID | 2/2 | Required |
| | | Description: Code assigned by issuer to identify reason for rejection | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | 04 | | Authorized Quantity Exceeded | | |
| | | 41 | | Authorization/Access Restrictions | | |
| | | 42 | | Unable to Respond at Current Time | | |
| | | 79 | | Invalid Participant Identification | | |
| AAA04 | 889 | Follow-up Action Code | O | ID | 1/1 | Required |
| | | Description: Code identifying follow-up actions allowed | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | C | | Please Correct and Resubmit | | |
| | | N | | Resubmission Not Allowed | | |
| | | P | | Please Resubmit Original Transaction | | |
| | | R | | Resubmission Allowed | | |
| | | S | | Do Not Resubmit; Inquiry Initiated to a Third Party | | |
| | | Y | | Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly | | |

NM1 Information Source Name

| | |
|-------------------|-------------|
| Pos: 0300 | Max: 1 |
| Detail - Optional | |
| Loop: 2100A | Elements: 8 |

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Comments:

1. Use this segment to identify an entity by name and identification number. This NM1 loop is used to identify the eligibility or benefit information source (e.g., insurance company, HMO, IPA, employer).

Sample:

NM1*PR*2*ACE INSURANCE COMPANY*****PI*87728~

Element Summary:

| Ref | Id | Element Name | Req | Type | Min/Max | Usage | | | | | | | | | | | | |
|-------|---|---|------|------|---------|----------------------------------|----|---|----|------------------|-----|--------------|----|-------|---|----|-----|----------|
| NM101 | 98 | Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <table><tr><th>Code</th><th>Name</th></tr><tr><td>2B</td><td>Third-Party Administrator</td></tr><tr><td>36</td><td>Employer</td></tr><tr><td>GP</td><td>Gateway Provider</td></tr><tr><td>P5</td><td>Plan Sponsor</td></tr><tr><td>PR</td><td>Payer</td></tr></table> | Code | Name | 2B | Third-Party Administrator | 36 | Employer | GP | Gateway Provider | P5 | Plan Sponsor | PR | Payer | M | ID | 2/3 | Required |
| Code | Name | | | | | | | | | | | | | | | | | |
| 2B | Third-Party Administrator | | | | | | | | | | | | | | | | | |
| 36 | Employer | | | | | | | | | | | | | | | | | |
| GP | Gateway Provider | | | | | | | | | | | | | | | | | |
| P5 | Plan Sponsor | | | | | | | | | | | | | | | | | |
| PR | Payer | | | | | | | | | | | | | | | | | |
| NM102 | 1065 | Entity Type Qualifier Description: Code qualifying the type of entity <table><tr><th>Code</th><th>Name</th></tr><tr><td>1</td><td>Person</td></tr><tr><td>2</td><td>Non-Person Entity</td></tr></table> | Code | Name | 1 | Person | 2 | Non-Person Entity | M | ID | 1/1 | Required | | | | | | |
| Code | Name | | | | | | | | | | | | | | | | | |
| 1 | Person | | | | | | | | | | | | | | | | | |
| 2 | Non-Person Entity | | | | | | | | | | | | | | | | | |
| NM103 | 1035 | Name Last or Organization Name Description: Individual last name or organizational name | X | AN | 1/60 | Required | | | | | | | | | | | | |
| NM104 | 1036 | Name First Description: Individual first name | O | AN | 1/35 | Situational | | | | | | | | | | | | |
| NM105 | 1037 | Name Middle Description: Individual middle name or initial | O | AN | 1/25 | Situational | | | | | | | | | | | | |
| NM107 | 1039 | Name Suffix Description: Suffix to individual name | O | AN | 1/10 | Situational | | | | | | | | | | | | |
| NM108 | 66 | Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) <table><tr><th>Code</th><th>Name</th></tr><tr><td>24</td><td>Employer's Identification Number</td></tr><tr><td>46</td><td>Electronic Transmitter Identification Number (ETIN)</td></tr></table> | Code | Name | 24 | Employer's Identification Number | 46 | Electronic Transmitter Identification Number (ETIN) | X | ID | 1/2 | Required | | | | | | |
| Code | Name | | | | | | | | | | | | | | | | | |
| 24 | Employer's Identification Number | | | | | | | | | | | | | | | | | |
| 46 | Electronic Transmitter Identification Number (ETIN) | | | | | | | | | | | | | | | | | |

FI Federal Taxpayer's Identification Number
 NI National Association of Insurance Commissioners (NAIC) Identification
 PI Payor Identification
 XV Centers for Medicare and Medicaid Services PlanID
 XX Centers for Medicare and Medicaid Services National Provider Identifier

NM109 67 **Identification Code** X AN 2/80 Required

Description: Code identifying a party or other code

ExternalCodeList

Name: 245

Description: National Association of Insurance Commissioners (NAIC) Code

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

ExternalCodeList

Name: 540

Description: Health Care Financing Administration National PlanID

PER Information Source Contact Information

| | |
|-------------------|-------------|
| Pos: 0800 | Max: 3 |
| Detail - Optional | |
| Loop: 2100A | Elements: 8 |

User Option (Usage): Situational

Purpose: To identify a person or office to whom administrative communications should be directed

Comments:

1. If this segment is used, at a minimum either PER02 must be used or PER03 and PER04 must be used. It is recommended that at least PER02, PER03 and PER04 are sent if this segment is used.

2. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.

Sample:

PER*IC*MEMBER SERVICES*TE*8005551654*FX*2128769304~
 PER*IC*BILLING DEPT*TE*2128763654*EX*2104*FX*2128769304~

Element Summary:

| Ref | Id | Element Name | Req | Type | Min/Max | Usage |
|-------|-----|--|-----|---|---------|-------------|
| PER01 | 366 | Contact Function Code | M | ID | 2/2 | Required |
| | | Description: Code identifying the major duty or responsibility of the person or group named | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | IC | | Information Contact | | |
| PER02 | 93 | Name | O | AN | 1/60 | Situational |
| | | Description: Free-form name | | | | |
| PER03 | 365 | Communication Number Qualifier | X | ID | 2/2 | Situational |
| | | Description: Code identifying the type of communication number | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | ED | | Electronic Data Interchange Access Number | | |
| | | EM | | Electronic Mail | | |
| | | FX | | Facsimile | | |
| | | TE | | Telephone | | |
| | | UR | | Uniform Resource Locator (URL) | | |
| PER04 | 364 | Communication Number | X | AN | 1/256 | Situational |
| | | Description: Complete communications number including country or area code when applicable | | | | |
| PER05 | 365 | Communication Number Qualifier | X | ID | 2/2 | Situational |
| | | Description: Code identifying the type of communication number | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | ED | | Electronic Data Interchange Access Number | | |
| | | EM | | Electronic Mail | | |
| | | EX | | Telephone Extension | | |

| | | | | | | | |
|-------|-----|---|---|---|----|-------|-------------|
| | | FX | Facsimile | | | | |
| | | TE | Telephone | | | | |
| | | UR | Uniform Resource Locator (URL) | | | | |
| PER06 | 364 | Communication Number | | X | AN | 1/256 | Situational |
| | | Description: Complete communications number including country or area code when applicable | | | | | |
| PER07 | 365 | Communication Number Qualifier | | X | ID | 2/2 | Situational |
| | | Description: Code identifying the type of communication number | | | | | |
| | | <u>Code</u> | <u>Name</u> | | | | |
| | | ED | Electronic Data Interchange Access Number | | | | |
| | | EM | Electronic Mail | | | | |
| | | EX | Telephone Extension | | | | |
| | | FX | Facsimile | | | | |
| | | TE | Telephone | | | | |
| | | UR | Uniform Resource Locator (URL) | | | | |
| PER08 | 364 | Communication Number | | X | AN | 1/256 | Situational |
| | | Description: Complete communications number including country or area code when applicable | | | | | |

AAA Request Validation

| | |
|-------------------|-------------|
| Pos: 0850 | Max: 9 |
| Detail - Optional | |
| Loop: 2100A | Elements: 3 |

User Option (Usage): Situational

Purpose: To specify the validity of the request and indicate follow-up action authorized

Comments:

1. Use this segment to indicate problems in processing the transaction specifically related to the information source data contained in the original 270 transaction's information source name loop (Loop 2100A) or to indicate that the information source itself is experiencing system problems.

Sample:

AAA*Y**42*Y~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|--|----------------|--------------|
| AAA01 | 1073 | Yes/No Condition or Response Code | M | ID | 1/1 | Required |
| | | Description: Code indicating a Yes or No condition or response | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | N | | No | | |
| | | Y | | Yes | | |
| AAA03 | 901 | Reject Reason Code | O | ID | 2/2 | Required |
| | | Description: Code assigned by issuer to identify reason for rejection | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | 04 | | Authorized Quantity Exceeded | | |
| | | 41 | | Authorization/Access Restrictions | | |
| | | 42 | | Unable to Respond at Current Time | | |
| | | 79 | | Invalid Participant Identification | | |
| | | 80 | | No Response received - Transaction Terminated | | |
| | | T4 | | Payer Name or Identifier Missing | | |
| AAA04 | 889 | Follow-up Action Code | O | ID | 1/1 | Required |
| | | Description: Code identifying follow-up actions allowed | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | C | | Please Correct and Resubmit | | |
| | | N | | Resubmission Not Allowed | | |
| | | P | | Please Resubmit Original Transaction | | |
| | | R | | Resubmission Allowed | | |
| | | S | | Do Not Resubmit; Inquiry Initiated to a Third Party | | |
| | | W | | Please Wait 30 Days and Resubmit | | |
| | | X | | Please Wait 10 Days and Resubmit | | |
| | | Y | | Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly | | |

HL Information Receiver Level

| | |
|-------------------|-------------|
| Pos: 0100 | Max: 1 |
| Detail - Optional | |
| Loop: 2000B | Elements: 4 |

User Option (Usage): Situational

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

Comments:

1. Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider.

Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source. See Section 1.3.2 for limitations on the number of occurrences of patients.

2. An example of the overall structure of the transaction set when used in batch mode is:

```

Information Source Loop 2000A
  Information Receiver Loop 2000B
    Subscriber Loop 2000C
      Dependent Loop 2000D
        Eligibility or Benefit Information
      Subscriber Loop 2000C
        Eligibility or Benefit Information
      Dependent Loop 2000D
        Eligibility or Benefit Information
  
```

Sample:

HL*2*1*21*1~

Element Summary:

| Ref | Id | Element Name | Req | Type | Min/Max | Usage |
|------|-----|--|-----|------|---------|----------|
| HL01 | 628 | Hierarchical ID Number | M | AN | 1/12 | Required |
| | | Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure | | | | |
| HL02 | 734 | Hierarchical Parent ID Number | O | AN | 1/12 | Required |
| | | Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to | | | | |
| HL03 | 735 | Hierarchical Level Code | M | ID | 1/2 | Required |
| | | Description: Code defining the characteristic of a level in a hierarchical structure | | | | |
| | | Code Name | | | | |
| | | 21 Information Receiver | | | | |
| HL04 | 736 | Hierarchical Child Code | O | ID | 1/1 | Required |
| | | Description: Code indicating if there are hierarchical child data segments subordinate to the level being described | | | | |
| | | All valid standard codes are used. | | | | |

NM1 Information Receiver Name

| | |
|-------------------|-------------|
| Pos: 0300 | Max: 1 |
| Detail - Optional | |
| Loop: 2100B | Elements: 8 |

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Comments:

1. Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify the eligibility/benefit information receiver (e.g., provider, medical group, IPA, or hospital).

Sample:

NM1*1P*1*JONES*MARCUS***MD*34*111223333~

Element Summary:

| Ref | Id | Element Name | Req | Type | Min/Max | Usage | | | | | | | | | | | | | | | | | | |
|-------|---------------------------|--|------|------|---------|-------------|----|---------------------------|----|----------|-----|----------|----|----------|----|------------------|----|--------------|----|-------|---|----|-----|----------|
| NM101 | 98 | Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <table><tr><th>Code</th><th>Name</th></tr><tr><td>1P</td><td>Provider</td></tr><tr><td>2B</td><td>Third-Party Administrator</td></tr><tr><td>36</td><td>Employer</td></tr><tr><td>80</td><td>Hospital</td></tr><tr><td>FA</td><td>Facility</td></tr><tr><td>GP</td><td>Gateway Provider</td></tr><tr><td>P5</td><td>Plan Sponsor</td></tr><tr><td>PR</td><td>Payer</td></tr></table> | Code | Name | 1P | Provider | 2B | Third-Party Administrator | 36 | Employer | 80 | Hospital | FA | Facility | GP | Gateway Provider | P5 | Plan Sponsor | PR | Payer | M | ID | 2/3 | Required |
| Code | Name | | | | | | | | | | | | | | | | | | | | | | | |
| 1P | Provider | | | | | | | | | | | | | | | | | | | | | | | |
| 2B | Third-Party Administrator | | | | | | | | | | | | | | | | | | | | | | | |
| 36 | Employer | | | | | | | | | | | | | | | | | | | | | | | |
| 80 | Hospital | | | | | | | | | | | | | | | | | | | | | | | |
| FA | Facility | | | | | | | | | | | | | | | | | | | | | | | |
| GP | Gateway Provider | | | | | | | | | | | | | | | | | | | | | | | |
| P5 | Plan Sponsor | | | | | | | | | | | | | | | | | | | | | | | |
| PR | Payer | | | | | | | | | | | | | | | | | | | | | | | |
| NM102 | 1065 | Entity Type Qualifier Description: Code qualifying the type of entity <table><tr><th>Code</th><th>Name</th></tr><tr><td>1</td><td>Person</td></tr><tr><td>2</td><td>Non-Person Entity</td></tr></table> | Code | Name | 1 | Person | 2 | Non-Person Entity | M | ID | 1/1 | Required | | | | | | | | | | | | |
| Code | Name | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Person | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Non-Person Entity | | | | | | | | | | | | | | | | | | | | | | | |
| NM103 | 1035 | Name Last or Organization Name Description: Individual last name or organizational name | X | AN | 1/60 | Situational | | | | | | | | | | | | | | | | | | |
| NM104 | 1036 | Name First Description: Individual first name | O | AN | 1/35 | Situational | | | | | | | | | | | | | | | | | | |
| NM105 | 1037 | Name Middle Description: Individual middle name or initial | O | AN | 1/25 | Situational | | | | | | | | | | | | | | | | | | |
| NM107 | 1039 | Name Suffix Description: Suffix to individual name | O | AN | 1/10 | Situational | | | | | | | | | | | | | | | | | | |
| NM108 | 66 | Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) | X | ID | 1/2 | Required | | | | | | | | | | | | | | | | | | |

| | | <u>Code</u> | <u>Name</u> | | | |
|-------|----|----------------------------|---|---|----|----------|
| | | 24 | Employer's Identification Number | | | |
| | | 34 | Social Security Number | | | |
| | | FI | Federal Taxpayer's Identification Number | | | |
| | | PI | Payor Identification | | | |
| | | PP | Pharmacy Processor Number | | | |
| | | SV | Service Provider Number | | | |
| | | XV | Centers for Medicare and Medicaid Services PlanID | | | |
| | | XX | Centers for Medicare and Medicaid Services National Provider Identifier | | | |
| NM109 | 67 | Identification Code | | X | AN | 2/80 |
| | | | | | | Required |

Description: Code identifying a party or other code

ExternalCodeList

Name: 540

Description: Health Care Financing Administration National PlanID

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

REF Information Receiver Additional Identification

| | |
|-------------------|-------------|
| Pos: 0400 | Max: 9 |
| Detail - Optional | |
| Loop: 2100B | Elements: 3 |

User Option (Usage): Situational

Purpose: To specify identifying information

Comments:

1. Use this segment when needed to convey other or additional identification numbers for the information receiver. The type of reference number is determined by the qualifier in REF01. Only one occurrence of each REF01 code value may be used in the 2100B loop.

Sample:

REF*EO*477563928~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|---|-----------|------------------------------------|---|-------------|----------------|--------------|
| REF01 | 128 | Reference Identification Qualifier | M | ID | 2/3 | Required |
| Description: Code qualifying the Reference Identification | | | | | | |
| | | <u>Code</u> | <u>Name</u> | | | |
| | | 0B | State License Number | | | |
| | | 1C | Medicare Provider Number | | | |
| | | 1D | Medicaid Provider Number | | | |
| | | 1J | Facility ID Number | | | |
| | | 4A | Personal Identification Number (PIN) | | | |
| | | CT | Contract Number | | | |
| | | EL | Electronic device pin number | | | |
| | | EO | Submitter Identification Number | | | |
| | | JD | User Identification | | | |
| | | N5 | Provider Plan Network Identification Number | | | |
| | | N7 | Facility Network Identification Number | | | |
| | | Q4 | Prior Identifier Number | | | |
| | | SY | Social Security Number | | | |
| | | TJ | Federal Taxpayer's Identification Number | | | |
| | | HPI | Centers for Medicare and Medicaid Services National Provider Identifier | | | |
| REF02 | 127 | Reference Identification | X | AN | 1/50 | Required |
| Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier | | | | | | |
| <u>ExternalCodeList</u> | | | | | | |
| Name: 537 | | | | | | |
| Description: Health Care Financing Administration National Provider Identifier | | | | | | |
| REF03 | 352 | Description | X | AN | 1/80 | Situational |
| Description: A free-form description to clarify the related data elements and their content | | | | | | |
| <u>ExternalCodeList</u> | | | | | | |
| Name: 22C | | | | | | |
| Description: States and Provinces | | | | | | |

N3 Information Receiver Address

| | |
|-------------------|-------------|
| Pos: 0600 | Max: 1 |
| Detail - Optional | |
| Loop: 2100B | Elements: 2 |

User Option (Usage): Situational

Purpose: To specify the location of the named party

Sample:

*N3*201 PARK AVENUE*SUI TE 300~*

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| N301 | 166 | Address Information Description: Address information | M | AN | 1/55 | Required |
| N302 | 166 | Address Information Description: Address information | O | AN | 1/55 | Situational |

N4 Information Receiver City, State, ZIP Code

| | |
|-------------------|-------------|
| Pos: 0700 | Max: 1 |
| Detail - Optional | |
| Loop: 2100B | Elements: 5 |

User Option (Usage): Situational

Purpose: To specify the geographic place of the named party

Sample:

N4*KANSAS CITY*MO*64108~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| N401 | 19 | City Name Description: Free-form text for city name | O | AN | 2/30 | Required |
| N402 | 156 | State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency <u>ExternalCodeList</u> Name: 22C Description: States and Provinces | X | ID | 2/2 | Situational |
| N403 | 116 | Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) <u>ExternalCodeList</u> Name: 51 Description: ZIP Code <u>ExternalCodeList</u> Name: 932 Description: Universal Postal Codes | O | ID | 3/15 | Situational |
| N404 | 26 | Country Code Description: Code identifying the country <u>ExternalCodeList</u> Name: 5 Description: Countries, Currencies and Funds | X | ID | 2/3 | Situational |
| N407 | 1715 | Country Subdivision Code Description: Code identifying the country subdivision <u>ExternalCodeList</u> Name: 5 Description: Countries, Currencies and Funds | X | ID | 1/3 | Situational |

AAA Information Receiver Request Validation

| | |
|-------------------|-------------|
| Pos: 0850 | Max: 9 |
| Detail - Optional | |
| Loop: 2100B | Elements: 3 |

User Option (Usage): Situational

Purpose: To specify the validity of the request and indicate follow-up action authorized

Comments:

1. Use this segment to indicate problems in processing the transaction specifically related to the information receiver data contained in the original 270 transaction's information receiver name loop (Loop 2100B).

Sample:

AAA*N**43*C~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|--|----------------|--------------|
| AAA01 | 1073 | Yes/No Condition or Response Code | M | ID | 1/1 | Required |
| | | Description: Code indicating a Yes or No condition or response | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | N | | No | | |
| | | Y | | Yes | | |
| AAA03 | 901 | Reject Reason Code | O | ID | 2/2 | Required |
| | | Description: Code assigned by issuer to identify reason for rejection | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | 15 | | Required application data missing | | |
| | | 41 | | Authorization/Access Restrictions | | |
| | | 43 | | Invalid/Missing Provider Identification | | |
| | | 44 | | Invalid/Missing Provider Name | | |
| | | 45 | | Invalid/Missing Provider Specialty | | |
| | | 46 | | Invalid/Missing Provider Phone Number | | |
| | | 47 | | Invalid/Missing Provider State | | |
| | | 48 | | Invalid/Missing Referring Provider Identification Number | | |
| | | 50 | | Provider Ineligible for Inquiries | | |
| | | 51 | | Provider Not on File | | |
| | | 79 | | Invalid Participant Identification | | |
| | | 97 | | Invalid or Missing Provider Address | | |
| | | T4 | | Payer Name or Identifier Missing | | |
| AAA04 | 889 | Follow-up Action Code | O | ID | 1/1 | Required |
| | | Description: Code identifying follow-up actions allowed | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | C | | Please Correct and Resubmit | | |
| | | N | | Resubmission Not Allowed | | |
| | | R | | Resubmission Allowed | | |
| | | S | | Do Not Resubmit; Inquiry Initiated to a Third Party | | |
| | | W | | Please Wait 30 Days and Resubmit | | |
| | | X | | Please Wait 10 Days and Resubmit | | |
| | | Y | | Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly | | |

PRV Information Receiver Provider Information

| | |
|-------------------|-------------|
| Pos: 0900 | Max: 1 |
| Detail - Optional | |
| Loop: 2100B | Elements: 3 |

User Option (Usage): Situational

Purpose: To specify the identifying characteristics of a provider

Comments:

1. This segment is used to convey additional information about a provider's role in the eligibility/benefit being inquired about and who is also the Information Receiver. For example, if the Information Receiver is also the Referring Provider, this PRV segment would be used to identify the provider's role. This PRV segment applies to all benefits returned for this Information Receiver unless overridden by a PRV segment in the 2100C, 2120C, 2100D or 2120D loops.

Sample:

PRV*RF*PXC*207Q00000X~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|------------------------------------|----------------|--------------|
| PRV01 | 1221 | Provider Code | M | ID | 1/3 | Required |
| | | Description: Code identifying the type of provider | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | H | | Hospital | | |
| | | R | | Rural Health Clinic | | |
| | | AD | | Admitting | | |
| | | AT | | Attending | | |
| | | BI | | Billing | | |
| | | CO | | Consulting | | |
| | | CV | | Covering | | |
| | | HH | | Home Health Care | | |
| | | LA | | Laboratory | | |
| | | OT | | Other Physician | | |
| | | P1 | | Pharmacist | | |
| | | P2 | | Pharmacy | | |
| | | PC | | Primary Care Physician | | |
| | | PE | | Performing | | |
| | | RF | | Referring | | |
| | | SB | | Submitting | | |
| | | SK | | Skilled Nursing Facility | | |
| | | SU | | Supervising | | |
| PRV02 | 128 | Reference Identification Qualifier | X | ID | 2/3 | Situational |
| | | Description: Code qualifying the Reference Identification | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | PXC | | Health Care Provider Taxonomy Code | | |
| PRV03 | 127 | Reference Identification | X | AN | 1/50 | Situational |
| | | Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier | | | | |

ExternalCodeList

Name: 682

Description: Health Care Provider Taxonomy

HL Subscriber Level

| | |
|-------------------|-------------|
| Pos: 0100 | Max: 1 |
| Detail - Optional | |
| Loop: 2000C | Elements: 4 |

User Option (Usage): Situational

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

Comments:

1. Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider.

Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source. See Section 1.3.2 for limitations on the number of occurrences of patients.

2. An example of the overall structure of the transaction set when used in batch mode is:

Information Source Loop 2000A

Information Receiver Loop 2000B

Subscriber Loop 2000C

Dependent Loop 2000D

Eligibility or Benefit Information

Subscriber Loop 2000C

Eligibility or Benefit Information

Dependent Loop 2000D

Eligibility or Benefit Information

The above example shows 2 different Subscribers. The first Subscriber is not the patient, only the dependent is the patient. The second Subscriber is a patient and the Dependent is also a patient.

Sample:

HL*3*2*22*1~

Element Summary:

| Ref | Id | Element Name | Req | Type | Min/Max | Usage |
|------|-----|--|-----|-------------|---------|----------|
| HL01 | 628 | Hierarchical ID Number | M | AN | 1/12 | Required |
| | | Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure | | | | |
| HL02 | 734 | Hierarchical Parent ID Number | O | AN | 1/12 | Required |
| | | Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to | | | | |
| HL03 | 735 | Hierarchical Level Code | M | ID | 1/2 | Required |
| | | Description: Code defining the characteristic of a level in a hierarchical structure | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | 22 | | Subscriber | | |
| HL04 | 736 | Hierarchical Child Code | O | ID | 1/1 | Required |
| | | Description: Code indicating if there are hierarchical child data segments subordinate to the level being described | | | | |
| | | All valid standard codes are used. | | | | |

TRN Subscriber Trace Number

| | |
|-------------------|-------------|
| Pos: 0200 | Max: 3 |
| Detail - Optional | |
| Loop: 2000C | Elements: 4 |

User Option (Usage): Situational

Purpose: To uniquely identify a transaction to an application

Comments:

1. An information source may receive up to two TRN segments in each loop 2000C of a 270 transaction and must return each of them in loop 2000C of the 271 transaction unless the person submitted in loop 2000C is determined to be a dependent, then the TRN segments must be returned in loop 2000D. See Section 1.4.2. The returned TRN segments will have a value of "2" in TRN01. See Section 1.4.6 Information Linkage for additional information.

2. If the subscriber is the patient, an information source may add one TRN segment to loop 2000C with a value of "1" in TRN01 and must identify themselves in TRN03.

3. This segment must not be used if the subscriber is not the patient. See section 1.4.2. Basic Concepts.

4. If this transaction passes through a clearinghouse, the clearinghouse will receive from the information source the information receiver's TRN segment and the clearinghouse's TRN segment with a value of "2" in TRN01. Since the ultimate destination of the transaction is the information receiver, if the clearinghouse intends on passing their TRN segment to the information receiver, the clearinghouse must change the value in TRN01 to "1" of their TRN segment. This must be done since the trace number in the clearinghouse's TRN segment is not actually a referenced transaction trace number to the information receiver.

5. The trace number in the 271 transaction TRN02 must be returned exactly as submitted in the 270 transaction. For example, if the 270 transaction TRN02 was 012345678 it must be returned as 012345678 and not as 12345678.

Sample:

TRN*2*98175-012547*9877281234*RADIOLOGY~
 TRN*2*109834652831*9XYZCLEARH*REALTIME~
 TRN*1*209991094361*9ABCINSURE~

The above example represents how an information source would respond. The first TRN segment was initiated by the information receiver. The second TRN segment was initiated by the clearinghouse. The third TRN segment was initiated by the information source.

TRN*2*98175-012547*9877281234*RADIOLOGY~
 TRN*1*109834652831*9XYZCLEARH*REALTIME~
 TRN*1*209991094361*9ABCINSURE~

The above example represents how a clearinghouse would respond to the same set of TRN segments if the clearinghouse intends to pass their TRN segment on to the information receiver. If the clearinghouse does not intend to pass their TRN segment on to the information receiver, only the first and third TRN segments in the example would be sent.

Element Summary:

| Ref | Id | Element Name | Req | Type | Min/Max | Usage |
|---|-----|--------------------------|-----|--------------------------------------|---------|----------|
| TRN01 | 481 | Trace Type Code | M | ID | 1/2 | Required |
| Description: Code identifying which transaction is being referenced | | | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | 1 | | Current Transaction Trace Numbers | | |
| | | 2 | | Referenced Transaction Trace Numbers | | |
| TRN02 | 127 | Reference Identification | M | AN | 1/50 | Required |
| Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier | | | | | | |

| | | | | | | |
|-------|-----|---|---|----|-------|-------------|
| TRN03 | 509 | Originating Company Identifier Description: A unique identifier designating the company initiating the funds transfer instructions, business transaction or assigning tracking reference identification. | O | AN | 10/10 | Required |
| TRN04 | 127 | Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier | O | AN | 1/50 | Situational |

NM1 Subscriber Name

| | |
|-------------------|-------------|
| Pos: 0300 | Max: 1 |
| Detail - Optional | |
| Loop: 2100C | Elements: 8 |

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Comments:

1. Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify the insured or subscriber.

Sample:

NM1*IL*1*SMITH*JOHN*L***MI*44411555501~

Element Summary:

| Ref | Id | Element Name | Req | Type | Min/Max | Usage | | | | | | |
|-------|--|--|------|------|---------|--|----|------------------------------|-----|----------|-----|-------------|
| NM101 | 98 | Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <table><tr><th>Code</th><th>Name</th></tr><tr><td>IL</td><td>Insured or Subscriber</td></tr></table> | Code | Name | IL | Insured or Subscriber | M | ID | 2/3 | Required | | |
| Code | Name | | | | | | | | | | | |
| IL | Insured or Subscriber | | | | | | | | | | | |
| NM102 | 1065 | Entity Type Qualifier Description: Code qualifying the type of entity <table><tr><th>Code</th><th>Name</th></tr><tr><td>1</td><td>Person</td></tr><tr><td>2</td><td>Non-Person Entity</td></tr></table> | Code | Name | 1 | Person | 2 | Non-Person Entity | M | ID | 1/1 | Required |
| Code | Name | | | | | | | | | | | |
| 1 | Person | | | | | | | | | | | |
| 2 | Non-Person Entity | | | | | | | | | | | |
| NM103 | 1035 | Name Last or Organization Name Description: Individual last name or organizational name | X | AN | 1/60 | Situational | | | | | | |
| NM104 | 1036 | Name First Description: Individual first name | O | AN | 1/35 | Situational | | | | | | |
| NM105 | 1037 | Name Middle Description: Individual middle name or initial | O | AN | 1/25 | Situational | | | | | | |
| NM107 | 1039 | Name Suffix Description: Suffix to individual name | O | AN | 1/10 | Situational | | | | | | |
| NM108 | 66 | Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) <table><tr><th>Code</th><th>Name</th></tr><tr><td>II</td><td>Standard Unique Health Identifier for each Individual in the United States</td></tr><tr><td>MI</td><td>Member Identification Number</td></tr></table> | Code | Name | II | Standard Unique Health Identifier for each Individual in the United States | MI | Member Identification Number | X | ID | 1/2 | Situational |
| Code | Name | | | | | | | | | | | |
| II | Standard Unique Health Identifier for each Individual in the United States | | | | | | | | | | | |
| MI | Member Identification Number | | | | | | | | | | | |
| NM109 | 67 | Identification Code Description: Code identifying a party or other code | X | AN | 2/80 | Situational | | | | | | |

REF Subscriber Additional Identification

| | |
|-------------------|-------------|
| Pos: 0400 | Max: 9 |
| Detail - Optional | |
| Loop: 2100C | Elements: 3 |

User Option (Usage): Situational

Purpose: To specify identifying information

Comments:

1. If the 270 request contained a REF segment with a Patient Account Number in REF02 with REF01 equal EJ, then it must be returned in the 271 transaction using this segment if the patient is the Subscriber. The Patient Account Number in the 271 transaction must be returned exactly as submitted in the 270 transaction.

2. Use this segment to supply an identification number other than or in addition to the Member Identification Number. The type of reference number is determined by the qualifier in REF01. Only one occurrence of each REF01 code value may be used in the 2100C loop.

3. Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Numbers are to be provided in the NM1 segment as a Member Identification Number when it is the primary number an information source knows a member by (such as for Medicare or Medicaid). Do not use this segment for the Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Number unless they are different from the Member Identification Number provided in the NM1 segment.

Sample:

REF*EJ*660415~

Element Summary:

| Ref | Id | Element Name | Req | Type | Min/Max | Usage |
|--|-----|------------------------------------|-----|--|---------|----------|
| REF01 | 128 | Reference Identification Qualifier | M | ID | 2/3 | Required |
| Description: Code qualifying the Reference Identification | | | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | 18 | | Plan Number | | |
| | | 1L | | Group or Policy Number | | |
| | | 1W | | Member Identification Number | | |
| | | 3H | | Case Number | | |
| | | 49 | | Family Unit Number | | |
| | | 6P | | Group Number | | |
| | | CE | | Class of Contract | | |
| | | CT | | Contract Number | | |
| | | EA | | Medical Record Identification Number | | |
| | | EJ | | Patient Account Number | | |
| | | F6 | | Health Insurance Claim (HIC) Number | | |
| | | GH | | Identification Card Serial Number | | |
| | | HJ | | Identity Card Number | | |
| | | IF | | Issue Number | | |
| | | IG | | Insurance Policy Number | | |
| | | N6 | | Plan Network Identification Number | | |
| | | NQ | | Medicaid Recipient Identification Number | | |
| | | Q4 | | Prior Identifier Number | | |
| | | SY | | Social Security Number | | |
| | | Y4 | | Agency Claim Number | | |
| REF02 | 127 | Reference Identification | X | AN | 1/50 | Required |
| Description: Reference information as defined for a particular Transaction Set or | | | | | | |

| | | | | | | |
|-------|-----|--|---|----|------|-------------|
| | | as specified by the Reference Identification Qualifier | | | | |
| REF03 | 352 | Description | X | AN | 1/80 | Situational |
| | | Description: A free-form description to clarify the related data elements and their content | | | | |

N3 Subscriber Address

| | |
|-------------------|-------------|
| Pos: 0600 | Max: 1 |
| Detail - Optional | |
| Loop: 2100C | Elements: 2 |

User Option (Usage): Situational

Purpose: To specify the location of the named party

Comments:

1. Do not return address information from the 270 request unless the transaction is rejected and the rejection was caused by the address and this segment was present in the 270. See Section 1.4.7.1 271 item 7 for additional information.

2. Use this segment to identify address information for a subscriber.

Sample:

N3*15197 BROADWAY AVENUE*APT 215~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| N301 | 166 | Address Information | M | AN | 1/55 | Required |
| | | Description: Address information | | | | |
| N302 | 166 | Address Information | O | AN | 1/55 | Situational |
| | | Description: Address information | | | | |

N4**Subscriber City, State, ZIP Code**

| | |
|-------------------|-------------|
| Pos: 0700 | Max: 1 |
| Detail - Optional | |
| Loop: 2100C | Elements: 5 |

User Option (Usage): Situational**Purpose:** To specify the geographic place of the named party**Comments:**

1. Do not return address information from the 270 request unless the transaction is rejected and the rejection was caused by the address and this segment was present in 270. See Section 1.4.7.1 271 item 7 for additional information.

2. Use this segment to identify address information for a subscriber.

Sample:

N4*KANSAS CITY*MO*64108~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| N401 | 19 | City Name Description: Free-form text for city name | O | AN | 2/30 | Required |
| N402 | 156 | State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency <u>ExternalCodeList</u> Name: 22C Description: States and Provinces | X | ID | 2/2 | Situational |
| N403 | 116 | Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) <u>ExternalCodeList</u> Name: 51 Description: ZIP Code <u>ExternalCodeList</u> Name: 932 Description: Universal Postal Codes | O | ID | 3/15 | Situational |
| N404 | 26 | Country Code Description: Code identifying the country <u>ExternalCodeList</u> Name: 5 Description: Countries, Currencies and Funds | X | ID | 2/3 | Situational |
| N407 | 1715 | Country Subdivision Code Description: Code identifying the country subdivision <u>ExternalCodeList</u> Name: 5 Description: Countries, Currencies and Funds | X | ID | 1/3 | Situational |

AAA Subscriber Request Validation

| | |
|-------------------|-------------|
| Pos: 0850 | Max: 9 |
| Detail - Optional | |
| Loop: 2100C | Elements: 3 |

User Option (Usage): Situational

Purpose: To specify the validity of the request and indicate follow-up action authorized

Comments:

1. Use this segment to indicate problems in processing the transaction specifically related to the data contained in the original 270 transaction's subscriber name loop (Loop 2100C).

Sample:

AAA*N**72*C~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|--|-----------|--|------------|--|----------------|--------------|
| AAA01 | 1073 | Yes/No Condition or Response Code | M | ID | 1/1 | Required |
| Description: Code indicating a Yes or No condition or response | | | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | N | | No | | |
| | | Y | | Yes | | |
| AAA03 | 901 | Reject Reason Code | O | ID | 2/2 | Required |
| Description: Code assigned by issuer to identify reason for rejection | | | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | 15 | | Required application data missing | | |
| | | 35 | | Out of Network | | |
| | | 42 | | Unable to Respond at Current Time | | |
| | | 43 | | Invalid/Missing Provider Identification | | |
| | | 45 | | Invalid/Missing Provider Specialty | | |
| | | 47 | | Invalid/Missing Provider State | | |
| | | 48 | | Invalid/Missing Referring Provider Identification Number | | |
| | | 49 | | Provider is Not Primary Care Physician | | |
| | | 51 | | Provider Not on File | | |
| | | 52 | | Service Dates Not Within Provider Plan Enrollment | | |
| | | 56 | | Inappropriate Date | | |
| | | 57 | | Invalid/Missing Date(s) of Service | | |
| | | 58 | | Invalid/Missing Date-of-Birth | | |
| | | 60 | | Date of Birth Follows Date(s) of Service | | |
| | | 61 | | Date of Death Precedes Date(s) of Service | | |
| | | 62 | | Date of Service Not Within Allowable Inquiry Period | | |
| | | 63 | | Date of Service in Future | | |
| | | 71 | | Patient Birth Date Does Not Match That for the Patient on the Database | | |
| | | 72 | | Invalid/Missing Subscriber/Insured ID | | |
| | | 73 | | Invalid/Missing Subscriber/Insured Name | | |
| | | 74 | | Invalid/Missing Subscriber/Insured Gender Code | | |
| | | 75 | | Subscriber/Insured Not Found | | |
| | | 76 | | Duplicate Subscriber/Insured ID Number | | |
| | | 78 | | Subscriber/Insured Not in Group/Plan Identified | | |
| AAA04 | 889 | Follow-up Action Code | O | ID | 1/1 | Required |
| Description: Code identifying follow-up | | | | | | |

actions allowed

| <u>Code</u> | <u>Name</u> |
|--------------------|--|
| C | Please Correct and Resubmit |
| N | Resubmission Not Allowed |
| R | Resubmission Allowed |
| S | Do Not Resubmit; Inquiry Initiated to a Third Party |
| W | Please Wait 30 Days and Resubmit |
| X | Please Wait 10 Days and Resubmit |
| Y | Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly |

PRV Provider Information

| | |
|-------------------|-------------|
| Pos: 0900 | Max: 1 |
| Detail - Optional | |
| Loop: 2100C | Elements: 3 |

User Option (Usage): Situational

Purpose: To specify the identifying characteristics of a provider

Comments:

1. If identifying a specific provider, use this segment to convey specific information about a provider's role in the eligibility/benefit being inquired about or to convey the provider's Taxonomy Code when the provider is not the information receiver. For example, if the information receiver is a hospital and a referring provider must be identified, this is the segment where the referring provider would be identified.

2. If identifying a type of specialty associated with the services identified in loop 2110C, use code PXC in PRV02 and the appropriate code in PRV03.

3. If there is a PRV segment in 2100B, this PRV overrides it for this occurrence of the 2100C loop.

Sample:

PRV*RF*PXC*207Q00000X~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|------------------------------------|----------------|--------------|
| PRV01 | 1221 | Provider Code | M | ID | 1/3 | Required |
| | | Description: Code identifying the type of provider | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | H | | Hospital | | |
| | | R | | Rural Health Clinic | | |
| | | AD | | Admitting | | |
| | | AT | | Attending | | |
| | | BI | | Billing | | |
| | | CO | | Consulting | | |
| | | CV | | Covering | | |
| | | HH | | Home Health Care | | |
| | | LA | | Laboratory | | |
| | | OT | | Other Physician | | |
| | | P1 | | Pharmacist | | |
| | | P2 | | Pharmacy | | |
| | | PC | | Primary Care Physician | | |
| | | PE | | Performing | | |
| | | RF | | Referring | | |
| | | SK | | Skilled Nursing Facility | | |
| | | SU | | Supervising | | |
| PRV02 | 128 | Reference Identification Qualifier | X | ID | 2/3 | Situational |
| | | Description: Code qualifying the Reference Identification | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | PXC | | Health Care Provider Taxonomy Code | | |
| PRV03 | 127 | Reference Identification | X | AN | 1/50 | Situational |
| | | Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification | | | | |

Qualifier

ExternalCodeList

Name: 682

Description: Health Care Provider Taxonomy

DMG Subscriber Demographic Information

| | |
|-------------------|-------------|
| Pos: 1000 | Max: 1 |
| Detail - Optional | |
| Loop: 2100C | Elements: 3 |

User Option (Usage): Situational

Purpose: To supply demographic information

Comments:

1. Use this segment to convey the birth date or gender demographic information for the subscriber.

Sample:

DMG*D8*19430917*M~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-----------------------------------|----------------|--------------|
| DMG01 | 1250 | Date Time Period Format Qualifier | X | ID | 2/3 | Situational |
| | | Description: Code indicating the date format, time format, or date and time format | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | D8 | | Date Expressed in Format CCYYMMDD | | |
| DMG02 | 1251 | Date Time Period | X | AN | 1/35 | Situational |
| | | Description: Expression of a date, a time, or range of dates, times or dates and times | | | | |
| DMG03 | 1068 | Gender Code | O | ID | 1/1 | Situational |
| | | Description: Code indicating the sex of the individual | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | F | | Female | | |
| | | M | | Male | | |
| | | U | | Unknown | | |

INS Subscriber Relationship

| | |
|-------------------|-------------|
| Pos: 1100 | Max: 1 |
| Detail - Optional | |
| Loop: 2100C | Elements: 5 |

User Option (Usage): Situational

Purpose: To provide benefit information on insured entities

Sample:

INS*Y*18*001*25~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> | | | | |
|-------------|-------------------------------------|--|-------------|-------------|----------------|-------------------------------------|---|----|-----|-------------|
| INS01 | 1073 | Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>Y</td><td>Yes</td></tr></table> | <u>Code</u> | <u>Name</u> | Y | Yes | M | ID | 1/1 | Required |
| <u>Code</u> | <u>Name</u> | | | | | | | | | |
| Y | Yes | | | | | | | | | |
| INS02 | 1069 | Individual Relationship Code Description: Code indicating the relationship between two individuals or entities <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>18</td><td>Self</td></tr></table> | <u>Code</u> | <u>Name</u> | 18 | Self | M | ID | 2/2 | Required |
| <u>Code</u> | <u>Name</u> | | | | | | | | | |
| 18 | Self | | | | | | | | | |
| INS03 | 875 | Maintenance Type Code Description: Code identifying the specific type of item maintenance <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>001</td><td>Change</td></tr></table> | <u>Code</u> | <u>Name</u> | 001 | Change | O | ID | 3/3 | Situational |
| <u>Code</u> | <u>Name</u> | | | | | | | | | |
| 001 | Change | | | | | | | | | |
| INS04 | 1203 | Maintenance Reason Code Description: Code identifying the reason for the maintenance change <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>25</td><td>Change in Identifying Data Elements</td></tr></table> | <u>Code</u> | <u>Name</u> | 25 | Change in Identifying Data Elements | O | ID | 2/3 | Situational |
| <u>Code</u> | <u>Name</u> | | | | | | | | | |
| 25 | Change in Identifying Data Elements | | | | | | | | | |
| INS17 | 1470 | Number Description: A generic number | O | N0 | 1/9 | Situational | | | | |

DTP Subscriber Date

| | |
|-------------------|-------------|
| Pos: 1200 | Max: 9 |
| Detail - Optional | |
| Loop: 2100C | Elements: 3 |

User Option (Usage): Situational

Purpose: To specify any or all of a date, a time, or a time period

Comments:

1. The dates represented may be in the past, the current date, or a future date. The dates may also be a single date or a span of dates. Which date(s) to use is determined by the format qualifier in DTP02.

2. Dates supplied in the 2100C DTP apply to the Subscriber and all 2110C loops unless overridden by an occurrence of a 2110C DTP with the same value in DTP01.

Sample:

DTP*346*D8*19950818~

Element Summary:

| Ref | Id | Element Name | Req | Type | Min/Max | Usage |
|-------|-----|---------------------|-----|------|---------|----------|
| DTP01 | 374 | Date/Time Qualifier | M | ID | 3/3 | Required |

Description: Code specifying type of date or time, or both date and time

| Code | Name |
|------|--|
| 096 | Discharge |
| 102 | Issue |
| 152 | Effective Date of Change |
| 291 | Plan |
| 307 | Eligibility |
| 318 | Added |
| 340 | Consolidated Omnibus Budget Reconciliation Act (COBRA) Begin |
| 341 | Consolidated Omnibus Budget Reconciliation Act (COBRA) End |
| 342 | Premium Paid to Date Begin |
| 343 | Premium Paid to Date End |
| 346 | Plan Begin |
| 347 | Plan End |
| 356 | Eligibility Begin |
| 357 | Eligibility End |
| 382 | Enrollment |
| 435 | Admission |
| 442 | Date of Death |
| 458 | Certification |
| 472 | Service |
| 539 | Policy Effective |
| 540 | Policy Expiration |
| 636 | Date of Last Update |
| 771 | Status |

| | | | | | | |
|-------|------|-----------------------------------|---|----|-----|----------|
| DTP02 | 1250 | Date Time Period Format Qualifier | M | ID | 2/3 | Required |
|-------|------|-----------------------------------|---|----|-----|----------|

Description: Code indicating the date format, time format, or date and time format

| Code | Name |
|------|--|
| D8 | Date Expressed in Format CCYYMMDD |
| RD8 | Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD |

| | | | | | | |
|--|------|-------------------------|---|----|------|----------|
| DTP03 | 1251 | Date Time Period | M | AN | 1/35 | Required |
| Description: Expression of a date, a time, or range of dates, times or dates and times | | | | | | |

EB

Subscriber Eligibility or Benefit Information

| | |
|-------------------|--------------|
| Pos: 1300 | Max: 1 |
| Detail - Optional | |
| Loop: 2110C | Elements: 14 |

User Option (Usage): Situational**Purpose:** To supply eligibility or benefit information**Comments:**

1. See Section 1.4.7 Implementation-Compliant Use of the 270/271 Transaction Set for information about what information must be returned if the subscriber is the person whose eligibility or benefits are being sent.
2. Either EB03 or EB13 may be used in the same EB segment, not both.
3. EB03 is a repeating data element that may be repeated up to 99 times. If all of the information that will be used in the 2110C loop is the same with the exception of the Service Type Code used in EB03, it is more efficient to use the repetition function of EB03 to send each of the Service Type Codes needed. If an Information Source supports responses with multiple Service Type Codes, the repetition use of EB03 must be supported if all other elements in the 2110C loop are identical.
4. A limit to the number of repeats of EB loops has not been established. In a batch environment there is no practical reason to limit the number of EB loop repeats. In a real time environment, consideration should be given to how many EB loops are generated given the amount of time it takes to format the response and the amount of time it will take to transmit that response. Since these limitations will vary by information source, it would be completely arbitrary for the developers to set a limit. It is not the intent of the developers to limit the amount of information that is returned in a response, rather to alert information sources to consider the potential delays if the response contains too much information to be formatted and transmitted in real time.
5. Use this segment to begin the eligibility/benefit information looping structure. The EB segment is used to convey the specific eligibility or benefit information for the entity identified.

Sample:*EB*1*FAM*96*GP~**Active Coverage for subscriber and family, for Professional (Physician) services, and coverage is through a Group Policy**EB*B**68***27*10~**Co-payment for Well Baby Care is \$10 per visit**EB*C*FAM****23*600~**Deductible for the family is \$600 per calendar year**EB*L~**Primary Care Provider (information about the Primary Care Provider will be located in the 2120 loop)**EB*A**A6*****.50~**Co-Insurance is 50 percent for Psychotherapy**EB*B**98^34^44^81^A0^A3****10**VS*1~**Co-payment for Professional (Physician) Visit - Office, Chiropractic Office Visits, Home Health Visits, Routine Physical, Professional (Physician) Visit - Outpatient, Professional (Physician) Visit - Home, is \$10 for one visit***Element Summary:**

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|---|-----------|---|-------------|-------------|----------------|--------------|
| EB01 | 1390 | Eligibility or Benefit Information Code | M | ID | 1/2 | Required |
| Description: Code identifying eligibility or benefit information | | | | | | |
| | | <u>Code</u> | <u>Name</u> | | | |

| | |
|----|---|
| 1 | Active Coverage |
| 2 | Active - Full Risk Capitation |
| 3 | Active - Services Capitated |
| 4 | Active - Services Capitated to Primary Care Physician |
| 5 | Active - Pending Investigation |
| 6 | Inactive |
| 7 | Inactive - Pending Eligibility Update |
| 8 | Inactive - Pending Investigation |
| A | Co-Insurance |
| B | Co-Payment |
| C | Deductible |
| D | Benefit Description |
| E | Exclusions |
| F | Limitations |
| G | Out of Pocket (Stop Loss) |
| H | Unlimited |
| I | Non-Covered |
| J | Cost Containment |
| K | Reserve |
| L | Primary Care Provider |
| M | Pre-existing Condition |
| N | Services Restricted to Following Provider |
| O | Not Deemed a Medical Necessity |
| P | Benefit Disclaimer |
| Q | Second Surgical Opinion Required |
| R | Other or Additional Payor |
| S | Prior Year(s) History |
| T | Card(s) Reported Lost/Stolen |
| U | Contact Following Entity for Eligibility or Benefit Information |
| V | Cannot Process |
| W | Other Source of Data |
| X | Health Care Facility |
| Y | Spend Down |
| CB | Coverage Basis |
| MC | Managed Care Coordinator |

| | | | | | | |
|------|------|----------------------------|---|----|-----|-------------|
| EB02 | 1207 | Coverage Level Code | O | ID | 3/3 | Situational |
|------|------|----------------------------|---|----|-----|-------------|

Description: Code indicating the level of coverage being provided for this insured

| <u>Code</u> | <u>Name</u> |
|-------------|-----------------------|
| CHD | Children Only |
| DEP | Dependents Only |
| ECH | Employee and Children |
| EMP | Employee Only |
| ESP | Employee and Spouse |
| FAM | Family |
| IND | Individual |
| SPC | Spouse and Children |
| SPO | Spouse Only |

| | | | | | | |
|------|------|--------------------------|---|----|-----|-------------|
| EB03 | 1365 | Service Type Code | O | ID | 1/2 | Situational |
|------|------|--------------------------|---|----|-----|-------------|

Description: Code identifying the classification of service

| <u>Code</u> | <u>Name</u> |
|-------------|-------------|
|-------------|-------------|

| | |
|----|---------------------------------------|
| 1 | Medical Care |
| 2 | Surgical |
| 3 | Consultation |
| 4 | Diagnostic X-Ray |
| 5 | Diagnostic Lab |
| 6 | Radiation Therapy |
| 7 | Anesthesia |
| 8 | Surgical Assistance |
| 9 | Other Medical |
| 10 | Blood Charges |
| 11 | Used Durable Medical Equipment |
| 12 | Durable Medical Equipment Purchase |
| 13 | Ambulatory Service Center Facility |
| 14 | Renal Supplies in the Home |
| 15 | Alternate Method Dialysis |
| 16 | Chronic Renal Disease (CRD) Equipment |
| 17 | Pre-Admission Testing |
| 18 | Durable Medical Equipment Rental |
| 19 | Pneumonia Vaccine |
| 20 | Second Surgical Opinion |
| 21 | Third Surgical Opinion |
| 22 | Social Work |
| 23 | Diagnostic Dental |
| 24 | Periodontics |
| 25 | Restorative |
| 26 | Endodontics |
| 27 | Maxillofacial Prosthetics |
| 28 | Adjunctive Dental Services |
| 30 | Health Benefit Plan Coverage |
| 32 | Plan Waiting Period |
| 33 | Chiropractic |
| 34 | Chiropractic Office Visits |
| 35 | Dental Care |
| 36 | Dental Crowns |
| 37 | Dental Accident |
| 38 | Orthodontics |
| 39 | Prosthodontics |
| 40 | Oral Surgery |
| 41 | Routine (Preventive) Dental |
| 42 | Home Health Care |
| 43 | Home Health Prescriptions |
| 44 | Home Health Visits |
| 45 | Hospice |
| 46 | Respite Care |
| 47 | Hospital |
| 48 | Hospital - Inpatient |
| 49 | Hospital - Room and Board |
| 50 | Hospital - Outpatient |
| 51 | Hospital - Emergency Accident |
| 52 | Hospital - Emergency Medical |
| 53 | Hospital - Ambulatory Surgical |
| 54 | Long Term Care |
| 55 | Major Medical |
| 56 | Medically Related Transportation |

| | |
|----|---|
| 57 | Air Transportation |
| 58 | Cabulance |
| 59 | Licensed Ambulance |
| 60 | General Benefits |
| 61 | In-vitro Fertilization |
| 62 | MRI/CAT Scan |
| 63 | Donor Procedures |
| 64 | Acupuncture |
| 65 | Newborn Care |
| 66 | Pathology |
| 67 | Smoking Cessation |
| 68 | Well Baby Care |
| 69 | Maternity |
| 70 | Transplants |
| 71 | Audiology Exam |
| 72 | Inhalation Therapy |
| 73 | Diagnostic Medical |
| 74 | Private Duty Nursing |
| 75 | Prosthetic Device |
| 76 | Dialysis |
| 77 | Otological Exam |
| 78 | Chemotherapy |
| 79 | Allergy Testing |
| 80 | Immunizations |
| 81 | Routine Physical |
| 82 | Family Planning |
| 83 | Infertility |
| 84 | Abortion |
| 85 | AIDS |
| 86 | Emergency Services |
| 87 | Cancer |
| 88 | Pharmacy |
| 89 | Free Standing Prescription Drug |
| 90 | Mail Order Prescription Drug |
| 91 | Brand Name Prescription Drug |
| 92 | Generic Prescription Drug |
| 93 | Podiatry |
| 94 | Podiatry - Office Visits |
| 95 | Podiatry - Nursing Home Visits |
| 96 | Professional (Physician) |
| 97 | Anesthesiologist |
| 98 | Professional (Physician) Visit - Office |
| 99 | Professional (Physician) Visit - Inpatient |
| A0 | Professional (Physician) Visit - Outpatient |
| A1 | Professional (Physician) Visit - Nursing Home |
| A2 | Professional (Physician) Visit - Skilled Nursing Facility |
| A3 | Professional (Physician) Visit - Home |
| A4 | Psychiatric |
| A5 | Psychiatric - Room and Board |
| A6 | Psychotherapy |
| A7 | Psychiatric - Inpatient |
| A8 | Psychiatric - Outpatient |
| A9 | Rehabilitation |
| AA | Rehabilitation - Room and Board |

| | |
|----|--|
| AB | Rehabilitation - Inpatient |
| AC | Rehabilitation - Outpatient |
| AD | Occupational Therapy |
| AE | Physical Medicine |
| AF | Speech Therapy |
| AG | Skilled Nursing Care |
| AH | Skilled Nursing Care - Room and Board |
| AI | Substance Abuse |
| AJ | Alcoholism |
| AK | Drug Addiction |
| AL | Vision (Optometry) |
| AM | Frames |
| AN | Routine Exam |
| AO | Lenses |
| AQ | Nonmedically Necessary Physical |
| AR | Experimental Drug Therapy |
| B1 | Burn Care |
| B2 | Brand Name Prescription Drug - Formulary |
| B3 | Brand Name Prescription Drug - Non-Formulary |
| BA | Independent Medical Evaluation |
| BB | Partial Hospitalization (Psychiatric) |
| BC | Day Care (Psychiatric) |
| BD | Cognitive Therapy |
| BE | Massage Therapy |
| BF | Pulmonary Rehabilitation |
| BG | Cardiac Rehabilitation |
| BH | Pediatric |
| BI | Nursery |
| BJ | Skin |
| BK | Orthopedic |
| BL | Cardiac |
| BM | Lymphatic |
| BN | Gastrointestinal |
| BP | Endocrine |
| BQ | Neurology |
| BR | Eye |
| BS | Invasive Procedures |
| BT | Gynecological |
| BU | Obstetrical |
| BV | Obstetrical/Gynecological |
| BW | Mail Order Prescription Drug: Brand Name |
| BX | Mail Order Prescription Drug: Generic |
| BY | Physician Visit - Office: Sick |
| BZ | Physician Visit - Office: Well |
| C1 | Coronary Care |
| CA | Private Duty Nursing - Inpatient |
| CB | Private Duty Nursing - Home |
| CC | Surgical Benefits - Professional (Physician) |
| CD | Surgical Benefits - Facility |
| CE | Mental Health Provider - Inpatient |
| CF | Mental Health Provider - Outpatient |
| CG | Mental Health Facility - Inpatient |
| CH | Mental Health Facility - Outpatient |
| CI | Substance Abuse Facility - Inpatient |

| | |
|----|---|
| CJ | Substance Abuse Facility - Outpatient |
| CK | Screening X-ray |
| CL | Screening laboratory |
| CM | Mammogram, High Risk Patient |
| CN | Mammogram, Low Risk Patient |
| CO | Flu Vaccination |
| CP | Eyewear and Eyewear Accessories |
| CQ | Case Management |
| DG | Dermatology |
| DM | Durable Medical Equipment |
| DS | Diabetic Supplies |
| GF | Generic Prescription Drug - Formulary |
| GN | Generic Prescription Drug - Non-Formulary |
| GY | Allergy |
| IC | Intensive Care |
| MH | Mental Health |
| NI | Neonatal Intensive Care |
| ON | Oncology |
| PT | Physical Therapy |
| PU | Pulmonary |
| RN | Renal |
| RT | Residential Psychiatric Treatment |
| TC | Transitional Care |
| TN | Transitional Nursery Care |
| UC | Urgent Care |

| | | | | | | |
|------|------|----------------------------|---|----|-----|-------------|
| EB04 | 1336 | Insurance Type Code | O | ID | 1/3 | Situational |
|------|------|----------------------------|---|----|-----|-------------|

Description: Code identifying the type of insurance policy within a specific insurance program

| <u>Code</u> | <u>Name</u> |
|-------------|---|
| D | Disability |
| 12 | Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan |
| 13 | Medicare Secondary End-Stage Renal Disease Beneficiary in the Mandated Coordination Period with an Employer's Group Health Plan |
| 14 | Medicare Secondary, No-fault Insurance including Auto is Primary |
| 15 | Medicare Secondary Worker's Compensation |
| 16 | Medicare Secondary Public Health Service (PHS) or Other Federal Agency |
| 41 | Medicare Secondary Black Lung |
| 42 | Medicare Secondary Veteran's Administration |
| 43 | Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP) |
| 47 | Medicare Secondary, Other Liability Insurance is Primary |
| AP | Auto Insurance Policy |
| C1 | Commercial |
| CO | Consolidated Omnibus Budget Reconciliation Act (COBRA) |
| CP | Medicare Conditionally Primary |
| DB | Disability Benefits |
| EP | Exclusive Provider Organization |
| FF | Family or Friends |
| GP | Group Policy |
| HM | Health Maintenance Organization (HMO) |
| HN | Health Maintenance Organization (HMO) - Medicare Risk |
| HS | Special Low Income Medicare Beneficiary |

| | |
|----|--|
| IN | Indemnity |
| IP | Individual Policy |
| LC | Long Term Care |
| LD | Long Term Policy |
| LI | Life Insurance |
| LT | Litigation |
| MA | Medicare Part A |
| MB | Medicare Part B |
| MC | Medicaid |
| MH | Medigap Part A |
| MI | Medigap Part B |
| MP | Medicare Primary |
| OT | Other |
| PE | Property Insurance - Personal |
| PL | Personal |
| PP | Personal Payment (Cash - No Insurance) |
| PR | Preferred Provider Organization (PPO) |
| PS | Point of Service (POS) |
| QM | Qualified Medicare Beneficiary |
| RP | Property Insurance - Real |
| SP | Supplemental Policy |
| TF | Tax Equity Fiscal Responsibility Act (TEFRA) |
| WC | Workers Compensation |
| WU | Wrap Up Policy |

| | | | | | | |
|------|------|----------------------------------|---|----|------|-------------|
| EB05 | 1204 | Plan Coverage Description | O | AN | 1/50 | Situational |
|------|------|----------------------------------|---|----|------|-------------|

Description: A description or number that identifies the plan or coverage

| | | | | | | |
|------|-----|------------------------------|---|----|-----|-------------|
| EB06 | 615 | Time Period Qualifier | O | ID | 1/2 | Situational |
|------|-----|------------------------------|---|----|-----|-------------|

Description: Code defining periods

| <u>Code</u> | <u>Name</u> |
|-------------|--------------------|
| 6 | Hour |
| 7 | Day |
| 13 | 24 Hours |
| 21 | Years |
| 22 | Service Year |
| 23 | Calendar Year |
| 24 | Year to Date |
| 25 | Contract |
| 26 | Episode |
| 27 | Visit |
| 28 | Outlier |
| 29 | Remaining |
| 30 | Exceeded |
| 31 | Not Exceeded |
| 32 | Lifetime |
| 33 | Lifetime Remaining |
| 34 | Month |
| 35 | Week |
| 36 | Admission |

| | | | | | | |
|------|-----|------------------------|---|---|------|-------------|
| EB07 | 782 | Monetary Amount | O | R | 1/18 | Situational |
|------|-----|------------------------|---|---|------|-------------|

Description: Monetary amount

| | | | | | | |
|------|-----|------------------------------|---|---|------|-------------|
| EB08 | 954 | Percentage as Decimal | O | R | 1/10 | Situational |
|------|-----|------------------------------|---|---|------|-------------|

| | | | | | | |
|---------|------|---|----------------------------------|------|------|-------------|
| | | Description: Percentage expressed as a decimal (e.g., 0.0 through 1.0 represents 0% through 100%) | | | | |
| EB09 | 673 | Quantity Qualifier | X | ID | 2/2 | Situational |
| | | Description: Code specifying the type of quantity | | | | |
| | | <u>Code</u> | <u>Name</u> | | | |
| | | 8H | Minimum | | | |
| | | 99 | Quantity Used | | | |
| | | CA | Covered - Actual | | | |
| | | CE | Covered - Estimated | | | |
| | | D3 | Number of Co-insurance Days | | | |
| | | DB | Deductible Blood Units | | | |
| | | DY | Days | | | |
| | | HS | Hours | | | |
| | | LA | Life-time Reserve - Actual | | | |
| | | LE | Life-time Reserve - Estimated | | | |
| | | M2 | Maximum | | | |
| | | MN | Month | | | |
| | | P6 | Number of Services or Procedures | | | |
| | | QA | Quantity Approved | | | |
| | | S7 | Age, High Value | | | |
| | | S8 | Age, Low Value | | | |
| | | VS | Visits | | | |
| | | YY | Years | | | |
| EB10 | 380 | Quantity | X | R | 1/15 | Situational |
| | | Description: Numeric value of quantity | | | | |
| EB11 | 1073 | Yes/No Condition or Response Code | O | ID | 1/1 | Situational |
| | | Description: Code indicating a Yes or No condition or response | | | | |
| | | <u>Code</u> | <u>Name</u> | | | |
| | | N | No | | | |
| | | U | Unknown | | | |
| | | Y | Yes | | | |
| EB12 | 1073 | Yes/No Condition or Response Code | O | ID | 1/1 | Situational |
| | | Description: Code indicating a Yes or No condition or response | | | | |
| | | <u>Code</u> | <u>Name</u> | | | |
| | | N | No | | | |
| | | U | Unknown | | | |
| | | W | Not Applicable | | | |
| | | Y | Yes | | | |
| EB13 | C003 | Composite Medical Procedure Identifier | O | Comp | | Situational |
| | | Description: To identify a medical procedure by its standardized codes and applicable modifiers | | | | |
| EB13-01 | 235 | Product/Service ID Qualifier | M | ID | 2/2 | Required |
| | | Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234) | | | | |

| | | <u>Code</u> | <u>Name</u> | | | | |
|---|------|---------------------------|--|---|----|------|-------------|
| | | AD | American Dental Association Codes | | | | |
| | | CJ | Current Procedural Terminology (CPT) Codes | | | | |
| | | HC | Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes | | | | |
| | | ID | International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) - Procedure | | | | |
| | | IV | Home Infusion EDI Coalition (HIEC) Product/Service Code | | | | |
| | | N4 | National Drug Code in 5-4-2 Format | | | | |
| | | ZZ | Mutually Defined | | | | |
| EB13-02 | 234 | Product/Service ID | | M | AN | 1/48 | Required |
| Description: Identifying number for a product or service | | | | | | | |
| <u>ExternalCodeList</u> | | | | | | | |
| Name: 240 | | | | | | | |
| Description: National Drug Code by Format | | | | | | | |
| <u>ExternalCodeList</u> | | | | | | | |
| Name: 513 | | | | | | | |
| Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List | | | | | | | |
| <u>ExternalCodeList</u> | | | | | | | |
| Name: 130 | | | | | | | |
| Description: Health Care Financing Administration Common Procedural Coding System | | | | | | | |
| <u>ExternalCodeList</u> | | | | | | | |
| Name: 131P | | | | | | | |
| Description: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) - Procedure | | | | | | | |
| <u>ExternalCodeList</u> | | | | | | | |
| Name: 133 | | | | | | | |
| Description: Current Procedural Terminology (CPT) Codes | | | | | | | |
| <u>ExternalCodeList</u> | | | | | | | |
| Name: 135 | | | | | | | |
| Description: American Dental Association Codes | | | | | | | |
| <u>ExternalCodeList</u> | | | | | | | |
| Name: 896 | | | | | | | |
| Description: International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) | | | | | | | |
| EB13-03 | 1339 | Procedure Modifier | | O | AN | 2/2 | Situational |
| Description: This identifies special circumstances related to the performance of the service, as defined by trading partners | | | | | | | |
| <u>ExternalCodeList</u> | | | | | | | |
| Name: 130 | | | | | | | |
| Description: Health Care Financing Administration Common Procedural Coding System | | | | | | | |
| <u>ExternalCodeList</u> | | | | | | | |
| Name: 133 | | | | | | | |
| Description: Current Procedural Terminology (CPT) Codes | | | | | | | |
| <u>ExternalCodeList</u> | | | | | | | |
| Name: 513 | | | | | | | |
| Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List | | | | | | | |
| EB13-04 | 1339 | Procedure Modifier | | O | AN | 2/2 | Situational |
| Description: This identifies special circumstances related to the performance | | | | | | | |

of the service, as defined by trading partners

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 133

Description: Current Procedural Terminology (CPT) Codes

ExternalCodeList

Name: 513

Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List

| | | | | | | |
|---------|------|---------------------------|---|----|-----|-------------|
| EB13-05 | 1339 | Procedure Modifier | O | AN | 2/2 | Situational |
|---------|------|---------------------------|---|----|-----|-------------|

Description: This identifies special circumstances related to the performance of the service, as defined by trading partners

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 133

Description: Current Procedural Terminology (CPT) Codes

ExternalCodeList

Name: 513

Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List

| | | | | | | |
|---------|------|---------------------------|---|----|-----|-------------|
| EB13-06 | 1339 | Procedure Modifier | O | AN | 2/2 | Situational |
|---------|------|---------------------------|---|----|-----|-------------|

Description: This identifies special circumstances related to the performance of the service, as defined by trading partners

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 133

Description: Current Procedural Terminology (CPT) Codes

ExternalCodeList

Name: 513

Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List

| | | | | | | |
|---------|-----|---------------------------|---|----|------|-------------|
| EB13-08 | 234 | Product/Service ID | O | AN | 1/48 | Situational |
|---------|-----|---------------------------|---|----|------|-------------|

Description: Identifying number for a product or service

ExternalCodeList

Name: 240

Description: National Drug Code by Format

ExternalCodeList

Name: 513

Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 131P

Description: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) - Procedure

ExternalCodeList

Name: 133

Description: Current Procedural Terminology (CPT) Codes

ExternalCodeList

Name: 135

Description: American Dental Association Codes

ExternalCodeList

Name: 896

Description: International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)

| | | | | | | |
|---------|------|--|---|------|-----|-------------|
| EB14 | C004 | Composite Diagnosis Code Pointer | O | Comp | | Situational |
| | | Description: To identify one or more diagnosis code pointers | | | | |
| EB14-01 | 1328 | Diagnosis Code Pointer | M | N0 | 1/2 | Required |
| | | Description: A pointer to the diagnosis code in the order of importance to this service | | | | |
| EB14-02 | 1328 | Diagnosis Code Pointer | O | N0 | 1/2 | Situational |
| | | Description: A pointer to the diagnosis code in the order of importance to this service | | | | |
| EB14-03 | 1328 | Diagnosis Code Pointer | O | N0 | 1/2 | Situational |
| | | Description: A pointer to the diagnosis code in the order of importance to this service | | | | |
| EB14-04 | 1328 | Diagnosis Code Pointer | O | N0 | 1/2 | Situational |
| | | Description: A pointer to the diagnosis code in the order of importance to this service | | | | |

DTP Subscriber Eligibility/Benefit Date

| | |
|-------------------|-------------|
| Pos: 1500 | Max: 20 |
| Detail - Optional | |
| Loop: 2110C | Elements: 3 |

User Option (Usage): Situational

Purpose: To specify any or all of a date, a time, or a time period

Comments:

1. When using the DTP segment in the 2110C loop this date applies only to the 2110C Eligibility or Benefit Information (EB) loop in which it is located.

If a DTP segment with the same DTP01 value is present in the 2100C loop, the date is overridden for only this 2110C Eligibility or Benefit Information (EB) loop.

Sample:

DTP*472*D8*19960624~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|---|-----------|-----------------------------------|------------|--|----------------|--------------|
| DTP01 | 374 | Date/Time Qualifier | M | ID | 3/3 | Required |
| Description: Code specifying type of date or time, or both date and time | | | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | 096 | | Discharge | | |
| | | 193 | | Period Start | | |
| | | 194 | | Period End | | |
| | | 198 | | Completion | | |
| | | 290 | | Coordination of Benefits | | |
| | | 291 | | Plan | | |
| | | 292 | | Benefit | | |
| | | 295 | | Primary Care Provider | | |
| | | 304 | | Latest Visit or Consultation | | |
| | | 307 | | Eligibility | | |
| | | 318 | | Added | | |
| | | 346 | | Plan Begin | | |
| | | 348 | | Benefit Begin | | |
| | | 349 | | Benefit End | | |
| | | 356 | | Eligibility Begin | | |
| | | 357 | | Eligibility End | | |
| | | 435 | | Admission | | |
| | | 472 | | Service | | |
| | | 636 | | Date of Last Update | | |
| | | 771 | | Status | | |
| DTP02 | 1250 | Date Time Period Format Qualifier | M | ID | 2/3 | Required |
| Description: Code indicating the date format, time format, or date and time format | | | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | D8 | | Date Expressed in Format CCYYMMDD | | |
| | | RD8 | | Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD | | |
| DTP03 | 1251 | Date Time Period | M | AN | 1/35 | Required |

Description: Expression of a date, a time,
or range of dates, times or dates and times

AAA Subscriber Request Validation

| | |
|--------------------------|--------------------|
| Pos: 1600 | Max: 9 |
| Detail - Optional | |
| Loop: 2110C | Elements: 3 |

User Option (Usage): Situational

Purpose: To specify the validity of the request and indicate follow-up action authorized

Comments:

1. Use this segment to indicate problems in processing the transaction specifically related to specific eligibility/benefit inquiry data contained in the original 270 transaction's subscriber eligibility/benefit inquiry information loop (Loop 2110C).

Sample:

AAA*N**70*C~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|--|-----------|--|------------|---|----------------|--------------|
| AAA01 | 1073 | Yes/No Condition or Response Code | M | ID | 1/1 | Required |
| Description: Code indicating a Yes or No condition or response | | | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | N | | No | | |
| | | Y | | Yes | | |
| AAA03 | 901 | Reject Reason Code | O | ID | 2/2 | Required |
| Description: Code assigned by issuer to identify reason for rejection | | | | | | |
| | | <u>Code</u> | | <u>Name</u> | | |
| | | 15 | | Required application data missing | | |
| | | 33 | | Input Errors | | |
| | | 52 | | Service Dates Not Within Provider Plan Enrollment | | |
| | | 53 | | Inquired Benefit Inconsistent with Provider Type | | |
| | | 54 | | Inappropriate Product/Service ID Qualifier | | |
| | | 55 | | Inappropriate Product/Service ID | | |
| | | 56 | | Inappropriate Date | | |
| | | 57 | | Invalid/Missing Date(s) of Service | | |
| | | 60 | | Date of Birth Follows Date(s) of Service | | |
| | | 61 | | Date of Death Precedes Date(s) of Service | | |
| | | 62 | | Date of Service Not Within Allowable Inquiry Period | | |
| | | 63 | | Date of Service in Future | | |
| | | 69 | | Inconsistent with Patient's Age | | |
| | | 70 | | Inconsistent with Patient's Gender | | |
| | | 98 | | Experimental Service or Procedure | | |
| | | AA | | Authorization Number Not Found | | |
| | | AE | | Requires Primary Care Physician Authorization | | |
| | | AF | | Invalid/Missing Diagnosis Code(s) | | |
| | | AG | | Invalid/Missing Procedure Code(s) | | |
| | | AO | | Additional Patient Condition Information Required | | |
| | | CI | | Certification Information Does Not Match Patient | | |
| | | E8 | | Requires Medical Review | | |
| | | IA | | Invalid Authorization Number Format | | |
| | | MA | | Missing Authorization Number | | |
| AAA04 | 889 | Follow-up Action Code | O | ID | 1/1 | Required |

Description: Code identifying follow-up actions allowed

| <u>Code</u> | <u>Name</u> |
|-------------|--|
| C | Please Correct and Resubmit |
| N | Resubmission Not Allowed |
| R | Resubmission Allowed |
| W | Please Wait 30 Days and Resubmit |
| X | Please Wait 10 Days and Resubmit |
| Y | Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly |

MSG Message Text

| | |
|-------------------|-------------|
| Pos: 2500 | Max: 10 |
| Detail - Optional | |
| Loop: 2110C | Elements: 1 |

User Option (Usage): Situational

Purpose: To provide a free-form format that allows the transmission of text information

Comments:

1. Free form text or description fields are not recommended because they require human interpretation.
2. Under no circumstances can an information source use the MSG segment to relay information that can be sent using codified information in existing data elements (including combinations of multiple data elements and segments). Information that has been provided in codified form in other segments or elements elsewhere in the 271 for the individual must not be repeated in the MSG segment. If the information cannot be codified, then cautionary use of the MSG segment is allowed as a short term solution. It is highly recommended that the entity needing to use the MSG segment approach X12N with data maintenance to solve the long term business need, so the use of the MSG segment can be avoided for that issue.
3. Benefit Disclaimers are strongly discouraged. See section 1.4.11 Disclaimers Within the Transaction. Under no circumstances are more than one MSG segment to be used for a Benefit Disclaimer per individual response.

Sample:

MSG*Free form text is discouraged~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|-------------------------------|------------|-------------|----------------|--------------|
| MSG01 | 933 | Free-form Message Text | M | AN | 1/264 | Required |

Description: Free-form message text

LS**Loop Header**

| | |
|--------------------------|--------------------|
| Pos: 3300 | Max: 1 |
| Detail - Optional | |
| Loop: LS | Elements: 1 |

User Option (Usage): Situational**Purpose:** To indicate that the next segment begins a loop**Comments:**

1. Use this segment to identify the beginning of the Subscriber Benefit Related Entity Name loop. Because both the subscriber's name loop and this loop begin with NM1 segments, the LS and LE segments are used to differentiate these two loops.

Sample:

LS*2120~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|-----------------------------|------------|-------------|----------------|--------------|
| LS01 | 447 | Loop Identifier Code | M | AN | 1/4 | Required |

Description: The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE

NM1 Subscriber Benefit Related Entity Name

| | |
|-------------------|-------------|
| Pos: 3400 | Max: 1 |
| Detail - Optional | |
| Loop: 2120C | Elements: 9 |

User Option (Usage): Situational

Purpose: To supply the full name of an individual or organizational entity

Sample:

NM1*P3*1*JONES*MARCUS***MD*SV*111223333~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|---|-----------|--|------------|-------------|----------------|--------------|
| NM101 | 98 | Entity Identifier Code | M | ID | 2/3 | Required |
| Description: Code identifying an organizational entity, a physical location, property or an individual | | | | | | |
| | | <u>Code</u> <u>Name</u> | | | | |
| | | 13 Contracted Service Provider | | | | |
| | | 1I Preferred Provider Organization (PPO) | | | | |
| | | 1P Provider | | | | |
| | | 2B Third-Party Administrator | | | | |
| | | 36 Employer | | | | |
| | | 73 Other Physician | | | | |
| | | FA Facility | | | | |
| | | GP Gateway Provider | | | | |
| | | GW Group | | | | |
| | | I3 Independent Physicians Association (IPA) | | | | |
| | | IL Insured or Subscriber | | | | |
| | | LR Legal Representative | | | | |
| | | OC Origin Carrier | | | | |
| | | P3 Primary Care Provider | | | | |
| | | P4 Prior Insurance Carrier | | | | |
| | | P5 Plan Sponsor | | | | |
| | | PR Payer | | | | |
| | | VN Vendor | | | | |
| | | VY Organization Completing Configuration Change | | | | |
| | | X3 Utilization Management Organization | | | | |
| | | Y2 Managed Care Organization | | | | |
| | | PRP Primary Payer | | | | |
| | | SEP Secondary Payer | | | | |
| | | TTP Tertiary Payer | | | | |
| | | VER Party Performing Verification | | | | |
| NM102 | 1065 | Entity Type Qualifier | M | ID | 1/1 | Required |
| Description: Code qualifying the type of entity | | | | | | |
| | | <u>Code</u> <u>Name</u> | | | | |
| | | 1 Person | | | | |
| | | 2 Non-Person Entity | | | | |
| NM103 | 1035 | Name Last or Organization Name | X | AN | 1/60 | Situational |
| Description: Individual last name or organizational name | | | | | | |

| NM104 | 1036 | Name First Description: Individual first name | O | AN | 1/35 | Situational | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------|--|--|-------------|-------------|------|----------------------------------|----|------------------------|----|---|----|-------------------------|----|--|----|--|----|------------------------------|----|---|-----|----------------------|----|---------------------------|----|-------------------------|----|---|----|---|---|----|-----|-------------|
| NM105 | 1037 | Name Middle Description: Individual middle name or initial | O | AN | 1/25 | Situational | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NM107 | 1039 | Name Suffix Description: Suffix to individual name | O | AN | 1/10 | Situational | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NM108 | 66 | Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>24</td><td>Employer's Identification Number</td></tr><tr><td>34</td><td>Social Security Number</td></tr><tr><td>46</td><td>Electronic Transmitter Identification Number (ETIN)</td></tr><tr><td>FA</td><td>Facility Identification</td></tr><tr><td>FI</td><td>Federal Taxpayer's Identification Number</td></tr><tr><td>II</td><td>Standard Unique Health Identifier for each Individual in the United States</td></tr><tr><td>MI</td><td>Member Identification Number</td></tr><tr><td>NI</td><td>National Association of Insurance Commissioners (NAIC) Identification</td></tr><tr><td>PI</td><td>Payor Identification</td></tr><tr><td>PP</td><td>Pharmacy Processor Number</td></tr><tr><td>SV</td><td>Service Provider Number</td></tr><tr><td>XV</td><td>Centers for Medicare and Medicaid Services PlanID</td></tr><tr><td>XX</td><td>Centers for Medicare and Medicaid Services National Provider Identifier</td></tr></table> | <u>Code</u> | <u>Name</u> | 24 | Employer's Identification Number | 34 | Social Security Number | 46 | Electronic Transmitter Identification Number (ETIN) | FA | Facility Identification | FI | Federal Taxpayer's Identification Number | II | Standard Unique Health Identifier for each Individual in the United States | MI | Member Identification Number | NI | National Association of Insurance Commissioners (NAIC) Identification | PI | Payor Identification | PP | Pharmacy Processor Number | SV | Service Provider Number | XV | Centers for Medicare and Medicaid Services PlanID | XX | Centers for Medicare and Medicaid Services National Provider Identifier | X | ID | 1/2 | Situational |
| <u>Code</u> | <u>Name</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | Employer's Identification Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34 | Social Security Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46 | Electronic Transmitter Identification Number (ETIN) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FA | Facility Identification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FI | Federal Taxpayer's Identification Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| II | Standard Unique Health Identifier for each Individual in the United States | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MI | Member Identification Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NI | National Association of Insurance Commissioners (NAIC) Identification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PI | Payor Identification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PP | Pharmacy Processor Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SV | Service Provider Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XV | Centers for Medicare and Medicaid Services PlanID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XX | Centers for Medicare and Medicaid Services National Provider Identifier | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NM109 | 67 | Identification Code Description: Code identifying a party or other code <u>ExternalCodeList</u> Name: 245 Description: National Association of Insurance Commissioners (NAIC) Code <u>ExternalCodeList</u> Name: 540 Description: Health Care Financing Administration National PlanID <u>ExternalCodeList</u> Name: 537 Description: Health Care Financing Administration National Provider Identifier | X | AN | 2/80 | Situational | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NM110 | 706 | Entity Relationship Code Description: Code describing entity relationship <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>01</td><td>Parent</td></tr><tr><td>02</td><td>Child</td></tr><tr><td>27</td><td>Domestic Partner</td></tr><tr><td>41</td><td>Spouse</td></tr><tr><td>48</td><td>Employee</td></tr><tr><td>65</td><td>Other</td></tr><tr><td>72</td><td>Unknown</td></tr></table> | <u>Code</u> | <u>Name</u> | 01 | Parent | 02 | Child | 27 | Domestic Partner | 41 | Spouse | 48 | Employee | 65 | Other | 72 | Unknown | X | ID | 2/2 | Situational | | | | | | | | | | | | |
| <u>Code</u> | <u>Name</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | Parent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 | Child | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | Domestic Partner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41 | Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 48 | Employee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 65 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 72 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

N3

Subscriber Benefit Related Entity Address

| | |
|-------------------|-------------|
| Pos: 3600 | Max: 1 |
| Detail - Optional | |
| Loop: 2120C | Elements: 2 |

User Option (Usage): Situational

Purpose: To specify the location of the named party

Comments:

1. Use this segment to identify address information for an entity.

Sample:

N3*201 PARK AVENUE*SUITE 300~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| N301 | 166 | Address Information | M | AN | 1/55 | Required |
| | | Description: Address information | | | | |
| N302 | 166 | Address Information | O | AN | 1/55 | Situational |
| | | Description: Address information | | | | |

N4

Subscriber Benefit Related Entity City, State, ZIP Code

| | |
|-------------------|-------------|
| Pos: 3700 | Max: 1 |
| Detail - Optional | |
| Loop: 2120C | Elements: 7 |

User Option (Usage): Situational**Purpose:** To specify the geographic place of the named party**Comments:**

1. Use this segment to identify address information for an entity.

Sample:

N4*KANSAS CITY*MO*64108~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| N401 | 19 | City Name Description: Free-form text for city name | O | AN | 2/30 | Required |
| N402 | 156 | State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency ExternalCodeList Name: 22C Description: States and Provinces | X | ID | 2/2 | Situational |
| N403 | 116 | Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) ExternalCodeList Name: 51 Description: ZIP Code ExternalCodeList Name: 932 Description: Universal Postal Codes | O | ID | 3/15 | Situational |
| N404 | 26 | Country Code Description: Code identifying the country ExternalCodeList Name: 5 Description: Countries, Currencies and Funds | X | ID | 2/3 | Situational |
| N405 | 309 | Location Qualifier Description: Code identifying type of location Code Name RJ Region | X | ID | 1/2 | Situational |
| N406 | 310 | Location Identifier Description: Code which identifies a specific location ExternalCodeList Name: DOD1 | O | AN | 1/30 | Situational |

| | | | | | | |
|------|------|--|---|----|-----|-------------|
| | | Description: Military Rank and Health Care Service Region | | | | |
| N407 | 1715 | Country Subdivision Code | X | ID | 1/3 | Situational |
| | | Description: Code identifying the country subdivision | | | | |
| | | <u>ExternalCodeList</u> | | | | |
| | | Name: 5 | | | | |
| | | Description: Countries, Currencies and Funds | | | | |

PER Subscriber Benefit Related Entity Contact Information

| | |
|-------------------|-------------|
| Pos: 3800 | Max: 3 |
| Detail - Optional | |
| Loop: 2120C | Elements: 8 |

User Option (Usage): Situational

Purpose: To identify a person or office to whom administrative communications should be directed

Comments:

1. Use this segment when needed to identify a contact name and/or communications number for the entity identified. This segment allows for three contact numbers to be listed. This segment is used when the information source wishes to provide a contact for the entity identified in loop 2120C NM1.

If telephone extension is sent, it should always be in the occurrence of the communications number following the actual phone number. See the example for an illustration.

2. If this segment is used, at a minimum either PER02 must be used or PER03 and PER04 must be used. It is recommended that at least PER02, PER03 and PER04 are sent if this segment is used.

3. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.

Sample:

PER*IC*BILLING DEPT*TE*2128763654*EX*2104*FX*2128769304~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> | | | | | | | | | | | | | | |
|-------------|---|---|-------------|-------------|----------------|---|----|-----------------|-----|-----------|----|-----------|----|--------------------------------|----|-------------------|---|----|-----|-------------|
| PER01 | 366 | Contact Function Code Description: Code identifying the major duty or responsibility of the person or group named <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>IC</td><td>Information Contact</td></tr></table> | <u>Code</u> | <u>Name</u> | IC | Information Contact | M | ID | 2/2 | Required | | | | | | | | | | |
| <u>Code</u> | <u>Name</u> | | | | | | | | | | | | | | | | | | | |
| IC | Information Contact | | | | | | | | | | | | | | | | | | | |
| PER02 | 93 | Name Description: Free-form name | O | AN | 1/60 | Situational | | | | | | | | | | | | | | |
| PER03 | 365 | Communication Number Qualifier Description: Code identifying the type of communication number <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>ED</td><td>Electronic Data Interchange Access Number</td></tr><tr><td>EM</td><td>Electronic Mail</td></tr><tr><td>FX</td><td>Facsimile</td></tr><tr><td>TE</td><td>Telephone</td></tr><tr><td>UR</td><td>Uniform Resource Locator (URL)</td></tr><tr><td>WP</td><td>Work Phone Number</td></tr></table> | <u>Code</u> | <u>Name</u> | ED | Electronic Data Interchange Access Number | EM | Electronic Mail | FX | Facsimile | TE | Telephone | UR | Uniform Resource Locator (URL) | WP | Work Phone Number | X | ID | 2/2 | Situational |
| <u>Code</u> | <u>Name</u> | | | | | | | | | | | | | | | | | | | |
| ED | Electronic Data Interchange Access Number | | | | | | | | | | | | | | | | | | | |
| EM | Electronic Mail | | | | | | | | | | | | | | | | | | | |
| FX | Facsimile | | | | | | | | | | | | | | | | | | | |
| TE | Telephone | | | | | | | | | | | | | | | | | | | |
| UR | Uniform Resource Locator (URL) | | | | | | | | | | | | | | | | | | | |
| WP | Work Phone Number | | | | | | | | | | | | | | | | | | | |
| PER04 | 364 | Communication Number Description: Complete communications number including country or area code when applicable | X | AN | 1/256 | Situational | | | | | | | | | | | | | | |
| PER05 | 365 | Communication Number Qualifier | X | ID | 2/2 | Situational | | | | | | | | | | | | | | |

Description: Code identifying the type of communication number

| <u>Code</u> | <u>Name</u> |
|-------------|---|
| ED | Electronic Data Interchange Access Number |
| EM | Electronic Mail |
| EX | Telephone Extension |
| FX | Facsimile |
| TE | Telephone |
| UR | Uniform Resource Locator (URL) |
| WP | Work Phone Number |

| | | | | | | |
|-------|-----|-----------------------------|---|----|-------|-------------|
| PER06 | 364 | Communication Number | X | AN | 1/256 | Situational |
|-------|-----|-----------------------------|---|----|-------|-------------|

Description: Complete communications number including country or area code when applicable

| | | | | | | |
|-------|-----|---------------------------------------|---|----|-----|-------------|
| PER07 | 365 | Communication Number Qualifier | X | ID | 2/2 | Situational |
|-------|-----|---------------------------------------|---|----|-----|-------------|

Description: Code identifying the type of communication number

| <u>Code</u> | <u>Name</u> |
|-------------|---|
| ED | Electronic Data Interchange Access Number |
| EM | Electronic Mail |
| EX | Telephone Extension |
| FX | Facsimile |
| TE | Telephone |
| UR | Uniform Resource Locator (URL) |
| WP | Work Phone Number |

| | | | | | | |
|-------|-----|-----------------------------|---|----|-------|-------------|
| PER08 | 364 | Communication Number | X | AN | 1/256 | Situational |
|-------|-----|-----------------------------|---|----|-------|-------------|

Description: Complete communications number including country or area code when applicable

LE**Loop Trailer**

| | |
|---------------------------|--------------------|
| Pos: 4000 | Max: 1 |
| Detail - Mandatory | |
| Loop: LS | Elements: 1 |

User Option (Usage): Situational**Purpose:** To indicate that the loop immediately preceding this segment is complete**Comments:**

1. Use this segment to identify the end of the Subscriber Benefit Related Entity Name loop. Because both the subscriber's name loop and this loop begin with NM1 segments, the LS and LE segments are used to differentiate these two loops.

Sample:

LE*2120~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|-----------------------------|------------|-------------|----------------|--------------|
| LE01 | 447 | Loop Identifier Code | M | AN | 1/4 | Required |

Description: The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE

MSG Message Text

| | |
|-------------------|-------------|
| Pos: 2500 | Max: 10 |
| Detail - Optional | |
| Loop: 2110D | Elements: 1 |

User Option (Usage): Situational

Purpose: To provide a free-form format that allows the transmission of text information

Comments:

1. Free form text or description fields are not recommended because they require human interpretation.
2. Under no circumstances can an information source use the MSG segment to relay information that can be sent using codified information in existing data elements (including combinations of multiple data elements and segments). Information that has been provided in codified form in other segments or elements elsewhere in the 271 for the individual must not be repeated in the MSG segment. If the information cannot be codified, then cautionary use of the MSG segment is allowed as a short term solution. It is highly recommended that the entity needing to use the MSG segment approach X12N with data maintenance to solve the long term business need, so the use of the MSG segment can be avoided for that issue.
3. Benefit Disclaimers are strongly discouraged. See section 1.4.11 Disclaimers Within the Transaction. Under no circumstances are more than one MSG segment to be used for a Benefit Disclaimer per individual response.

Sample:

MSG*Free form text is discouraged~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|------------------------|------------|-------------|----------------|--------------|
| MSG01 | 933 | Free-form Message Text | M | AN | 1/264 | Required |

Description: Free-form message text

LS Loop Header

| | |
|-------------------|-------------|
| Pos: 3300 | Max: 1 |
| Detail - Optional | |
| Loop: LS | Elements: 1 |

User Option (Usage): Situational

Purpose: To indicate that the next segment begins a loop

Comments:

1. Use this segment to identify the beginning of the Dependent Benefit Related Entity Name loop. Because both the subscriber's name loop and this loop begin with NM1 segments, the LS and LE segments are used to differentiate these two loops.

Sample:

LS*2120~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|----------------------|------------|-------------|----------------|--------------|
| LS01 | 447 | Loop Identifier Code | M | AN | 1/4 | Required |

Description: The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE

LE Loop Trailer

| | |
|--------------------|-------------|
| Pos: 4000 | Max: 1 |
| Detail - Mandatory | |
| Loop: LS | Elements: 1 |

User Option (Usage): Situational

Purpose: To indicate that the loop immediately preceding this segment is complete

Comments:

1. Use this segment to identify the end of the Dependent Benefit Related Entity Name loop. Because both the subscriber's name loop and this loop begin with NM1 segments, the LS and LE segments are used to differentiate these two loops.

Sample:

LE*2120~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|----------------------|------------|-------------|----------------|--------------|
| LE01 | 447 | Loop Identifier Code | M | AN | 1/4 | Required |

Description: The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE

SE Transaction Set Trailer

| | |
|--------------------|-------------|
| Pos: 4100 | Max: 1 |
| Detail - Mandatory | |
| Loop: N/A | Elements: 2 |

User Option (Usage): Required

Purpose: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Comments:

1. Use this segment to mark the end of a transaction set and provide control information on the total number of segments included in the transaction set.

Sample:

SE*52*0001~

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| SE01 | 96 | Number of Included Segments | M | N0 | 1/10 | Required |
| | | Description: Total number of segments included in a transaction set including ST and SE segments | | | | |
| SE02 | 329 | Transaction Set Control Number | M | AN | 4/9 | Required |
| | | Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set | | | | |