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HIPAA Transaction Standard Companion Guide

Refers to the Technical Reports Type 3 Based on ASC X12 version 005010X279A1

270/271 – Health Care Eligibility Benefit Inquiry and Response

Companion Guide Version Number: 2.2

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Disclaimer

The Florida Health Care Plan, Inc. (FHCP) *Companion Guide for EDI Transactions (Technical Reports, Type 3 TR3)* provides guidelines in submitting electronic batch transactions. Because the HIPAA ASC X12-TR3s require transmitters and receivers to make certain determination elections (e.g., whether, or to what extent, situational data elements apply), this *Companion Guide* documents those determinations, elections, assumptions or data issues that are permitted to be specific to FHCP business processes when implementing the HIPAA ASC X12 5010 TR3s.

This *Companion Guide* does **not** replace or cover all segments specified in the HIPAA ASC X12 TR3s. It does not attempt to amend any of the requirements of the TR3s, or impose any additional obligations on trading partners of FHCP that are not permitted to be imposed by the HIPAA Standards for Electronic Transactions. This *Companion Guide* provides information on FHCP specific codes relevant to FHCP business processes and rules and situations that are within the parameters of HIPAA. Readers of this *Companion Guide* should be acquainted with the HIPAA ASC X12 TR3s, their structure, and content.

This *Companion Guide* provides supplemental information that exists between FHCP and its trading partners. In addition to this guide, trading partners should refer to their Trading Partner Agreement for guidelines; legal conditions surrounding the implementation of the electronic data interchange (EDI) transactions and code sets. Trading partners and all others should refer to this Companion Guide for Information on FHCP business rules or technical requirements regarding the implementation of HIPAA-compliant EDI transactions and code sets.

Nothing contained in this *Companion Guide* is intended to amend, revoke, contradict or otherwise alter the terms and conditions of your applicable Trading Partner Agreement. If there is an inconsistency between the terms of this *Companion Guide* and the terms of your applicable Trading Partner Agreement, the terms of the Trading Partner Agreement will govern. If there is an inconsistency between the terms of this *Companion Guide* and any terms of the TR3, the relevant TR3 will govern with respect to HIPAA edits, and this *Companion Guide* will control with respect to business edits.

Table of Contents

I.   Introduction

What is HIPAA 5010?

The Health Insurance Portability and Accountability Act (HIPAA) requires that the health care industry in the United States comply with the electronic data interchange (EDI) standards as established by the Secretary of Health and Human Services. The ASC X12 005010X279 is the established standard for Claim Status Inquiry and Response (270/271).

Purpose of the Technical Reports Type 3 Guides

The Technical Reports Type 3 Guides (TR3s) for the 270/271 Eligibility Benefit Inquiry and Response transaction specifies in detail the required formats. It contains requirements for the use of specific segments and specific data elements within segments, and was written for all health care providers and other submitters. It is critical that your software vendor or IT staff review this document carefully and follow its requirements to send HIPAA-compliant files to FHCP via your vendor.

How to Obtain Copies of the Technical Reports Type 3 Guides

TR3 Guides for ASC X12 005010X279 Eligibility Benefit Inquiry and Response (270/271) and all other HIPAA standard transactions are available electronically at http://www.wpc-edi.com.

Purpose of this 270/271 Companion Guide

This *Companion Guide* was created for FHCP trading partners to describe the data content, business rules, and characteristics of the applicable transaction.

II. ASC X12 Transactions Supported

FHCP processes ASCX12 270 005010X279A1 HIPAA transaction for Eligibility and Benefit Request.

III. General Information

EDI Technical Assistance

To request technical assistance from FHCP, please send an email to edisupport@fhcp.com.

IV. EDI Processing and Acknowledgements

The purpose of this section is to outline the FHCP processes for handling the initial processing of incoming files and electronic acknowledgment generation.

EDI Processing Hours

The 270/271 Eligibility and Benefit Inquiry and Response transaction files can be transmitted seven days a week, 24 hours a day.

997 Functional Acknowledgement Transaction

If the file submission passes the ISA/IEA pre-screening, it is then checked for ASC X12 syntax and HIPAA compliance errors. When the compliance check is complete, a 997 will be sent to the trading partner informing them if the file has been accepted or rejected. If multiple transaction sets (ST-SE) are sent within a functional group (GS-GE), the entire functional group (GS-GE) will be rejected when an ASC X12 or HIPAA compliance error is found.

V.   Payer – Specific Requirements

The purpose of this section is to delineate specific data requirements where multiple valid values are presented within the 5010 TR3.

Interchange control header (ISA06) Interchange Sender ID (Mailbox ID) – is individually assigned to each trading partner.

Interchange control header (ISA08) Interchange Receiver ID – is the FHCP tax ID 593222484.

Interchange control header (ISA15) Usage Indicator – defines whether the transaction is a test (T) or production (P).

Functional Group Header (GS02) Application Sender's code – is individually assigned to each trading partner.

VI. Control Segments & Envelopes

Global Information

Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
All Transactions		FHCP requires a Trading Partner Agreement to be on file with Availity indicating all electronic transactions the Trading Partner intends to send or receive.
All Segments		Only loops, segments, and data elements valid for the 270 HIPAA-AS TR3 Guides ASC X12 005010 X279 & ASC X12 005010X279A1 will be used for processing.
Acknowledgments -FHCP acknowledgements are created to communicate the status of transactions. It is imperative that they be retrieved on a daily basis. One file could result in multiple acknowledgements. **ANSI X12:** 997 - Functional Acknowledgement		**997** is available immediately after "depositing file"
Negative Values		Submission of any negative values in the 270 transaction will not be processed or forwarded.
Date fields		All dates submitted on an incoming 270 Eligibility and Benefit Inquiry must be a valid calendar date in the appropriate format based on the respective HIPAA-ASTR3 qualifier. Failure to do so may cause processing delays or rejection.
Batch Transaction Processing		Generally, Availity and FHCP Gateway accept transmissions 24 hours a day, 7 days a week.

Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
Multiple Transitions	All Segments	Any errors detected in a transaction set will result in the entire transaction set being rejected.
All Transactions		Although you may have submitted multiple patients in one 270 Inquiry, FHCP may send a separate 271 response for each patient.
All Transactions		E&B requests with multiple dependents will be split into separate transactions and returned one at a time.
All Transactions		FHCP requires that you do not submit any special characters in any text fields.
All Transactions		Requests for information should not include coverage specific inquiries for dates or procedure codes. Response information will not include specific request for procedure coverage date, procedure maximum amounts, patient responsibility amounts or non-covered amounts.
Interchange Control Header	ISA	All transactions utilize delimiters from the following list: >,*,~,^,|,{and : . Submitting delimiters not supported within this list may cause an interchange (transmission) to be rejected.
Interchange Control Structure	ISA	Must submit E&B inquiry data using the basic character set as defined in Appendix B of the **ASC X 12 005010X279TR3**. In addition to the basic character set, you may choose to submit lowercase characters and the special character **(@)** from the extended character set. Any other characters submitted from the extended character set may cause the interchange (transmission) to be rejected by the Plan.
Interchange Control Header Functional Group Header/Functional Group Trailer	GS - GE ISA - IEA	FHCP will only process one transaction type per GSGE (functional group). However, we will process multiple ST's within one (1) GS segment as long as they are all the same transaction type.

<u>**Enveloping Information – 270 Inquiry**</u>

Segment: **ISA** **Interchange Control Header**

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
ISA01	R	Authorization Information Qualifier	FHCP requires **00** in this field.
ISA02	R	Authorization Information	FHCP requires **10 spaces** in this field.
ISA03	R	Security Information Qualifier	FHCP requires **00** in this field.
ISA04	R	Security Information Qualifier	FHCP requires **10 spaces** in this field.
ISA05	R	Interchange ID Qualifier	FHCP requires **30** in this field.
ISA06	R	Interchange Sender ID	FHCP requires the ID published by sender.
ISA07	R	Interchange ID Qualifier	FHCP requires **ZZ** in this field.
ISA08	R	Interchange Receiver ID	FHCP will only accept the submission 593222484 in this field.
ISA09	R	Interchange Date	**YYMMDD** Requires submission of the relevant date of the interchange.
ISA10	R	Interchange Time	**HHMM** Requires submission of relevant time of the interchange.
ISA11	R	Repetition Separator	FHCP only accepts **{** as repetition separator for all transactions. Submitting delimiters other than this may cause an Interchange (transmission) to be rejected.

Segment: ISA Interchange Control Header

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
ISA12	R	Interchange Control Version Number	**00501** Standards Approved for Publication by ASC X12
ISA13	R	Interchange Control Number	This is a unique 9 digit control number that is assigned by the sender and the number in this field must be identical to the associated interchange trailer in the IEA02 segment.
ISA14	R	Acknowledgment Requested	**0** – No Interchange Acknowledgement Requested **1** – Interchange Acknowledgement Requested (TA1)
ISA15	R	Usage Indicator	FHCP requires **P** in this field to indicate the data enclosed in this transaction is a production file. **T** in this field to indicate the data enclosed in this transaction is a test file.
ISA16	R	Component Element Separator	**:** Delimiter -------------------------------------- FHCP requires the use of the above delimiter to separate component data elements within a composite data structure.

Segment: GS Functional Group Header

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
GS01	R	Functional Identifier Code	**HS** – E & B Inquiry FHCP requires submission of the above value in this field.

Segment: **GS** Functional Group Header

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
GS02	R	Application Sender's Code	FHCP requires ID published by receiver.
GS03	R	Application Receiver's Code	**593222484** FHCP requires submission of the above value in this field for 270 E&B, all others may cause rejection.
GS04	R	Date	**CCYYMMDD** FHCP requires submission of relevant date for the functional group creation date.
GS05	R	Time	**HHMM** FHCP requires the time associated with the creation of the functional group (reference GS04) expressed in the above format.
GS06	R	Group Control Number	This is a unique number that is assigned by the sender and the number in this field must be identical to the data element in the associated functional group trailer GE02.
GS07	R	Responsible Agency Code	**X** – Accredited Standards Committee X12 FHCP requires submission of the above value in this field.
GS08	R	Version/Release/Industry Identifier Code	**005010X279A1**

Segment: **GE** **Functional Group Trailer**

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
GE01	R	Number of Transaction Sets Included	FHCP requires the submission of the total number of transaction sets included in the functional group or interchange group terminated by the trailer (#).
GE02	R	Group Control Number	This is a unique number that is assigned by the sender and the number in this field must be identical to the same data element in the associated functional group header GS06.

Segment: **IEA** **Interchange Control Trailer**

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
IEA01	R	Number of Included Functional Groups	A count of the number (#) of functional groups included in an interchange.
IEA02	R	Interchange Control Number	A control number (#) assigned by the interchange sender.

Segment: ST Transaction Set Header

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
ST01	R	Transaction Set Identifier Code	**270** Eligibility, Coverage or Benefit Inquiry
ST02	R	Transaction Set Control Number	An identifying control number assigned by the sender that must be unique within the transaction set functional group. The transaction set control number in the SE02 segment must be identical to the number in this field.
ST03	R	Implementation Convention Reference	This element must be populated with 005010X279A1.

Segment: BHT Beginning Of Hierarchical Transaction

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
BHT01	R	Hierarchical Structure Code	**0022:** Information Source, Information Receiver, Subscriber, Dependent
BHT02	R	Transaction Set Purpose Code	**01:** Cancellation **13:** Request
BHT03	S	Reference Identification	Submitter Transaction Identifier
BHT04	R	Date	Transaction Set Creation Date
BHT05	R	Time	Transaction Set Creation Time

Segment: BHT Beginning Of Hierarchical Transaction

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
BHT06	S	Transaction Type Code	**RT:** Spend Down

Loop 2000A: Information Source Level

Segment: HL Information Source Level

Loop: 2000A

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
HL01	R	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure
HL03	R	Hierarchical Level Code	**20:** Information Source
HL04	R	Hierarchical Child Code	**1** Additional Subordinate HL Data Segment in This Hierarchical Structure.

Loop 2100A: Information Source Name

Segment: NM1 Information Source Name

Loop: 2100A

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	FHCP requires **PR:** Payer in this field
NM102	R	Entity Type Qualifier	**1** Person **2** Non-Person
NM103	R	Name Last or Organization Name	**FLORIDA HEALTH CARE PLANS**
NM104	S	Name First	Information Source First Name
NM105	S	Name Middle	Information Source Middle Name
NM107	S	Name Suffix	Information Source Name Suffix
NM108	R	Identification Code Qualifier	FHCP requires **PI** in this field
NM109	R	Identification Code	Information Source Primary Identifier 593222484

Loop 2000B: Information Receiver Level

Segment: **HL** Information Receiver Level

Loop: 2000B

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
HL01	R	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure
HL02	R	Hierarchical Parent ID Number	Use this code to identify the specific Information Source to which this Information Receiver is subordinate
HL03	R	Hierarchical Level Code	**21:** Information Receiver
HL04	R	Hierarchical Child Code	**1** Additional Subordinate HL Data Segment in This Hierarchical Structure.

Loop 2100B: Information Receiver Name

Segment: **NM1** Information Receiver Name

Loop: 2100B

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**1P:** Provider **2B:** Third-Party Administrator

Segment: **NM1** **Information Receiver Name**

Loop: 2100B

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
			36: Employer
			80: Hospital
			FA: Facility
			GP: Gateway Provider
			P5: Plan Sponsor
			PR: Payer
NM102	R	Entity Type Qualifier	**1** Person **2** Non-Person
NM103	R	Name Last or Organization Name	**FHCP**
NM104	S	Name First	Information Receiver First Name
NM105	S	Name Middle	Information Receiver Middle Name
NM107	S	Name Suffix	Information Receiver Name Suffix
NM108	R	Identification Code Qualifier	**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

Segment: **NM1** Information Receiver Name

Loop: 2100B

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
			National Provider Identifier
NM109	R	Identification Code	Information Receiver Identification Number

Segment: **REF** Information Receiver Additional Identification

Loop: 2100B

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**0B - TJ:** Applicable Code(s)
REF02	R	Reference Identification	Information Receiver Additional Identifier
REF03	S	Description	Information Receiver Additional Identifier State

Segment: $\quad$ **N3 Information Receiver Address**

Loop: $\qquad$ 2100B

Usage: $\qquad$ Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N301	R	Address Information	Information Receiver Address Line
N302	S	Second Address Information	Information Receiver Additional Address Line

Segment: $\quad$ **N4 Information Receiver City, State, Zip Code**

Loop: $\qquad$ 2100B

Usage: $\qquad$ Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N401	R	City Name	Information Receiver City Name
N402	S	State or Province Code	Information Receiver State Code
N403	S	Postal Code	Information Receiver Postal Zone or ZIP Code
N404	S	Country Code	Code identifying the country
N407	S	Country Subdivision Code	Code identifying the country subdivision

Segment: **PRV** Information Receiver Provider Information

Loop: 2100B

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PRV01	R	Provider Code	**AD – SU:** Applicable Code(s)
PRV02	R	Reference Identification Qualifier	**PXC**: Health Care Provider Taxonomy Code
PRV03	R	Reference Identification	Information Receiver Provider Taxonomy Code

Loop 2000C: Subscriber Level

Segment: **HL** Subscriber Level

Loop: 2000C

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
HL01	R	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure
HL02	R	Hierarchical Parent ID Number	Use this code to identify the specific Information Receiver to which this Subscriber is subordinate.
HL03	R	Hierarchical Level Code	**22:** Subscriber
HL04	R	Hierarchical Child Code	**0:** No Subordinate HL Segment in This Hierarchical Structure. **1:** Additional Subordinate HL Data Segment in This Hierarchical Structure.

Segment: **TRN** **Subscriber Trace Number**

Loop: 2000C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
TRN01	R	Trace Type Code	**1:** Current Transaction Trace Numbers
TRN02	R	Reference Identification	Trace Number
TRN03	R	Originating Company Identifier	Trace Assigning Entity Identifier
TRN04	S	Reference Identification	Trace Assigning Entity Additional Identifier

Loop 2100C: Subscriber Name

Segment: **NM1** **Subscriber Name**

Loop: 2100C

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**IL:** Insured or Subscriber
NM102	R	Entity Type Qualifier	**1** Person **2** Non-Person Entity
NM103	R	Name Last or Organization Name	Subscriber Last Name

Segment: **NM1** Subscriber Name

Loop: 2100C

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM104	S	Name First	Subscriber First Name. Required when NM102 = 1 and the person has a first name.
NM105	S	Name Middle	Subscriber Middle Name or Initial
NM107	S	Name Suffix	Subscriber Name Suffix
NM108	S	Identification Code Qualifier	**II:** Standard Unique Health Identifier for each Individual in the United States **MI:** Member Identification Number
NM109	R	Identification Code	Subscriber Primary Identifier

Segment: **REF** Subscriber Additional Identification

Loop: 2100C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**18 – Y4:** Applicable Code(s)
REF02	R	Reference Identification	Subscriber Supplemental Identifier

Segment: **N3** **Subscriber Address**

Loop: 2100C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N301	R	Address Information	Subscriber Address Line
N302	S	Second Address Information	Subscriber Address Line

Segment: **N4** **Subscriber City, State, Zip Code**

Loop: 2100C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N401	R	City Name	Subscriber City Name
N402	S	State or Province Code	Subscriber State Code
N403	S	Postal Code	Subscriber Postal Zone or ZIP Code
N404	S	Country Code	Code identifying the country
N407	S	Country Subdivision Code	Code identifying the country subdivision

Segment: **PRV** Provider Information

Loop: 2100C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PRV01	R	Provider Code	**AD – SU:** Applicable Code(s)
PRV02	S	Reference Identification Qualifier	**9K – TJ**: Applicable Code(s)
PRV03	S	Reference Identification	Provider Identifier

Segment: **DMG** Subscriber Demographic Information

Loop: 2100C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DMG01	S	Date Time Period Format Qualifier	**D8:** Date Expressed in Format CCYYMMDD
DMG02	S	Date time period- Member	Subscriber Birth Date.
DMG03	S	Gender Code	**F,M:** Applicable Code (s)

Segment: **INS** **Multiple Birth Sequence Number**

Loop: 2100C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
INS01	R	Yes/No Condition or Response Code	**Y:** Yes
INS02	R	Individual Relationship Code	**18:** Self
INS17	R	Number	Birth Sequence Number

Segment: **HI** **Subscriber Health Care Diagnosis Code**

Loop: 2100C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HI01	R	Health Care Code Information	
HI01 - 1	R	Code List Qualifier Code	**ABK:** International Classification of Diseases Clinical Modification (ICD-10-CM) Principal Diagnosis **BK:** International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Diagnosis
HI01 - 2	R	Industry Code	Diagnosis Code
HI02	S	Health Care Code Information	

Segment: HI Subscriber Health Care Diagnosis Code

Loop: 2100C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HI02 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI02 - 2	R	Industry Code	Diagnosis Code
HI03	S	Health Care Code Information	
HI03 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI03 - 2	R	Industry Code	Diagnosis Code
HI04	S	Health Care Code Information	
HI04 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI04 - 2	R	Industry Code	Diagnosis Code
HI05	S	Health Care Code Information	
HI05 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis

Segment: **HI** Subscriber Health Care Diagnosis Code

Loop: 2100C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HI05 - 2	R	Industry Code	Diagnosis Code
HI06	S	Health Care Code Information	
HI06 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI06 - 2	R	Industry Code	Diagnosis Code
HI07	S	Health Care Code Information	
HI07 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI07 - 2	R	Industry Code	Diagnosis Code
HI08	S	Health Care Code Information	
HI08 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI08 - 2	R	Industry Code	Diagnosis Code

Segment: **DTP** Subscriber Date

Loop: 2100C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DTP01	R	Date/Time Qualifier	**102:** Issue **291:** Plan
DTP02	R	Date Time Period Format Qualifier	**D8:** Date Expressed in Format CCYYMMDD **RD8:** Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
DTP03	R	Date Time Period	Default is current date. Date cannot be more than 24 months in the past. Date cannot be more than 12 months in the future. Date must be on or after the date of birth.

Loop 2110C: Subscriber Eligibility or Benefit Inquiry

Segment: **EQ** Subscriber Eligibility or Benefit Inquiry

Loop: 2110C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
			FHCP requires an EQ loop for either the subscriber or dependent as applicable in order for benefit information to be returned on the 271 response record. FHCP will not accept multiple types of benefits. FHCP provided a list of accepted Service Type Codes – See 1.4.7 Implementation-Compliant Use of the 270 / 271 Transaction Set of 5010X279 TR3.

Segment: **EQ** Subscriber Eligibility or Benefit Inquiry

Loop: 2110C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
EQ01	S	Service Type Code	**1 – 99; A0 – UC:** Applicable Code(s)
EQ02	S	Composite Medical Procedure Identifier	
EQ02 - 1	R	Product/Service ID Qualifier	**AD – ZZ:** Applicable Code(s)
EQ02 - 2	R	Product/Service ID	Procedure Code
EQ02 - 3	S	Procedure Modifier	
EQ02 - 4	S	Procedure Modifier	
EQ02 - 5	S	Procedure Modifier	
EQ02 - 6	S	Procedure Modifier	
EQ03	S	Coverage Level Code	**FAM:** Family
EQ05	S	Composite Diagnosis Code Pointer	
EQ05 - 1	R	Diagnosis Code Pointer	
EQ05 - 2	S	Diagnosis Code Pointer	
EQ05 - 3	S	Diagnosis Code Pointer	
EQ05 - 4	S	Diagnosis Code Pointer	

Segment: **AMT** **Subscriber Spend Down Amount**

Loop: 2110C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
AMT01	R	Amount Qualifier Code	**R:** Spend Down
AMT02	R	Monetary Amount	Spend Down Amount

Segment: **AMT** **Subscriber Spend Down Total Billed Amount**

Loop: 2110C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
AMT01	R	Amount Qualifier Code	**PB:** Billed Amount
AMT02	R	Monetary Amount	Spend Down Total Billed Amount

Segment: III Subscriber Eligibility Or Benefit Additional Inquiry Information

Loop: 2110C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
III01	R	Code List Qualifier Code	**ZZ:** Mutually Defined
III02	R	Industry Code	Code indicating a code from a specific industry code list.

Segment: REF Subscriber Additional Information

Loop: 2110C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**9F:** Referral Number **G1:** Prior Authorization Number
REF02	R	Reference Identification	Prior Authorization or Referral Number

Segment: **DTP** Subscriber Eligibility/Benefit Date

Loop: 2110C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DTP01	R	Date/Time Qualifier	**291:** Plan
DTP02	R	Date Time Period Format Qualifier	**D8:** Date Expressed in Format CCYYMMDD **RD8:** Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
DTP03	R	Date Time Period	Expression of a date, a time, or range of dates, times or dates and times

Loop 2000D: Dependent Level

Segment: **HL** Dependent Level

Loop: 2000D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HL01	R	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure
HL02	R	Hierarchical Parent ID Number	Use this code to identify the specific Information Receiver to which this Subscriber is subordinate.
HL03	R	Hierarchical Level Code	**23:** Dependent
HL04	R	Hierarchical Child Code	**0:** No Subordinate HL Segment in This Hierarchical Structure.

Segment: **TRN** **Dependent Trace Number**

Loop: 2000D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
TRN01	R	Trace Type Code	**1:** Current Transaction Trace Numbers
TRN02	R	Reference Identification	Trace Number
TRN03	R	Originating Company Identifier	Trace Assigning Entity Identifier
TRN04	S	Reference Identification	Trace Assigning Entity Additional Identifier

Loop 2100D: Dependent Name

Segment: **NM1** **Dependent Name**

Loop: 2100D

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**03:** Dependent
NM102	R	Entity Type Qualifier	**1** Person
NM103	R	Name Last or Organization Name	Dependent Last Name

Segment: # NM1 Dependent Name

Loop: 2100D

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM104	S	Name First	Subscriber First Name. Required when NM102 = 1 and the person has a first name.
NM105	S	Name Middle	Dependent Middle Name or Initial
NM107	S	Name Suffix	Dependent Name Suffix

Segment: # REF Dependent Additional Identification

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**18 – Y4:** Applicable Code(s)
REF02	R	Reference Identification	Dependent Supplemental Identifier

Segment: **N3** **Dependent Address**

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N301	R	Address Information	Dependent Address Line
N302	S	Second Address Information	Subscriber Address Line

Segment: **N4** **Dependent City, State, Zip Code**

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N401	R	City Name	Dependent City Name
N402	S	State or Province Code	Dependent State Code
N403	S	Postal Code	Dependent Postal Zone or ZIP Code
N404	S	Country Code	Code identifying the country
N407	S	Country Subdivision Code	Code identifying the country subdivision

Segment: **PRV** Provider Information

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PRV01	R	Provider Code	**AD – SU:** Applicable Code(s)
PRV02	S	Reference Identification Qualifier	**9K – TJ**: Applicable Code(s)
PRV03	S	Reference Identification	Provider Identifier

Segment: **DMG** Dependent Demographic Information

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DMG01	S	Date Time Period Format Qualifier	**D8:** Date Expressed in Format CCYYMMDD
DMG02	S	Date time period- Member	Dependent Birth Date
DMG03	S	Gender Code	**F,M:** Applicable Code (s)

Segment: **INS** **Dependent Relationship**

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
INS01	R	Yes/No Condition or Response Code	**N:** No
INS02	R	Individual Relationship Code	**01:** Spouse **19:** Child **34:** Other Adult
INS17	R	Number	Birth Sequence Number

Segment: **HI** **Dependent Health Care Diagnosis Code**

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HI01	R	Health Care Code Information	
HI01 - 1	R	Code List Qualifier Code	**ABK:** International Classification of Diseases Clinical Modification (ICD-10-CM) Principal Diagnosis **BK:** International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Diagnosis
HI01 - 2	R	Industry Code	Diagnosis Code

Segment: HI Dependent Health Care Diagnosis Code

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HI02	S	Health Care Code Information	
HI02 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI02 - 2	R	Industry Code	Diagnosis Code
HI03	S	Health Care Code Information	
HI03 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI03 - 2	R	Industry Code	Diagnosis Code
HI04	S	Health Care Code Information	
HI04 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI04 - 2	R	Industry Code	Diagnosis Code
HI05	S	Health Care Code Information	
HI05 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases

Segment: HI Dependent Health Care Diagnosis Code

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
			Clinical Modification (ICD-9-CM) Diagnosis
HI05 - 2	R	Industry Code	Diagnosis Code
HI06	S	Health Care Code Information	
HI06 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI06 - 2	R	Industry Code	Diagnosis Code
HI07	S	Health Care Code Information	
HI07 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI07 - 2	R	Industry Code	Diagnosis Code
HI08	S	Health Care Code Information	
HI08 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI08 - 2	R	Industry Code	Diagnosis Code

Segment: # DTP Dependent Date

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DTP01	R	Date/Time Qualifier	**102:** Issue **291:** Plan
DTP02	R	Date Time Period Format Qualifier	**D8:** Date Expressed in Format CCYYMMDD **RD8:** Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
DTP03	R	Date Time Period	Expression of a date, a time, or range of dates, times or dates and times.

Loop 2110D: Dependent Eligibility or Benefit Inquiry

Segment: # EQ Dependent Eligibility Or Benefit Inquiry

Loop: 2110D

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
EQ01	S	Service Type Code	**1 – 99; A0 – UC:** Applicable Code(s)
EQ02	S	Composite Medical Procedure Identifier	
EQ02 - 1	R	Product/Service ID Qualifier	**AD – ZZ:** Applicable Code(s)

Segment: **EQ** **Dependent Eligibility Or Benefit Inquiry**

Loop: 2110D

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
EQ02 - 2	R	Product/Service ID	Procedure Code
EQ02 - 3	S	Procedure Modifier	
EQ02 - 4	S	Procedure Modifier	
EQ02 - 5	S	Procedure Modifier	
EQ02 - 6	S	Procedure Modifier	
EQ05	S	Composite Diagnosis Code Pointer	
EQ05 - 1	R	Diagnosis Code Pointer	
EQ05 - 2	S	Diagnosis Code Pointer	
EQ05 - 3	S	Diagnosis Code Pointer	
EQ05 - 4	S	Diagnosis Code Pointer	

Segment: III **Dependent Eligibility Or Benefit Additional Inquiry Information**

Loop: 2110D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
III01	R	Code List Qualifier Code	**ZZ:** Mutually Defined
III02	R	Industry Code	Code indicating a code from a specific industry code list.

Segment: REF **Dependent Additional Information**

Loop: 2110D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**9F:** Referral Number **G1:** Prior Authorization Number
REF02	R	Reference Identification	Prior Authorization or Referral Number

Segment: # DTP Dependent Eligibility/Benefit Date

Loop: 2110D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DTP01	R	Date/Time Qualifier	**291:** Plan
DTP02	R	Date Time Period Format Qualifier	**D8:** Date Expressed in Format CCYYMMDD **RD8:** Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
DTP03	R	Date Time Period	Expression of a date, a time, or range of dates, times or dates and times

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Segment: # SE Transaction Set Trailer

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
SE01	R	Number of Included Segments	Transaction Segment Count
SE02	R	Transaction Set Control Number	

Control Segments & Envelopes – 271 Response

Segment: **ISA** Interchange Control Header

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
ISA01	R	Authorization Information Qualifier	FHCP requires **00** in this field.
ISA02	R	Authorization Information	FHCP requires **10 spaces** in this field.
ISA03	R	Security Information Qualifier	FHCP requires **00** in this field.
ISA04	R	Security Information Qualifier	FHCP requires **10 spaces** in this field.
ISA05	R	Interchange ID Qualifier	FHCP requires **ZZ** in this field.
ISA06	R	Interchange Sender ID	FHCP will only accept the submission 593222484 in this field.
ISA07	R	Interchange ID Qualifier	FHCP requires 3**0** in this field.
ISA08	R	Interchange Receiver ID	FHCP requires the ID published by receiver.
ISA09	R	Interchange Date	**YYMMDD** Requires submission of the relevant date of the interchange.
ISA10	R	Interchange Time	**HHMM** Requires submission of relevant time of the interchange.
ISA11	R	Repetition Separator	FHCP only accepts **{** as repetition separator for all transactions. Submitting delimiters other than this may cause an Interchange (transmission) to be rejected.

Segment: ISA Interchange Control Header

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
ISA12	R	Interchange Control Version Number	**00501** Standards Approved for Publication by ASC X12
ISA13	R	Interchange Control Number	This is a unique control number that is assigned by the sender and the number in this field must be identical to the associated interchange trailer in the IEA02 segment.
ISA14	R	Acknowledgment Requested	**0** – No Interchange Acknowledgement Requested **1** – Interchange Acknowledgement Requested (TA1)
ISA15	R	Usage Indicator	FHCP requires **P** in this field to indicate the data enclosed in this transaction is a production file.
ISA16	R	Component Element Separator	**:** Delimiter -- FHCP requires the use of the above delimiter to separate component data elements within a composite data structure.

Segment: GS Functional Group Header

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
GS01	R	Functional Identifier Code	**HS** – E & B Response FHCP requires submission of the above value in this field.
GS02	R	Application Sender's Code	**593222484**

Segment: GS Functional Group Header

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
GS03	R	Application Receiver's Code	FHCP sends FHCP assigned Sender Code in this field.
GS04	R	Date	**CCYYMMDD** FHCP requires submission of relevant date for the functional group creation date.
GS05	R	Time	**HHMM** FHCP requires the time associated with the creation of the functional group (reference GS04) expressed in the above format.
GS06	R	Group Control Number	This is a unique number that is assigned by the sender and the number in this field must be identical to the data element in the associated functional group trailer GE02.
GS07	R	Responsible Agency Code	**X** – Accredited Standards Committee X12 FHCP requires submission of the above value in this field.
GS08	R	Version/Release/Industry Identifier Code	**005010X279A1**

Segment: GE Functional Group Trailer

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
GE01	R	Number of Transaction Sets Included	FHCP requires the submission of the total number of transaction sets included in the functional group or interchange group terminated by the trailer (#).
GE02	R	Group Control Number	This is a unique number that is assigned by the sender and the number in this field must be identical to the same data element in the associated functional group header GS06.

Segment: IEA Interchange Control Trailer

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
IEA01	R	Number of Included Functional Groups	A count of the number (#) of functional groups included in an interchange.
IEA02	R	Interchange Control Number	A control number (#) assigned by the interchange sender.

Segment: ST Transaction Set Header

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
ST01	R	Transaction Set Identifier Code	**271** Eligibility, Coverage or Benefit Information
ST02	R	Transaction Set Control Number	Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. The transaction set control numbers in ST02 and SE02 must be identical.
ST03	R	Implementation Convention Reference	This element must be populated with 005010X279A1.

Segment: BHT Beginning Of Hierarchical Transaction

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
BHT01	R	Hierarchical Structure Code	**0022:** Information Source, Information Receiver, Subscriber, Dependent
BHT02	R	Transaction Set Purpose Code	**06:** Confirmation **11:** Response
BHT03	S	Reference Identification	Submitter Transaction Identifier
BHT04	R	Date	Transaction Set Creation Date
BHT05	R	Time	Transaction Set Creation Time

Loop 2000A: Information Source Level

Segment: **HL** Information Source Level

Loop: 2000A

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
HL01	R	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure
HL03	R	Hierarchical Level Code	**20:** Information Source
HL04	R	Hierarchical Child Code	**0** No Subordinate HL Segment in This Hierarchical Structure. **1** Additional Subordinate HL Data Segment in This Hierarchical Structure.

Segment: **AAA** Request Validation

Loop: 2000A

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
AAA01	R	Yes/No Condition or Response Code	Valid Request Indicator
AAA03	R	Reject Reason Code	**04:** Authorized Quantity Exceeded **41:** Authorization/Access Restrictions **42:** Unable to Respond at Current Time **79:** Invalid Participant Identification

Segment: **AAA** Request Validation

Loop: 2000A

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
AAA04	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 **Y:** Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

Loop 2100A: Information Source Name

Segment: **NM1** Information Source Name

Loop: 2100A

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**2B:** Third-Party Administrator **36:** Employer **GP:** Gateway Provider **P5:** Plan Sponsor **PR:** Payer

Segment: NM1 Information Source Name

Loop: 2100A

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM102	R	Entity Type Qualifier	**1** Person **2** Non-Person
NM103	R	Name Last or Organization Name	Information Source Last or Organization Name
NM104	S	Name First	Information Source First Name
NM105	S	Name Middle	Information Source Middle Name
NM107	S	Name Suffix	Information Source Name Suffix
NM108	R	Identification Code Qualifier	**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	R	Identification Code	Information Source Primary Identifier

Segment: PER Information Source Contact Information

Loop: 2100A

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PER01	R	Contact Function Code	**IC:** Information Contact
PER02	S	Name	Information Source Contact Name
PER03	S	Communication Number Qualifier	**ED:** Electronic Data Interchange Access Number **EM:** Electronic Mail **FX:** Facsimile **TE:** Telephone **UR:** Uniform Resource Locator (URL)
PER04	S	Communication Number	Information Source Communication Number
PER05	S	Communication Number Qualifier	**ED:** Electronic Data Interchange Access Number **EM:** Electronic Mail **EX:** Telephone Extension **FX:** Facsimile **TE:** Telephone **UR:** Uniform Resource Locator (URL)
PER06	S	Communication Number	Information Source Communication Number
PER07	S	Communication Number Qualifier	**ED:** Electronic Data Interchange Access Number **EM:** Electronic Mail **EX:** Telephone Extension **FX:** Facsimile **TE:** Telephone **UR:** Uniform Resource Locator (URL)

Segment: # PER Information Source Contact Information

Loop: 2100A

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PER08	S	Communication Number	Information Source Communication Number

Segment: # AAA Request Validation

Loop: 2100A

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
AAA01	R	Yes/No Condition or Response Code	Valid Request Indicator
AAA03	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 **T4:** Payer Name or Identifier Missing
AAA04	R	Follow-up Action Code	**C - Y:** Applicable Code(s)

Loop 2000B: Information Receiver Level

Segment: **HL** **Information Receiver Level**

Loop: 2000B

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
HL01	R	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure
HL02	R	Hierarchical Parent ID Number	Use this code to identify the specific Information Source to which this Information Receiver is subordinate
HL03	R	Hierarchical Level Code	**21:** Information Receiver
HL04	R	Hierarchical Child Code	**0** No Subordinate HL Segment in This Hierarchical Structure. **1** Additional Subordinate HL Data Segment in This Hierarchical Structure.

Loop 2100B: Information Receiver Name

Segment: **NM1** **Information Receiver Name**

Loop: 2100B

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**1P - PR:** Applicable Code(s)

Segment: NM1 Information Receiver Name

Loop: 2100B

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM102	R	Entity Type Qualifier	**1** Person **2** Non-Person
NM103	R	Name Last or Organization Name	Information Receiver Last or Organization Name
NM104	S	Name First	Information Receiver First Name
NM105	S	Name Middle	Information Receiver Middle Name
NM107	S	Name Suffix	Information Receiver Name Suffix
NM108	R	Identification Code Qualifier	**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	R	Identification Code	Information Receiver Identification Number

Segment: **REF** Information Receiver Additional Identification

Loop: 2100B

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**0B - TJ:** Applicable Code(s)
REF02	R	Reference Identification	Information Receiver Additional Identifier
REF03	S	Description	Information Receiver Additional Identifier State

Segment: **N3** Information Receiver Address

Loop: 2100B

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N301	R	Address Information	Information Receiver Address Line
N302	S	Second Address Information	Information Receiver Additional Address Line

Segment: **N4** Information Receiver City, State, Zip Code

Loop: 2100B

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N401	R	City Name	Information Receiver City Name
N402	S	State or Province Code	Information Receiver State Code
N403	S	Postal Code	Information Receiver Postal Zone or ZIP Code
N404	S	Country Code	Code identifying the country
N407	S	Country Subdivision Code	Code identifying the country subdivision

Segment: **AAA** Information Receiver Request Validation

Loop: 2100B

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
AAA01	R	Yes/No Condition or Response Code	Valid Request Indicator
AAA03	R	Reject Reason Code	**15 – 97; T4:** Applicable Code(s)
AAA04	R	Follow-up Action Code	**C - Y:** Applicable Code(s)

Segment: **PRV** Information Receiver Provider Information

Loop: 2100B

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PRV01	R	Provider Code	**AD – SU:** Applicable Code(s)
PRV02	R	Reference Identification Qualifier	**PXC**: Health Care Provider Taxonomy Code
PRV03	R	Reference Identification	Information Receiver Provider Taxonomy Code

Loop 2000C: Subscriber Level

Segment: **HL** Subscriber Level

Loop: 2000C

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
HL01	R	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure
HL02	R	Hierarchical Parent ID Number	Use this ID number to identify the specific Information Receiver to which this Subscriber is subordinate.

Segment: **HL** Subscriber Level

Loop: 2000C

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
HL03	R	Hierarchical Level Code	**22:** Subscriber
HL04	R	Hierarchical Child Code	**0:** No Subordinate HL Segment in This Hierarchical Structure. **1:** Additional Subordinate HL Data Segment in This Hierarchical Structure.

Segment: **TRN** Subscriber Trace Number

Loop: 2000C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
TRN01	R	Trace Type Code	**1:** Current Transaction Trace Numbers **2:** Referenced Transaction Trace Numbers
TRN02	R	Reference Identification	Trace Number
TRN03	R	Originating Company Identifier	Trace Assigning Entity Identifier
TRN04	S	Reference Identification	Trace Assigning Entity Additional Identifier

Loop 2100C: Subscriber Name

Segment: NM1 Information Receiver Name

Loop: 2100C

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**IL:** Insured or Subscriber
NM102	R	Entity Type Qualifier	**1** Person **2** Non-Person Entity
NM103	S	Name Last or Organization Name	Subscriber Last Name
NM104	S	Name First	Subscriber First Name
NM105	S	Name Middle	Subscriber Middle Name or Initial
NM107	S	Name Suffix	Subscriber Name Suffix
NM108	S	Identification Code Qualifier	**II:** Standard Unique Health Identifier for each Individual in the United States **MI:** Member Identification Number
NM109	S	Identification Code	Subscriber Primary Identifier

Segment: **REF** Subscriber Additional Identification

Loop: 2100C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**18 – Y4:** Applicable Code(s)
REF02	R	Reference Identification	Subscriber Supplemental Identifier
REF03	S	Description	Plan, Group or Plan Network Name

Segment: **N3** Subscriber Address

Loop: 2100C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N301	R	Address Information	Subscriber Address Line
N302	S	Second Address Information	Subscriber Address Line

Segment: **N4** **Subscriber City, State, Zip Code**

Loop: 2100C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N401	R	City Name	Subscriber City Name
N402	S	State or Province Code	Subscriber State Code
N403	S	Postal Code	Subscriber Postal Zone or ZIP Code
N404	S	Country Code	Code identifying the country
N407	S	Country Subdivision Code	Code identifying the country subdivision

Segment: **AAA** **Subscriber Request Validation**

Loop: 2100C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
AAA01	R	Yes/No Condition or Response Code	Valid Request Indicator
AAA03	R	Reject Reason Code	**15 – 78:** Applicable Code(s)
AAA04	R	Follow-up Action Code	**C - Y:** Applicable Code(s)

Segment: **PRV** Provider Information

Loop: 2100C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PRV01	R	Provider Code	**AD – SU:** Applicable Code(s)
PRV02	S	Reference Identification Qualifier	**PXC:** Health Care Provider Taxonomy Code
PRV03	S	Reference Identification	Provider Identifier

Segment: **DMG** Subscriber Demographic Information

Loop: 2100C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DMG01	S	Date Time Period Format Qualifier	**D8:** Date Expressed in Format CCYYMMDD
DMG02	S	Date time period- Member	Subscriber Birth Date
DMG03	S	Gender Code	**F,M:** Applicable Code (s)

Segment: **INS** **Subscriber Relationship**

Loop: 2100C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
INS01	R	Yes/No Condition or Response Code	**Y:** Yes
INS02	R	Individual Relationship Code	**18:** Self
INS03	S	Maintenance Type Code	**001:** Change
INS04	S	Maintenance Reason Code	**25:** Change in Identifying Data Elements
INS17	S	Number	Birth Sequence Number

Segment: **HI** **Subscriber Health Care Diagnosis Code**

Loop: 2100C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HI01	R	Health Care Code Information	
HI01 - 1	R	Code List Qualifier Code	**ABK:** International Classification of Diseases Clinical Modification (ICD-10-CM) Principal Diagnosis **BK:** International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Diagnosis

Segment: **HI** Subscriber Health Care Diagnosis Code

Loop: 2100C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HI01 - 2	R	Industry Code	Diagnosis Code
HI02	S	Health Care Code Information	
HI02 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI02 - 2	R	Industry Code	Diagnosis Code
HI03	S	Health Care Code Information	
HI03 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI03 - 2	R	Industry Code	Diagnosis Code
HI04	S	Health Care Code Information	
HI04 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI04 - 2	R	Industry Code	Diagnosis Code
HI05	S	Health Care Code Information	

Segment: HI Subscriber Health Care Diagnosis Code

Loop: 2100C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HI05 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI05 - 2	R	Industry Code	Diagnosis Code
HI06	S	Health Care Code Information	
HI06 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI06 - 2	R	Industry Code	Diagnosis Code
HI07	S	Health Care Code Information	
HI07 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI07 - 2	R	Industry Code	Diagnosis Code
HI08	S	Health Care Code Information	
HI08 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis

Segment: **HI** Subscriber Health Care Diagnosis Code

Loop: 2100C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HI08 - 2	R	Industry Code	Diagnosis Code

Segment: **DTP** Subscriber Date

Loop: 2100C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DTP01	R	Date/Time Qualifier	**096 – 771:** Applicable Code(s)
DTP02	R	Date Time Period Format Qualifier	**D8:** Date Expressed in Format CCYYMMDD **RD8:** Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
DTP03	R	Date Time Period	Expression of a date, a time, or range of dates, times or dates and times

Segment: **MPI** Subscriber Military Personnel Information

Loop: 2100C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
MPI01	R	Information Status Code	**A – T:** Applicable Code(s)
MPI02	R	Employment Status Code	**AE – RU:** Applicable Code(s)
MPI03	R	Government Service Affiliation Code	**A – W:** Applicable Code(s)
MPI04	S	Description	A free-form description to clarify the related data elements and their content
MPI05	S	Military Service Rank Code	**A1 – W1:** Applicable Code(s)
MPI06	S	Date Time Period Format Qualifier	**D8:** Date Expressed in Format CCYYMMDD **RD8:** Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
MPI07	S	Date Time Period	Expression of a date, a time, or range of dates, times or dates and times

Loop 2110C: Subscriber Eligibility or Benefit Information

Segment: EB Subscriber Eligibility Or Benefit Information

Loop: 2110C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
EB01	R	Eligibility or Benefit Information Code	**1 – 8;A – Y:** Applicable Code(s)
EB02	S	Coverage Level Code	**CHD – SPO:** Applicable Code(s)
EB03	S	Service Type Code	**1 – 99; A0 – UC:** Applicable Code(s)
EB04	S	Insurance Type Code	**12 – 47; AP – WU:** Applicable Code(s)
EB05	S	Plan Coverage Description	A description or number that identifies the plan or coverage
EB06	S	Time Period Qualifier	**6 – 36:** Applicable Code(s)
EB07	S	Monetary Amount	Benefit Amount
EB08	S	Percentage as Decimal	Benefit Percent
EB09	S	Quantity Qualifier	**8H – YY:** Applicable Code(s)
EB10	S	Quantity	Benefit Quantity
EB11	S	Yes/No Condition or response Code	**N:** No **U:** Unknown **Y:** Yes
EB12	S	Yes/No Condition or response Code	**N:** No **U:** Unknown

Segment: **EB** Subscriber Eligibility Or Benefit Information

Loop: 2110C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
			W: Not Applicable **Y:** Yes
EB13	S	Composite Medical Procedure Identifier	
EB13 - 1	R	Product/Service ID Qualifier	**AD – ZZ:** Applicable Code(s)
EB13 - 2	R	Product/Service ID	Procedure Code
EB13 - 3	S	Procedure Modifier	
EB13 - 4	S	Procedure Modifier	
EB13 - 5	S	Procedure Modifier	
EB13 - 6	S	Procedure Modifier	
EB13 - 8	S	Product/Service ID	Product or Service ID
EB14	S	Composite Diagnosis Code Pointer	
EB14 - 1	R	Diagnosis Code Pointer	
EB14 - 2	S	Diagnosis Code Pointer	
EB14 - 3	S	Diagnosis Code Pointer	
EB14 - 4	S	Diagnosis Code Pointer	

Segment: HSD Health Care Services Delivery

Loop: 2110C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HSD01	S	Quantity Qualifier	**DY:** Days **FL:** Units **HS:** Hours **MN:** Month **VS:** Visits
HSD02	S	Quantity	Benefit Quantity
HSD03	S	Unit or Basis for Measurement Code	**DA:** Days **MO:** Months **VS:** Visit **WK:** Week **YR:** Years
HSD04	S	Sample Selection Modulus	
HSD05	S	Time Period Qualifier	**6 – 35:** Applicable Code(s)
HSD06	S	Number of Periods	Period Count
HSD07	S	Ship/Delivery or Calendar Pattern Code	**1 – 9; A – Y:** Applicable Code(s)
HSD08	S	Ship/Delivery Pattern Time Code	**A – Y:** Applicable Code(s)

Segment: # REF Subscriber Additional Information

Loop: 2110C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**18 - NQ:** Applicable Code(s)
REF02	R	Reference Identification	Subscriber Eligibility or Benefit Identifier
REF03	S	Description	Plan, Group or Plan Network Name

Segment: # DTP Subscriber Eligibility/Benefit Date

Loop: 2110C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DTP01	R	Date/Time Qualifier	**096 - 771:** Applicable Code(s)
DTP02	R	Date Time Period Format Qualifier	**D8:** Date Expressed in Format CCYYMMDD **RD8:** Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
DTP03	R	Date Time Period	Eligibility or Benefit Date Time Period

Segment: **AAA** **Subscriber Request Validation**

Loop: 2110C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
AAA01	R	Yes/No Condition or Response Code	Valid Request Indicator
AAA03	R	Reject Reason Code	**15 – 98; AA – MA:** Applicable Code(s)
AAA04	R	Follow-up Action Code	**C – Y:** Applicable Code(s)

Segment: **MSG** **Message Text**

Loop: 2110C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
MSG01	R	Free-form Message Text	Free Form Message Text

Segment: **III** Subscriber Eligibility Or Benefit Additional Information

Loop: 2115C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
III01	S	Code List Qualifier Code	**GR:** National Council on Compensation Insurance (NCCI) Nature of Injury Code **NI:** Nature of Injury Code **ZZ:** Mutually Defined
III02	S	Industry Code	Code indicating a code from a specific industry code list.
III03	S	Code Category	**44:** Nature of Injury
III04	S	Free-form Message Text	Injured Body Part Name

Segment: **LS** Loop Header

Loop: 2110C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
LS01	R	Loop Identifier Code	This data element must have the value of "2120".

Segment: **NM1** **Subscriber Benefit Related Entity Name**

Loop: 2120C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**13 – Y2:** Applicable Code(s)
NM102	R	Entity Type Qualifier	**1** Person **2** Non-Person Entity
NM103	S	Name Last or Organization Name	Benefit Related Entity Last or Organization Name
NM104	S	Name First	Benefit Related Entity First Name
NM105	S	Name Middle	Benefit Related Entity Middle Name
NM107	S	Name Suffix	Benefit Related Entity Name Suffix
NM108	S	Identification Code Qualifier	**24 – XX:** Applicable Code(s)
NM109	S	Identification Code	Benefit Related Entity Identifier
NM110	S	Entity Relationship Code	**01** Parent **02** Child **27** Domestic Partner **41** Spouse **48** Employee **65** Other **72** Unknown

Segment: **N3** **Subscriber Benefit Related Entity Address**

Loop: 2120C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N301	R	Address Information	Benefit Related Entity Address Line
N302	S	Second Address Information	Benefit Related Entity Address Line

Segment: **N4** **Subscriber Benefit Related Entity City, State, Zip Code**

Loop: 2120C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N401	R	City Name	Benefit Related Entity City Name
N402	S	State or Province Code	Benefit Related Entity State Code
N403	S	Postal Code	Benefit Related Entity Postal Zone or ZIP Code
N404	S	Country Code	Benefit Related Entity Country Code
N405	S	Location Qualifier	**RJ:** Region
N406	S	Location Identifier	Benefit Related Entity DOD Health Service Region

Segment: N4 Subscriber Benefit Related Entity City, State, Zip Code

Loop: 2120C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N407	S	Country Subdivision Code	Code identifying the country subdivision

Segment: PER Subscriber Benefit Related Entity Contact Information

Loop: 2120C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PER01	R	Contact Function Code	**IC:** Information Contact
PER02	S	Name	Benefit Related Entity Contact Name
PER03	S	Communication Number Qualifier	**ED:** Electronic Data Interchange Access Number **EM:** Electronic Mail **FX:** Facsimile **TE:** Telephone **UR:** Uniform Resource Locator (URL) **WP:** Work Phone Number
PER04	S	Communication Number	Benefit Related Entity Communication Number

Segment: **PER** **Subscriber Benefit Related Entity Contact Information**

Loop: 2120C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PER05	S	Communication Number Qualifier	**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	S	Communication Number	Benefit Related Entity Communication Number
PER07	S	Communication Number Qualifier	**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	S	Communication Number	Benefit Related Entity Communication Number

Segment: **PRV** **Subscriber Benefit Related Provider Information**

Loop: 2120C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PRV01	R	Provider Code	**AD – SU:** Applicable Code(s)
PRV02	S	Reference Identification Qualifier	**PXC:** Health Care Provider Taxonomy Code
PRV03	S	Reference Identification	Benefit Related Entity Provider Taxonomy Code

Segment: **LE** **Loop Trailer**

Loop: 2110C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
LE01	R	Loop Identifier Code	This data element must have the value of "2120".

Loop 2000D: Dependent Level

Segment: **HL Dependent Level**

Loop: 2000D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HL01	R	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure
HL02	R	Hierarchical Parent ID Number	Use this ID number to identify the specific Subscriber to which this Dependent is subordinate.
HL03	R	Hierarchical Level Code	**23:** Dependent
HL04	R	Hierarchical Child Code	**0:** No Subordinate HL Segment in This Hierarchical Structure.

Segment: **TRN Dependent Trace Number**

Loop: 2000D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
TRN01	R	Trace Type Code	**1:** Current Transaction Trace Numbers **2:** Referenced Transaction Trace Numbers
TRN02	R	Reference Identification	Trace Number

Segment: **TRN** Dependent Trace Number

Loop: 2000D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
TRN03	R	Originating Company Identifier	Trace Assigning Entity Identifier
TRN04	S	Reference Identification	Trace Assigning Entity Additional Identifier

Loop 2100D: Dependent Name

Segment: **NM1** Dependent Name

Loop: 2100D

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**03:** Dependent
NM102	R	Entity Type Qualifier	**1** Person
NM103	S	Name Last or Organization Name	Dependent Last Name
NM104	S	Name First	Dependent First Name
NM105	S	Name Middle	Dependent Middle Name or Initial
NM107	S	Name Suffix	Dependent Name Suffix

Segment: **REF** **Dependent Additional Identification**

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**18 – Y4:** Applicable Code(s)
REF02	R	Reference Identification	Dependent Supplemental Identifier
REF03	S	Description	Plan, Group or Plan Network Name

Segment: **N3** **Dependent Address**

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N301	R	Address Information	Dependent Address Line
N302	S	Second Address Information	Dependent Address Line

Segment: **N4** **Dependent City, State, Zip Code**

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N401	R	City Name	Dependent City Name
N402	S	State or Province Code	Dependent State Code
N403	S	Postal Code	Dependent Postal Zone or ZIP Code
N404	S	Country Code	Code identifying the country
N407	S	Country Subdivision Code	Code identifying the country subdivision

Segment: **AAA** **Dependent Request Validation**

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
AAA01	R	Yes/No Condition or Response Code	Valid Request Indicator
AAA03	R	Reject Reason Code	**15 – 77:** Applicable Code(s)
AAA04	R	Follow-up Action Code	**C – Y:** Applicable Code(s)

Segment: **PRV** Provider Information

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PRV01	R	Provider Code	**AD – SU:** Applicable Code(s)
PRV02	S	Reference Identification Qualifier	**PXC:** Health Care Provider Taxonomy Code
PRV03	S	Reference Identification	Provider Identifier

Segment: **DMG** Dependent Demographic Information

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DMG01	S	Date Time Period Format Qualifier	**D8:** Date Expressed in Format CCYYMMDD
DMG02	S	Date time period- Member	Dependent Birth Date
DMG03	S	Gender Code	**F:** Female **M:** Male **U:** Unknown

Segment: INS **Dependent Relationship**

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
INS01	R	Yes/No Condition or Response Code	**N:** No
INS02	R	Individual Relationship Code	**01 – G8:** Applicable Code(s)
INS03	S	Maintenance Type Code	**001:** Change
INS04	S	Maintenance Reason Code	**25** Change in Identifying Data Elements
INS17	R	Number	Birth Sequence Number

Segment: HI **Dependent Health Care Diagnosis Code**

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HI01	R	Health Care Code Information	
HI01 - 1	R	Code List Qualifier Code	**ABK:** International Classification of Diseases Clinical Modification (ICD-10-CM) Principal Diagnosis **BK:** International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Diagnosis

Segment: **HI** Dependent Health Care Diagnosis Code

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HI01 - 2	R	Industry Code	Diagnosis Code
HI02	S	Health Care Code Information	
HI02 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI02 - 2	R	Industry Code	Diagnosis Code
HI03	S	Health Care Code Information	
HI03 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI03 - 2	R	Industry Code	Diagnosis Code
HI04	S	Health Care Code Information	
HI04 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI04 - 2	R	Industry Code	Diagnosis Code
HI05	S	Health Care Code Information	

Segment: HI Dependent Health Care Diagnosis Code

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HI05 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI05 - 2	R	Industry Code	Diagnosis Code
HI06	S	Health Care Code Information	
HI06 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI06 - 2	R	Industry Code	Diagnosis Code
HI07	S	Health Care Code Information	
HI07 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI07 - 2	R	Industry Code	Diagnosis Code
HI08	S	Health Care Code Information	
HI08 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis

Segment: **HI** **Dependent Health Care Diagnosis Code**

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HI08 - 2	R	Industry Code	Diagnosis Code

Segment: **DTP** **Dependent Date**

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DTP01	R	Date/Time Qualifier	**096 - 771:** Applicable Code(s)
DTP02	R	Date Time Period Format Qualifier	**D8:** Date Expressed in Format CCYYMMDD **RD8:** Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
DTP03	R	Date Time Period	Expression of a date, a time, or range of dates, times or dates and times.

Segment: MPI Dependent Military Personnel Information

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
MPI01	R	Information Status Code	**A – T:** Applicable Code(s)
MPI02	R	Employment Status Code	**AE – RU:** Applicable Code(s)
MPI03	R	Government Service Affiliation Code	**A – W:** Applicable Code(s)
MPI04	S	Description	A free-form description to clarify the related data elements and their content
MPI05	S	Military Service Rank Code	**A1 – W1:** Applicable Code(s)
MPI06	S	Date Time Period Format Qualifier	**D8:** Date Expressed in Format CCYYMMDD **RD8:** Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
MPI07	S	Date Time Period	Expression of a date, a time, or range of dates, times or dates and times

Loop 2110D: Dependent Eligibility or Benefit Information

Segment: EB Dependent Eligibility Or Benefit Information

Loop: 2110D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
EB01	R	Eligibility or Benefit Information Code	**1 – 8;A – Y:** Applicable Code(s)
EB02	S	Coverage Level Code	**CHD – SPO:** Applicable Code(s)
EB03	S	Service Type Code	**1 – 99; A0 – UC:** Applicable Code(s)
EB04	S	Insurance Type Code	**12 – 47; AP – WU:** Applicable Code(s)
EB05	S	Plan Coverage Description	A description or number that identifies the plan or coverage
EB06	S	Time Period Qualifier	**6 – 36:** Applicable Code(s)
EB07	S	Monetary Amount	Benefit Amount
EB08	S	Percentage as Decimal	Benefit Percent
EB09	S	Quantity Qualifier	**8H – YY:** Applicable Code(s)
EB10	S	Quantity	Benefit Quantity
EB11	S	Yes/No Condition or response Code	**N:** No **U:** Unknown **Y:** Yes
EB12	S	Yes/No Condition or response Code	**N:** No **U:** Unknown

Segment: EB Dependent Eligibility Or Benefit Information

Loop: 2110D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
			W: Not Applicable **Y:** Yes
EB13	S	Composite Medical Procedure Identifier	
EB13 - 1	R	Product/Service ID Qualifier	**AD – ZZ:** Applicable Code(s)
EB13 - 2	R	Product/Service ID	Procedure Code
EB13 - 3	S	Procedure Modifier	
EB13 - 4	S	Procedure Modifier	
EB13 - 5	S	Procedure Modifier	
EB13 - 6	S	Procedure Modifier	
EB13 - 8	S	Product/Service ID	Product or Service ID
EB14	S	Composite Diagnosis Code Pointer	
EB14 - 1	R	Diagnosis Code Pointer	
EB14 - 2	S	Diagnosis Code Pointer	
EB14 - 3	S	Diagnosis Code Pointer	
EB14 - 4	S	Diagnosis Code Pointer	

Segment: HSD Health Care Services Delivery

Loop: 2110D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HSD01	S	Quantity Qualifier	**DY:** Days **FL:** Units **HS:** Hours **MN:** Month **VS:** Visits
HSD02	S	Quantity	Benefit Quantity
HSD03	S	Unit or Basis for Measurement Code	**DA:** Days **MO:** Months **VS:** Visit **WK:** Week **YR:** Years
HSD04	S	Sample Selection Modulus	
HSD05	S	Time Period Qualifier	**6 – 35:** Applicable Code(s)
HSD06	S	Number of Periods	Period Count
HSD07	S	Ship/Delivery or Calendar Pattern Code	**1 – 9; A – Y:** Applicable Code(s)
HSD08	S	Ship/Delivery Pattern Time Code	**A – Y:** Applicable Code(s)

Segment: **REF** **Dependent Additional Information**

Loop: 2110D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**18 – NQ:** Applicable Code(s)
REF02	R	Reference Identification	Dependent Eligibility or Benefit Identifier
REF03	S	Description	Plan, Group or Plan Network Name

Segment: **DTP** **Dependent Eligibility/Benefit Date**

Loop: 2110D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DTP01	R	Date/Time Qualifier	**096 - 771:** Applicable Code(s)
DTP02	R	Date Time Period Format Qualifier	**D8:** Date Expressed in Format CCYYMMDD **RD8:** Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
DTP03	R	Date Time Period	Eligibility or Benefit Date Time Period

Segment: **AAA** **Dependent Request Validation**

Loop: 2110D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
AAA01	R	Yes/No Condition or Response Code	Valid Request Indicator
AAA03	R	Reject Reason Code	**15 – 98; AA – MA:** Applicable Code(s)
AAA04	R	Follow-up Action Code	**C – Y:** Applicable Code(s)

Segment: **MSG** **Message Text**

Loop: 2110D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
MSG01	R	Free-form Message Text	Free Form Message Text

Loop 2115D: Dependent Eligibility or Benefit Additional Information

Segment: **III** **Dependent Eligibility or Benefit Additional Information**

Loop: 2110D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
III01	S	Code List Qualifier Code	**GR:** National Council on Compensation Insurance (NCCI) Nature of Injury Code **NI:** Nature of Injury Code **ZZ:** Mutually Defined
III02	S	Industry Code	Code indicating a code from a specific industry code list.
III03	S	Code Category	**44:** Nature of Injury
III04	S	Free-form Message Text	Injured Body Part Name

Segment: **LS** **Loop Header**

Loop: 2115D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
LS01	R	Loop Identifier Code	This data element must have the value of "2120".

Loop 2120D: Dependent Benefit Related Entity Name

Segment: NM1 Dependent Benefit Related Entity Name

Loop: 2120D

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**13 – Y2:** Applicable Code(s)
NM102	R	Entity Type Qualifier	**1** Person **2** Non-Person Entity
NM103	S	Name Last or Organization Name	Benefit Related Entity Last or Organization Name
NM104	S	Name First	Benefit Related Entity First Name
NM105	S	Name Middle	Benefit Related Entity Middle Name
NM107	S	Name Suffix	Benefit Related Entity Name Suffix
NM108	S	Identification Code Qualifier	**24 – XX:** Applicable Code(s)
NM109	S	Identification Code	Benefit Related Entity Identifier
NM110	S	Entity Relationship Code	**01 – 72:** Applicable Code(s)

Segment: # N3 Dependent Benefit Related Entity Address

Loop: 2120D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N301	R	Address Information	Benefit Related Entity Address Line
N302	S	Second Address Information	Benefit Related Entity Address Line

Segment: # N4 Dependent City, State, Zip Code

Loop: 2120D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N401	R	City Name	Benefit Related Entity City Name
N402	S	State or Province Code	Benefit Related Entity State Code
N403	S	Postal Code	Benefit Related Entity Postal Zone or ZIP Code
N404	S	Country Code	Benefit Related Entity Country Code
N405	S	Location Qualifier	**RJ:** Region
N406	S	Location Identifier	Benefit Related Entity DOD Health Service Region
N407	S	Country Subdivision Code	Benefit Related Entity Country Subdivision Code

Segment: **PER Dependent Benefit Related Entity Contact Information**

Loop: 2120D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PER01	R	Contact Function Code	**IC:** Information Contact
PER02	S	Name	Benefit Related Entity Contact Name
PER03	S	Communication Number Qualifier	**ED:** Electronic Data Interchange Access Number **EM:** Electronic Mail **FX:** Facsimile **TE:** Telephone **UR:** Uniform Resource Locator (URL) **WP:** Work Phone Number
PER04	S	Communication Number	Benefit Related Entity Communication Number
PER05	S	Communication Number Qualifier	**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	S	Communication Number	Benefit Related Entity Communication Number
PER07	S	Communication Number Qualifier	**ED:** Electronic Data Interchange Access Number **EM:** Electronic Mail

Segment: **PER** **Dependent Benefit Related Entity Contact Information**

Loop: 2120D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
			EX: Telephone Extension
			FX: Facsimile
			TE: Telephone
			UR: Uniform Resource Locator (URL)
			WP: Work Phone Number
PER08	S	Communication Number	Benefit Related Entity Communication Number

Segment: **PRV** **Dependent Benefit Related Provider Information**

Loop: 2120D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PRV01	R	Provider Code	**AD – SU:** Applicable Code(s)
PRV02	S	Reference Identification Qualifier	**PXC:** Health Care Provider Taxonomy Code
PRV03	S	Reference Identification	Benefit Related Entity Provider Taxonomy Code

Segment: **LE** **Loop Trailer**

Loop: 2110D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
LE01	R	Loop Identifier Code	This data element must have the value of "2120".

Segment: **SE** **Transaction Set Trailer**

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
SE01	R	Number of Included Segments	Transaction Segment Count
SE02	R	Transaction Set Control Number	

VII. Transactional Testing Processes

All trading partners, clearing houses should be certified via Availity. It is recommended that the trading partner obtain HIPAA Certification from an approved testing and certification third party vendor, prior to testing.