COMPANION GUIDE

JULY 2004

HEALTH CARE ELIGIBILITY BENEFIT RESPONSE
VERSION 4010A1

HEALTH PLAN SYSTEMS INC (HPS)
ANSI ASC X12N 271 Version 4010A1
HEALTH CARE ELIGIBILITY BENEFIT RESPONSE

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 271 (004010X092A1)

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Disclaimer

Purpose of the ANSI ASC X12N 271 Health Care Eligibility Benefit Response- Companion Guide

This companion guide for the ANSI ASC X12N 271 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 Eligibility Benefit Response processing for the payers 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 Responses, the payers can also test their Eligibility Benefit Responses 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 271 implementation guides have been established as the standards of compliance for Eligibility Benefit Response 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 271 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 271 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 Eligibility Benefit Response 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 271 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 Response 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 Eligibility Benefit Response 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 271 transactions.

- Retrieval of the ANSI ASC X12N 997 functional acknowledgment files can be done on or before the first business day after the Eligibility Benefit Response 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 Response Implementation Guide will be translated. Non-implementation guide data may not be sent for processing consideration.

- The incoming 271 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 271 transaction may cause problems with creation of subsequent transactions and hence it is not allowed.

  Note: Contact HPS Team for utilizing other delimiters which is not mentioned here.

- Currency code (CUR02) must equal 'USA'.

  You must submit incoming 271 data using the basic character set as defined in Appendix A of the 271 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)

271 Health Care Eligibility Benefit Response – 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	00401

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
							Control Version 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	HB (Eligibility, Coverage or Benefit Information (271))
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	N0	1/9	R	Group Control Number	Must begin with 1 and increment by

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
								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 Agency Code	X- Accredited 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	271 (Eligibility, Coverage or Benefit Information)
Header	ST02	329	M	AN	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

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
								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	11 (Response)
Header	BHT03	127	O	AN	1/30	R	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(CCYYMMDD).
Header	BHT05	337	O	TM	4/8	R	Submission Time	Time of day that the Submitter created the file(HHMM, or HHMMSS, or HHMMSSD,

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
								or HHMMSSDD).
Header	BHT06	640	O	ID		N/U	Transaction Type Code	

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	0 (No Subordinate HL Segment in This Hierarchical Structure), 1(Additional

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								Subordinate HL Data Segment in This Hierarchical Structure.)
2000A	**AAA**				**3/3**	**S-9**	**Request Validation**	**To specify the validity of the request and indicate follow-up action authorized**
2000A	AAA01	1073	M	ID	1/1	R	Valid Request Indicator	N (No), Y (Yes).
2000A	AAA02					N/U		
2000A	AAA03	901	O	ID	2/2	R	Reject Reason Code	04 (Authorized Quantity Exceeded), 41 (Authorization/Access Restrictions), 42 (Unable to Respond at Current Time), 79 (Invalid Participant Identification).
2000A	AAA04	889	O	ID	1/1	R	Follow-up Action Code	C (Please Correct and Resubmit), N (Resubmission Not Allowed), P (Please Resubmit Original Transaction), R (Resubmission Allowed),

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								S(Do Not Resubmit; Inquiry Initiated to a Third Party), Y (Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly).

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".
2100A	NM105	1037	O	AN	1/25	S	Information Source Middle Name	Use this name only if NM102 is “1".
2100A	NM106					N/U		
2100A	NM107	1039	O	AN	1/10	S	Information Source Name Suffix	Use name suffix only if available and NM102 is “1"; e.g., Sr., Jr., or III.

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
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		
2100A	**REF**		**O**	**ID**	**3/3**	**S-9**	**Information Source Additional Identification**	
2100A	REF01	128	M	ID	2/3	R	Reference Number Qualifier	18 (Plan Number), 55 (Sequence Number)
2100A	REF02	127	X	AN	1/30	R	Information Source Additional Plan Identifier	Use this reference number as

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								qualified by the preceding data element (REF01).
2100A	REF03	352	X	AN	1/80	S	Plan Name	
2100A	REF04					N/U		
2100A	**PER**		**O**		**3/3**	**S-3**	**Information Source Contact Information**	
	PER01	366	M	ID	2/2	R	Contact Function Code	**IC**(Information Contact**)**
2100A	PER02	93	O	AN	1/60	S	Information Source 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).
2100A	PER03	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2100A	PER04	364	X	AN	1/80	S	Information Source Communication Number	Use this Communication number as qualified by the preceding data element.
2100A	PER05	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2100A	PER06	364	X	AN	1/80	S	Information Souece Communication	Use this Communication number as

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Number	qualified by the preceding data element.
2100A	PER07	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2100A	PER08	364	X	AN	1/80	S	Information Source Communication Number	Use this Communication number as qualified by the preceding data element.
2100A	PER09					N/U		
2100A	**AAA**				**3/3**	**S-9**	**Request Validation**	**To specify the validity of the request and indicate follow-up action authorized**
2100A	AAA01	1073	M	ID	1/1	R	Valid Request Indicator	N (No), Y (Yes).
2100A	AAA02					N/U		
2100A	AAA03	901	O	ID	2/2	R	Reject Reason Code	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),

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								T4 (Payer Name or Identifier Missing).
2100A	AAA04	889	O	ID	1/1	R	Follow-up Action Code	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).

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 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		Use this code to identify the specific hierarchical level to which this level is subordinate.
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	0 No Subordinate HL Segment in This Hierarchical Structure, 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		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 Middle Name	Use this name only if NM102 is “1".
2100B	NM106					N/U		
2100B	NM107	1039	O	AN	1/10	S	Information Source Name Suffix	Use name suffix only if available and NM102 is “1"; e.g., Sr., Jr., or III.
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**	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
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	**AAA**				**3/3**	**S-9**	**Request Validation**	**To specify the validity of the request and indicate follow-up action authorized**
2100B	AAA01	1073	M	ID	1/1	R	Valid Request Indicator	N (No), Y (Yes).
2100B	AAA02					N/U		
2100B	AAA03	901	O	ID	2/2	R	Reject Reason Code	Verify Hipaa implementation guide for code list
2100B	AAA04	889	O	ID	1/1	R	Follow-up Action Code	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

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
								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).

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**

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
								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	734	O	AN	1/12	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	the code value is “1" if a Loop 2000D level (dependent) is associated with this subscriber. If no Loop 2000D level exists for this subscriber, then the code value is ”0" (zero).
2000C	**TRN**				**3/3**	**S-3**	**SUBSCRIBER TRACE NUMBER**	
2000C	TRN01	481	M	ID	1 /2	R	Trace Type Code	1 (Current Transaction Trace Numbers), 2 (Referenced Transaction Trace Numbers)1.
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

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
								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	Use this name only if NM102 is "1".
2100C	NM105	1037	O	AN	1/25	S	Subscriber Middle Name	Use this name only if NM102 is "1".
2100C	NM106	1038	O	AN	1/10	S	Subscriber Name Prefix	This is only used to convey a persons Military Rank.
2100C	NM107	1039	O	AN	1/10	S	Subscriber Name Suffix	Use name suffix only if available and NM102 is "1";
2100C	NM108	66	X	ID	1/2	R	Identification Code Qualifier	MI (Member Identification Number), ZZ (Mutually Defined)

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
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		
2100C	**REF**		**O**		**3/3**	**S-9**	**Subscriber Additional Identification**	If the 270 request contained a REF segment with a Patient Account Number in Loop 2100C/REF02 with REF01 equal EJ, then it must be returned in the 271 transaction using this segment.
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	352	X	AN	1/80	S	Plan Sponsor Name	
2100C	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**	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
							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	309	X	ID	1 / 2	S	Location Qualifier	
2100C	N406	310	O	AN	1/30	S	Location Identification Code	
2100C	**PER**		**O**		**3/3**	**S-3**	**Subscriber Contact Information**	
2100C	PER01	366	M	ID	2/2	R	Contact Function Code	**IC**(Information Contact**)**
2100C	PER02	93	O	AN	1/60	S	Subscriber 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).
2100C	PER03	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2100C	PER04	364	X	AN	1/80	S	Subscriber Communication Number	Use this Communication number as qualified by the preceding data element.
2100C	PER05	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
2100C	PER06	364	X	AN	1/80	S	Subscriber Communication Number	Use this Communication number as qualified by the preceding data element.
2100C	PER07	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2100C	PER08	364	X	AN	1/80	S	Subscriber Communication Number	Use this Communication number as qualified by the preceding data element.
2100C	PER09					N/U		
2100C	**AAA**				**3/3**	**S-9**	**Request Validation**	**To specify the validity of the request and indicate follow-up action authorized**
2100C	AAA01	1073	M	ID	1/1	R	Valid Request Indicator	N (No), Y (Yes).
2100C	AAA02					N/U		
2100C	AAA03	901	O	ID	2/2	R	Reject Reason Code	Verify Hipaa implementation guide for code list
2100C	AAA04	889	O	ID	1/1	R	Follow-up Action Code	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

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
								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).
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), U (Unknown).
2100C	DMG04-DMG09					N/U		
2100C	**INS**		**O**		**3/3**	**S-1**	**Subcriber 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	875	O	ID	3/3	S	Maintenance Type Code	001 (Change)
2100C	INS04	1203	O	ID	2/3	S	Maintenance Reason Code	25(Change in Indentifying Data Elements)
2100C	INS05-INS08					N/U		
2100C	INS09	1220	O	ID	1/1	S	Student Status Code	F(Full-time), N (Not a Student), P (Part-time).

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
2100C	INS10	1073	O	ID	1/1	S	Handicap Indicator	N (No), Y (Yes).
2100C	INS11-INS16					N/U		
2100C	INS17	1470	O	NO	1/9	S	Birth Sequence Number	
2100C	**DTP**		**O**		**3/3**	**S-9**	**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 Qualifier	D8(Date Expressed in 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 ID - 2110C SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
2110C	**Loop 2110C**					**S->1**	**Subscriber Eligibility Or Benefit Inquiry Information**	**When the subscriber is not the person whose eligibility or benefits are being described, this loop must not be used.**
2110C	**EB**	**O**			**2/2**	**S->1**	**Eligibility or Benefit Informatio**	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
							n	
2110C	EB01	1390	M	ID	1/ 2	R	Eligibility or Benefit Information	Verify Hipaa implementation guide for code list
2110C	EB02	1207	O	ID	3/3	S	Benefit Coverage Level Code	
2110C	EB03	1365	O	ID	1 / 2	S	Service Type Code	Verify Hipaa implementation guide for code list
2110C	EB04	1336	O	ID	1/50	S	Insurance Type Code	Verify Hipaa implementation guide for code list
2110C	EB05	1204	O	AN	1/50	S	Plan Coverage Description	
2110C	EB06	615	O	ID	1 / 2	S	Time Period Qualifier	Verify Hipaa implementation guide for code list
2110C	EB07	782	O	R	1/18	S	Benefit Amount	
2110C	EB08	954	O	R	1/10	S	Benefit Percent	
2110C	EB09	673	X	ID	2/2	S	Quantity Qualifier	Verify Hipaa implementation guide for code list
2110C	EB10	380	X	R	1/15	S	Benefit Quantity	
2110C	EB11	1073	O	ID	1/1	S	Authorization or Certification Indicator	N (No), U (Unknown), Y (Yes).
2110C	EB12	1073	O	ID	1/1	S	In Plan Network Indicator	N (No), U (Unknown), Y (Yes).
2110C	EB13	COO3	O			S	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	Verify Hipaa implementation guide for code list

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
2110C	EB13-1	235	M	ID	2/2	R	Product or Service ID Qualifier	Verify Hipaa implementation guide for code list
2110C	EB13-2	234	M	AN	1/48	R	Procedure Code	
2110C	EB13-3	1339	O	AN	2/2	S	Procedure Modifier	
2110C	EB13-4	1339	O	AN	2/2	S	Procedure Modifier	
2110C	EB13-5	1339	O	AN	2/2	S	Procedure Modifier	
2110C	EB13-6	1339	O	AN	2/2	S	Procedure Modifier	
2110C	EB13-7					N/U		
2110C	**HSD**		**O**		**3/3**	**S-9**	**Health Care Services Delivery**	
2110C	HSD01	673	X	ID	2/2	S	Health Care Services Delivery	Verify Hipaa implementation guide for code list
2110C	HSDO2	380	X	R	1/15	S	Benefit Quantity	Required if HSD01 is used.
2110C	HSD03	355	O	ID	2/2	S	Unit or Basis for Measurement Code	Verify Hipaa implementation guide for code list
2110C	HSD04	1167	O	R	1/6	S	Sample Selection Modulus	
2110C	HSD05	615	X	ID	1/ 2	S	Time Period Qualifier	Verify Hipaa implementation guide for code list
2110C	HSD06	616	O	NO	1/3	S	Period Count	
2110C	HSD07	678	O	ID	1 /2	S	Delivery Frequency Code	Verify Hipaa implementation guide for code list

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
2110C	HSD08	679	O	ID	1/1	S	Delivery Pattern Time Code	Verify Hipaa implementation guide for code list
2110C	**REF**		**O**		**3/3**	**S-9**	**Subscriber Additional Identification**	
2110C	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2110C	REF02	127	X	AN	1/30	R	Subscriber Eligibility or Benefit Identifier	Use this reference number as qualified by the preceding data element (REF01).
2110C	REF03	352	X	AN	1/80	S	Plan Sponsor Name	
2110C	REF04					N/U		
2110C	**DTP**		**O**		**3/3**	**S-1**	**Subscriber Eligibility /Benefit Date**	
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

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
								preceding data elements.
2110C	**AAA**				**3/3**	**S-9**	**Subscriber Request Validation**	**To specify the validity of the request and indicate follow-up action authorized**
2110C	AAA01	1073	M	ID	1/1	R	Valid Request Indicator	N (No), Y (Yes).
2110C	AAA02					N/U		
2110C	AAA03	901	O	ID	2/2	R	Reject Reason Code	Verify Hipaa implementation guide for code list
2110C	AAA04	889	O	ID	1/1	R	Follow-up Action Code	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

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
								Resubmit; We Will Hold Your Request and Respond Again Shortly).
2110C	**MSG**		**O**		**3/3**	**S-10**	**Message Text**	
2110C	MSG01	933	M	AN	1/264	R	Free Form Message Text	To provide a free-form format that allows the transmission of text information
2110C	MSG02-MSG03					N/U		
2115C	**2115C**					**S-10**	**Subscriber Eligibility Or Benefit Additional Inquiry Information**	
2115C	**III**		**O**		**3/3**	**S->1**	**Subscriber Eligibility Or Benefit Additional Inquiry Information**	
2115C	III01	1270	X	ID	1/3	R	Code List Qualifier Code	BF (Diagnosis), BK(Principal Diagnosis), ZZ Mutually Defined
2115C	III02	1271	X	AN	1/30	R	Industry Code	Verify Hipaa implementation guide for code list
2115C	III03-III09					N/U		
2110C	**LS**		**O**		**2/2**	**S-1**	**Loop Header**	
2110C	LS01	447	M	AN	1/6	LS01	Loop Identifier	This data element

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
							Code	must have the value of “2120".

LOOP ID - 2120C SUBSCRIBER BENEFIT RELATED ENTITY NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
	2120C					**S-1**	**Subscriber Benefit Related entity Name**	
2120C	**NM1**		**O**		**3/3**	**S-1**	**Subscriber Benefit Related entity Name**	
2120C	NM101	98	M	ID	2/3	R	Entity Identifier Code	Verify Hipaa implementation guide for code list
2120C	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity)
2120C	NM103	1035	O	AN	1/35	S	Benefit Related Entity Last/Org Name	
2120C	NM104	1036	O	AN	1/25	S	Benefit Related Entity First Name	Use this name only if NM102 is “1".
2120C	NM105	1037	O	AN	1/25	S	Benefit Related Entity Middle Name	Use this name only if NM102 is “1".
2120C	NM106						N/U	
2120C	NM107	1039	O	AN	1/10	S	Subscriber Name Suffix	Use name suffix only if available and NM102 is “1";

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
2120C	NM108	66	X	ID	1/2	S	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2120C	NM109	67	X	AN	2/80	S	Benefit Related Entity Identifier	Use this reference number as qualified by the preceding data element (NM108).
2120C	NM110-NM111					N/U		
2120C	**N3**		**O**		**2/2**	**S-1**	**Subscriber Benefit Related Entity Information**	
2120C	N301	166	M	AN	1/55	R	Benefit Related Entity Address Line	
2120C	N302	166	O	AN	1/55	S	Benefit Related Entity Address Line	
2120C	**N4**		**O**	**ID**	**2/2**	**S-1**	**Benefit Related Entity City State and Zip**	
2120C	N401	19	O	AN	2/30	S	Benefit Related Entity City Name	
2120C	N402	156	O	ID	2/2	S	Benefit Related Entity State / Province Code	
2120C	N403	116	O	ID	3/15	S	Benefit Related Entity Zip Code	Sized to 9 Bytes

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
2120C	N404	26	O	ID	2/3	S	Subscriber Country Code	
2120C	N405	309	X	ID	1 /2	S	Location qualifier	RJ (Region)
2120C	N406	310	O	AN	1/30	S	Department of Defense Health Service Region Code	
2120C	**PER**		**O**		**3/3**	**S-3**	**Benefit Related Entity Contact Information**	
2120C	PER01	366	M	ID	2/2	R	Contact Function Code	**IC**(Information Contact**)**
2120C	PER02	93	O	AN	1/60	S	Benefit Related Entity 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).
2120C	PER03	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2120C	PER04	364	X	AN	1/80	S	Benefit Related Entity 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
2120C	PER05	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2120C	PER06	364	X	AN	1/80	S	Benefit Related Entity Communication Number	Use this Communication number as qualified by the preceding data element.
2120C	PER07	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2120C	PER08	364	X	AN	1/80	S	Benefit Related Entity Communication Number	Use this Communication number as qualified by the preceding data element.
2120C	PER09					N/U		
2120C	**PRV**		**O**		**3/3**	**S-1**	**Subscriber Benefit Related provider Information**	
2120C	PRV01	1221	M	ID	1/3	R	Provider Code	Verify Hipaa implementation guide for code list
2120C	PRV02	128	M	ID	2/3	R	Reference Identification Qualifier	Verify Hipaa implementation guide for code list
2120C	PRV03	127	M	AN	1/30	R	Provider Identifier	
2120C	PRV04-PRV06					N/U		
2110C	**LE**		**O**			**S-1**	**LOOP TRAILER**	
2110C	LE01	447	R	M	AN	1/6	Loop Identifier	This data element

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
							Code	must have the value of “2120".

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	734	O	AN	1/ 12	R		Use this code to identify the specific hierarchical level to which this level is

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
								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-3**	**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), 2 (Referenced Transaction Trace Numbers)
2000D	TRN02	127	M	AN	1/30	R	Trace Number	

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
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	

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	Use this name only if NM102 is “1".
2100D	NM105	1037	O	AN	1/25	S	Dependent Middle Name	Use this name only if NM102 is “1".
2100D	NM106					N/U		
2100D	NM107	1039	O	AN	1/10	S	Dependent Name Suffix	Use name suffix only if available and NM102 is

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
								"1";
2100D	NM108	66	X	ID	1 / 2	S	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2100D	NM109	67	X	AN	2/80	S	Dependent Primary Identifier	Use this reference number as qualified by the preceding data element (NM108).
2100D	NM110-NM111					N/U		
2100D	**REF**		**O**		**3/3**	**S-9**	**Dependent Additional Identification**	
2100D	REF01	128	M	ID	2/3	R	Reference Identification 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	352	X	AN	1/80	S	Plan Sponsor Name	
2100D	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	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
							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	**PER**		**O**		**3/3**	**S-3**	**Dependent Contact Information**	
2100D	PER01	366	M	ID	2/2	R	Contact Function Code	**IC**(Information Contact)
2100D	PER02	93	O	AN	1/60	S	Dependent 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).
2100D	PER03	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2100D	PER04	364	X	AN	1/80	S	Dependent Communication Number	Use this Communication number as qualified by the preceding data element.
2100D	PER05	365	X	ID	2/2	S	Communicati	Verify Hipaa

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
							on Number Qualifier	implementation guide for code list
2100D	PER06	364	X	AN	1/80	S	Dependent Communication Number	Use this Communication number as qualified by the preceding data element.
2100D	PER07	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2100D	PER08	364	X	AN	1/80	S	Dependent Contact Number	Use this Communication number as qualified by the preceding data element.
2100D	PER09					N/U		
2100D	**AAA**				**3/3**	**S-9**	**Request Validation**	**To specify the validity of the request and indicate follow-up action authorized**
2100D	AAA01	1073	M	ID	1/1	R	Valid Request Indicator	N (No), Y (Yes).
2100D	AAA02					N/U		
2100D	AAA03	901	O	ID	2/2	R	Reject Reason Code	Verify Hipaa implementation guide for code list
2100D	AAA04	889	O	ID	1/1	R	Follow-up Action Code	C (Please Correct and Resubmit), N (Resubmission Not Allowed), P (Please

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
								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).
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)

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
2100D	INS02	1069	M	ID	2/2	R	Individual Relationship Code	01(Spouse), 19 (Child), 21Unknown), 34 (Other Adult).
2100D	INS03	875	O	ID	3/3	S	Maintenance Type Code	001 (Change)
2100D	INS04	1203	O	ID	2/3	S	Maintenance Reason Code	25(Change in Identifying Data Elements)
2100D	INS05-INS08					N/U		
2100D	INS09	1220	O	ID	1/1	S	Student Status Code	F(Full-time), N (Not a Student), P (Part-time).
2100D	INS10	1073	O	ID	1/1	S	Handicap Indicator	N (No), Y (Yes).
2100D	INS11-INS16					N/U		
2100D	INS17	1470	O	NO	1/9	S	Birth Sequence Number	
2100D	**DTP**		**O**		**3/3**	**S-9**	**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

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
								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->1**	**Dependent Eligibility Or Benefit Inquiry Information**	
2110D	**EB**		**O**			**S->1**	**Eligibility or Benefit Inquiry**	
2110D	EB01	1390	M	ID	1/ 2	R	Eligibility or Benefit Information	Verify Hipaa implementation guide for code list
2110D	EB02	1207	X			S	Benefit Coverage Level Code	Verify Hipaa implementation guide for code list
2110D	EB03	1365	O	ID	1 / 2	S	Service Type Code	Verify Hipaa implementation guide for code list
2110D	EB04	1336	O	ID	1 / 3	S	Insurance Type Code	Verify Hipaa implementation guide for code list
2110D	EB05	1204	O	AN	1 /50	S	Plan Coverage Description	
2110D	EB06	615	O	ID	1 /2	S	Time Period Qualifier	Verify Hipaa implementation guide for code list
2110D	EB07	782	O	R	1 /18	S	Benefit Amount	
2110D	EB08	954	O	R	1/10	S	Benefit Percent	
2110D	EB09	673	X	ID	2/2	S	Quantity Qualifier	Verify Hipaa implementation guide for

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
								code list
2110D	EB10	380	X	R	1/15	S	Benefit Quantity	
2110D	EB11	1073	O	ID	1/1	S	Authorization or Certification Indicator	N (No), U (Unknown), Y (Yes).
2110D	EB12	1073	O	ID	1/1	S	In Plan Network Indicator	N (No), U (Unknown), Y (Yes).
2110D	EB13	COO3	O			s	Composite Medical Procedure Identifier	Verify Hipaa implementation guide for code list
2110D	EB13-1	235	M	ID	2/2	R	Product or Service ID Qualifier	Verify Hipaa implementation guide for code list
2110D	EB13-2	234	M	AN	1/48	R	Procedure Code	
2110D	EB13-3	1339	O	AN	2/2	S	Procedure Modifier	
2110D	EB13-4	1339	O	AN	2/2	S	Procedure Modifier	
2110D	EB13-5	1339	O	AN	2/2	S	Procedure Modifier	
2110D	EB13-6	1339	O	AN	2/2	S	Procedure Modifier	
2110D	EB13-7					N/U		
2110D	**HSD**		**O**		**3/3**	**S-9**	**Health Care Services Delivery**	
2110D	HSD01	673	X	ID	2/2	S	Quantity Qualifier	Verify Hipaa implementation guide for code list
2110D	HSDO2	380	X	R	1/15	S	Benefit Quantity	Required if HSD01 is used.
2110D	HSD03	355	O	ID	2/2	S	Unit or Basis for Measurement Code	Verify Hipaa implementation guide for code list

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
2110D	HSD04	1167	O	R	1/6	S	Sample Selection Modulus	
2110D	HSD05	615	X	ID	1/ 2	S	Time Period Qualifier	Verify Hipaa implementation guide for code list
2110D	HSD06	616	O	NO	1/3	S	Period Count	
2110D	HSD07	678	O	ID	1 /2	S	Delivery Frequency Code	Verify Hipaa implementation guide for code list
2110D	HSD08	679	O	ID	1/1	S	Delivery Pattern Time Code	Verify Hipaa implementation guide for code list
2110D	**REF**		**O**		**3/3**	**S-9**	**Dependent Additional Identification**	
2110D	REF01	128	M	ID	2/3	R	Reference Identification Qualifier	Verify Hipaa implementation guide for code list
2110D	REF02	127	X	AN	1/30	R	Dependent Eligibility or Benefit Identifier	Use this reference number as qualified by the preceding data element (REF01).
2110D	REF03	352	X	AN	1/80	S	Plan Sponsor Name	
2110D	REF04					N/U		
2110D	**DTP**		**O**		**3/3**	**S-1**	**Dependent Eligibility /Benefit Date**	
2110D	DTP01	374	M	ID	3/3	R	Date Time Qualifier	Verify Hipaa implementation guide for

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
								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 CCYYMMDDCCYYMMDD)
2110D	DTP03	1251	M	AN	1/35	R	Date Time Period	
2110D	**AAA**				**3/3**	**S-9**	**Dependent Request Validation**	**To specify the validity of the request and indicate follow-up action authorized**
2110D	AAA01	1073	M	ID	1/1	R	Valid Request Indicator	N (No), Y (Yes).
2110D	AAA02					N/U		
2110D	AAA03	901	O	ID	2/2	R	Reject Reason Code	Verify Hipaa implementation guide for code list
2110D	AAA04	889	O	ID	1/1	R	Follow-up Action Code	C (Please Correct and Resubmit), N (Resubmission Not Allowed), P (Please Resubmit Original Transaction), R (Resubmission Allowed), S(Do Not Resubmit;

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
								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).
2110D	**MSG**		**O**		**3/3**	**S-10**	**Message Text**	
2110D	MSG01	933	M	AN	1/264	R	Free Form Message Text	To provide a free-form format that allows the transmission of text information
2110D	MSG02-MSG03					N/U		
2115D	**2115D**					**S-10**	**Dependent Eligibility Or Benefit Additional Inquiry Information**	
2115D	**III**		**O**		**3/3**	**S->1**	**Dependent Eligibility Or Benefit Additional Inquiry Information**	
2115D	III01	1270	X	ID	1/3	R	Code List Qualifier Code	BF (Diagnosis), BK(Principal Diagnosis),

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
								ZZ Mutually Defined
2115D	III02	1271	X	AN	1/30	R	Industry Code	Verify Hipaa implementation guide for code list
2115D	III03-III09					N/U		
2110D	**LS**		**O**		**2/2**	**S-1**	**Loop Header**	
2110D	LS01	447	M	AN	1/6	R	Loop Identifier Code	This data element must have the value of “2120".
2120D	**2120D**					**S-1**	**Dependent Benefit Related entity Name**	
2120D	**NM1**		**O**		**3/3**	**S-1**	**Dependent Benefit Related entity Name**	
2120D	NM101	98	M	ID	2/3	R	Entity Identifier Code	Verify Hipaa implementation guide for code list
2120D	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity)
2120D	NM103	1035	O	AN	1/35	S	Benefit Related Entity Last/Org Name	
2120D	NM104	1036	O	AN	1/25	S	Benefit Related Entity First Name	Use this name only if NM102 is “1".
2120D	NM105	1037	O	AN	1/25	S	Benefit Related Entity Middle Name	Use this name only if NM102 is “1".
2120D	NM106						N/U	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
2120D	NM107	1039	O	AN	1/10	S	Dependent Name Suffix	Use name suffix only if available and NM102 is "1";
2120D	NM108	66	X	ID	1/2	S	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2120D	NM109	67	X	AN	2/80	S	Benefit Related Entity Identifier	Use this reference number as qualified by the preceding data element (NM108).
2120D	NM110-NM111					N/U		
2120D	**N3**		**O**		**2/2**	**S-1**	**Dependent Benefit Related Entity Information**	
2120D	N301	166	M	AN	1/55	R	Benefit Related Entity Address Line	
2120D	N302	166	O	AN	1/55	S	Benefit Related Entity Address Line	
2120D	**N4**		**O**	**ID**	**2/2**	**S-1**	**Benefit Related Entity City State and Zip**	
2120D	N401	19	O	AN	2/30	S	Benefit Related Entity City Name	
2120D	N402	156	O	ID	2/2	S	Benefit Related Entity State / Province Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
2120D	N403	116	O	ID	3/15	S	Benefit Related Entity Zip Code	Sized to 9 Bytes
2120D	N404	26	O	ID	2/3	S	Dependent Country Code	
2120D	N405	309	X	ID	1 /2	S	Location qualifier	RJ (Region)
2120D	N406	310	O	AN	1/30	S	Department of Defense Health Service Region Code	
2120D	**PER**		**O**		**3/3**	**S-3**	**Benefit Related Entity Contact Information**	
2120D	PER01	366	M	ID	2/2	R	Contact Function Code	**IC**(Information Contact**)**
2120D	PER02	93	O	AN	1/60	S	Benefit Related Entity 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).
2120D	PER03	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2120D	PER04	364	X	AN	1/80	S	Benefit Related Entity Communication Number	Use this Communication number as qualified by the

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
								preceding data element.
2120D	PER05	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2120D	PER06	364	X	AN	1/80	S	Benefit Related Entity Communication Number	Use this Communication number as qualified by the preceding data element.
2120D	PER07	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2120D	PER08	364	X	AN	1/80	S	Benefit Related Entity Communication Number	Use this Communication number as qualified by the preceding data element.
2120D	PER09					N/U		
2120D	**PRV**		**O**		**3/3**	**S-1**	**Dependent Benefit Related provider Information**	
2120D	PRV01	1221	M	ID	1/3	R	Provider Code	Verify Hipaa implementation guide for code list
2120D	PRV02	128	M	ID	2/3	R	Reference Identification Qualifier	Verify Hipaa implementation guide for code list
2120D	PRV03	127	M	AN	1/30	R	Provider Identifier	
2120D	PRV04-PRV06					N/U		

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2100D	**LE**		**O**			**S-1**	**LOOP TRAILER**	
2100D	LE01	447	R	M	AN	1/6	Loop Identifier Code	This data element must have the value of “2120".

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	N0	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

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
								(ISA-IEA).
Trailer	**GE**		**M**	**ID**	**2/2**	**R-1**	**Functional Group Trailer**	
Trailer	GE01	97	M	N0	1/6	R	Number Of Transactions Sets Included	Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element
Trailer	GE02	28	M	N0	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	N0	1/5	R	Number Of Included Functional Groups	A count of the number of functional groups included in an interchange
Trailer	IEA02	I12	M	N0	9/9	R	Interchange Control	A control number

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
							Number	assigned by the interchange sender