

# **271 Eligibility, Coverage or Benefit Information**

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**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>
<b>LOOP ID - 2000A</b>							
0100	HL	Information Source Level	M	1			Required
0250	AAA	Request Validation	O	9			Situational
<b>LOOP ID - 2100A</b>							
0300	NM1	Information Source Name	O	1			Required
0800	PER	Information Source Contact Information	O	3			Situational
0850	AAA	Request Validation	O	9			Situational
<b>LOOP ID - 2000B</b>							
0100	HL	Information Receiver Level	O	1			Situational
<b>LOOP ID - 2100B</b>							
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
<b>LOOP ID - 2000C</b>							
0100	HL	Subscriber Level	O	1			Situational
0200	TRN	Subscriber Trace Number	O	3		N2/0200	Situational
<b>LOOP ID - 2100C</b>							
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	<b>AAA</b>	Subscriber Request Validation	O	9	Situational
0900	<b>PRV</b>	Provider Information	O	1	Situational
1000	<b>DMG</b>	Subscriber Demographic Information	O	1	Situational
1100	<b>INS</b>	Subscriber Relationship	O	1	Situational
1150	<b>HI</b>	Subscriber Health Care Diagnosis Code	O	1	Situational
1200	<b>DTP</b>	Subscriber Date	O	9	Situational
1275	<b>MPI</b>	Subscriber Military Personnel Information	O	1	Situational
<b>LOOP ID - 2110C</b>					<b>≥1</b>
1300	<b>EB</b>	Subscriber Eligibility or Benefit Information	O	1	Situational
1350	<b>HSD</b>	Health Care Services Delivery	O	9	Situational
1400	<b>REF</b>	Subscriber Additional Identification	O	9	Situational
1500	<b>DTP</b>	Subscriber Eligibility/Benefit Date	O	20	Situational
1600	<b>AAA</b>	Subscriber Request Validation	O	9	Situational
2500	<b>MSG</b>	Message Text	O	10	Situational
<b>LOOP ID - 2115C</b>					<b>10</b>
2600	<b>III</b>	Subscriber Eligibility or Benefit Additional Information	O	1	Situational
<b>LOOP ID - LS</b>					<b>1</b>
3300	<b>LS</b>	Loop Header	O	1	Situational
<b>LOOP ID - 2120C</b>					<b>23</b>
3400	<b>NM1</b>	Subscriber Benefit Related Entity Name	O	1	Situational
3600	<b>N3</b>	Subscriber Benefit Related Entity Address	O	1	Situational
3700	<b>N4</b>	Subscriber Benefit Related Entity City, State, ZIP Code	O	1	Situational
3800	<b>PER</b>	Subscriber Benefit Related Entity Contact Information	O	3	Situational
3900	<b>PRV</b>	Subscriber Benefit Related Provider Information	O	1	Situational
4000	<b>LE</b>	Loop Trailer	M	1	Situational
<b>LOOP ID - 2000D</b>					<b>≥1</b>
0100	<b>HL</b>	Dependent Level	O	1	Situational
0200	<b>TRN</b>	Dependent Trace Number	O	3	N2/0200 Situational
<b>LOOP ID - 2100D</b>					<b>1</b>
0300	<b>NM1</b>	Dependent Name	O	1	Required
0400	<b>REF</b>	Dependent Additional Identification	O	9	Situational
0600	<b>N3</b>	Dependent Address	O	1	Situational
0700	<b>N4</b>	Dependent City, State, ZIP Code	O	1	Situational
0850	<b>AAA</b>	Dependent Request Validation	O	9	Situational
0900	<b>PRV</b>	Provider Information	O	1	Situational
1000	<b>DMG</b>	Dependent Demographic	O	1	Situational

		Information			
1100	<b>INS</b>	Dependent Relationship	O	1	Situational
1150	<b>HI</b>	Dependent Health Care Diagnosis Code	O	1	Situational
1200	<b>DTP</b>	Dependent Date	O	9	Situational
1275	<b>MPI</b>	Dependent Military Personnel Information	O	1	Situational
<b>LOOP ID - 2110D</b>					<b>&gt;1</b>
1300	<b>EB</b>	Dependent Eligibility or Benefit Information	O	1	Situational
1350	<b>HSD</b>	Health Care Services Delivery	O	9	Situational
1400	<b>REF</b>	Dependent Additional Identification	O	9	Situational
1500	<b>DTP</b>	Dependent Eligibility/Benefit Date	O	20	Situational
1600	<b>AAA</b>	Dependent Request Validation	O	9	Situational
2500	<b>MSG</b>	Message Text	O	10	Situational
<b>LOOP ID - 2115D</b>					<b>10</b>
2600	<b>III</b>	Dependent Eligibility or Benefit Additional Information	O	1	Situational
<b>LOOP ID - LS</b>					<b>1</b>
3300	<b>LS</b>	Loop Header	O	1	Situational
<b>LOOP ID - 2120D</b>					<b>23</b>
3400	<b>NM1</b>	Dependent Benefit Related Entity Name	O	1	Situational
3600	<b>N3</b>	Dependent Benefit Related Entity Address	O	1	Situational
3700	<b>N4</b>	Dependent Benefit Related Entity City, State, ZIP Code	O	1	Situational
3800	<b>PER</b>	Dependent Benefit Related Entity Contact Information	O	3	Situational
3900	<b>PRV</b>	Dependent Benefit Related Provider Information	O	1	Situational
4000	<b>LE</b>	Loop Trailer	M	1	Situational
4100	<b>SE</b>	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	<b>Authorization Information Qualifier</b>	M	ID	2/2	Required
		<b>Description:</b> Code identifying the type of information in the Authorization Information				
		<b>Code</b>	<b>Name</b>			
		00	No Authorization Information Present (No Meaningful Information in I02)			
		03	Additional Data Identification			
ISA02	I02	<b>Authorization Information</b>	M	AN	10/10	Required
		<b>Description:</b> 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)				
ISA03	I03	<b>Security Information Qualifier</b>	M	ID	2/2	Required
		<b>Description:</b> Code identifying the type of information in the Security Information				
		<b>All valid standard codes are used.</b>				
ISA04	I04	<b>Security Information</b>	M	AN	10/10	Required
		<b>Description:</b> 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)				
ISA05	I05	<b>Interchange ID Qualifier</b>	M	ID	2/2	Required
		<b>Description:</b> Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified				
		<b>Code</b>	<b>Name</b>			
		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	<b>Interchange Sender ID</b>		M	AN	15/15	Required
		<b>Description:</b> 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	<b>Interchange ID Qualifier</b>		M	ID	2/2	Required
		<b>Description:</b> Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified					
		<b>Code</b>	<b>Name</b>				
		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	<b>Interchange Receiver ID</b>		M	AN	15/15	Required
		<b>Description:</b> 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	<b>Interchange Date</b>		M	DT	6/6	Required
		<b>Description:</b> Date of the interchange					
ISA10	I09	<b>Interchange Time</b>		M	TM	4/4	Required
		<b>Description:</b> Time of the interchange					
ISA11	I65	<b>Repetition Separator</b>		M		1/1	Required
		<b>Description:</b> 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	<b>Interchange Control Version Number</b>		M	ID	5/5	Required
		<b>Description:</b> Code specifying the version					

number of the interchange control segments								
<b>Code</b>	<b>Name</b>							
00501	Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003							
ISA13	I12	<b>Interchange Control Number</b>	M	N0	9/9	Required		
		<b>Description:</b> A control number assigned by the interchange sender						
ISA14	I13	<b>Acknowledgment Requested</b>	M	ID	1/1	Required		
		<b>Description:</b> Code indicating sender's request for an interchange acknowledgment						
		<b>All valid standard codes are used.</b>						
ISA15	I14	<b>Interchange Usage Indicator</b>	M	ID	1/1	Required		
		<b>Description:</b> Code indicating whether data enclosed by this interchange envelope is test, production or information						
		<b>Code</b>	<b>Name</b>					
		P	Production Data					
		T	Test Data					
ISA16	I15	<b>Component Element Separator</b>	M		1/1	Required		
		<b>Description:</b> 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						

**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\*RECEIVER CODE\*19991231\*0802\*1\*X\*005010X212~

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Reg</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GS01	479	<b>Functional Identifier Code</b>	M	ID	2/2	Required
		<b>Description:</b> Code identifying a group of application related transaction sets				
		<b>Code</b>	<b>Name</b>			
		HS	Eligibility, Coverage or Benefit Inquiry (270)			
GS02	142	<b>Application Sender's Code</b>	M	AN	2/15	Required
		<b>Description:</b> Code identifying party sending transmission; codes agreed to by trading partners				
GS03	124	<b>Application Receiver's Code</b>	M	AN	2/15	Required
		<b>Description:</b> Code identifying party receiving transmission; codes agreed to by trading partners				
GS04	373	<b>Date</b>	M	DT	8/8	Required
		<b>Description:</b> Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year				
GS05	337	<b>Time</b>	M	TM	4/8	Required
		<b>Description:</b> 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)				
GS06	28	<b>Group Control Number</b>	M	NO	1/9	Required
		<b>Description:</b> Assigned number originated and maintained by the sender				
GS07	455	<b>Responsible Agency Code</b>	M	ID	1/2	Required
		<b>Description:</b> Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480				
		<b>Code</b>	<b>Name</b>			
		X	Accredited Standards Committee X12			
GS08	480	<b>Version / Release / Industry Identifier Code</b>	M	AN	1/12	Required
		<b>Description:</b> Code indicating the version, release, subrelease, and industry identifier				

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

**Code**      **Name**

005010X279 Standards Approved for Publication by ASC X12 Procedures Review Board  
A1                    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>Reg</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ST01	143	<b>Transaction Set Identifier Code</b>	M	ID	3/3	Required
		<b>Description:</b> Code uniquely identifying a Transaction Set				
		<b>Code</b>	<b>Name</b>			
		271	Eligibility, Coverage or Benefit Information			
ST02	329	<b>Transaction Set Control Number</b>	M	AN	4/9	Required
		<b>Description:</b> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set				
ST03	1705	<b>Implementation Convention Reference</b>	O	AN	1/35	Required
		<b>Description:</b> Reference assigned to identify Implementation Convention				

# 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	<b>Hierarchical Structure Code</b>	M	ID	4/4	Required						
<b>Description:</b> Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set												
<table> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>0022</td> <td>Information Source, Information Receiver, Subscriber, Dependent</td> </tr> </tbody> </table>							Code	Name	0022	Information Source, Information Receiver, Subscriber, Dependent		
Code	Name											
0022	Information Source, Information Receiver, Subscriber, Dependent											
<b>BHT02</b> 353 <b>Transaction Set Purpose Code</b> M    ID    2/2    Required												
<b>Description:</b> Code identifying purpose of transaction set												
<table> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>06</td> <td>Confirmation</td> </tr> <tr> <td>11</td> <td>Response</td> </tr> </tbody> </table>							Code	Name	06	Confirmation	11	Response
Code	Name											
06	Confirmation											
11	Response											
<b>BHT03</b> 127 <b>Reference Identification</b> O    AN    1/50    Situational												
<b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier												
<b>BHT04</b> 373 <b>Date</b> O    DT    8/8    Required												
<b>Description:</b> Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year												
<b>BHT05</b> 337 <b>Time</b> O    TM    4/8    Required												
<b>Description:</b> 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:**

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

# 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
<b>Description:</b> Code indicating a Yes or No condition or response						
Code	Name					
N No						
Y Yes						
AAA03	901	Reject Reason Code	O	ID	2/2	Required
<b>Description:</b> Code assigned by issuer to identify reason for rejection						
Code	Name					
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
<b>Description:</b> Code identifying follow-up actions allowed						
Code	Name					
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:

<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
<b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual						
		<u>Code</u>	<u>Name</u>			
		2B	Third-Party Administrator			
		36	Employer			
		GP	Gateway Provider			
		P5	Plan Sponsor			
		PR	Payer			
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
<b>Description:</b> 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	Required
<b>Description:</b> Individual last name or organizational name						
NM104	1036	Name First	O	AN	1/35	Situational
<b>Description:</b> Individual first name						
NM105	1037	Name Middle	O	AN	1/25	Situational
<b>Description:</b> Individual middle name or initial						
NM107	1039	Name Suffix	O	AN	1/10	Situational
<b>Description:</b> Suffix to individual name						
NM108	66	Identification Code Qualifier	X	ID	1/2	Required
<b>Description:</b> Code designating the system/method of code structure used for Identification Code (67)						
		<u>Code</u>	<u>Name</u>			
		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 AAABBCCCC. 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
		<b>Description:</b> Code identifying the major duty or responsibility of the person or group named				
		<b>Code</b>	<b>Name</b>			
		IC	Information Contact			
PER02	93	Name	O	AN	1/60	Situational
		<b>Description:</b> Free-form name				
PER03	365	Communication Number Qualifier	X	ID	2/2	Situational
		<b>Description:</b> Code identifying the type of communication number				
		<b>Code</b>	<b>Name</b>			
		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
		<b>Description:</b> Complete communications number including country or area code when applicable				
PER05	365	Communication Number Qualifier	X	ID	2/2	Situational
		<b>Description:</b> Code identifying the type of communication number				
		<b>Code</b>	<b>Name</b>			
		ED	Electronic Data Interchange Access Number			
		EM	Electronic Mail			
		EX	Telephone Extension			

		FX	Facsimile				
		TE	Telephone				
		UR	Uniform Resource Locator (URL)				
PER06	364	<b>Communication Number</b>		X	AN	1/256	Situational
		<b>Description:</b> Complete communications number including country or area code when applicable					
PER07	365	<b>Communication Number Qualifier</b>		X	ID	2/2	Situational
		<b>Description:</b> Code identifying the type of communication number					
		<b>Code</b>	<b>Name</b>				
		ED	Electronic Data Interchange Access Number				
		EM	Electronic Mail				
		EX	Telephone Extension				
		FX	Facsimile				
		TE	Telephone				
		UR	Uniform Resource Locator (URL)				
PER08	364	<b>Communication Number</b>		X	AN	1/256	Situational
		<b>Description:</b> 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
		<b>Description:</b> Code indicating a Yes or No condition or response				
		<b>Code</b>	<b>Name</b>			
		N	No			
		Y	Yes			
AAA03	901	Reject Reason Code	O	ID	2/2	Required
		<b>Description:</b> Code assigned by issuer to identify reason for rejection				
		<b>Code</b>	<b>Name</b>			
		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
		<b>Description:</b> Code identifying follow-up actions allowed				
		<b>Code</b>	<b>Name</b>			
		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	<b>Hierarchical ID Number</b>	M	AN	1/12	Required
		<b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure				
HL02	734	<b>Hierarchical Parent ID Number</b>	O	AN	1/12	Required
		<b>Description:</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to				
HL03	735	<b>Hierarchical Level Code</b>	M	ID	1/2	Required
		<b>Description:</b> Code defining the characteristic of a level in a hierarchical structure				
		<b>Code</b>	<b>Name</b>			
		21	Information Receiver			
HL04	736	<b>Hierarchical Child Code</b>	O	ID	1/1	Required
		<b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described				
		<b>All valid standard codes are used.</b>				

# 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	M	ID	2/3	Required
<b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual						
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	M	ID	1/1	Required
<b>Description:</b> Code qualifying the type of entity						
Code	Name					
1	Person					
2	Non-Person Entity					
NM103	1035	Name Last or Organization Name	X	AN	1/60	Situational
<b>Description:</b> Individual last name or organizational name						
NM104	1036	Name First	O	AN	1/35	Situational
<b>Description:</b> Individual first name						
NM105	1037	Name Middle	O	AN	1/25	Situational
<b>Description:</b> Individual middle name or initial						
NM107	1039	Name Suffix	O	AN	1/10	Situational
<b>Description:</b> Suffix to individual name						
NM108	66	Identification Code Qualifier	X	ID	1/2	Required
<b>Description:</b> Code designating the system/method of code structure used for Identification Code (67)						

		<b>Code</b>	<b>Name</b>				
		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	<b>Identification Code</b>		X	AN	2/80	Required
		<b>Description:</b>	Code identifying a party or other code				
		<b><u>ExternalCodeList</u></b>					
		<b>Name:</b>	540				
		<b>Description:</b>	Health Care Financing Administration National PlanID				
		<b><u>ExternalCodeList</u></b>					
		<b>Name:</b>	537				
		<b>Description:</b>	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
		<b>Description:</b> 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
		<b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 537				
		<b>Description:</b> Health Care Financing Administration National Provider Identifier				
REF03	352	Description	X	AN	1/80	Situational
		<b>Description:</b> A free-form description to clarify the related data elements and their content				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 22C				
		<b>Description:</b> 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\*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	<b>Address Information</b>	M	AN	1/55	Required
		<b>Description:</b> Address information				
N302	166	<b>Address Information</b>	O	AN	1/55	Situational
		<b>Description:</b> Address information				

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

# 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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AAA01	1073	Yes/No Condition or Response Code	M	ID	1/1	Required
<b>Description:</b> Code indicating a Yes or No condition or response						
Code	Name					
N	No					
Y	Yes					
AAA03	901	Reject Reason Code	O	ID	2/2	Required
<b>Description:</b> Code assigned by issuer to identify reason for rejection						
Code	Name					
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
<b>Description:</b> Code identifying follow-up actions allowed						
Code	Name					
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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
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
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**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
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**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:**

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

# 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

Code	Name
1	Current Transaction Trace Numbers
2	Referenced Transaction Trace Numbers

TRN02	127	Reference Identification	M	AN	1/50	Required
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**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

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

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

## 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
<b>Description:</b> Code qualifying the Reference Identification						
Code	Name					
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	<b>Description</b>	X	AN	1/80	Situational
<b>Description:</b> 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:**

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

**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:**

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

# 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
		<b>Description:</b> 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
		<b>Description:</b> 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
		<b>Description:</b> 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:

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

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:

Ref	Id	Element Name	Reg	Type	Min/Max	Usage								
DMG01	1250	Date Time Period Format Qualifier	X	ID	2/3	Situational								
<b>Description:</b> Code indicating the date format, time format, or date and time format														
<table> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>D8</td> <td>Date Expressed in Format CCYYMMDD</td> </tr> </tbody> </table>							Code	Name	D8	Date Expressed in Format CCYYMMDD				
Code	Name													
D8	Date Expressed in Format CCYYMMDD													
<b>DMG02</b> 1251    Date Time Period														
<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times														
DMG03	1068	Gender Code	O	ID	1/1	Situational								
<b>Description:</b> Code indicating the sex of the individual														
<table> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>F</td> <td>Female</td> </tr> <tr> <td>M</td> <td>Male</td> </tr> <tr> <td>U</td> <td>Unknown</td> </tr> </tbody> </table>							Code	Name	F	Female	M	Male	U	Unknown
Code	Name													
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	<b>Yes/No Condition or Response Code</b>	M	ID	1/1	Required
<b>Description:</b> Code indicating a Yes or No condition or response						
		<u>Code</u>	<u>Name</u>			
Y Yes						
INS02	1069	<b>Individual Relationship Code</b>	M	ID	2/2	Required
<b>Description:</b> Code indicating the relationship between two individuals or entities						
		<u>Code</u>	<u>Name</u>			
18 Self						
INS03	875	<b>Maintenance Type Code</b>	O	ID	3/3	Situational
<b>Description:</b> Code identifying the specific type of item maintenance						
		<u>Code</u>	<u>Name</u>			
001 Change						
INS04	1203	<b>Maintenance Reason Code</b>	O	ID	2/3	Situational
<b>Description:</b> Code identifying the reason for the maintenance change						
		<u>Code</u>	<u>Name</u>			
25 Change in Identifying Data Elements						
INS17	1470	<b>Number</b>	O	NO	1/9	Situational
<b>Description:</b> A generic number						

# 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:

<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
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

<u>Code</u>	<u>Name</u>
D8	Date Expressed in Format CCYYMMDD
RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

DTP03	1251	<b>Date Time Period</b>	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

		<b>Description:</b> Percentage expressed as a decimal (e.g., 0.0 through 1.0 represents 0% through 100%)				
EB09	673	<b>Quantity Qualifier</b>  <b>Description:</b> Code specifying the type of quantity	X	ID	2/2	Situational
		<b>Code</b> <b>Name</b>				
		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	<b>Quantity</b>  <b>Description:</b> Numeric value of quantity	X	R	1/15	Situational
EB11	1073	<b>Yes/No Condition or Response Code</b>  <b>Description:</b> Code indicating a Yes or No condition or response	O	ID	1/1	Situational
		<b>Code</b> <b>Name</b>				
		N No				
		U Unknown				
		Y Yes				
EB12	1073	<b>Yes/No Condition or Response Code</b>  <b>Description:</b> Code indicating a Yes or No condition or response	O	ID	1/1	Situational
		<b>Code</b> <b>Name</b>				
		N No				
		U Unknown				
		W Not Applicable				
		Y Yes				
EB13	C003	<b>Composite Medical Procedure Identifier</b>  <b>Description:</b> To identify a medical procedure by its standardized codes and applicable modifiers	O	Comp		Situational
EB13-01	235	<b>Product/Service ID Qualifier</b>  <b>Description:</b> Code identifying the type/source of the descriptive number used in Product/Service ID (234)	M	ID	2/2	Required

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

		of the service, as defined by trading partners			
		<b><u>ExternalCodeList</u></b>			
		<b>Name:</b> 130			
		<b>Description:</b> Health Care Financing Administration Common Procedural Coding System			
		<b><u>ExternalCodeList</u></b>			
		<b>Name:</b> 133			
		<b>Description:</b> Current Procedural Terminology (CPT) Codes			
		<b><u>ExternalCodeList</u></b>			
		<b>Name:</b> 513			
		<b>Description:</b> Home Infusion EDI Coalition (HIEC) Product/Service Code List			
EB13-05	1339	<b>Procedure Modifier</b>	O	AN	2/2
		Situational			
		<b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners			
		<b><u>ExternalCodeList</u></b>			
		<b>Name:</b> 130			
		<b>Description:</b> Health Care Financing Administration Common Procedural Coding System			
		<b><u>ExternalCodeList</u></b>			
		<b>Name:</b> 133			
		<b>Description:</b> Current Procedural Terminology (CPT) Codes			
		<b><u>ExternalCodeList</u></b>			
		<b>Name:</b> 513			
		<b>Description:</b> Home Infusion EDI Coalition (HIEC) Product/Service Code List			
EB13-06	1339	<b>Procedure Modifier</b>	O	AN	2/2
		Situational			
		<b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners			
		<b><u>ExternalCodeList</u></b>			
		<b>Name:</b> 130			
		<b>Description:</b> Health Care Financing Administration Common Procedural Coding System			
		<b><u>ExternalCodeList</u></b>			
		<b>Name:</b> 133			
		<b>Description:</b> Current Procedural Terminology (CPT) Codes			
		<b><u>ExternalCodeList</u></b>			
		<b>Name:</b> 513			
		<b>Description:</b> Home Infusion EDI Coalition (HIEC) Product/Service Code List			
EB13-08	234	<b>Product/Service ID</b>	O	AN	1/48
		Situational			
		<b>Description:</b> Identifying number for a product or service			
		<b><u>ExternalCodeList</u></b>			
		<b>Name:</b> 240			
		<b>Description:</b> National Drug Code by Format			
		<b><u>ExternalCodeList</u></b>			
		<b>Name:</b> 513			
		<b>Description:</b> Home Infusion EDI Coalition (HIEC) Product/Service Code List			
		<b><u>ExternalCodeList</u></b>			
		<b>Name:</b> 130			
		<b>Description:</b> Health Care Financing Administration Common Procedural Coding System			
		<b><u>ExternalCodeList</u></b>			

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

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AAA01	1073	Yes/No Condition or Response Code	M	ID	1/1	Required
<b>Description:</b> Code indicating a Yes or No condition or response						
Code	Name					
N	No					
Y	Yes					
AAA03	901	Reject Reason Code	O	ID	2/2	Required
<b>Description:</b> Code assigned by issuer to identify reason for rejection						
Code	Name					
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

<b><u>Code</u></b>	<b><u>Name</u></b>
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	<b>Entity Identifier Code</b>	M	ID	2/3	Required
<b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual						
		<b>Code</b>	<b>Name</b>			
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	<b>Entity Type Qualifier</b>	M	ID	1/1	Required
<b>Description:</b> Code qualifying the type of entity						
		<b>Code</b>	<b>Name</b>			
1 Person						
2 Non-Person Entity						
NM103	1035	<b>Name Last or Organization Name</b>	X	AN	1/60	Situational
<b>Description:</b> Individual last name or organizational name						

NM104	1036	<b>Name First</b>  <b>Description:</b> Individual first name	O	AN	1/35	Situational
NM105	1037	<b>Name Middle</b>  <b>Description:</b> Individual middle name or initial	O	AN	1/25	Situational
NM107	1039	<b>Name Suffix</b>  <b>Description:</b> Suffix to individual name	O	AN	1/10	Situational
NM108	66	<b>Identification Code Qualifier</b>  <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67)	X	ID	1/2	Situational
		<b>Code</b> <b>Name</b>				
		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	<b>Identification Code</b>  <b>Description:</b> Code identifying a party or other code	X	AN	2/80	Situational
		<b>ExternalCodeList</b>				
		<b>Name:</b> 245				
		<b>Description:</b> National Association of Insurance Commissioners (NAIC) Code				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 540				
		<b>Description:</b> Health Care Financing Administration National PlanID				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 537				
		<b>Description:</b> Health Care Financing Administration National Provider Identifier				
NM110	706	<b>Entity Relationship Code</b>  <b>Description:</b> Code describing entity relationship	X	ID	2/2	Situational
		<b>Code</b> <b>Name</b>				
		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>Reg</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	<b>Address Information</b>  <b>Description:</b> Address information	M	AN	1/55	Required
N302	166	<b>Address Information</b>  <b>Description:</b> Address information	O	AN	1/55	Situational

**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:**

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

**Description:** Military Rank and Health Care Service Region

N407	1715	<b>Country Subdivision Code</b>	X	ID	1/3	Situational
<b>Description:</b> Code identifying the country subdivision						
<b>ExternalCodeList</b>						
<b>Name:</b> 5						
<b>Description:</b> 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 AAABBCCCC. 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	M	ID	2/2	Required
		<b>Description:</b> Code identifying the major duty or responsibility of the person or group named				
		<b>Code</b>	<b>Name</b>			
		IC	Information Contact			
PER02	93	Name	O	AN	1/60	Situational
		<b>Description:</b> Free-form name				
PER03	365	Communication Number Qualifier	X	ID	2/2	Situational
		<b>Description:</b> Code identifying the type of communication number				
		<b>Code</b>	<b>Name</b>			
		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	X	AN	1/256	Situational
		<b>Description:</b> 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

<b>Code</b>	<b>Name</b>
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

<b>Code</b>	<b>Name</b>
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:

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