

COMPANION GUIDE
JULY 2004
HEALTH CARE ELIGIBILITY BENEFIT INQUIRY
VERSION 4010A1

HEALTH PLAN SYSTEMS INC (HPS) ANSI ASC X12N 270 Version 4010A1 HEALTH CARE ELIGIBILITY BENEFIT INQUIRY

Health Plan Systems is a pioneer in the development of administrative software for the health care industry and, after ten years of extensive research and development, presents a product portfolio designed to help clients achieve Health Insurance Portability and Accountability Act (HIPAA) compliance with unprecedented benefits of efficiency, flexibility and functionality.

As one of the elite group of companies to have its software certified by **Claredi**, a national third-party organization accrediting entities that send or receive HIPAA-regulated transactions, Health Plan System's proven software makes HIPAA compliance a simple and easy part of everyday business.

HPS Clearinghouse EDI Enrollment Procedure

The first step in becoming electronic billers is to complete an Electronic Data Interchange (EDI) Enrollment registration. We process your registration and assign an electronic Submitter Number and Login ID to you, which identify you as an electronic claim submitter.

If you have any question you can contact your software vendor or HPS Clearinghouse Support Team. Our support team will be happy to assist you at any business time.

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ANSI ASC X12N 270 (004010X092A1)

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Disclaimer

Purpose of the ANSI ASC X12N 270 Health Care Eligibility Benefit Inquiry - Companion Guide

This companion guide for the ANSI ASC X12N 270 transactions has been created for use in conjunction with the standard implementation guide. It is not a replacement for the implementation guide, but rather used as an additional source of information. The companion guide contains data clarifications derived from specific business rules that apply exclusively to inquiry processing for the providers who have enrolled with Health Plan Systems.

The guide also includes the testing procedure required by the Health Plan Systems EDI Department. Before sending the Eligibility Benefit Inquiries, the providers can also test their Eligibility Benefit Inquiries with HPS Clearinghouse. The submitters are therefore encouraged to often check the website of Health Plan Systems for updates to the companion guides at the following web site:

<http://hpsch.2hps.com>

We will provide an electronic mail access to submitters that are willing to communicate with Health Plan Systems. HPS will provide an email alert whenever there is an update or change of business rules or technical modifications.

Business Requirements

The Health Insurance Portability and Accountability Act (HIPAA) require that HPS Clearinghouse, and all other health insurance payers and clearinghouse in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI ASC X12N 270 implementation guides have been established as the standards of compliance for Health care eligibility benefit inquiry transactions. The implementation guides for each transaction are available electronically at www.wpc-edi.com.

The following information is intended to serve only as a companion document to the HIPAA ANSI ASC X12N 270 implementation guides. The use of this document is solely for the purpose of clarification.

The information describes specific requirements to be used for processing data in the HPS Clearinghouse service number **024272739**. The information in this document is subject to change. Changes will be communicated via e-mail and on HPS Clearinghouse web site: <http://hpsch.2hps.com>

This companion document supplements, but does not contradict any requirements in the ANSI ASC X12N 270 implementation guide. Additional companion documents/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

- HPS will only process one transaction type (records group) per interchange (transmission); a submitter can submit one GS-GE (Functional Group) within an ISA-IEA (Interchange).
- HPS is required to create a TA1 Interchange Acknowledgement to report the results of the standard ANSI ASC X12N syntax editing. The TA1 will be available while submitting inquiry to Clearinghouse. HPS provides a way for retrieving and translating the TA1 acknowledgement in an extensive way which is new in the market. Transactions with errors must be corrected and resubmitted.
- HPS is required to create a 997 Functional Acknowledgement to report the results of the standard ANSI ASC X12N syntax editing. The 997 will be available within one (1) business day. The 997 will report standard ANSI X12N syntax errors. HPS provides a way for retrieving and translating the 997 acknowledgements. Transactions with errors must be corrected and resubmitted.
- All dates that are submitted on an incoming 270 transaction must be valid calendar dates in the appropriate format based on the respective qualifier. Failure to submit a valid calendar date may result in rejections of the Eligibility Benefit Inquiry or the applicable interchange (transmission).
- HPS will reject an interchange (transmission) that is submitted with a submitter identification number that is not authorized for electronic inquiry submission.
- HPS will reject an interchange (transmission) that is submitted with an invalid value in GS03 (Application Receiver's Code) based on the carrier definition.
- Only valid qualifiers for HPS must be submitted on incoming 270 transactions.
- Retrieval of the ANSI ASC X12N 997 functional acknowledgment files can be done on or before the first business day after the inquiry file is submitted, but not less than one day after the file submission.

- Only loops, segment and data elements valid for the HIPAA Eligibility Benefit Inquiry Implementation Guide will be translated. Non-implementation guide data may not be sent for processing consideration.
- The incoming 270 transactions must utilize delimiters from the following list:

Data Element separator	:	-	*	(asterisk)
Loop Segment Separator	:	-	~	(tilde)
Component Separator	:	-	:	(colon)

The usage of these characters within the text data elements in the incoming 270 transaction may cause problems with creation of subsequent transactions and hence it is not allowed.

- Currency code (CUR02) must equal 'USA'.
- You must submit incoming 270 data using the basic character set as defined in Appendix A of the 270 Implementation Guide. In addition to the basic character set, you may use characters from the extended character set. Using any characters from the extended character set which is not acceptable by payer will be rejected through functional acknowledgment(997)
- HPS recommends posting files with file name below 45 characters and it should be in windows standard file format.
- Date and time must be mentioned in HIPAA standard and Time zone and date must be in United States graphical format.
- HPS requires following standards for identifiers :

Payer ID	-	Should be used as HPS listed (Provided in HPS Participated Payer List)
Zip code	-	Should be either 5 or 9 digit numeric value (Special characters not allowed)
SSN, EIN, Federal Tax ID	-	Should be 9 digit numeric value (Special characters not allowed)
Phone, Fax	-	Should be 10 digit alphanumeric (Special characters not allowed)
Extension	-	Should be 1 to 6 alphanumeric (Special characters not allowed)

270 Health Care Eligibility Benefit Inquiry – Data Clarification

Level: HEADER

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
Header	ISA		M	ID	3/3	R-1	Interchange Control Header	
Header	ISA01	I01	M	ID	2/2	R	Authorization Information Qualifier	Must contain '00'
Header	ISA02	I02	M	AN	10/10	R	Authorization Information	Must contain 10 spaces
Header	ISA03	I03	M	ID	2/2	R	Security Information Qualifier	Must contain '00'
Header	ISA04	I04	M	AN	10/10	R	Security Information	Must contain 10 spaces
Header	ISA05	I05	M	ID	2/2	R	Interchange ID Qualifier	Must contain 'ZZ'
Header	ISA06	I06	M	AN	15/15	R	Interchange Sender ID	Must contain ID assigned by HPS
Header	ISA07	I05	M	ID	2/2	R	Interchange ID Qualifier	Must contain 'ZZ'
Header	ISA08	I07	M	AN	15/15	R	Interchange Receiver ID	Must contain '024272739' plus six trailing spaces.
Header	ISA09	I08	M	DT	6/6	R	Interchange Date	YYMMDD
Header	ISA10	I09	M	TM	4/4	R	Interchange Time	HHMM
Header	ISA11	I10	M	ID	1/1	R	Interchange Control Standards Identifier	U(U.S. EDI Community of ASC X12N, TDCC, and UCS)
Header	ISA12	I11	M	ID	5/5	R	Interchange Control Version	00401

							Number	
Header	ISA13	I12	M	NO	9/9	R	Interchange Control Number	The Interchange Control Number, ISA13, must be identical to the Associated Interchange Trailer IEA02.
Header	ISA14	I13	M	ID	1/1	R	Acknowledgment Requested	Must contain '1'
Header	ISA15	I14	M	ID	1/1	R	Usage Indicator	Must contain 'P' or 'T'
Header	ISA16	I15	M		1/1	R	Component Sub element Separator	Must contain ':'
Header	GS		M	ID	2/2	R-1	Functional Group Header	
Header	GS01	479	M	ID	2/2	R	Functional Identifier code	HS Eligibility, Coverage or Benefit Inquiry (270)
Header	GS02	142	M	AN	2/15	R	Application Sender's Code	Submitter's Tax ID
Header	GS03	124	M	AN	2/15	R	Receiver ID	Must contain '024272739'
Header	GS04	373	M	DT	8/8	R	Creation Date	CCYYMMDD
Header	GS05	337	M	TM	4/8	R	Creation Time	The recommended format is HHMM
Header	GS06	028	M	NO	1/9	R	Group Control Number	Must begin with 1 and increment by 1 for each subsequent GS with in a file. Reset back to 1 for new file.
Header	GS07	455	M	ID	1/2	R	Responsible	X- Accredited

							Agency Code	Standards Committee X12N(Code used in conjunction with Data Element 480 to identify the issuer of the Standard)
Header	GS08	480	M	AN	1/12	R	Version / Release Industry ID Code	004010X092 A1
HEADER								
Header	ST		M	ID	2/2	R	Transaction Set Header	
Header	ST01	143	M	ID	3/3	R	Transaction Set Identifier Code	270(Eligibility, Coverage or Benefit Inquiry)
Header	ST02	329	M	ID	4/9	R	Transaction Set Control Number	Submitters could begin sending transactions using the number 0001 in this element and increment from there. The number must be unique within a specific functional group (GS-GE) and interchange (ISA-IEA), but can repeat in other groups and interchanges
Header	BHT		M	ID	3/3	R-1	Beginning of	

							Hierarchical Transaction	
Header	BHT01	1005	M	ID	4/4	R	Hierarchical Structure Code	0022 (Information Source, Subscriber, Dependent)
Header	BHT02	353	M	ID	2/2	R	Transaction Set Purpose Code	01(Cancellation) , 13 (Request), 36 (Authority to Deduct (Reply))
Header	BHT03	127	O	AN	1/30	S	Originator Application Transaction Identifier	This element is required to be used if the transaction is processed in Real Time.
Header	BHT04	373	O	DT	8/8	R	Transaction Set Creation Date	The date that the submitter created the file(CCYYMM DD).
Header	BHT05	337	O	TM	4/8	R	Submission Time	Time of day that the Submitter created the file(HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD,).
Header	BHT06	640	O	ID	2/2	S	Transaction Type Code	RT(Spend Down), RU (Medical Services Reservation)

Level: Detail, Information Source Level

LOOP 2000A Information Source Level

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2000A	LOOP 2000 A					R- > 1	INFORMATION SOURCE LEVEL	In a batch environment, only one Loop 2000A (Information Source) loop is to be created for each unique information source in a transaction.
2000A	HL		M	ID	2/2	R- > 1	Hierarchical Level	
2000A	HL01	628	M	AN	1/12	R	Hierarchical ID Number	Must begin with 1 and increment by 1 for each subsequent HL with in a file.
2000A	HL02		O	AN		N/U		
2000A	HL03	735	M	ID	1/2	R	Hierarchical Level Code	20 (Information Source)
2000A	HL04	736	O	ID	1/1	R	Hierarchical Child Code	1 (Additional Subordinate HL Data Segment in This Hierarchical Structure.)

LOOP 2100A Information Source Name

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2100A	NM1		M	ID	3/3	R-1	Information Source Name	

2100A	NM101	98	M	ID	2/3	R	Entity Identifier Code	Verify Hipaa implementation guide for code list
2100A	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2(Non-Person Entity)
2100A	NM103	1035	O	AN	1/35	S	Information Source Last/Org Name	
2100A	NM104	1036	O	AN	1/25	S	Information Source First Name	Use this name only if NM102 is "1" and information is needed to identify the source of eligibility or benefit information.
2100A	NM105	1037	O	AN	1/25	S	Information Source Middle Name	Use this name only if NM102 is "1" and information is needed to identify the source of eligibility or benefit information.
2100A	NM106					N/U		
2100A	NM107	1039	O	AN	1/10	S	Information Source Name Suffix	Use this name only if NM102 is "1" and information is needed to identify the source of eligibility or benefit information.

2100A	NM108	66	X	ID	1/2	R	Identification Code Qualifier	Use code value "XV" if the Information Source is a Payer and the National PlanID is mandated for use. Use code value "XX" if the information source is a provider and the HCFA National Provider Identifier is mandated for use. Otherwise one of the other appropriate code values may be used.
2100A	NM109	67	X	AN	2/80	R	Information Source Primary Identifier	Use this reference number as qualified by the preceding data element (NM108).
2100A	NM110- NM111					N/U		

Level: Detail, Information Receiver Level

LOOP ID - 2000B

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2000B	LOOP 2000B					R- > 1	INFORMATION RECEIVER LEVEL	In a batch environment, only one Loop 2000B(Information Receiver) loop is to be created for each unique information

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								Receiver in a transaction Within an Loop 2000A (Information Source) loop.
2000B	HL		M	ID	2/2	R- > 1	Hierarchical Level	
2000B	HL01	628	M	AN	1/12	R	Hierarchical ID Number	Must begin with 1 and increment by 1 for each subsequent HL with in a file.
2000B	HL02	734	O	AN	1/12	R	Hierarchical Parent ID Number	
2000B	HL03	735	M	ID	1/2	R	Hierarchical Level Code	21 (Information Receiver)
2000B	HL04	736	O	ID	1/1	R	Hierarchical Child Code	1 (Additional Subordinate HL Data Segment in This Hierarchical Structure.)

LOOP ID - 2100B INFORMATION RECEIVER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
2100B	NM1		M	ID	3/3	R-1	Information Receiver Name	
2100B	NM101	98	M	ID	2/3	R	Entity Identifier Code	Verify Hipaa implementation guide for code list
2100B	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2(Non-Person Entity)
2100B	NM103	1035	O	AN	1/35	S	Information Receiver Last/Org Name	
2100B	NM104	1036	O	AN	1/25	S	Information Source First Name	Use this name only if NM102 is "1".
2100B	NM105	1037	O	AN	1/25	S	Information Source	Use this name only if NM102

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
							Middle Name	is "1".
2100B	NM106					N/U		
2100B	NM107	1039	O	AN	1/10	S	Information Source Name Suffix	Use this name only if NM102 is "1".
2100B	NM108	66	X	ID	1/2	R	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2100B	NM109	67	X	AN	2/80	R	Information Receiver Identification Number	Use this reference number as qualified by the preceding data element (NM108).
2100B	NM110-NM111					N/U		
2100B	REF		O	ID	3/3	S-9	Information Receiver Additional Identification	
2100B	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2100B	REF02	127	X	AN	1/30	R	Information Receiver Additional Identifier	Use this reference number as qualified by the preceding data element (REF01).
2100B	REF03	352	X	AN	1/80	S	License Number State Code	
2100B	REF04					N/U		
2100B	N3		O		2/2	S-1	Address Information	
2100B	N301	166	M	AN	1/55	R	Information Receiver Address Line	
2100B	N302	166	O	AN	1/55	S	Address Information	

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2100B	N4		O	ID	2/2	S-1	Information Receiver City State and Zip	
2100B	N401	19	O	AN	2/30	R	Information Receiver City Name	
2100B	N402	156	O	ID	2/2	R	Information Receiver State / Province Code	
2100B	N403	116	O	ID	3/15	R	Information Receiver Zip Code	Sized to 9 Bytes
2100B	N404	26	O	ID	2/3	S	Information Receiver Country Code	
2100B	N405-N406					N/U		
2100B	PER		O		3/3	S-3	Information Receiver Contact Information	
2100B	PER01	366	M	ID	2/2	R	Contact Function Code	IC(Information Contact)
2100B	PER02	93	O	AN	1/60	S	Contact Name	Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).
2100B	PER03	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2100B	PER04	364	X	AN	1/80	S	Information Receiver Communication Number	Use this Communication number as qualified by the preceding data element.

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2100B	PER05	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2100B	PER06	364	X	AN	1/80	S	Information Receiver Communication Number	Use this Communication number as qualified by the preceding data element.
2100B	PER07	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2100B	PER08	364	X	AN	1/80	S	Information Receiver Communication Number	Use this Communication number as qualified by the preceding data element.
2100B	PER09					N/U		
2100B	PRV		O		3/3	S-1	Information Receiver provider Information	
2100B	PRV01	1221	M	ID	1/3	R	Provider Code	Verify Hipaa implementation guide for code list
2100B	PRV02	128	M	ID	2/3	R	Reference Number Qualifier	If the National Provider ID is mandated for use, code value "HPI" , otherwise ZZ(Mutually Defined)
2100B	PRV03	127	M	AN	1/30	R	Receiver Provider Specialty Code	Use this number for the reference number as qualified by the preceding data element (PRV02).
2100B	PRV04-PRV06					N/U		

Level : Detail, Subscriber Level

LOOP ID - 2000C SUBSCRIBER LEVEL

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2000C	LOOP 2000C					R- > 1	SUBSCRIBER LEVEL	If the transaction set is to be used in a real time mode the 270 transaction contain only one patient request, if it is batch mode then a maximum of ninety-nine patient requests. Each patient is defined as either, one subscriber loop if the member is the patient, or one subscriber loop and one dependent loop if the dependent is the patient.
2000C	HL		M		2/2	R- > 1	Hierarchical Level	
2000C	HL01	628	M	AN	1/12	R	Hierarchical ID Number	Must begin with 1 and increment by 1 for each subsequent HL with in a file.
2000C	HL02		O	AN		R		Use this code to identify the specific hierarchical level to which this level is subordinate.

2000C	HL03	735	M	ID	1/2	R	Hierarchical Level Code	22 (Subscriber)
2000C	HL04	736	O	ID	1/1	R	Hierarchical Child Code	If there is a Loop 2000D (Dependent) level subordinate to the current Loop 2000C, the value will be "1". If there is no Loop 2000D (Dependent) level subordinate to the current Loop 2000C, the value will be "0" (zero).
2000C	TRN				3/3	S-2	SUBSCRIBER TRACE NUMBER	If the Eligibility, Coverage or Benefit Inquiry Transaction Set (270) includes a TRN segment, then the eligibility, Coverage or Benefit information Transaction Set (271) must return the trace number identified in the TRN segment.
2000C	TRN01	481	M	ID	1 / 2	R	Trace Type Code	1 (Current Transaction Trace Numbers)
2000C	TRN02	127	M	AN	1/30	R	Trace Number	
2000C	TRN03	509	O	AN	10/10	R	Trace Assigning Entity Identifier	The first position must be either a "1" if an EIN is used, a "3" if a DUNS is used or a "9" if a user assigned

								identifier is used.
2000C	TRN04	127	O	AN	1/30	S	Trace Assigning Entity Additional Identifier	

LOOP ID - 2100C SUBSCRIBER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
	Loop 2100C					R-1	Subscriber Name	
2100C	NM1		M		3/3	R->1	Information Receiver Name	
2100C	NM101	98	M	ID	2/3	R	Entity Identifier Code	IL (Insured or Subscriber)
2100C	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person)
2100C	NM103	1035	O	AN	1/35	S	Subscriber Last/Org Name	
2100C	NM104	1036	O	AN	1/25	S	Subscribe First Name	
2100C	NM105	1037	O	AN	1/25	S	Subscriber Middle Name	
2100C	NM106					N/U		
2100C	NM107	1039	O	AN	1/10	S	Subscriber Name Suffix	Use this name only if NM102 is "1".
2100C	NM108	66	X	ID	1/2	R	Identification Code Qualifier	MI (Member Identification Number), ZZ (Mutually Defined)
2100C	NM109	67	X	AN	2/80	R	Subscriber Identification Number	Use this reference number as qualified by the preceding data element (NM108).
2100C	NM110-NM111					N/U		

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2100C	REF		O		3/3	S-9	Subscriber Additional Identification	
2100C	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2100C	REF02	127	X	AN	1/30	R	Subscriber Supplemental Identifier	Use this reference number as qualified by the preceding data element (REF01).
2100C	REF03-REF04					N/U		
2100C	N3		O		2/2	S-1	Address Information	
2100C	N301	166	M	AN	1/55	R	Subscriber Address Line	
2100C	N302	166	O	AN	1/55	S	Subscriber Address Line	
2100C	N4		O	ID	2/2	S-1	Subscriber City State and Zip	
2100C	N401	19	O	AN	2/30	S	Subscriber City Name	
2100C	N402	156	O	ID	2/2	S	Subscriber State / Province Code	
2100C	N403	116	O	ID	3/15	S	Subscriber Zip Code	Sized to 9 Bytes
2100C	N404	26	O	ID	2/3	S	Subscriber Country Code	
2100C	N405-N406					N/U		
2100C	PRV		O		3/3	S-1	Subscriber provider Information	
2100C	PRV01	1221	M	ID	1/3	R	Provider Code	Verify Hipaa implementation guide for code list
2100C	PRV02	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
								list
2100C	PRV03	127	M	AN	1/30	R	Provider Identifier	Use this number for the reference number as qualified by the preceding data element (PRV02).
2100C	PRV04-PRV06					N/U		
2100C	DMG		O	ID	3/3	S-1	Subscriber Demographic Information	
2100C	DMG01	1250	X	ID	2/3	S	DTP Format Qualifier	D8(Date Expressed in Format CCYYMMDD)
2100C	DMG02	1251	X	AN	1/35	S	Subscriber Birth Date	
2100C	DMG03	1068	O	ID	1/1	S	Other Insured Gender Code	F(Female), M(Male)
2100C	DMG04-DMG09					N/U		
2100C	INS		O		3/3	S-1	Subscriber Relationship	
2100C	INS01	1073	M	ID	1/1	R	Insured Indicator	Y(Yes)
2100C	INS02	1069	M	ID	2/2	R	Individual Relationship Code	18(Self)
2100C	INS03-INS16					N/U		
2100C	INS17	1470	O	NO	1/9	R	Birth Sequence Number	
2100C	DTP		O		3/3	S-2	Subscriber Date	
2100C	DTP01	374	M	ID	3/3	R	Date Time Qualifier	Verify Hipaa implementation guide for code list
2100C	DTP02	1250	M	ID	2/3	R	Date Time Period Format	D8(Date Expressed in

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
							Qualifier	Format CCYYMMDD), RD8(Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)
2100C	DTP03	1251	M	AN	1/35	R	Date Time Period	Use this date for the date(s) as qualified by the preceding data elements.

LOOP 2110C SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2110C	Loop 2110C					S-99	Subscriber Eligibility Or Benefit Inquiry Information	Use the EQ loop/segment when the subscriber is the patient whose eligibility or benefits are being verified. When the subscriber is not the patient, this loop must not be used.
2110C	EQ		O			S-99	Eligibility or Benefit Inquiry	
2110C	EQ01	1365	X	ID	1/ 2	S	Service Type Code	Verify Hipaa implementation on guide for code list

2110C	EQ02	C003	X			S	Composite Medical Procedure Code	Verify Hipaa implementation guide for code list
2110C	EQ02-1	235	M	ID	2/2	R		Verify Hipaa implementation guide for code list
2110C	EQ02-2	234	M	AN	1/48	R	Procedure Code	Use this number for the product/service ID as identified by the preceding data element (EQ02-1).
2110C	EQ02-3	1339	O	AN	2/2	S	Procedure Modifier	
2110C	EQ02-4	1339	O	AN	2/2	S	Procedure Modifier	
2110C	EQ02-5	1339	O	AN	2/2	S	Procedure Modifier	
2110C	EQ02-6	1339	O	AN	2/2	S	Procedure Modifier	
2110C	EQ02-7					N/U		
2110C	EQ03	1207	O	ID	3/3	S	Benefit Coverage Level Code	Verify Hipaa implementation guide for code list
2110C	EQ04	1336	O	ID	1 / 3	S	Insurance Type Code	Verify Hipaa implementation guide for code list
2110C	AMT				3/3	S-1	Subscriber Spend down Amount	
2110C	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	R (Spend Down)
2110C	AMT02	782	M	R	1/18	R	Spend Down Amount	
2110C	AMT03					N/U		

2110C	III		O		3/3	S-10	Subscriber Eligibility Or Benefit Additional Inquiry Information	
2110C	III01	1270	X	ID	1/3	R	Code List Qualifier Code	BF (Diagnosis), BK(Principal Diagnosis), ZZ Mutually Defined
2110C	III02	1271	X	AN	1/30	R	Industry Code	Verify Hipaa implementation on guide for code list
2110C	III03-III09					N/U		
2110C	REF		O		3/3	S-1	Subscriber Additional Identification	
2110C	REF01	128	M	ID	2/3	R	Reference Number Qualifier	9F (Referral Number), G1(Prior Authorization Number)
2110C	REF02	127	X	AN	1/30	R	Prior Authorization or Referral Number	Use this reference number as qualified by the preceding data element (REF01).
2110C	REF03-REF04					N/U		

2110C	DTP		O		3/3	S-1	Subscriber Eligibility /Benefit Date	This segment is only to be used to override dates provided in Loop 2100C when the date differs from the date provided in the DTP segment in Loop 2100C. Dates that apply to the entire request should be placed in the DTP segment in Loop 2100C.
2110C	DTP01	374	M	ID	3/3	R	Date Time Qualifier	Verify Hipaa implementation guide for code list
2110C	DTP02	1250	M	ID	2/3	R	Date Time Period Format Qualifier	D8(Date Expressed in Format CCYYMMDD), RD8(Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)
2110C	DTP03	1251	M	AN	1/35	R	Date Time Period	Use this date for the date(s) as qualified by the preceding data elements.

Level : Detail, Dependent Level

LOOP ID - 2000D DEPENDENT LEVEL

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2000D	LOOP 2000D					S->1	DEPENDENT LEVEL	
2000D	HL		M		2/2	R->1	Hierarchical Level	Use the Dependent Level only if the patient is a dependent of a member and cannot be uniquely identified to the information source without the member's information in the Subscriber Level.
2000D	HL01	628	M	AN	1/12	R	Hierarchical ID Number	Must begin with 1 and increment by 1 for each subsequent HL with in a file.
2000D	HL02		O	AN		R		Use this code to identify the specific hierarchical level to which this level is subordinate.
2000D	HL03	735	M	ID	1/2	R	Hierarchical Level Code	23 (Dependent)

2000D	HL04	736	O	ID	1/1	R	Hierarchical Child Code	the code value in the HL04 at the Loop 2000D level should always be "0" (zero).
2000D	TRN				3/3	S-2	DEPENDENT TRACE NUMBER	If the Eligibility, Coverage or Benefit Inquiry Transaction Set (270) includes a TRN segment, then the Eligibility, Coverage or Benefit Information Transaction Set (271) must return the trace number identified in the TRN segment.
2000D	TRN01	481	M	ID	1 / 2	R	Trace Type Code	1 (Current Transaction Trace Numbers)
2000D	TRN02	127	M	AN	1/30	R	Trace Number	
2000D	TRN03	509	O	AN	10/10	R	Trace Assigning Entity Identifier	The first position must be either a "1" if an EIN is used, a "3" if a DUNS is used or a "9" if a user assigned identifier is used.

2000D	TRN04	127	O	AN	1/30	S	Trace Assigning Entity Additional Identifier	
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LOOP ID - 2100D DEPENDENT NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
	Loop 2100D					R-1	Dependent Name	
2100D	NM1		M		3/3	R->1	Information Receiver Name	
2100D	NM101	98	M	ID	2/3	R	Entity Identifier Code	03(Dependent)
2100D	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person)
2100D	NM103	1035	O	AN	1/35	S	Dependent Last Name	
2100D	NM104	1036	O	AN	1/25	S	Dependent First Name	
2100D	NM105	1037	O	AN	1/25	S	Dependent Middle Name	
2100D	NM106					N/U		
2100D	NM107	1039	O	AN	1/10	S	Dependent Name Suffix	Use this name only if NM102 is "1".
2100D	NM108-NM111					N/U		
2100D	REF		O		3/3	S-9	Dependent Additional Identification	
2100D	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2100D	REF02	127	X	AN	1/30	R	Dependent Supplemental Identifier	Use this reference number as qualified by the preceding data element (REF01).
2100D	REF03-REF04					N/U		
2100D	N3		O		2/2	S-1	Address Information	

2100D	N301	166	M	AN	1/55	R	Dependent Address Line	
2100D	N302	166	O	AN	1/55	S	Dependent Address Line	
2100D	N4		O	ID	2/2	S-1	Dependent City State and Zip	
2100D	N401	19	O	AN	2/30	S	Dependent City Name	
2100D	N402	156	O	ID	2/2	S	Dependent State / Province Code	
2100D	N403	116	O	ID	3/15	S	Dependent Zip Code	Sized to 9 Bytes
2100D	N404	26	O	ID	2/3	S	Dependent Country Code	
2100D	N405- N406					N/U		
2100D	PRV		O		3/3	S-1	Dependent provider Information	
2100D	PRV01	1221	M	ID	1/3	R	Provider Code	Verify Hipaa implementation guide for code list
2100D	PRV02	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2100D	PRV03	127	M	AN	1/30	R	Provider Identifier	Use this number for the reference number as qualified by the preceding data element (PRV02).
2100D	PRV04- PRV06					N/U		
2100D	DMG		O	ID	3/3	S-1	Dependent Demographic Information	
2100D	DMG01	1250	X	ID	2/3	S	DTP Format Qualifier	D8(Date Expressed in Format CCYYMMDD)
2100D	DMG02	1251	X	AN	1/35	S	Dependent Birth Date	
2100D	DMG03	1068	O	ID	1/1	S	Other Insured Gender Code	F(Female), M(Male)

2100D	DMG04-DMG09					N/U		
2100D	INS		O		3/3	S-1	Dependent Relationship	
2100D	INS01	1073	M	ID	1/1	R	Insured Indicator	N(No)
2100D	INS02	1069	M	ID	2/2	R	Individual Relationship Code	01(Spouse), 19(Child), 34 (Other Adult)
2100D	INS03-INS16					N/U		
2100D	INS17	1470	O	NO	1/9	S	Birth Sequence Number	
2100D	DTP		O		3/3	S-2	Dependent Date	
2100D	DTP01	374	M	ID	3/3	R	Date Time Qualifier	Verify Hipaa implementation guide for code list
2100D	DTP02	1250	M	ID	2/3	R	Date Time Period Format Qualifier	D8(Date Expressed in Format CCYYMMDD), RD8(Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)
2100D	DTP03	1251	M	AN	1/35	R	Date Time Period	Use this date for the date(s) as qualified by the preceding data elements.

LOOP ID - 2110D DEPENDENT ELIGIBILITY OR BENEFIT INQUIRY INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2110D	Loop 2110D					S-99	Dependent Eligibility Or Benefit Inquiry Information	

2110D	EQ		O			S-99	Eligibility or Benefit Inquiry	
2110D	EQ01	1365	X	ID	1/ 2	S	Service Type Code	Verify Hipaa implementation on guide for code list
2110D	EQ02	C003	X			S	Composite Medical Procedure Code	Verify Hipaa implementation on guide for code list
2110D	EQ02-1	235	M	ID	2/2	R	Product or Service ID Qualifier	Verify Hipaa implementation on guide for code list
2110D	EQ02-2	234	M	AN	1/48	R	Procedure Code	Use this number for the product/service ID as identified by the preceding data element (EQ02-1).
2110D	EQ02-3	1339	O	AN	2/2	S	Procedure Modifier	
2110D	EQ02-4	1339	O	AN	2/2	S	Procedure Modifier	
2110D	EQ02-5	1339	O	AN	2/2	S	Procedure Modifier	
2110D	EQ02-6	1339	O	AN	2/2	S	Procedure Modifier	
2110D	EQ02-7					N/U		
2110D	EQ03	1207	O	ID	3/3	S	Benefit Coverage Level Code	Verify Hipaa implementation on guide for code list
2110D	EQ04	1336	O	ID	1 / 3	S	Insurance Type Code	Verify Hipaa implementation on guide for code list
2110D	III		O		3/3	S-10	Dependent Eligibility Or Benefit Additional Inquiry Information	

2110D	III01	1270	X	ID	1/3	R	Code List Qualifier Code	BF (Diagnosis), BK(Principal Diagnosis), ZZ Mutually Defined
2110D	III02	1271	X	AN	1/30	R	Industry Code	Verify Hipaa implementation guide for code list
2110D	III03-III09					N/U		
2110D	REF		O		3/3	S-1	Dependent Additional Identification	
2110D	REF01	128	M	ID	2/3	R	Reference Number Qualifier	9F (Referral Number), G1(Prior Authorization Number)
2110D	REF02	127	X	AN	1/30	R	Prior Authorization or Referral Number	Use this reference number as qualified by the preceding data element (REF01).
2110D	REF03-REF04					N/U		

2110D	DTP		O		3/3	S-1	Dependent Eligibility /Benefit Date	This segment is only to be used to override dates provided in Loop 2100D when the date differs from the date provided in the DTP segment in Loop 2100D. Date s that apply to the entire request should be placed in the DTP segment in Loop 2100D.
2110D	DTP01	374	M	ID	3/3	R	Date Time Qualifier	Verify Hipaa implementation guide for code list
2110D	DTP02	1250	M	ID	2/3	R	Date Time Period Format Qualifier	D8(Date Expressed in Format CCYYMMDD), RD8(Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)
2110D	DTP03	1251	M	AN	1/35	R	Date Time Period	Use this date for the date(s) as qualified by the preceding data elements.

Level: TRAILER

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
Trailer	TRANSACTION SET TRAILER							
Trailer	SE		M	ID	2/2	R-1	Transaction set trailer	
Trailer	SE01	96	M	NO	1/10	R	Transaction Segment Count	Total number of segments included in a transaction set including ST and SE segments
Trailer	SE02	329	M	AN	4/9	R	Transaction Set Control Number	The Transaction Set Control Numbers in ST02 and SE02 must be identical. The Transaction Set Control Number is assigned by the originator and must be unique within a functional group (GS-GE) and interchange (ISA-IEA).
Trailer	GE		M	ID	2/2	R-1	Functional Group Trailer	
Trailer	GE01	97	M	NO	1/6	R	Number Of Transactions Sets Included	Total number of transaction sets included in the functional group or interchange (transmission) group

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
								terminated by the trailer containing this data element
Trailer	GE02	28	M	NO	1/9	R	Group Control Number	The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.
Trailer	IEA		M	ID	3/3	R-1	Interchange Control Identifier	
Trailer	IEA01	I16	M	NO	1/5	R	Number Of Included Functional Groups	A count of the number of functional groups included in an interchange
Trailer	IEA02	I12	M	NO	9/9	R	Interchange Control Number	A control number assigned by the interchange sender

